



IMPLEMENTATION OF A HEALTHCARE WORKFLOW IN A PSYCHOSOCIAL CARE CENTER

Implantação de fluxograma de atendimento em um centro de atenção psicossocial

Implantación del flujo de trabajo de la atención de un centro de atención psicossocial

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ABSTRACT

Objective: To report the implementation of a routine care workflow in a Psychosocial Care Center (Centro de Atenção Psicossocial – CAPS).

Data synthesis: An experience report of an intervention carried out by Nursing students of the Health Sciences Institute of the the University for International Integration of the Afro-Brazilian Lusophony (Universidade da Integração Internacional da Lusofonia Afro-Brasileira – UNILAB) in the municipality of Redenção, Ceará, Brazil. The development of the workflow started in April 2016 through the systematic observation of the work process of the healthcare team in the CAPS. We sought to create a more welcoming environment by actively listening to incoming users and informing them about how and where they would be examined so as to minimize doubts. While waiting for care, users participated in group discussions about several issues suggested by themselves. Participant observation of the group discussions served as a basis for the development of a new workflow with the support from the center staff and managers. The implementation of a workflow for improving the organization of the work process in the center was of the utmost importance. **Conclusion:** Providing strategies to embrace health care users, particularly in the CAPS, is an indispensable tool for the delivery of an effective and efficient treatment.

Descriptors: Workflow; User Embrace; Psychosocial Care Centers.

RESUMO

Objetivo: Relatar a implantação de um fluxograma para os atendimentos de rotina em um Centro de Atenção Psicossocial (CAPS). **Síntese dos dados:** Relato de experiência de caráter intervencionista desenvolvido por acadêmicos do curso de Enfermagem, do Instituto de Ciências da Saúde, vinculado à Universidade da Integração Internacional da Lusofonia Afro-Brasileira (UNILAB), no município de Redenção, Ceará, Brasil. A elaboração do fluxograma iniciou-se no mês de abril de 2016 e foi realizada mediante observação sistemática do processo de trabalho da equipe de saúde do CAPS. Buscou-se criar um ambiente acolhedor, com escuta qualificada na chegada das pessoas usuárias, orientando-as sobre como e onde seria seu atendimento para minimizar dúvidas. Enquanto aguardavam atendimento, realizaram-se rodas de conversa com discussão de diversos temas sugeridos pelos usuários. A partir das observações participantes e das rodas de conversa, foi criado o novo fluxograma com apoio dos profissionais e gestores do serviço. Constatou-se a importância da implantação de um fluxograma para a melhoria na organização do processo de trabalho da unidade. **Conclusão:** Prover estratégias que proporcionem acolhimento aos usuários dos serviços de saúde, principalmente nos CAPS, se torna uma ferramenta indispensável para a execução de um tratamento eficaz e eficiente.

Descritores: Fluxo de Trabalho; Acolhimento; Centros de Atenção Psicossocial.



RESUMEN

Objetivo: Relatar la implantación de un flujo de trabajo para la asistencia de rutina de un Centro de Atención Psicosocial (CAPS). **Síntesis de los datos:** Relato de experiencia de intervención desarrollado por académicos del curso de Enfermería del Instituto de Ciencias de la Salud vinculado a la Universidad de la Integración Internacional de la Lusofonia Afro-Brasileira (UNILAB) en el municipio de Redenção, Ceará, Brasil. La elaboración del flujo de trabajo se inició en el mes de abril de 2016 y se dio mediante la observación sistemática del proceso de trabajo del equipo de salud del CAPS. Se buscó crear un ambiente acogedor con una escucha de calidad en la llegada de los usuarios orientándolos sobre cómo y donde sería su consulta para minimizar las dudas. Mientras esperaban la consulta fueron realizadas ruedas de conversación con discusión de varios temas sugeridos por los usuarios. A partir de las observaciones participantes y de las ruedas de conversación se creó el nuevo flujo de trabajo con el apoyo de los profesionales y gestores del servicio. Se constató la importancia de la implantación de un flujo de trabajo para mejorar la organización del proceso de trabajo de la unidad. **Conclusión:** Estrategias que promuevan la acogida de los usuarios de los servicios de salud, principalmente en el CAPES es una herramienta indispensable para la ejecución de un tratamiento eficiente y eficaz.

Descriptor: Flujo de Trabajo; Acogimiento; Servicios de Salud Mental.

INTRODUCTION

In the Brazilian context, there have been many achievements in the field of mental health care. However, as regards the accessibility of the users to the service, there are obstacles and challenges to overcome, resulting from weaknesses and barriers to their resolution, especially with respect to the functioning of the institution itself⁽¹⁾.

The mental health service has always been a cause for questioning because of the way patients were treated, always raising the issue of the psychiatric reform as a strategy to improve mental health care. With the expansion and humanization of the service, culminating in the abandonment of the asylum model, the psychiatric reform emerged at the end of the 1970s, bringing great advances to mental health care^(2,3).

The psychiatric reform has its ethics based on the defense of the civil rights of patients, which were not previously seen with such rights. It aims to look at the behavior, the attitudes and the way of being of these individuals, leading the professional, the family and the community to understand their values. It implies a new social place for madness, enabling the dialogue, taking them out of the eternal silence and repression to which they were subjected⁽⁴⁾.

Among the several advances that have occurred with the psychiatric reform, we can mention the Psychosocial Care Centers (*Centros de Atenção Psicossocial - CAPS*), which aim to provide support, treatment, and to deal with psychiatric and psychological diseases, leading the individuals with mental disorders to understand their current condition, also enabling them to be inserted within the family context to which they belong and in the community where they live^(3,5,6).

Unfortunately, for several factors, these goals are not always achieved; among these is the lack of an efficient dynamics in the organization of the work and the care provided in the CAPS, which can negatively influence the workflow⁽⁷⁾. Thus, proposals for the application of management strategies and tools for the organization of the service are relevant, not only for the field of Mental Health, but for Community Health as well, since they can provide improvement in the quality of care provided⁽⁸⁾.

An example of a tool that can be used is the flowchart. A useful strategy for the optimization of care, its implementation allows a clear view of the flows in progress at the moment of health care production, enabling the detection of their problems^(8,9).

Thus, in the present study, a review of the flowchart of care in a CAPS was suggested because that flow, prior to being based on empirical knowledge, had been acquired through determinations that did not contemplate the itinerary that the patient should adopt within the service, which caused hindrances to the care, affecting both the patient and the service. Given this assumption, the present work aims to report the implementation of a flowchart for routine care in a Psychosocial Care Center.

DATA SYNTHESIS

This is an experience report of an intervention developed by nursing undergraduate students of the Health Sciences Institute, linked to the University for International Integration of the Afro-Brazilian Lusophony - UNILAB, during the compulsory training of the discipline Care Process in Mental Health, held in April 2016, at a Psychosocial Care Center (CAPS) located in the municipality of Redenção, Ceará, Brazil.

The CAPS monitors people with mental disorders of the municipalities in the region where it is inserted. Regarding the routine care and the public, it is in compliance with Ordinance No. 189/MoH/03/2002⁽¹⁰⁾, which specifies the demand for CAPS care as type I, with a psychosocial care service in both shifts and with daily activities in mental health and therapeutic workshops. Depression, anxiety, psychoses, neuroses and mental retardation are demands of the service studied. The CAPS has

a multiprofessional team composed of a nurse, a nursing technician, a psychiatrist, an educational diagnostician, an occupational therapist, and a psychologist.

The method of participant and systematic observation was used, as it seeks the interaction between researcher and social groups⁽¹¹⁾. The group discussion technique was also used, a strategy that provides the creation of channels of privileged dialogue in order to obtain the necessary information for the construction of the intervention through participation of the people who benefit from the service⁽¹²⁾.

The systematic observation of the work process of the CAPS team took place from the embracement of the users until the moment of the consultation with the health professionals. After this first moment, it was possible to recognize the strengths found, such as the commitment of the workers and health professionals. Regarding the weaknesses, we observed the overload of consultations due to the insufficient number of professionals. This same problem impacts on the organization of the service, which ends up not performing the embracement of the users, nor does it perform group activities, which are essential for the therapeutic relationship.

The following flow was observed in CAPS care: individuals with psychosocial issues should have a referral from the Primary Health Care Unit (*Unidade Básica de Saúde - UBS*). They would then undergo the screening process with the multidisciplinary team, which would indicate the required degree of intervention, and they would then be provided monthly follow-up with a specific professional, considering their clinical status.

At that moment, a Singular Therapeutic Project (*Projeto Terapêutico Singular - PTS*), which aims to create a therapeutic plan of care for the individual, should be elaborated by the multidisciplinary team, taking into account the needs, singularities and desires of the user and family. This should allow the professional-user dyad to create links and share knowledge among them. The professional who is providing care also becomes responsible for accompanying people throughout the course of the therapy in that service, providing the intervention of other professionals or essential support services, and, finally, ensuring the discharge and follow-up of treatment in another service⁽¹³⁾.

As for the subsequent visits, it was observed that the users arrived on the day of their previously scheduled consultation and sought the reception to be registered in the waiting list. There was no welcoming procedure at the entrance of the institution at that time. The reception attendant then sent them to the waiting room. It is important to note that people waited for the appointment in the waiting room without any form of distraction during that time. The ambience was inadequate and the space had very poor luminosity. They were then referred to their specific professional, such as a psychiatrist, psychologist, occupational therapist, or nurse. And finally, they went to their household. Figure 1 displays how the workflow in the CAPS was, prior to the implementation of the new flowchart.

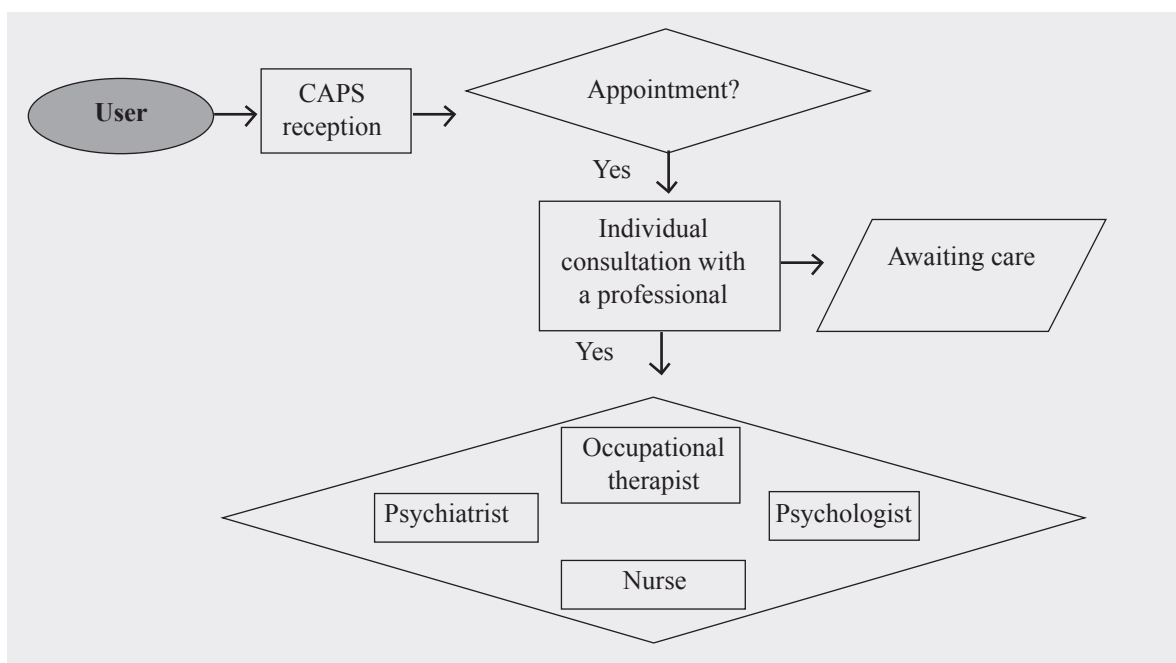


Figure 1 - Workflow in the CAPS prior to the new flowchart. Redenção, Ceará, 2016.

After observations of the flow in the unit were made, an alternative flowchart was proposed, built through the participation of the users who attended the service, aiming at the comfort and well-being of themselves, while awaiting the appointment.

Thus, the need to extend the user's embracement as they arrive to the CAPS was perceived. It is emphasized that the embracement is extremely necessary, since it is the first contact of the user at the time of the search for care, being a space for therapeutic listening. Therefore, the professional should use this moment to get to know the life history of the individual⁽¹⁴⁾.

Another problem observed was the idleness of the user while awaiting care, which could be prolonged for hours. There were also conflicting situations among those waiting for the consultation, in which some tried to enter the office before the others. This whole context created a stressful situation for all.

In this perspective, problems such as the idleness of users while waiting to be seen by the health professional could be minimized. It was possible to schedule activities, such as group discussions in the waiting room and accomplishment of embracement on arrival for the consultation. It is emphasized that embracement is indispensable in any health service, besides being a guideline of the National Policy of Humanization (*Política Nacional de Humanização - PNH*), as it implies the direct listening of the individual's complaints, recognizing that they have problems and that these must be solved or at least eased by means of knowledge-sharing networks⁽¹⁴⁾.

In this context, the users' embracement was carried out, by welcoming them, responding to possible doubts about the service, inviting them to participate in the group discussions, which did not exist before, and were referred to the place where the activities were being developed. The groups discussed subjects requested by the users, which were then talking points, such as Influenza A, Dengue and Zika virus infection, among other topics suggested by them.

Each group comprised 10 to 20 people. There was a rotation of the participants. Some started, but left before the conclusion because of their consultation. As the activities continued, other people joined the group. It is worth noting that the group was open to all who wanted to participate. The main objective of this strategy was to allow the participants to simultaneously express their impressions, concepts, opinions and conceptions regarding the themes suggested, and it also gave rise to a reflexive discussion of the manifestations presented by the group.

The main limitation found in this experiment was related to the environment itself, as for the conduction of the activities; the high temperature at the place and the unavailability of some equipment to reduce it; the noise, since the place where the group met gave direct access to the corridor; the restricted amplitude of the space; the unavailability of sufficient chairs; and the fact that it was one of our first contacts in the integration of mental health with the management of the service, as well as the rotation of the users and the limited time that the students remained in the CAPS to carry out the activities.

Based on the information collected, it was possible to jointly build the new flowchart with the support of health professionals and local managers, and its implementation in the unit on the subsequent days of undergraduate training in the CAPS. From this, strategies were developed, such as embracement and group discussions in the waiting room.

The new proposal for a flowchart corresponded to putting the CAPS users into group activities, a valuable tool for creating work groups and health education, formed by users, in a space of dialogue and interaction. As the activities were carried out, people were invited to go to their respective consultations, while the others remained in the activity. This new flowchart proposal rendered the unit's service routine more agile and streamlined the care program.

The activities developed within the CAPS collaborate to a greater and better insertion of the users in the society. An example of this was a study carried out in Fortaleza, Ceará, in a type II CAPS, coordinated by a community association that carried out several activities for the users, such as community garden, natural pharmacy, pre-university preparatory course, art therapy, among others. From these interventions, positive results were achieved, among them, a greater interaction of the individual attended to in the CAPS with those who are not part of this service⁽¹⁵⁾.

The new flowchart proposed was articulated according to Figure 2:

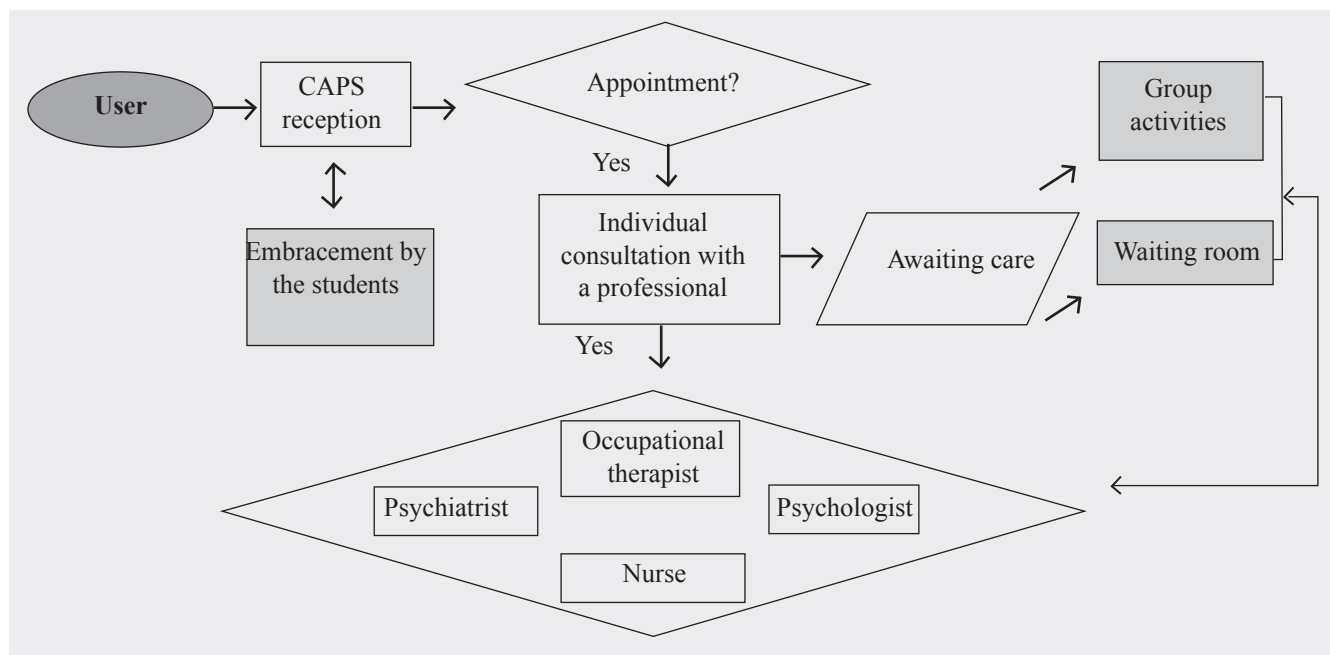


Figure 2 - Workflow in the CAPS with the new flowchart. Redenção, Ceará, 2016.

After the implementation, its importance for the improvement in the organization of the work process of the unit it was verified, as regards the establishment of a routine that aims to provide embracement, offering options of activities that can be performed while awaiting care.

In this sense, it can be stated that the use of an effective flowchart in the health units and, particularly in this case, in the CAPS, is useful because it has the capacity to provide a broader view of the work processes, making it possible to identify areas where there are major obstacles to the proper functioning of the unit, in order to seek solutions and better approaches⁽¹⁶⁾.

A survey conducted in the city of São Paulo, Brasil, with nine health professionals, among them psychologists, occupational therapists, nurses and psychiatrists working in a type III CAPS, analyzed their perception of the embracement provided to users. As a result, it was observed that the main strategy of the service was the embracement. According to the professionals' reports, the practices were based on active listening and observation of each user's singularity, that is, there was the concern to perform a humanized work, with the creation of bond and concern with the other⁽¹⁷⁾.

Although the physical structure did not contribute to the development of activities, the users reported they had been useful in minimizing stress and anxiety. While waiting for the group, it was possible to perceive how the users became calm and participated by sharing the singular experiences of each one. This was possible due to the therapeutic value for those who are participating, because there is a greater interaction between the users.

Thus, the psychiatric reform has been relevant, since it is based on the concept of deinstitutionalization. It suggests a praxis in which the services must be configured as a care network, focused on restoring the users' citizenship and meeting their demands.

The limitations were due to the short time the students spent in the CAPS to perform the activities and realize the actual changes with the implementation of the flowchart, or even to perceive whether there were more weaknesses that could have been targeted by further interventions. Regarding the weaknesses in the service, it was observed the overload of appointments due to the insufficient number of professionals, which impacts on the organization. However, the university inserted in the proposal of quality improvement affords growth to all those involved in the promotion of human care and its quality.

Thus, implementing a flowchart brings to the CAPS organization, reduced level of anxiety due to the time awaiting care, treatment efficiency, better professional-user interaction and, mainly, provides physical and mental well-being for the people therein. With the improvements that the new flowchart can bring to the service, more studies on this subject are necessary in order to prove its effectiveness, aiming to incorporate it into the organizational routine of the CAPS.

CONCLUSION

The present experience was based on the construction of a new flowchart for organization of the service of a CAPS, seeking to render the environment harmonious and welcoming.

Experiencing the implementation of strategies that provide embracement to the users of health services, especially services that promote mental health care, as is the case of CAPS, is an indispensable tool for the accomplishment of an effective and

efficient treatment. Such strategies should follow a regular, continuous, harmonious and diversified flowchart that suits the public, more specifically, the people under psychosocial treatment.

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