ORIGINAL ARTICLE

Assessment of an adolescent outpatient care service

Avaliação de um serviço de atenção ambulatorial à saúde do adolescente

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ABSTRACT

Objective: to assess and describe the quality of a health care service for adolescents. **Method:** data were obtained based on the questionnaire "Complexity Estimate and Efficiency Conditions of Ambulatory Service for Adolescents" validated and issued by Pan American Health Organization. **Results:** the physical structure is adequate, service dynamics reflect difficulties inherent to public services in general, and lack of knowledge and of material resources, both basic and technological, was observed, as well as insufficiently trained multi professional teams. **Conclusion:** demands observed in the care of adolescents and which are the goal of good quality integral attention reflect the necessity of new plans for professional action and of improvements in working conditions for professionals, so as not miss opportunities for saving lives.

Key words: Evaluation Studies; Adolescent Health Services; Comprehensive Health Care.

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RESUMO

Objetivo: Avaliar e descrever a qualidade de serviço de atenção em saúde para adolescentes. Método: os dados foram obtidos a partir do questionário "Estimativa de Complexidade e Condições de Eficiência dos Serviços Ambulatoriais Para Adolescentes", validado e publicado pela Organização Pan-americana de Saúde. Resultados: a estrutura física é adequada; a dinâmica do serviço reflete dificuldades inerentes aos serviços públicos de maneira em geral; faltam recursos materiais básicos, tecnológicos e de conhecimento e equipe multiprofissional capacitada. Conclusão: demandas percebidas no atendimento de adolescentes e o objetivo de atenção integral e de boa qualidade remetem à necessidade de novas formas de atuação profissional e melhora das suas condições de trabalho, para que não se perca a oportunidade de resgate de vidas.

Palavras-chave: Estudos de Avaliação; Serviços de Saúde para Adolescentes; Assistência Integral à Saúde.

INTRODUCTION

The first reference to teenage health services dates back to 1918, when Amelia Gates published an article titled "The Work of the Adolescent Clinic of Stanford University Medical School", in which a concern with the multidisciplinary aspect was already outlined. In Brazil, multi and interdisciplinary university services started to be established in 1974 and the growing interest around adolescent medicine contributed to joning pioneers and new followers until, in 1989, the Ministry of Health launched the programmatic basis for adolescent healthcare.[1] The organization such services

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requires that the role of the physical structure, equipment, inputs, information systems, availability, training, and permanent education of human resources be considered and adapted to the complexity of the care it aims to provide.[2] Healthcare services for this age group must also be constantly overseen because their effectiveness is related, among other aspects, to the degree of appropriateness in relation to goals, accessibility, and coverage among the population to whom it is intended, so as to avoid missing opportunities in the delivery of comprehensive care.[3-5] The "Adolescentes para o Terceiro Milênio (Teenagers for the Third Millennium)" Program was implemented by the Universidade Estadual de Montes Claros in 2002, because of the high levels of school drop outs, pregnancy, sexually transmitted diseases, prostitution, drug use and other offenses found among the teenage population in the north of Minas Gerais.[6,7] Special focus were established at the time according to the following areas: sexual education, family planning, prenatal care, childbirth and postpartum assistance, breastfeeding guidance, pediatric care for teenagers and children, physical education and arts activities, psychological activities, and dental care.

It is necessary to analyze this system after about ten years of its implementation. This study aims to assess and describe the present conditions of the "Adolescentes para o Terceiro Milênio" Program with regards to its structure, considering the physical and human resources, available material, routine operations, and activities being developed, including, among others, research and professional training.

METHODS

The study of the present conditions of teenage care delivered by the "Adolescentes para o Terceiro Milênio" Program was based on the "Estimate of complexity and conditions of efficiency of ambulatory healthcare services for adolescents" questionnaire, validated and published by the Pan American Health Organization (PAHO).[8]

As a reference, the study used the PAHO's concept of "conditions of efficiency", as it is specific for teenage outpatient clinics and comprises a "set of characteristics that must encompass the resources of a service in order to efficiently meet the health needs of a population, understanding that they can be human, physical technology and knowledge resources".[8]

The data collection phase happened in three steps: a) direct observation of the service; b) research of records on the educational activities offered; c) interview with staff, doctors, and other healthcare professionals, as well as the program's general coordinators. All the steps were carried out by two medical students who were not directly related to the program. Items from the questionnaire considered crucial for comprehensive teenage healthcare were analyzed, such as: reception at entrance and emergency assessment (whether reception is carried out by health or administrative staff); return guarantee (whether it occurs and how often); physical space available (whether there are consulting rooms and rooms for group activities); available equipment, basic supplies and printed material (scale, anthropometer, blood pressure equipment, height and weight charts, Tanner stages, medical records); attention to reproductive health (whether there are reproductive health activities, parental care, available contraceptives, whether the mother is seen with her child); care of drug users, victims of violence, and boys and girls living in the streets (whether there is special attention to such groups); availability of written standards (whether the team is aware of them); professional training (training levels and number of qualified staff); team meetings and health education activities (frequency of meetings and existence of health education activities).[8] The type of evaluation we adopted is easy to carry out and effectively assesses the service delivered and redirects activities and professional conduct to offer more qualified healthcare so as to meet the real demands of that population.

This work is part of a research and extension project for a broader assessment of the service. It was approved by Universidade Estadual de Montes Claros (UNIMONTES) Ethics Committee and relied on financial support from the Minas Gerais State Research Foundation (FAPEMIG).

RESULTS

Physical structure, material and human resources

The activities of the program implemented in 2002 were carried out at Dr. Hermes de Paula Polyclinic - UNIMONTES, where health education and pedagogical activities currently take place, including arts education (art workshops), computer labs, foreign

languages (English and Spanish), and school support (Math and Portuguese).

The facilities include a reception, a small library whose collection was entirely donated by third parties, a computer lab with 6 computers and internet access, six classrooms, and one audiovisual classroom. Swimming lessons, also offered by the program, were held at the University Sports Center, at the UNIMONTES campus. Medical assistance was initiated in 2008 at the medical specialties clinic Centro Ambulatorial de Especialidades Médicas Tancredo Neves (CAETAN), at UNIMONTES. All offices were equipped with scales, stadiometers, and blood pressure equipment, but none of them had height and weight charts or Tanner stages. None of the offices or waiting rooms had any material for health education work. The multidisciplinary team comprised an adolescence specialist, a pediatrician, a gynecologist, a nurse, a coordinator, a pedagogue, a physical educator, an arts instructor, students of Medicine, Nursing, Languages (Portuguese, Spanish, and English) and Math, and administrative assistants. Some team members had exclusive work hours for the program and/or for teenage care, and most of them had not been trained or did not received training on a regular basis for delivering care to this age group.

Health education and specific activities

Health education activities were undertaken on a weekly basis by the program's nurse at Dr. Hermes de Paula Polyclinic, by means of lectures and teenage chat groups. To develop these activities there were a television, a DVD player, and printed educational material available for use in the clinic, but not for handing out. The themes addressed included: sexuality, sexually transmitted diseases, AIDS, pregnancy, contraception, alcohol and illegal drugs consumption, smoking, oral health and hygiene, self-esteem, and normal adolescence; themes which were infrequently addressed or not addressed at all were family problems, violence and accidents, problems at school, and occupational health. In addition to health education initiatives and other activities mentioned above, we should highlight the individualized care given to sexual and reproductive health at the CAETAN.

We should also note that there were not enough oral contraceptives or condoms available in the clinic to be handed out to teenagers. There are also no qualified professionals for care of teenage drug users, victims of violence, or boys and girls living in the streets.

Service routine and integration with the SUS Network

Teenagers are admitted into the program through two routes: the Dr. Hermes de Paula Polyclinic or the CAETAN. When going to the polyclinic, they are registered to join the educational and health education activities, and then referred by the nurse, educator or program coordinator to specific care, when necessary. At the CAETAN, only two administrative staff members are in charge of booking appointments. Clinical pre-assessments are not made. There, teenagers have their appointments scheduled with one of the team doctors, who will start to monitor them and will evaluate the need for interconsultation. Teenagers are also invited by the doctors to take part in the program's activities, and referred to registration. A return visit with the same professional is not always guaranteed, depending on slots in their schedules or the concerns that led teenagers to make an appointment.

Adolescent health activities take place according to the complexity of the clinical demand, and the service, in line with the hierarchy of the SUS network, incorporates reference and counter reference care mechanisms, responding only to procedures listed by Basic Operational Rules for the primary and secondary care levels.

In addition to the services available in the SUS network, the program sets up exchange programs with institutions operating in the area (Casa de Passagem, an nstitution coordinated by the Ministry of Development and Social Assistance from the municipality of Montes Claros; DCFS for the rights of children and adolescents; and the Social Assistance Reference Center-CRAS), although there are no written reference routines.

Records, standards, and research

In order to compile a database with health information on teenage service users, the program adopted the patient history of the Latin American Center of Adolescence and Pediatrics- from the Pan American Health Organization/World Health Organization (LCAP-PAHO/WHO). In addition to the local records of healthcare delivery and assessment of each team member's productivity, there are book records of the frequency of educational activities and health-promoting activities. Between May 27 and June 26, 2011, 20 new registrations were made, and about 1,400 calls

were recorded, 1,200 educational and 200 medical. The service has no written rules and, until now, there was no research being developed on the teenagers who received care and their main concerns.

Evaluation indicators

Internal assessment is carried out through monthly meetings of the pedagogical team, and the external qualitative assessment is made possible by the continued use of a book of complaints, criticism and suggestions, to be made available to interested parties, and by the testimonies of parents and teenagers who received care.

DISCUSSION

The way teenagers are admitted at the entrance of the health system can affect adherence to treatment and to the service itself.[2,3,9-11] Service must be possible even if teenagers fail to present the required documents, referral slips or are unaccompanied by parents or legal guardians. Considering the guidelines from the Ministry of Health, all information about opening hours and available professionals should be made available and access to different services in the unit and referral to other services should be streamline whenever the unit is not able to meet all the demands, as in the case of urgencies and emergencies. However, the appointments sector at the CAETAN is composed of only administrative staff, and clinical pre-assessment by health professionals is not carried out.

Even with a streamlined access, demand for medical service at CAETAN is still limited. It is believed that the population and health professionals within and outside of the unit are unaware of the services offered by the program. Thus, some strategies could be put into effect to attract teenagers in the community, such as advertising the service[2,11] in leaflets and posters to be handed out or posted in strategic locations, including at the CAETAN, the Dr. Hermes de Paula Polyclinic, basic health units, and public schools. Given importance follow-up to consolidate health-promoting information among teenager, and bearing in mind the characteristics of this age group, which often disrespects schedules and appointment dates, the return visit should always be guaranteed.[4]

Although most appointments for specialties like Dermatology and Endocrinology are still made as permitted by time slots or required by the complaint leading to the appointment, others happen under free demand. In this way, professionals that intend to give teenagers comprehensive care should be attentive to the importance of guaranteeing follow-up and to the need for more flexible schedules. It is hard to assert if the relative absence of teenagers in general health services is due to relative lack of actions aimed specially at them or to low demand, since these two factors are interrelated and there are only a few studies on the topic.[12] Certainly, not having multi and interdisciplinary teams is one of the factors that accounts for the low presence of that group in health units.

Adolescent health care, by its very nature, requires the work of professionals from different disciplines and a minimum team composed of a doctor, a nurse, a psychologist, and a social worker.[2-4,11,13] If the teaching about adolescents in undergraduate courses fails go beyond the biological approach, it is essential to invest more in continued training for professionals, which can happen through team meetings.[2,11,12,14-17] More effort is needed to turn these meetings from sporadic events into routine practices, expanding the possibilities for comprehensive care and problem-solving, and favoring the integration of the team itself.

It is recommended that the physical space destined for appointments with teenagers be optimized using the existing facilities in each unit, the human resources available to match the potential demand expected, so that the proposed activities can be developed.[2] In case it is not feasible to have group activities at the CAETAN, the alternative is to adapt the facilities of the Dr. Hermes de Paula Polyclinic, which, although precarious, include a private space where teenagers feel comfortable, another crucial point to ensure that this population enroll in the services.[3]

At the CAETAN, separate waiting rooms are not available for this group. However, they are signposted, clean, and ventilated. It would be ideal that a floor or at least specific shifts were reserved specifically for adolescent care.[2,3,9,11] However, in view of the impediments in reallocating professionals within the rotation schedules and consulting rooms, we believe that other measures can be taken immediately in order to make the waiting room environment cozier and more pleasant. Videos, message boards with information and news, posters, educational booklets, magazines, and books could turn the time spent waiting into moments of learning about healthy, pleasant, and constructive activities.[2,3]

The CAETAN offices allow for the minimum privacy required and were planned according to the type of service delivered. Among the equipment, supplies and printed material considered basic and recommended by the Ministry of Health, the service also requires: adolescent health cards, weight, height, speed of growth and body mass index charts, Tanner scales, blood pressure charts, orchidometers, condoms and other contraceptives. Although the need to limit and control supplies is understandable, it is vital that bureaucracy does not compromise quality of care. Hence, access to condoms, for instance, should be as comprehensive and simple as possible, favoring contraceptive actions and the prevention of sexually transmitted diseases.[2,11] However, we know that the lack of some of these features does not constitute a reason for not delivering good care.

Attention to the sexual and reproductive health has been given in the traditional manner, i.e. actions are almost always focused only on teenage girls. We understand that actions should also be aimed at boys, who are jointly responsible for sexual and reproductive events.[10] However, we understand the importance of a multidisciplinary perspective on the global assistance to pregnant teenagers: specialized prenatal care and simultaneous mother-child monitoring after childbirth, for example, as protection factors against recurrence of teenage pregnancy and school drop-out.[15]

Another aspect evaluated was data recording. The service adopted the medical history form developed by the CLAP-PAHO/WHO. Even if irregularly filled out, depending on how long each professional has for seeing patients and so as not to disrupt the pace of appointments, it is suggested that the form be filled out by the multi-professional team, considering their respective specialties. Professionals should be aware of the importance of having the information registered in order to allow that these adolescents' real health situation be known, as well as enabling appropriate evaluation of care.[13]

In addition to the local records of healthcare delivery and productivity assessments of each team member conducted monthly by the program's coordination, pedagogical and health education activities are recorded in a book. Technical standards regarding frequent themes in comprehensive adolescent care and research on the profile and key demands of the population cared should be made available.[4,5]

It is impossible to deny that the "Adolescentes para o Terceiro Milênio" Program experienced difficulties that the public system itself imposes and that the relations between knowledge and power define the dynamics of any institution. Some of the perceived demands in the care of these teenagers and the eventual aim of a good-quality comprehensive care point to the urgent need for new forms of professional performance and improvement of working conditions, so that, above all, we do not miss the opportunity to save lives.

Nevertheless, we believe that this evaluation work represents the first step in improving the efficiency of the services provided to the teenagers of the "Adolescentes Para o Terceiro Milênio" Program.

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