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Vaccine Room Service Flowchart: An Experience in Primary Care

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Abstract

Introduction: Immunization is an important importance to carry out a strategic action of Primary Health Care. Thus, the proper functioning of vaccination rooms in Primary Care is one of the most important strategies in the prevention and control of diseases in the Unified Health System (SUS), in this sense, getting to know the organization, executing and organizing related to the vaccination room, implications for the effectiveness of immunizations, a finding of successful or unsuccessful planning and formulations of more applied public policies that do not compromise routine vaccination.

Objective: To build a flow chart of vaccine room attendance in a Basic Health Unit.

Methods: A tool was built and applied in a Basic Health Unit in São Luis/MA. The creation took place from the experience in the vaccine room and readings from the Immunization Manual of the Ministry of Health. Thus, a flowchart of steps in the process of the path to be taken by the user was created. After creating the step by step, start the process of training professionals in the vaccine room to understand the work process.

Results: The tool allowed a comparison between practice and theory, how the processes are carried out and how they can be, or will be, evidenced in the points where the rules are not being clear to health professionals.

Conclusion: The implantation of the tool helped in the assistance, identifying as possible local barriers, as peculiarities of the service and the number of insertion that allows the improvement of the reception of users in the vaccination rooms. In addition, it contributed to the planning and evaluation of the results of the assistance provided in the vaccination rooms of the Basic Health Unit.

Keywords: *Flowchart; Health Professionals; Immunization; Prevention*

Introduction

Since the reformulation of health policies in Brazil, in 1988, with the emergence of the Unified Health System (SUS), from the Federal Constitution, several public health policies have been created and, with them, fundamental rules and programs for compliance goals established in the health pacts. Among the most important current strategies is the National Immunization Program (PNI) [1].

It is known that this initiative exists in a similar way in several parts of the world and is supported by the World Health Organization (WHO) in the fight and eradication of diseases [2]. In Brazil, some of the most successful experiences of SUS are linked to the reduction of the rates of preventable diseases through vaccination. Studies report a reduction in disease rates that were previously responsible for high rates of morbidity and mortality in the country [1].

Ballalai and Bravo [3] reinforce that immunization is of paramount importance to carry out the strategy action of Primary Health Care. And this service has been optimized, since the creation of the National Immunizations Program (PNI) in the 1970s, and it has been undergoing adaptations based on epidemiological data, thus ensuring, through prevention, a real economy, which avoids public spending on hospitalizations related to secondary and tertiary health care.

Thus, across the world, there are several vaccination campaigns carried out on a pre-established schedule by the corresponding government, positively modifying the rates of disease classes and even the priorities of public policies, which in many countries, already face a reality of chronic diseases instead of pathologies associated with immunization [4].

These policies have transformed the health status of the population over the years, however, as new goals are reached, the challenges also grow and must consider the determinants related to the example of difficulties in accessing education or social inequalities [1].

It is important to address that, in order to ensure the effectiveness of vaccines from leaving the laboratory to the user, it is essential to maintain the Cold Chain to Cold Chain. According to the Cold Chain Manual [5], it is characterized by specificities of a technical and administrative nature that make its cold chain logistics process viable, since its receipt, storage, conservation, handling, distribution and transportation of immunobiologicals, guaranteeing the preservation of its original characteristics, to be made available to the population.

With regard to vaccine rooms, the PNI classifies it as a semi-critical area designated exclusively for the administration of immunobiologicals. All procedures must be developed with maximum safety, reducing the risk of contamination for both users and the nursing staff. For this, it is necessary to comply with all the specified standards, for example, offering physical conditions, human resources, adequate materials and updated procedures, and being in accordance with the standards to offer quality service in a way that reverts to good indicators Siqueira., *et al*. [6]. Ferreira., *et al*. [1], Manual [5].

With regard to professional qualification and material resources, there is also pre-established care by the PNI, since the nursing team must be trained in the handling, conservation and administration of immunobiologicals, with the nurse being responsible for the supervision or inspection of the work developed in the vaccination room and the continuing education and qualification process of the team. It is worth mentioning the importance of the information provided by the team in the vaccine room in order to develop plans and strategies aimed at the control of vaccine-preventable diseases [7,8].

In this context, Siqueira., *et al*. [6] state that the quality of the evaluation of the functioning and structure of the vaccine rooms are complex and necessary activities, as they make it possible to identify the relevant elements in the development of the work and the verification of the services offered in the room, with regard to meeting or not the guidelines of the PNI. Since, even with so many public policies aimed at improving such activities, there are difficulties in regularly evaluating these services and there is not always effective control and sufficient stimulus to impact this reality.

Thus, the proper functioning of vaccine rooms in primary care is one of the most important strategies in the prevention and control of diseases within the scope of the SUS Single System (SUS), in this sense, to know the organization, execution and structure related to the vaccination room, implies in the effectiveness of immunizations, the verification of successful planning or not formulating more appropriate public policies that do not compromise routine vaccination.

Based on this assumption, the objective of this study was to create a management tool, a flow chart of vaccine room care that would facilitate professionals to provide more assertive assistance, in addition to assisting in the collection of indicators that will be of paramount importance for the improvement of assistance [9-12].

Justification

Conceptualizing the flowchart, describing its various types and functionalities, it is expressive when stating that they should not be overestimated. Flowcharts illustrate in an uncomplicated way and help in understanding and analyzing processes, but it is only part of the process documentation. The insertion of flowcharts is enriching for the work environment, as it facilitates joint interpretation and contributes to the visualization of the documented process workflow.

Therefore, the use of the flowchart in vaccine room care provides the following advantages: overview of the process, visualization of critical details of the process, identification of the process flow and of the interactions between sub-processes, identification of potential control points (indicators) and identification of inconsistencies and weaknesses.

Methodology

First, a literature review was carried out on the implementation of a vaccine room service flowchart. For this purpose, an electronic bibliographic survey of scientific articles (in English and Portuguese) was carried out in the Pubmed and Science Direct databases, accessed through the periodicals portal, during the period from August to October 2019. During the search, the descriptors vaccine room index, organization and functioning of the vaccine room, management tools respectively in that order, separated by commas and written in full in the English language without the insertion of the terms "and" and/or "or" between the words. During the analysis of the title, and later of the summary, the following criteria were adopted: whether the titles and abstracts were related to vaccination rooms. Review articles were excluded.

For the second stage, the construction of the flowchart based on the experiences of health professionals based in the vaccine room and the Immunization manual of the Ministry of Health were started. Participant observation of the steps to be taken inside the vaccine room for construction was used. flowchart, as well as reading the articles found.

Results and Discussion

The construction of the flowchart (Figure 1) of the vaccine room comes to promote the creation of a mental discipline, considering that it expresses how an activity should be carried out, that is, it will condition the performance of the entire process so that it become a habit. The flowchart will allow a comparison between practice and theory, how the processes are carried out and how they should be, that is, it highlights the points where the rules are not being clear, or undisciplined. The vaccine professional is one of the SUS people responsible for the efficiency and effectiveness of the PNI, through the correct and functional use of the flowchart, the vaccination room will have a well-structured and harmonious vaccination network if, in the front line, the professional is proactive, resolute, responsible, communicative and able to create a bond with the user; and for this, it is understood that embracement as technology will allow an analysis of the health work process with a focus on relationships, enabling changes when necessary in relation to the professional/user.

Welcoming is understood as a meeting technology, that is, a method that allows us to interact with other people, a way of relating to our client and/or user, allowing us to build a respectful professional relationship, of mutual trust.

The nursing professional's approach to the vaccination room user takes place through the vaccination booklets, that is, on a technical basis, as it is based on ages, explaining the technique for applying immunobiologicals, the possible adverse and therapeutic effects, and the schedules and vaccine room records.

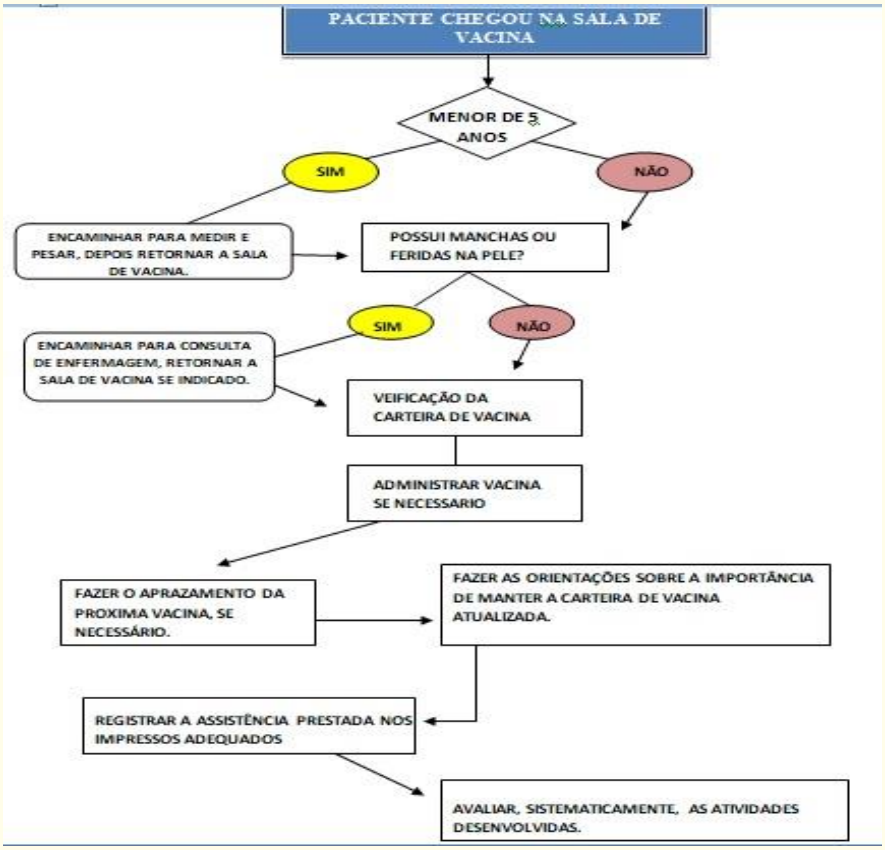

Figure 1: *Flowchart applied in a Basic Health Unit in São Luis/MA.*

Final Considerations

The search for knowledge, starting from the professional himself, was inherent to being an active professional actor in the training and work scene, in permanent production of knowledge, in the face of a reality of working in a vaccine room that is infrequent, non-integrative. and insufficient. The context is a reality where health education is necessary in view of the complexity and constant changes of knowledge in the vaccine room.

Health professionals, as responsible for education for work, must have knowledge among the areas to establish a relationship between theory and practice and propose interventions in the face of doubts involving the search for needs, the establishment of goals and objectives in addition to implantation of a tool that assists in the assistance identifying the possible local barriers, the peculiarities of the service, the social vulnerability and the number of enrollment may enable the programming of actions, with the objective of improving the access and reception of users in vaccination rooms.

In addition, expanding access will imply greater chances of protection against immunopreventable diseases and contribute to the planning and evaluation of results in order to have a good evaluation of the assistance provided in vaccine rooms in primary care.

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