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Multidisciplinary intervention in the waiting room of HiperDia: experience report

Intervenção multiprofissional na sala de espera do HiperDia: relato de experiência

Intervención multiprofesional en la sala de espera del HiperDía: relato de experiencia

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Pollyana Junia Felicidade[1]
Lágila Cristina Nogueira Martins[2]
Ana Laura Mendes Campoi[3]
Marina Pereira Rezende[4]
Marta Regina Farinelli[5]

The study aimed to discuss the multidisciplinary expertise in the waiting rooms with HiperDia users. This is an experience report from an extension project, carried out from April to July 2018, in a school health center in Minas Gerais, Brazil, developed by a team of multidisciplinary residents. The themes were worked through play and elected by the users and professionals of the health institution. The waiting rooms were evaluated by the participants at the end of each action. The themes worked were: Diabetes Mellitus, Systemic Arterial Hypertension and leprosy. In total, there were 40 activities of waiting rooms, with 461 participants. Health education made it possible to clarify questions for conscious decision-making, bond creation and reduction of idle time while the users wait to receive attendance.
Descriptors: Health education; Public Health; Health promotion; Patient care team.

O trabalho teve como objetivo discorrer sobre a atuação multiprofissional nas salas de espera com usuários do HiperDia. Trata-se de um relato de experiência, a partir de um projeto de extensão, realizado no período de abril a julho de 2018, em um centro de saúde escola no interior de Minas Gerais, desenvolvido por uma equipe de residentes multiprofissionais. Os temas foram trabalhados de forma lúdica e eleitos pelos usuários e profissionais da instituição de saúde. As salas de espera foram avaliadas pelos participantes ao final de cada ação. Trabalhou-se com os temas: Diabetes Mellitus, Hipertensão Arterial Sistêmica e Hanseníase. No total, foram realizadas 40 atividades de salas de espera, com 461 participantes. A educação em saúde possibilitou o esclarecimento de dúvidas para tomada de decisões conscientes, criação de vínculo e redução do tempo ocioso enquanto os usuários aguardavam atendimento.
Descritores: Educação em saúde; Saúde Pública; Promoção da saúde; Equipe de assistência ao paciente.

El trabajo tuvo como objetivo discurrir sobre la actuación multiprofesional en las salas de espera con usuarios del HiperDía. Se trata de un relato de experiencia, a partir de un proyecto de extensión, realizado en el periodo de abril a julio de 2018, en un centro de salud escuela en el interior de Minas Gerais, Brasil, desarrollado por un equipo de residentes multiprofesionales. Los temas fueron trabajados de manera lúdica y elegidos por los usuarios y profesionales de la institución de salud. Las salas de espera fueron evaluadas por los participantes al final de cada acción. Se trabajó con los temas: Diabetes Mellitus, Hipertensión Arterial Sistémica y Enfermedad de Hansen. En total, fueron realizadas 40 actividades de salas de espera, con 461 participantes. La educación en salud posibilitó el aclaramiento de dudas para tomada de decisiones conscientes, creación de vínculo y reducción del tiempo ocioso mientras los usuarios esperaban atendimiento.
Descriptores: Educación en salud; Salud Pública; Promoción de la salud; Grupo de atención al paciente.

1. RN. Specialist student in Multidisciplinary Integrated Residence in Adult Health at the Federal University of Triângulo Mineiro (UFTM), Uberaba, MG, Brazil. ORCID: 0000-0002-0962-6494 E-mail: pollyjenf@gmail.com
2. RN. Specialist student in Multidisciplinary Integrated Residence in Adult Health at UFTM, Uberaba, MG, Brazil. ORCID: 0000-0002-5503-7199 E-mail: lagilamartins@hotmail.com
3. RN. Specialist student in Multidisciplinary Integrated Residence in Adult Health at UFTM, Uberaba, MG, Brazil. ORCID: 0000-0002-8527-7388 E-mail: nanam_campoi01@hotmail.com
4. RN. Master's RN in Fundamental Nursing. PhD in Health Sciences. Associate Professor and Tutor of the Multidisciplinary Integrated Residence in Adult Health at UFTM of Uberaba, Minas Gerais, Brazil. ORCID: 0000-0003-4054-8911 E-mail: marina.rezende@uftm.edu.br
5. Social Worker. Bachelor in Law. Master's, PhD and Post PhD in Social Work. Associate Professor in the course of Social Work and a Master's in Psychology and Tutor of the Multidisciplinary Integrated Residence in Adult Health at UFTM, Uberaba, MG, Brazil. ORCID: 0000-0003-0536-4017 E-mail: martafarinelli@gmail.com

INTRODUÇÃO

The Systemic Arterial Hypertension (SAH) and Diabetes Mellitus (DM) are important risk factors for developing cardiovascular disease, representing public health diseases, of which about 60-80% can be treated in Primary healthcare[1].

Hypertension affects 11 to 20% of the adult population over 20 years in Brazil. About 85% of patients with cerebrovascular accident (CVA) and 40% of victims of myocardial infarction in Brazil have associated hypertension[1].

In order to minimize complications and organize assistance to persons with hypertension and DM, the Ministry of Health launched, in 2001, the Plan for Reorganization of Attention to Systemic Arterial Hypertension and Diabetes Mellitus, materialized in the Hypertension Registration and Monitoring System And Diabetics (HiperDia), which constitutes a system of registration in order to allow the monitoring of these patients in the Unified Health system network (SUS) and generate information for acquisition, dispensing and distribution of drugs in a regulate and organized way[1,2].

In this perspective, the Family Health Strategy (FHS) has a key role in the development of prevention and control of diseases, having the HiperDia program as a tool to equip the care of hypertensive/and or diabetic patients and generate information that enhance care to these individuals, minimizing the complications of the diseases[3].

The development of actions to promote healthier lifestyles are strategies to prevent the onset of disease, and early detection, minimizing damage and risks, fundamental aspects of care. However, it is clear that the frequency of education activities in health services is reduced and individuals remain with lack of information about his health and what to do to control complications[4].

Thus, the health education process enables subjects to information supporting informed decision-making and arouse their accountability about their own health condition. The waiting room is a strategy used in order to create space for reflection on health-related matters, occupy the idle time caused by waiting time of service, with the exchange of experiences, in addition to providing care, strengthening the relationship between user and health care service and humanized care[5].

In this direction, the multidisciplinary operation in the waiting room extends the provision of information in various situations, diseases and conditions, inherent to the people's health-disease process, considering the knowledge of each professional category, in order to encourage self-care, having as tools the use of lightweight technologies to ensure the reception and interaction, and the deconstruction of taboos and understanding of the individual in its entirety.

HiperDia actions corroborate the National Health Promotion Policy (PNPS), which defines health promotion activities as a set of strategies and ways to produce health, either individually or collectively, which is linked to other care networks and social protection, to enable equity, reduction of vulnerability and social risks arising from social, economic, political, cultural and environmental determinants[6].

Given that cardiovascular disease is the leading cause of morbidity and mortality in the population and that hypertension and diabetes are risk factors that contribute to the worsening of this scenario, the development of actions to promote healthier lifestyles as health education actions are fundamental to sensitize users and minimize the damage, risk and expense of hospitalization or treatment of diseases, especially because it is clear that the lack of information from the people interfere, directly or indirectly, in their health status[1,4].

In this sense, the present study aimed to discuss the multidisciplinary expertise in the waiting rooms with HiperDia users.

METHOD

It is a descriptive study based on the experience report of nurses from a multidisciplinary team of the Multidisciplinary Residency Program in Health and Health Professional Area (PRIMAPS), in the *lato sensu* post-graduation mode of the Federal University of Triângulo

Mineiro (UFTM), from the development of waiting rooms for HiperDia users.

The action took place in the period from April to July 2018, in a health center school in Minas Gerais. This study was drawn from an extension project, published annually, currently underway, recognized and approved by UFTM. It was not released any data that allowed the identification of the participants.

The team responsible for implementing the waiting rooms consists of thirteen professionals: five nurses, two psychologists, two physiotherapists, a nutritionist, a physical education professional and two biomedical, which are divided into smaller groups to meet the entire demand of the health unit, and there were three waiting rooms per week, with an average duration of 20 minutes. Throughout the month the same subject was worked up, as the audience is different, thus promoting the achievement of a greater number of users of the health service.

To carry out the waiting rooms, the resident team developed teaching methods with recreational resources in order to facilitate understanding of the population served, and at the end of each health education approach an evaluation of satisfaction was conducted, to see if the method used was efficient. All subjects worked were structured on topics, such as: concept, signs and symptoms, treatment and, especially, prevention, in order to encourage informed decision-making and raise the user's responsibility about the health-disease process.

To start health education actions in the waiting rooms format, it was held, by the residents, a survey of the issues that would be addressed. The themes were chosen through joint choice with the community and with other health professionals.

The evaluation was carried out individually and anonymously, in which a visual scale was used, with identified boxes with satisfaction tags - good, indifferent and bad - (Figure 1A) so that users could put a blank paper in the correspondent box to his opinion.

The counting of papers in the boxes made it possible to check the feedback of the participants, as well as the interaction during the discussion in the waiting room. With the exception of April that was directed to the survey of the issues that would be discussed, all the other themes worked underwent evaluation of the target audience.

RESULTS

Throughout the month of April 2018, the residents, from the humanized listening, sought to know from the users doubts and common interests, deciding which topics would be relevant and that would make sense for everyone involved.

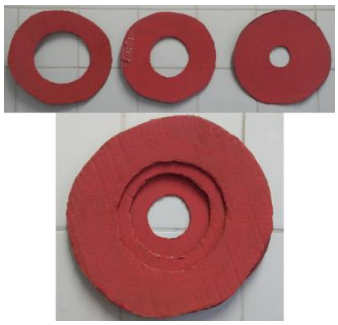
In May 2018 it was discussed about DM and, to facilitate the understanding of the mechanism of the disease in the body, the glucose transport was worked out (represented by a paper ball) into the cell (cardboard box) through insulin (plastic truck) shown in figure 1B.

In June, by one of the nurses from the health center school, the theme leprosy was worked out, which in turn was exposed from a set of myths and truths (Figure 1C), where green plates were used for true, and red, for false, so that users judge the statements.

In July, the SAH was worked up using cardboard circles (Figure 1D) representing the narrowing of the lumen of blood vessels, illustrating the increase in blood pressure and its manifestation in the body.

Figure 1. Resources used in the development and evaluation in waiting rooms. School Health Center, Uberaba, MG, 2018.

A B



C D

(A) Boxes for satisfaction evaluating; (B) Material for explaining the DM mechanism; (C) plates for the myths and truths game; (D) cardboard arches representation the narrowing of blood vessels.

The amount of waiting room activities performed, as well as the number of users who participated in them can be seen in Table 1.

Table 1. Number of waiting rooms actions and participants. School Health Center. Uberaba, MG, April to July 2018.

Month	Number of waiting room actions	Participants (n)
April	8	106
May	8	83
June	11	126
July	13	146
Total	40	461

Table 2 presents the evaluations of the users' satisfaction, which are not identical to the total of participants, since some had to leave just before the end to the institution's activities such as a medical consultation.

Table 2. Satisfaction assessment of participating users of the HiperDia waiting rooms in the period from May to July, in a school health center. Uberaba MG 2018.

Month / Evaluation	Good	Indifferent	Bad
May (DM)	39	-	-
June (Leprosy)	116	06	03
July (SAH)	126	05	02
Total	281	11	05

DISCUSSION

HiperDia was established as a key tool to instrumentalize the practice of care for hypertensive and/or diabetic users, which contributes to the generation of reports about the health condition and risk mapping, in order to maximize attention to these people and reduce the complications of the diseases[3]. Furthermore, the program provides free drugs and regular medical monitoring, enabling appropriate treatment and, therefore, lower costs generated by these diseases[7].

DM and SAH are among the most important health problems in Brazil. Among the complications of SAH, AMI is 47% of deaths from cardiovascular disease, while stroke is 54%[4]. DM has a major epidemic situation, since it is estimated to reach 11 million people by 2025, as in 2000 the number of people with the disease worldwide was 5 million[1]. Faced with the scale of the problem, it is necessary to recognize the potential that the FHS has in care, as it helps to promote health through educational activities for self-care[8].

Thus, It is noteed the importance of addressing the issues in question, because even if fundamental and are precisely the diseases of HiperDia program, the population when heard, shows lack of information and is surrounded by doubts about the management of these diseases.

Moreover, the method used by residents allowed the identification of user questions related to other health issues that not only DM and SAH. Thus, the HiperDia waiting room was also used to raise awareness and clarification of several issues.

In addition to the matters requested by the users, the professionals of the School Health Center (CSE) also suggested the issue leprosy to be included in educational activities. The importance of the discussion of this issue was due to the high incidence of leprosy cases in Brazil, second only to India, despite the efforts of WHO[9]. This disease can cause irreversible physical injuries, which makes it stigmatizing and leads to social exclusion, jeopardizing the patients' quality of life[9]. Because of this, the emphasis is on the importance of treatment to cure the disease, in order to eliminate prejudice, still present today.

In this sense, the waiting room is seen as a resource to promote a humanized care, making it possible to ever closer ties between the community and health services. It is through the waiting room that care is expanded, and health education helps in preventing diseases and promoting health[5]. The promotion has been discussed since the 8th National Health Conference, which enabled the implementation of public policies in defense of life, making health an essential human right[6].

PNPS calls for the introduction of health promotion actions in the care model, especially in everyday primary care services through intersectorial performances[6]. It can be considered that there was this interaction - health unit and residency - in the action developed, as there was recognition of the importance of interventions by the other CSE professionals.

With the method used, one tried to make a greater community participation and involvement in the sharing of knowledge to be an effective action and cause some movement on the part of the public attended, even because from the moment the community demand is raised, not only pre-set topics, it becomes an important and credible work to users. The approach of the action meets with PNPS, which says that the production and dissemination of knowledge and health practices should be carried out in a participative and shared way[6].

In this sense, the representation of play materials and interactive games may have made the action more comprehensive and affordable, insofar as it approached the experiences of the participants, and contributed to the enjoyable learning, since the imposition of extensive content and reading materials with strictly scientific terms were avoided.

It can be said that health education practices in the waiting room is a strategy which also complies with the National Policy of Humanization (NPH) as it assists in the bond narrowing between professional-user,

favors a welcoming environment, expanding the effectiveness of health practices. This allows knowing the needs of users through qualified listening, which contributed to the autonomy and responsibility of the users in the self-care[10].

Evaluation of users in each action of the waiting room was important for the planning and preparation of educational actions in consecutive health. Among the changes in the search for improvements in educational approach, through feedback from users, it is highlighted the reduced time of the waiting rooms for twenty minutes on average - there were complaints of delays by some users who were fasting to measure blood glucose; maintenance of playful ways to address the issues and improvement of teaching to allow the participation of users; request that the FHS professionals await the end of the educational action to initiate calls, in addition to the staff's concern about the waiting room decor with the theme of the month, in order to arouse users' curiosity and attention.

In the activities, some achievements have been made, both for the population served and the health professionals involved. Regarding users, clarification of doubts was possible; awareness of empowerment about their health, bond creation and exchange of experiences, in addition to reducing anxiety and idle time while waiting for care.

For resident students, there were gains as recognition of the importance of the action developed by the other professionals in the school health center; professional and personal growth, as well as the approach of the relationship between professional and user. This link provides the engagement and contribute to the active participation of the individual in controlling the disease and preventing its complications. In addition, the space used for the educational action allowed the disclosure of other activities offered by the team of residents.

There was also the stimulus to reflection on the part of those involved, on the autonomy and uniqueness of individuals, collectives and territories in how there are elected their ways of living and that their choices and possibilities to meet their needs may be conditioned to the social, economic, political and cultural environment in which they live. These aspects should be considered in health promotion[6].

However, it was noted some limitations, such as physical space, because it is an environment with heavy traffic of people, which interrupts the professionals who are developing the waiting room actions. Another limitation is the flow of care that makes it impossible for some users to participate until the end, as they are called while they are still participating in the activity.

CONCLUSION

Carrying out health education activities in the waiting room made it possible to share information that encourage the individual co-responsibility in the health-disease process. For this to occur, the use of accessible language associated with playful approach was fundamental to achieving creative activities to encourage the participation of the subjects and understanding of the topic discussed.

The evaluation of participants in each practice in the waiting room allowed the verification of the need for changes to improve the actions, as well as the method adopted to develop them. In addition, the creation of user-employment status and recognition of the work of residents by other health professionals was possible.

Regarding the limitations encountered, it is necessary to plan and reorganize the flow of service, to include health education as part of HiperDia actions and avoid the dispersion of users.

It is expected that the development of this study encourage the practice of health education in waiting rooms of similar institutions, to enable the disease prevention and health promotion.

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CONTRIBUTIONS
Pollyana Junia Felicidade, **Lágila Cristina Nogueira Martins** and **Ana Laura Mendes Campoi** worked in the conception, design, analysis, data interpretation and writing. **Marina Pereira Rezende** and **Marta Regina Farinelli** contributed to critical review.

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