



The Intervention of the Home Care Service with the User and Caregiver in the Health Care Network

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SUMMARY

Introduction: Population aging drives the development of home care practices, expanding the role of health teams. Home Care Services (HCS) are characterized by comprehensive health promotion, prevention, treatment and rehabilitation actions carried out at home, ensuring continuity of care and effective integration with health care networks and the user. **Objective:** Highlight the relationship between the Home Care Service (SAD) and health care networks. **Methodology:** This is a descriptive research of the narrative literature review type, which sought to highlight the relationship between the Home Care Service (SAD) and health care networks. The research was carried out through online access to the PubMed, Medline and Scielo databases using the descriptors “home care services”, “SUS” and “health care networks”. The inclusion criteria were: articles available in full, in Portuguese and English, that addressed the theme and published between 2019 and 2023. **Results:** The results highlight the importance of home care services in assessing, identifying and training caregivers, encouraging self-care and user autonomy. The lack of professional guidance for caregivers highlights an opportunity for improvement in care practices. In addition, SAD stands out as an innovative health strategy, going beyond basic care and emergency services, adopting a humanized approach aligned with the SUS. By replacing or complementing hospitalization, it seeks equity in the distribution of resources for efficient access to home care, with active intervention in the training of caregivers, which is crucial in preventing complications and consolidating - as a fundamental agent for a patient-centered approach in the context of the SUS. **Conclusion:** The intervention of the SAD with the user and caregiver becomes extremely important in order to train the caregiver to assist the user, in order to avoid unnecessary complications and ensure continuity of care for the SUS user. In this way, the service complements the care provided in primary care and emergency services and replaces or complements hospital admission.

KEYWORDS: Home care services, SUS, health care networks

INTRODUCTION

With the increase in life expectancy and the consequent aging of the population, there is a greater prevalence of chronic degenerative diseases, with a higher number of people requiring continuous and intensive care. The aging of the population is described as one of the main factors responsible for the development of home health care practices, thus expanding the role of health teams in home care.¹

As an incentive to municipalities in Brazil, the Ministry of Health created the Home Care Service (SAD), which consists of a service that replaces or complements hospital admissions or outpatient care, characterized by a set of actions to promote health, prevent and treat diseases and rehabilitation provided at home, with guaranteed continuity of care and integrated into the networks of health care, in the sense of being a “bridge” between the points of care and the user.²

The SAD is made up of a multidisciplinary team, including a doctor, nurse, nursing technician or assistant, physiotherapist, psychologist, speech therapist, occupational therapist, nutritionist and social worker.

Home Care aims to reduce the demand for hospital care and/or reduce the length of stay of hospitalized users, humanize care and deinstitutionalize.²

This study highlights the relationship between Home Care Services (SAD) and healthcare networks.

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This is a descriptive research of the integrative literature review type, which sought to highlight the relationship between the Home Care Service (SAD) and health care networks. The research was carried out through online access to the PubMed, Medline and Scielo databases, in January 2024. Among the keywords used, the following stand out: home care services, SUS, health care networks.

RESULTS

The SAD team aims to evaluate, identify a caregiver and train them to assist the user, encouraging self-care and, thus, allowing the subject's autonomy.

The Caregiver may or may not have family ties and must be qualified to assist the user with their needs and daily life activities.² Normally, within the family, there is a hierarchy for choosing the caregiver, which depends on factors such as: gender, age, degree of kinship with the patient, place of residence of the caregiver, financial situation of the person who will provide care, time available to the caregiver, affection between patient and caregiver and personality of the person providing care.³

It is worth noting that the caregiver often does not receive guidance from a health professional regarding the practice of care, carrying out their tasks as the learning acquired through the daily experience arising from the act of caring.³

CONCLUSION

The intervention of the SAD with the user and caregiver becomes extremely important in order to train the caregiver to assist the user, in order to avoid unnecessary complications and guarantee the continuity of care for the SUS user.

The Service complements the care provided in primary care and emergency services and replaces or complements hospital admissions. In this way, home care is built in line with the principles of the SUS, with equitable distribution of resources and valorization of support networks and links.

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