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TRANSITION OF CARE FOR STOMATIC PATIENTS: CONVERGENT CARE RESEARCH CONTRIBUTIONS

Transição do cuidado de pacientes estomizados: contribuições de pesquisa convergente assistencial

Transición de la atención a pacientes estomáticos: contribuciones de la investigación de atención convergente

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ABSTRACT

Objective: to describe a multidimensional educational intervention carried out with nurses, about the transition of care for ostomized patients in the Health Care Network, in southern Brazil. **Method:** convergent care research carried out with nurses from the Health Care Network in a municipality in the state of Rio Grande do Sul, Brazil. Data collected through participant observation and an educational workshop, based on care for the ostomy patient. Thematic analysis technique. **Results:** main weaknesses: difficulty in referencing and counter-referencing, lack of communication and gaps in knowledge. The activities resulted in propositions constructed dialogically to overcome weaknesses: organization of the schedule of updates; creation of referral/counter-referral protocols, patient transfer by telephone, appointment scheduling at the referral unit; use of digital applications for communication. **Conclusions:** the strategy resulted in active participation and reflection on professional practices and allowed the identification of weaknesses in the care transition process and possibilities for improvement.

DESCRIPTORS: Continuity of patient care; Patient Transfer; Health education; Surgical stomas; Health services.

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RESUMO

Objetivo: descrever uma intervenção multidimensional educativa realizada com enfermeiros, acerca da transição do cuidado de pacientes estomizados na Rede de Atenção à Saúde, no sul do Brasil. **Método:** pesquisa convergente assistencial realizada com enfermeiros da Rede de Atenção à Saúde de município do estado do Rio Grande do Sul, Brasil. Dados coletados por meio de observação participante e oficina educativa, embasadas no cuidado ao estomizado. Técnica de análise temática. **Resultados:** principais fragilidades: dificuldade em referenciar e contrarreferenciar, falta de comunicação e lacunas no conhecimento. As atividades resultaram em proposições construídas dialogicamente para superação das fragilidades: organização de cronograma de atualizações; criação de protocolos de referência/contrarreferência, transferência do paciente por telefone, agendamento da consulta na unidade referência; uso de aplicativos digitais para comunicação. **Conclusões:** a estratégia resultou na participação ativa e reflexão sobre as práticas profissionais e permitiu identificação das fragilidades do processo de transição do cuidado e possibilidades de melhorias.

DESCRITORES: Continuidade da assistência ao paciente; Transferência de Pacientes; Educação em Saúde; Estomas cirúrgicos; Serviços de Saúde.

RESUMEN

Objetivo: describir una intervención educativa multidimensional realizada con enfermeros, sobre la transición de la atención a los pacientes ostomizados en la Red de Atención a la Salud, en el sur de Brasil. **Método:** investigación de atención convergente realizada con enfermeros de la Red de Atención a la Salud de un municipio del estado de Rio Grande do Sul, Brasil. Datos recolectados a través de la observación participante y un taller educativo, basado en el cuidado del paciente ostomizado. Técnica de análisis temático. **Resultados:** principales debilidades: dificultad para referenciar y contrarreferenciar, falta de comunicación y lagunas en el conocimiento. Las actividades resultaron en proposiciones construidas dialógicamente para superar las debilidades: organización de la agenda de actualizaciones; elaboración de protocolos de referencia/contrarreferencia, traslado de pacientes por teléfono, programación de citas en la unidad de referencia; uso de aplicaciones digitales para la comunicación. **Conclusiones:** la estrategia resultó en participación activa y reflexión sobre las prácticas profesionales y permitió identificar debilidades en el proceso de transición asistencial y posibilidades de mejora.

DESCRIPTORES: Continuidad de la atención al paciente; Transferencia de Pacientes; Educación para la salud; Estomas quirúrgicos; Servicios de salud.

INTRODUCTION

The Health Care Networks are organized by coordinated sets of care points to provide continuity of care to a defined population. However, in practice, this scenario of services and actions is characterized by some difficulties in complying with the proposal of care networks. The search for integration in health care is not an easy task. This is because there is a multifactorial character that involves the functioning of the system, which includes different levels of care, diversified sources of financing, professionals with diverse backgrounds, disparity in structure and technological resources, and a variety of users.[1]

Ideally, care coordination is supported by the existence of an integrated network of health care providers. In other words, the expansion of Family Health Strategies alone is not enough to guarantee comprehensive care, which requires articulation with other health services.[2] This articulation between services strengthens care transition strategies, which include discharge planning, patient and family health education, team communication, and post-discharge follow-up, which have demonstrated a positive impact on the quality of life of patients and their families, as well as a reduction in hospital readmissions, emergency room visits, and high health system costs.[3-4]

In this sense, one of the main instruments to integrate Primary Health Care (PHC) with Specialized Care is the implementation of computerized centers for the regulation and scheduling of procedures. The computerized systems allow managers to know the real size of the waiting lines, monitor them, and thus define clinical priorities. However, the concern with creating mechanisms to bring together PHC and specialized care professionals in order to create a culture of collaboration between levels is still incipient.[5]

It is a consensus that a greater mutual knowledge of the various health sectors could generate positive changes in the relationship between professionals of both levels. Still, the knowledge of professionals working in specialized services about the work process in PHC and the valorization of their professionals are considered insufficient, which interferes with the creation of a culture of collaboration. One form of approach is the matriciamento, which provides support from specialists to PHC professionals, through inter-consultation, discussion of clinical cases, training, besides being a reference for some services.[6]

In order to contribute to this persistent gap of care fragmentation in theory and practice, we tried to apply the Convergent Care Survey (CCS), which has been gaining more and more adherence among nurses. This research method allows the construction of problems that present themselves to the practice, aiming at their resolution, awakening the critical attitude of the researcher, who assumes the commitment to provoke changes that contribute to qualify the assistance, besides introducing innovations for nursing and health care.[7]

Based on this context, this study aims to describe a multidimensional educational intervention performed with nurses, about the transition of care for ostomized patients in the Health Care Network.

METHODS

This article comes from a master's thesis entitled "Knowledge and practices of care to ostomized patients in the Health Care Network",[8] developed in a city in southern Brazil. This is a qualitative research, carried out through Convergent Care Research (CCR), developed by research and care nurses, with the purpose of qualifying the nursing care practice, based on problems presented in the practice, aiming at their resolution.

This method requires active participation of the subjects and its main characteristic consists of the care actions incorporated during the research process.[7,9] This is because involving users of knowledge during the planning and execution of the research helps to ensure that critical problems of practice are identified and collaborative proposals for solutions can emerge in this context.[10]

The interest in developing a CCR with nurses who care for ostomy patients arose from the practical experience of the first author as a nurse in inpatient and surgical units. In these places, it was frequently observed the presence of ostomized patients who were readmitted with complications in the colostomy and peristomal skin. This caused uneasiness in front of the theme and motivated the development of the research, in order to establish a diagnosis of the reality from the perspective of the patient and the professionals who integrate the Network of health care.

The present research is an integral and consecutive part of the study that carried out the diagnostic stage of the CCR. The diagnosis was conducted through interviews with PHC and hospital nurses, as well as with stomized patients,11 in order to identify the multiprofessional care actions performed to the stomized patient from the preoperative period to the follow-up after hospital discharge in the Network of health care, in the period from April to June 2018.

After the stage of diagnosis of the reality, negotiations were held with the managers of the care points involved to propose an educational activity, with multidimensional characteristics, which would advance to the diagnosis of problem situations and solutions, with the perspective of effective enterprise. After a manager's approval, the date and place were scheduled and an invitation was made personally, with printed material, to the nurses and other managers. Inclusion criteria: nurses with experience in assisting ostomy patients; having participated in the data collection of the previous stage, which was the interview with open questions with nurses from the Family Health Strategies and Basic Health Units, as previously explained.

During the second semester, first, introductions were made with the name and institution to which each one belonged, that is, PHC or hospital. Sequentially, the objective of the meeting was presented, with a dialog between the participants and the researcher through their previous experiences related to ostomy patients. Initially, an ice-breaker dynamic was performed, aiming to facilitate the interaction between those involved with the research. A ludic activity with a poster and an image of an ostomized patient was used. The participants in interaction were challenged to describe how the transition of care currently occurs in the health care network.

For the best development of the activity, the researcher had the participation of previously trained research assistants, who were responsible for obtaining the Informed Consent Form and for providing the recorders. The group educational action was programmed in order to provide a space for dialogue, discussion, to express opinions about their actions and care, flow, reference and counter-reference in the Health Care Network and, at the same time, to reflect on this path. This is based on the fact that the CCR favors the understanding between research and assistance carried out in the different instances of care, aiming at a unity around the phenomenon of interest; however, it advocates the preservation of each one's own characteristics and values.[7,9,12]

From the identification of the units that most assist ostomized patients, we arrived at a numerical definition of nine nurses, four from PHC, and five from the hospital institution. Two participants were nurse managers. In order to preserve the identity of the participants, we chose to name them by (EAB) for primary care nurse and (EH) for hospital nurse. A two-hour meeting was held, in which the theme was exhausted. The discussions, reflections and testimonies were recorded in audio type with the consent of the participants, and later transcribed and analyzed as proposed by Bardin.[13]

The project respected the ethical aspects according to Resolution 466/2012 and was approved by the Ethics Committee of the institution under CAAE: 80479417.2.0000.5322, approved by the two researched institutions through a document signed by those responsible.

RESULTS

The CCR, methodological framework of the study, allowed us to obtain knowledge of the participants' experiences and, at the same time, define strategies to overcome the weaknesses identified, in order to qualify the nursing care practice, as well as the transition of care for ostomized patients. In this meeting, forms of innovations for the care practice were defined, based on the knowledge and experiences of the research participants.

In the educational action, the simultaneity was privileged in what results from the reciprocal movement of participants in a single objective, in order to qualify the structuring and organization of the Health Care Network, represented by research actions and dialogue practices with those present.

In the meantime, the participants were receptive to the purpose of giving new meaning to the context of the practice experienced in the Health Care Network through oneness. Thus, initially, a dynamic was performed with uniterms that represent the transition of care for the ostomized in the Network of health care. The participants were challenged to think about how the

transition of care currently happens and how the transference of patients happens. In this dynamic, it became clear that the professionals of the health services did not have clarity about how the patient's pathway in the search for care at different points of the Network of health care takes place.

The reflections of the interacting group, with the respective inferential analyses and categorizations are shown in chart 1.

The categorical set reflected the desired path of awareness about the problems, critical analysis of weaknesses and potentialities, and the selection of alternatives to generate changes in practice.

Three months after the performance of the activity, guided by the PCA, the main researcher went to the hospital institution to obtain feedback about the pacted actions and made herself available to contribute. At this moment, in a meeting with the nursing management of the hospital institution (participant of the educational activity), it was verified that 1) a protocol of reference and counter-reference was created and implemented; 2) the counter-reference, besides being forwarded through a document, is done by telephone at the time of hospital discharge of the ostomized patient to the patient's reference unit, with scheduling of a nursing and medical evaluation to follow up on the care; 3) the nurses use a WhatsApp® group to discuss and exchange knowledge regarding the care of ostomized patients.

DISCUSSION

The reflective dialogues that emerged in this study through the sharing of knowledge, knowledge and experiences can contribute significantly to qualify the health care spaces, and especially to improve the process of transition of care for patients with ostomy. In this study, the participants' reflections emerged from the needs perceived in their practice, and, likewise, the knowledge produced must return to it.

The CCR, as a methodology, was purposeful in that it foresees the participation of those involved with the research as a fundamental element in the process.[9] By establishing relationships with other members of the health services, the worker develops sustainable human relations, which favor the establishment of interrelation between attitudes and knowledge, which favors shared decisions, unconventional approaches, besides the coexistence among different people.

The findings of the study, through the participants' discussions during the educational activity, showed the disarticulation between the services, which reflects on the quality of the care transition. In this sense, the findings meet and reinforce the strategic recommendations to strengthen PHC in the Brazilian Unified Health System (SUS), which were recently published after consultation with experts.[1]

Among these recommendations is the allocation of technologies to ensure resoluteness in PHC and the improvement of regulation/coordination of services to strengthen PHC as a structuring element of the SUS. This strengthens the initial proposal of the constitution of health care networks in Brazil, which aimed to combat the fragmentation of care, expand access, and ensure equity and universality to all individuals.[14]

For this, the health care network is considered as an organization of the set of health services, in a non-hierarchical way, linked among themselves, which aims to ensure the provision of continuous and comprehensive care to the population. For this, it is understood that PHC is constituted as the preferred entrance door, that is, the main provider of care and coordinator of care, including for patients with cancer of the digestive tract, which often leads to the confection of stomies.[15]

Still, the planning and implementation of nursing care to the ostomized patient are important. This includes attention to care related to the psychic and physical aspects of the patient, education about hygiene care and changing ostomy bags, and the planning of assistance during the operative period. Moreover, it requires the resumption of the educational process for self-care during the postoperative period, which involves the family and aims at the rehabilitation of patients.[16]

In the role of health educators, it is necessary to incorporate the family in the therapeutic plan, instructing them to provide care to the person with a stoma, who is often dependent. In this process, the patient goes through different phases, ranging from the acceptance of the new condition to the need to adapt to new materials and acquisition of new knowledge. Still, the patient will have to get used to this "element" foreign to his body, which may cause fears, many embarrassments, and certainly many doubts.[17]

TABLE 1 – Analysis and categorization of the group's speeches in interaction. RS, Brazil, 2020

Reflections/ interactions	Categories	Testimonials (contents)	Inferential Analysis
Starting the flow, after the patient, for example diagnosis of colorectal cancer (CRC).	1. ONCOLOGIC ATTENTION FOCUSED ON CURATIVE ACTION	*"Who will discover CRC are us from the ESF." (EAB) "(...) I disagree, most find out at the hospital". (EH) "Both realities, because today we don't have an early diagnosis, many times the patient will find out when he is symptomatic, in a very advanced stage, that's why sometimes he finds out at the hospital, by an intercurrence. Unfortunately we still have a lot of investment in the disease and not in prevention. (EAB) "We still invest a lot in the disease, the priority is not integral attention, public health, prevention, earlier diagnosis (...)" (EAB)*	- PHC and secondary/tertiary care as a site for cancer diagnosis - Early Diagnosis: PHC - Advanced Disease: Hospital Care

TABLE 1 – Cont.

Presentation of data from the diagnostic stage: main limiting problems of the transition of care	2. INEFFICIENT TEAMWORK, LACKING: EFFECTIVE COMMUNICATION; SHARING COMMON GOALS; INTERDISCIPLINARY INTEGRAL CARE	*"It depends on the BHU, due to the work process, but it doesn't always go through the nurse, it goes straight to medical consultation (...)" (EAB)* *"In the ESF there should be a joint work with the doctor and nurse to have this broad and integral look (...) and unfortunately, when it comes to the doctor, he says that this is a specialized service. (EAB)* *"It depends on whether the patient started at the FHS and if he/she can make the diagnosis, we can refer him/her directly to CACON, but if not, he/she has to go to a specialized service to confirm the diagnosis, but I have already referred him/her directly. (EAB)* *"Most of the patients that come back to the unit are those who already have a bond, those who didn't have a bond will not create one after the ostomy. I see the two realities - the patient who goes to the specialized service but has a good bond with the unit, and the one who goes to the specialized service and doesn't returns to the unit". (EAB)*	- Little/no link between medical and nursing activities - Referral to Specialty = solve the problem - Ineffective communication between members of the multiprofessional team and between specialist and ESF/ PHC nurses
	3. NEGLECTED PATIENT- AND FAMILY-CENTERED CARE	*"An important point is the family, it should be included from the beginning, it is part of the whole process [of cancer and surgery], from the reception and training (...)" (EH)* *"First it is necessary to reduce the patient's anguish, because he discovers the diagnosis and will have to place a colostomy bag, explain what it is, how to live, care, handle, insert the family member. In the post-operative period he can't listen to orientation, or listens and gets home and doesn't remember, if he gets home already knowing, he will be able to have a better understanding of care". (EH)* *"The family often doesn't feel part of the care". (EH)*	- Care does not include the Family - Inefficient or non-existent preoperative education - Insufficient postoperative education
	4. PERCEPTION OF TECHNICAL UNPREPAREDNESS AND LACK OF ADEQUATE WORK PROCESSES FOR THE CARE OF THE OSTOMIZED PATIENT IN THE BHU	*"Continuing education is lacking, because we have a problem in terms of reference that is the nurse of the specialized service, which many times the patient is linked to it and does not access the FHS. In my area I am not aware of any, maybe I do, but they only access it when there is some complication, it is very complex, it is not my routine and that of my team." (EAB).* *"So I think we need continuing education. It requires preparation, of nursing, you know, because this is not a routine for me, for me a case appears once in a while and then there is the issue of context, to know his reality at home, to go to the house, to see if there are hygienic conditions. It is complicated, the burden is very complex and there is much to improve on this issue, this context that is not only in the FHS, we have to go to the home and we know that it is not routine in the service. (EAB)*	- Insufficient continuing education on stomas - Lack of experience of PHC professionals - Concentration of resources in specialized services - Difficulties to implement home visit.

TABLE 1 – Cont.

Proposition of the interacting group	5. CREATE PROTOCOLS, ASSISTANCE FLOWS AND USE COMMUNICATION TECHNOLOGIES	*"We can refer and counter-refer, it's a brief moment via phone, because the units have a way to organize themselves and communicate that the patient is discharging, schedule an appointment." (EH)* *"Create a whats group, for that the coordinations should formalize this pact, that will have a conversation group by app, with nurses from the hospital, health coordinator and primary care." (EAB)* *"Elaborate a flowchart, where this stomized patient should go through, reference and counter-reference protocols". (EH)*	- Organize the process: reference and counter-reference protocol - Favor registration and communication - Take care not to lose data and information - Use social digital technology (WhatsApp®) - Involve various hierarchical levels of the profession
	6. DEFEND, RECLAIM AND ACT	*"There is a need to provide training to nurses. We can schedule a morning and afternoon, talk about the management with the bag, care with intercurrences, something that doesn't exist here and the stomal therapist can talk better about this... pre-surgical demarcation, which is a nurse's commitment". (EH)* *"We will reschedule a new meeting in 60 days with all the nurses, everyone should know about it because the idea is precisely not to centralize, that everyone should know about it, after this meeting we will be responsible for training our teams." (EH)* *"It is essential to have a next meeting in the short term, with interested people and also managers, leaders who today do a great job, because it is necessary to increase the vision of the need for training". (EH)*	- Encourage continuing education on stomas -Request stomal therapists -Defend the nurse's attributions - Unite efforts and make it happen

SOURCE: elaborated by the authors, 2020.

Therefore, the insertion of the family member contributes to stimulate the patient to perform self-care, thus reacquiring his autonomy.[16]

To improve the transition of care, during the discharge planning process and elaboration of the care plan, the patient's preparation for self-management of his health condition in the period after hospital discharge is ensured. In order to favor the construction of self-management skills, the pre and postoperative educational action must be planned for this intentionality. Thus, initially, the patient's level of understanding about his health condition must be known, and then new situations must be presented and the difficulties arising from the procedures must be discussed. Maintaining the dialogic relationship makes it possible to perceive the levels of self-efficacy and resilience of the patient and the family member appointed as the main caregiver. Knowing how to deal in a prospective way to increase the patient's and caregiver's sense of security and confidence to make decisions is fundamental to the professional in this process of education for self-management.[18]

In addition, nurses can act as coordinators of patient and family-centered care by identifying care, educational, and administrative demands and including the needs and preferences of the patient and family in the individualized plan. Furthermore, it is expected that nurses develop actions of health education, in a planned manner, based on good practices and with the possibility of subsequent evaluation, during the hospitalization period, which certainly contributes to prevent hospital readmission of ostomized patients.[19]

The use of educational strategies, during this Assistential Convergent Research, contributed to the education of nurses, which is fundamental to promote improvement in work processes and, in this specific focus, can also contribute to improve the transition of care. Education strategies that encourage the participation of professionals and enable professional training should be a permanent process in the search for alternatives and solutions to real health problems, as well as to overcome the fragmentation of care that persists in health institutions.[20]

In this sense, it is understood that building a relationship of trust with patients and family members is fundamental to the success of nurses' actions, with the perspective of continuity of patient care. The effectiveness of the actions also depends on the continuity of care, the set of systematic approaches, with well-defined intentionalities, and the process of evaluating the results. Patients and family members must clearly perceive the purpose of the interventions so that they can actively participate, mainly because, even if transitory, stomization is biopsychosocial and economically complex as well.[16]

FINAL CONSIDERATIONS

The results of the research allow us to identify that the nurses participating in the educational action had difficulties in re/designing and understanding how the transition of care for the stomized patient occurs in the Health Care Network. Therefore, it is necessary health education that stimulates reflection and promotes autonomy in the team of nurses in charge so that they

can effectively contribute to improvements in the health care network of any municipality.

The educational strategy used with the purpose of expanding knowledge from the perspective of the transition of care, as well as to stimulate nurses to think and seek innovations to improve the recognized weaknesses, resulted in active participation and allowed the identification of possibilities for improvement. By feeling provoked to reflect on their practice and perceiving the weaknesses of the care transition process, the nurses identified actions that could be discussed and implemented in the Health Care Network, the site of the study.

The choice of the Assistential Convergent Research as methodology was positive, because it values collective construction and privileges elements that revitalize nursing practice, as it holds each one responsible as a participant. Through the possibility of building and reconstructing the flows, they recognized the opportunity to look at their performance spaces and other points of the Health Care Network, in search of a common goal, to improve the transition of care and thus transform their current work reality, which was characterized as assistance to the ostomized in a fragmented way.

During the study, the organization of protocols of reference and counter-reference, transfer of the patient by phone, scheduling of the patient's appointment in his unit of reference and use of the WhatsApp® application, in a specific mobile device for this purpose, in order to refer the patient to the unit through technology were discussed jointly among the participants. In addition, training was proposed to the nurses of the Health Care Network.

This set of actions is the main contribution of this research to the assistance. From the perspective of knowledge innovation in teaching and research, it is important to highlight that the scientific knowledge about care transition produced by Brazilian researchers is extremely incipient. Thus, we hope to contribute to disseminating and strengthening this theme in the country.

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