Longitudinality Assessment in Primary Health Care Services: a cross-sectional study

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ABSTRACT

Aim: To evaluate the presence and extent of longitudinality in primary health care (PHC) of a Regional Health Care Core of Rio Grande do Sul state. **Method**: A cross-sectional study with 1065 adult users, 1061 caregivers of children and 247 professionals in the PHC area, using a sample defined by convenience sampling and sample calculation. Adult patients, caregivers of children and health care professionals working in this area for six months are included. First-access users at the health care unit and those who cannot answer the study are to be excluded. Data collection will be conducted using the *Primary Care Assessment Tool*, with answers on a Likert scale. **Expected results**: To know the PHC quality in the aspect of longitudinality using the assessment as a tool to reorganize and improve these services. **Implications for health**: To promote the improvement and efficiency of continued attention, care and interpersonal relationships between patients and health services.

Descriptors: Nursing; Health Management; Primary Health Care; Health Services Evaluation; Continuity of Patient Care.

SITUATION AND ITS SIGNIFICANCE

The assessment of quality is an important tool for the reorganization and improvement of health services which allows for the support of decision making, planning and management[1], and enables the monitoring of its quality, effectiveness, efficiency and resolution[2].

To perform it, different methods and instruments can be used. In this context, the Primary Care Assessment Tool (PCATool) stands out, aiming to measure the presence and extent of four key attributes of primary health care (PHC)[3], including longitudinality.

Longitudinality is a regular source of care and/or continued attention and its usage over time, with the presence of an interpersonal relationship of trust between users and health professionals[3].

RESEARCH QUESTION

What is the quality of PHC services, from a longitudinal perspective, of the 4th Regional Health Care Core (4º CRS) of Rio Grande do Sul State (RS)?

AIMS

Our main objective is to evaluate the presence and extent of longitudinality in PHC in the cities into 4º CRS / RS. The specific objectives are:
a) To characterize the patients of PHC of the municipalities into 4º CRS / RS;
b) To assess longitudinality in attention to adults', children's and professionals' health;
c) To evaluate the longitudinality in PHC services – Traditional Basic Health Unit (BHU), Mixed BHU and Family Health Strategy (FHS);

d) To verify the influence of socio-demographic variables in longitudinality scores and the presence or absence of confounding variables.

METHOD

This is a cross-sectional survey to be conducted in the PHC services of the 32 cities covered by the 4º CRS / RS. The sample size was defined by calculation, based on an estimate of the population averages (adults, caregivers and professionals). Thus, 1065 adult patients, 1061 caregivers of children and 247 health professionals of the PHC will be interviewed. For the sampling of respondents and PHC units, the non-probabilistic convenience method will be used.

Subjects included in the sample are 18-year-old adults, caregivers or legal guardians of children who are patients at the PHC unit, and professionals, at university level education, working at the unit and in the health area studied for at least six months. Adult patients and caregivers or guardians of children who are accessing the service for the first time, ones without the cognitive health conditions to answer the survey instrument and professionals on vacation, on medical leave or absent from work during the period of data collection, are excluded from the study.

Data collection will take place from January to June 2015, through the PCATool instrument. The evaluation of longitudinality takes place through the components Range of Adhesion and Continuous Care of PCATool, Child and Adult version and the component Longitudinality of PCATool, Professional version. The answers will be given in a Likert scale, demonstrating ordinal qualitative variables, which will be processed in continuous variables for quantitative data analysis. Thus, we calculate a final score for the attribute Longitudinality of PHC ranging from

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1 to 4 (minimum score: 1, maximum score: 4), converted to a scale of 0 to 10 (low score <6.6 and a high score ≥ 6.6).

Data will be collected with the use of *Epi Info* version 7.0 software and a tablet and transferred to a *Microsoft Excel 2013* spreadsheet, and then to the software *Statistical Package for Social Sciences* (SPSS), version 17.0 for Windows, in which the data will be analyzed. After proper training, nursing masters' degree students and members of the research project will perform data collection.

For the data analysis, average and median values will be calculated as the central position measurements and standard deviation, variance and coefficient of variation as measures of dispersion, taking into account the symmetry of the distribution of the data. The distribution normality of the variables will be evaluated by the *Kolmogorov-Smirnov* test. Then parametric or non-parametric tests will be used to compare means, according to the distribution of the normality of variables. *Poisson* regression with robust variance will be used for verification of the variables associated with high scores and the possible influence of confounding variables. For statistical analysis, a 5% range will be considered as the significance level.

The ethical guidelines are based on Resolution 466/2012. This study comes from a matrix project entitled "PCATool: evaluation of primary care in 4º CRS/RS" approved by the Research Ethics Committee of UFSM.

REFERENCES

1. Chaves LDP, Tanaka OY. Nurses and the assessment in health system management. Rev Esc Enferm USP [Internet]. 2012 [Cited 2014 Ago 16];46(5):1274-78. Available from: http://www.scielo.br/pdf/reeusp/v46n5/en_33.pdf

2. Santo CCE, Gonçalves TC, Gomes AMT, Oliveira DC de. Evaluation of the health public system from its users: memories and social representations study. Online braz j nurs [Internet]. 2010 [Cited 2015 Jun 18]; 9(3):01-13. Available from: http://www.revenf.bvs.br/scielo.php?script=sci_arttext&pid=S1676-42852010000300007

3. Shi L, Starfield B, Xu J. Validating the Adult Primary Care Assessment Tool. J Fam Practice [Internet]. 2001 [Cited 2014 Oct 10]; 50(2): 161-75. Available from: http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-primary-care-policy-center/PCAT%20pubs/Shi%202001.pdf