

EXPERIENCE OF A NETWORK INTEGRATED MULTIDISCIPLINARY OUTPATIENT CLINIC IN SUPPLEMENTARY HEALTH

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Abstract: To describe the outpatient care of the RCC of Presidente Prudente, illustrating the main flows of care, indicators and results obtained in 2 years of operation. Method: retrospective study of the RCC database and description of processes and flows of multidisciplinary care.

INTRODUCTION

Several studies show that Palliative Care must be offered in an integrated network in order to obtain better results. In November 2016, the Continuous Care Network was inaugurated in Presidente Prudente, which offers short-term rehabilitation, de-hospitalization and palliative care services. A pioneer in the region and with 3 modalities (outpatient, home hospice and hospital), RCC has been growing rapidly with high user satisfaction and care and financial results for the operator that implemented it. A major challenge faced by the services is the structuring of an effective and multidisciplinary outpatient model. The outpatient modality is the biggest demand retention zone and must be integrated with all the others in an agile way. Presidente Prudente has an outpatient clinic with defined processes and flows, with multidisciplinary care, care for complicated grief, caregiver stress and monitoring.

OBJECTIVE AND METHOD

To describe the outpatient care of the RCC of Presidente Prudente, illustrating the main care flows, indicators and results obtained in 2 years of operation. Method: retrospective study of the RCC database and description of processes and flows of multidisciplinary care.

RESULTS

Since its opening in November 2016, the multidisciplinary outpatient clinic of the Palliative Care of the RCC in Presidente Prudente has performed 138 consultations,

35.2% male, 64.8% female. The profile of care was 39.4% cancer, 22.5% organ failure, 19.7% dementia, 8.5% major sequelae and 9.9% frailty. The mean and median number of medical consultations per patient were 1.9 and 2.0, respectively. The number of psychological consultations was 364 in patients and family members, with mean and median consultations per patient of 4.6 and 2.0, respectively, and which corresponded to 8.6% to complicated grief, 16.0% to anticipatory grief, 25.9% to caregiver stress and 49.4% to facing terminality or the final stage of life. The origin of patients was 35.2% from other offices, 36.6% from hospital referrals, 11.3% from Home Hospice and 16.9% from spontaneous demand. Of the patients treated, 15.5% died, 83.1% are still being treated and 1.4% were discharged due to improvement. The RCC Palliative Care outpatient clinic is made up of physicians, psychologists and an administrative (monitoring) team. 100% of the first consultations are done together and the returns are directed according to the demand of each professional. All patients receive telephone monitoring to manage the risk of hospitalization and eventual flow deviation (saved hospital fees).

FINAL CONSIDERATIONS

The structuring of a multidisciplinary outpatient clinic is a complex action that requires a change in institutional culture and a constant educational process. In Presidente Prudente, the planning of the clinic began in 2015 and lasted 1 year until its opening. The presence of properly trained professionals, well-defined processes and flows, metrics for monitoring mark the modernization of care in Palliative Care, desirable for the entire supplementary health system.