

# International Journal of **Human Sciences Research**

## **PERMANENT EDUCATION, TRANSFORMING ELEMENT IN LONGITUDINAL CARE OF THE ELDERLY PERSON: MULTIDIMENSIONAL PLAN**

---

*Raimunda Goreth Assunção Espindola*

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



**Abstract:** The Multidimensional Intervention Plan is a strategy for evaluation, care planning, coordination and implementation of solutions and monitoring and evaluation of the care plan. adequate treatment of the institutionalized elderly person; and specific objectives: Carry out an assessment of institutionalized elderly people; Promote caregiver training and emotional support, in the context of caring for the caregiver; implement a multiprofessional support group and project feasibility for the Basic Health Units. It will consist of two phases: the first will aim to raise awareness and present the project to managers, coordinators and caregivers of elderly people for updating and improvement in centered and longitudinal care to the target clientele, the second will be to carry out training and permanent education within an ILPI, to enable an integration environment for the work process. It is expected that this tool, through continuing education, will provide knowledge for planning and transforming practices in the care of the elderly in the context of a SUS that works.

**Keywords:** Old people; Multidimensional Assessment; training.

## INTRODUCTION

The aging of the world's populations is the result of continuing declines in fertility rates and increasing life expectancy, this demographic shift has resulted in increasing numbers and proportions of people over the age of 60 years. According to studies by Herédia, Lorenzi and Ferla (2007, p. 11), especially "Brazil has undergone significant changes in its social structure, which have markedly altered the population pyramid." As a result, it will be the first time in history that there will be more older people than younger people.

Aspects of the aging process have distinct, heterogeneous, multifactorial,

multidimensional characteristics and occur in a very dynamic way, changing all the time. Caring for someone, especially elderly people with addiction, involves skills.

LONG STAY INSTITUTIONS FOR THE ELDERLY (ILPI) The increase of longevity in our country has brought several issues to the management of public policies, among which the increase in demand for Long Stay Institutions for the Elderly (ILPI). The term ILPI comes from debates in committees and congresses of the Brazilian Society of Geriatrics and Gerontology in recent years. An ILPI must seek to be a residence, both in physical aspects and in all its programming, details that remind a house, a dwelling, life in a family (SBGG, 2013).

These institutions have historically emerged to serve the elderly in poverty, with health problems and without social support. Currently, the determinants of institutionalization have been better known through studies on the profile of ILPIs, and the public served, characteristics and needs of institutions, which present many situations in management, which still leave them far from the quality standard. desirable defined in the legislation that regulates the rights of the elderly in the country.

It is necessary to broaden the debate, so that progress can be made in proposing and implementing new proposals and alternative models to institutionalization (PETRY, ZART, ARDENGHI, 2018). The quality of the team's work and the quality of care in Long-Term Institutions for the Elderly (ILPI) are influenced by the opportunities for Training and Permanent Education included in the routine of managers and professionals who work in this context.

Training is a training practice and a way of advising and supporting workers, whether they are technicians specialized in different areas of knowledge, caregivers, kitchen

and cleaning professionals who work at the ILPI (Salcher et al, 2015). The degrees of dependence of institutionalized elderly people are classified into: Degree of Dependence I, II and III, according to Table 1. Classification of degrees of dependence proposed by RDC n° 283/2005, from Anvisa.

Degree of Dependence	Description
Degree I	Independent elderly people, even if they require the use of self-help equipment.
Degree 2	Dependent on up to three self-care activities for daily living, such as: feeding, mobility, hygiene; without cognitive impairment or with controlled cognitive impairment.
Degree 3	With dependence requiring assistance with all self-care activities for daily living and/or with cognitive impairment.

Source: Ministry of Health - 2019

## GOALS

### GENERAL GOALS

To implement multidimensional assessment at the São José shelter to promote adequate functional capacity for institutionalized elderly people.

### SPECIFIC OBJECTIVES

- Carry out an assessment of institutionalized elderly people;
- Implement the electronic medical record of each institutionalized elderly person;
- Promote the training of caregivers;
- Promote emotional support to the caregiver, in the context of caring for the caregiver;
- Monitoring, evaluation and periodic re-evaluation of results;
- Preparation of semi-annual reports;
- Make the project viable for the Basic Health Units.

## JUSTIFICATION

The proposal is innovative at the ILPJ Abrigo São José. Its priority strategy is the reception with multidimensional assessment, with a view to identifying the main vulnerabilities and building an individual care plan, risk stratification, and taking care of those who care.

In this proposal, some specific subsidies will be offered in the biopsychosocial scope of the elderly at risk of frailty and dementia, through educational innovation in order to facilitate the daily practice of care with an accessible language in order to overcome adversities.

In order to offer quality-centered care in line with current legislation, it is essential that institutions provide professionals with space for supervision, studies, training/qualification, evaluation and meetings. In addition to continuing education, this contact is important so that professionals can share their doubts, anxieties and anxieties.

In this sense, the pedagogical planning of training/qualification, through an Early Intervention Plan Project of the current management, focuses on multidimensional and multiprofessional assessment, care planning, coordination and implementation of solutions with monitoring and evaluation of the care plan, monitoring in the management of patients with Alzheimer's Disease and related diseases and the creation of the GT to be multiplying agents.

**TARGET AUDIENCE** Multiprofessional team that works in the Comprehensive and Integrated Care Care at the Long Stay Institution for the Elderly Abrigo São José in Macapá.

**PROFESSIONAL PROFILE** Employees who work at the ILPI duly qualified and able to work in the development of disease prevention actions, health maintenance and assistance to institutionalized individuals,

however, there is a deficiency in intervention strategies for the implementation of qualified care, that aim at the well-being of the long-lived people of Abrigo São José.

## MATERIALS AND METHODS

Project in progress: Divided into two stages.

**1ª. Step** – It was performed:

- 1) Submission to municipal and state managers in Amapá;
- 2) Presentation of the Project to the Management of the ILPI;
- 3) Presentation of the Project to the Primary Care Coordination of Macapá;
- 4) Training for ILPI caregivers;
- 5) Creation of an Integration Environment for the work process;
- 6) Creating a secure closed-loop listening environment.

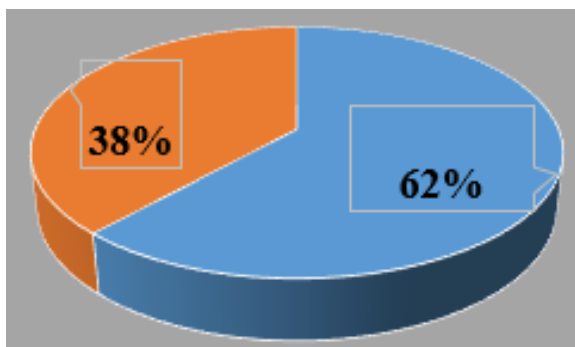
**2nd Step** – The project foresees:

- 1) Promote the training of ILPI professionals.
- 2) Through permanent education, maintain training in care centered on the elderly, both for caregivers and LTIE professionals.
- 3) Assessment and reassessment process for possible new adjustments.
- 4) Based on the experience of the ILPI, promote the expansion of the project to Basic Health Units, so that the Unified Health System - SUS, effectively responds to the needs of this population.

## RESULTS AND DISCUSSION

**1ª Step** - The multidimensional evaluation showed:

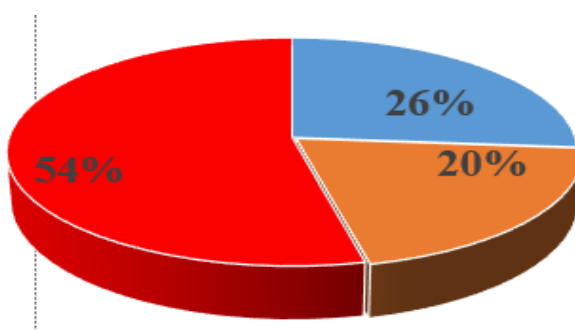
Before the project there were only two strata



- Fragile elderly people
- Robust elderly people

Stratification: 08/2019.

Source: Author of the work.



- Robust elderly people
- Frail elderly people
- Elderly people at risk of frailty

Better performance in functional capacity.

Stratification: 12/2019.

Source: Author of the work.

As a result in the first evaluation of the first evaluation the best performance in functional capacity - VES - 13

### 2.6 Protocolo de identificação do idoso vulnerável (VES-13)

<b>1. IDADE</b>
<b>2. AUTOPERCEPÇÃO DA SAÚDE</b> Em geral, comparando-se com outras pessoas da sua idade, você diria que sua saúde é:
<b>3. LIMITAÇÃO FÍSICA</b> Em média, quanta dificuldade você tem para fazer as seguintes atividades físicas?
<b>PONTUAÇÃO:</b> As respostas "muita dificuldade" ou "incapaz de fazer" valem 1 ponto cada. Todavia, a pontuação máxima neste item é de 2 pontos, ainda que a pessoa tenha marcado ter "muita dificuldade" ou ser "incapaz de fazer" as 6 atividades listadas.

Fonte: Ministério da Saúde – 2019.

In the second evaluation of the first evaluation, there was a reduction in polypharmacy in the ILPI.

Source: Elderly Health Handbook – 2019.



Moments of integration exchange of experiences and approximation.

## 2<sup>a</sup> step – The project plans to expand and improve the results of the 1st Stage.

- best welcome,
- Expand the implementation of multidimensional assessment, risk stratification, and consequent better identification of vulnerabilities;
- Performing the correct completion of the booklet to assist in the good management of health and Construction of an individual care plan;
- Work on caring for those who care, in a practical way - accessible language, aiming to overcome adversities;
- Provide experiences in order to develop empathy and reception.

## CONCLUSION

### On the 1st. Stage - It was found:

The importance of team integration - Exchange of experience made it possible to

implement/improve care that is contributing to a better quality of life for institutionalized elderly people;

Improvement of caregivers' work with the elderly – through better integration of the caregiver with the multidisciplinary team;

Trained caregivers, with new skills in the work process, improving the quality of collective actions and care services provided to institutionalized elderly people;

Better self-esteem of the institutionalized elderly, envisioning the acquisition of empowerment and decision-making power on their part;

### In the 2nd.Step:

Improve and make adjustments during the execution of the project aiming at greater autonomy, dignity and citizenship for the institutionalized elderly.

That this tool, through continuing education, provides knowledge for planning and transforming practices in the care of the elderly in the context of a SUS that works.

## REFERENCES

- BRASIL. Agência Nacional de Vigilância Sanitária- ANVISA. RDC. N 283, de 26 de setembro. **Regulamento técnico para funcionamento das Instituições de Longa Permanência para Idosos. 2005.**
- BRASIL. Ministério da Saúde - Secretaria de Atenção à Saúde. Secretaria de Gestão do Trabalho e da Educação na Saúde. Guia prático do cuidador. Ministério da Saúde, Secretaria de Atenção à Saúde, Secretaria de Gestão do Trabalho e da Educação na Saúde. – Brasília, 2009.
- BRASIL. Ministério da Saúde - Caderneta da Pessoa Idosa, Brasília- 2019
- BRASIL. **Envelhecimento e Saúde da Pessoa Idosa**, Brasília: Ministério da Saúde, 2007. BRASIL **Guia Prático do Cuidador**, Brasília: Ministério da Saúde, 2012.
- BRUM, Ana Karine. et al. Programa para cuidadores de idosos com demência: relato de experiência. **Rev Bras Enferm**, Brasília. 2013.
- BURLÁ, Claudia. **Panorama prospectivo das demências no Brasil: um enfoque demográfico**. Ciênc. saúde coletiva vol.18 no.10 Rio de Janeiro. 2013. Disponível em: <https://www.scielo.br/scielot> acesso em: 02 de novembro de 2020.
- CERVO, A. L; BERVIAN, P. A; SILVA, R. **Metodologia científica**. São Paulo. 6º edição. Pearson Prentice Hall. 2007.
- FALCÃO, D. V. (Org.) **A família e o idoso: Desafios da contemporaneidade**. Campinas. Papyrus. 1º Edição. 2015.
- FALCÃO, Deusivânia Vieira; ARAÚJO, Fernandes. **Idosos e saúde mental**. Campinas. São Paulo. Papyrus. 1º edição. 2010.
- FIDELIS, L. T; PATRIZZI, L. J; WALSH, I. A. **Influência da prática de exercícios físicos sobre a flexibilidade, força muscular manual e mobilidade funcional em idosos**. Universidade Federal do Triângulo Mineiro. 2013. Uberaba. Disponível em: <https://www.scielo.br/pdf/rbgg/v16n1/a11v16n1.pdf> Acesso em: 3 de junho de 2020.
- HERÉDIA, B. M; LORENZI, D. B; FERLA, A. (Org.). **Envelhecimento, saúde e políticas públicas**. Caxias do Sul. Educ. 1º edição. 2007.
- LIANG, Lilian. Geriatria e Gerontologia para especialidades clínicas. **Rev. conselho editorial**. Ano 2. Edição 10. 2014.
- NERI, A. L; FREIRE, S. A. (Org.). **E por falar em boa velhice**. Campinas: Papyrus. 2000. OKUMA, Silene Sumire. **O idoso e a atividade física: Fundamentos e pesquisa**. SP; Papyrus. 6º ed. Campinas. 2012.
- OMS. **Relatório Mundial da Organização Mundial da Saúde**. (World Health Organization). 2002.
- PORTARIA N° 77, DE 14 DE FEVEREIRO DE 2017. Estabelece a Política de Atenção Primária à Saúde do Distrito Federal. **Diário Oficial do Distrito Federal, Brasília**, v. 14, 2017.
- SEQUEIRA, C. (2007). **Cuidar de Idosos Dependentes**. Coimbra: Quarteto Editora.
- TERRA, Newton Luiz. **Doença de Alzheimer**. São Paulo. 2018. Disponível em: <https://www.pucrs.br/eventos/wp-content/uploads/sit> Acesso em: 04 de novembro de 2020.