

## EVALUATION OF IMPLANTATION OF OSTOMY PATIENT HEALTH CARE PROGRAM

### AVALIAÇÃO DA IMPLANTAÇÃO DO SERVIÇO DE ATENÇÃO À SAÚDE DAS PESSOAS ESTOMIZADAS

### EVALUACIÓN DE LA IMPLEMENTACIÓN DEL SERVICIO DE ATENCIÓN DE LA SALUD DE LAS PERSONAS OSTOMIZADAS

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## ABSTRACT

**Objective:** To evaluate the implementation of Health Care Services of Ostomized in Minas Gerais. **Methods:** a Cross-sectional study conducted in 28 health facilities in the state of Minas Gerais-Brazil. Data collected through questionnaires that form the basis of the Integrated Pharmaceutical Care Management System of State Health Department. The degree of implementation defined by an array of analysis and judgment validated in the study with different scores for each evaluated indicator. **Results:** Information on structure and process of health services were analyzed. It was observed that 11% reached the level of full deployment; 42% had satisfactory implementation; 36% incipient and 11% were classified as nondeployed. In the program's organization, the structure was better evaluated than process. It is noteworthy the absence of guidance and professional training, group care, the organization's demand for care and shortage of qualified nurses. **Conclusion:** Service is focused on providing collector equipment to the detriment of guided services for comprehensive health care, expanded and networked.

**Keywords:** Ostomy; Health Care; Health Public Policy; Program Evaluation and Health Projects.

## RESUMO

**Objetivo:** avaliar a implantação dos Serviços de Atenção à Saúde das Pessoas Ostomizadas em Minas Gerais. **Método:** estudo seccional realizado em 28 unidades de saúde do estado de Minas Gerais. Os dados foram coletados a partir de questionários que compõem a base do Sistema Integrado de Gerenciamento da Assistência Farmacêutica da Secretaria de Estado de Saúde. O grau de implantação foi definido por meio de uma matriz de análise e julgamento validada para o estudo com escores diferenciados para cada indicador avaliado. **Resultados:** foram analisados dados sobre estrutura e processo dos serviços de saúde. Observou-se que 11% atingiram o grau de implantação plena; 42% apresentaram implantação satisfatória; 36% incipientes e 11% foram classificados como não implantados. Na organização do programa, a estrutura foi mais bem avaliada que o processo. Destaca-se ausência de orientação e capacitação de profissionais, atendimento em grupo, organização da demanda de atendimento e escassez de enfermeiro qualificado. **Conclusão:** os serviços estão focados no fornecimento de equipamentos coletores em detrimento de serviços norteados para uma assistência integral, ampliada e em rede.

**Palavras-chave:** Estomia; Atenção à Saúde; Políticas Públicas de Saúde; Avaliação de Programas e Projetos de Saúde.

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## RESUMEN

**Objetivo:** Determinar la implementación de los servicios de atención de la Salud de las personas ostomizadas en Minas Gerais. **Métodos:** estudio transversal realizado en 28 centros de salud del estado de Minas Gerais – Brasil. Los datos fueron recogidos a partir de encuestas que forman la base del Sistema Integrado de Gestión de la Atención Farmacéutica de la Secretaría de Estado de Salud. El grado de implementación fue definido por medio de una matriz de análisis y juicio de valor, validada para el estudio con diferentes puntuaciones para cada indicador evaluado. **Resultados:** se analizaron los datos de estructura y proceso de los servicios de salud. Se observó que el 11% alcanzó el grado de implementación completa; 42% implementación satisfactoria; 36% incipiente y 11% se clasificó como no implementado. En la organización del programa, la estructura fue mejor evaluada que el proceso. Cabe destacar la ausencia de orientación y formación profesional, atención en grupo, organización de la demanda de atención y la escasez de enfermeros cualificados. **Conclusión:** Los servicios están enfocados en suministrar equipos colectores en detrimento de servicios dirigidos a la atención integral de la salud, amplia y en red.

**Palabras clave:** Ostomía; Cuidado de la Salud; Políticas Públicas de Salud; Evaluación de Programas y Proyectos de Salud.

## INTRODUCTION

The guidelines for the Health Care in the Person with a Stoma have been implemented in public health services in Brazil. Linked to the Network of Care for the Person with Disabilities under the Unified Health System, these services have undergone a period of restructuring, since the Ministry of Health policy creates conditions and possibilities to provide care to the person with a stoma, in a context organized in a network.<sup>1,2</sup>

The guideline defines that the health care of people with stoma should be composed of actions developed in primary care and in the Health Care Services of a Person with a Stoma (SASPO). It also determines that, depending on the SASPO type (I or II), it is necessary to have a favorable environment in which social relationships of work will take place and assistance is provided by doctors, nurses, social workers, psychologists and nutritionists. It assigns to this team actions of orientation for self-care, prevention of complications in the stomas, supply of collecting equipment and adjuvants of protection and security, and in more specialized services, treatment of complications and professional qualification. The expected effects of this service include the quality of care for a person with a stoma, through comprehensive health care, with specialized interventions of an interdisciplinary nature, as well as the prescription and supply of adequate protective and security and adjuvant equipment.<sup>2</sup>

Historically, it is realized that the advances of this policy are undeniable. However, the increase in the number of services accredited by the Unified Health System (SUS) does not necessarily imply a real change in the conditions of care provided to this population. It is known that these services, for the most part, still work with structure and processes characteristic of registration, control and dispensing of collecting equipment and adjuvants of protection and safety for intestinal and urinary stomas.<sup>3</sup>

In Minas Gerais (MG), the State Department of Health (SES-MG), through Resolution CIB-SUS/MG number 363, dated July 19, 2007, and Resolution SES-MG number 1249, dated December 20, July 2007, even before Ordinance number 400/2009, created the Service Provider Units (UPS) that were qualified to assist

people with stoma integrated by Outpatient Referral Service and Hospital Referral Service. Thus, the State Network of Assistance to Patients with Intestinal or Urinary Derivation was created.<sup>4,5</sup>

By 2011, 28 UPSs had been implanted in 13 health macroregions of MG, with a total of 4,762 registered people with a stoma. However, despite the establishment of stoma care policy in the State, no studies were found in the scientific literature that evaluated the implementation of these services.

Also, the application of the knowledge generated in evaluative surveys from the perspective of the program implementation analysis has the property of subsidizing the identification of problems regarding the organization of services and supporting decisions aimed at its consolidation.<sup>6</sup>

Thus, this study proposes to evaluate the implantation of SASPOs in MG. This research may provide directly or indirectly conditions for the managers to decide how to face and solve the problems detected in the daily life of these health services.

## METHOD

This is an evaluative research that analyzed the implementation of the SASPO in the MG state in 2011. The analysis of implantation consists of specifying the set of factors that influence the results obtained after the introduction of an intervention. That is, it seeks to know how far a program could move away from its “ideal form,” remaining an acceptable variant of the original form, without becoming a new program. This type of analysis contributes to making policies and programs more coherent by covering a systematic analysis that describes and explains the activities, effects, justifications and social consequences.<sup>6</sup>

The study limited its research to the dimensions of structure (resources employed and its organization) and process (services or goods produced).<sup>6,7</sup> The structure evaluation seeks to know to what extent resources are adequately employed to achieve the expected results, while process evaluation is a way of knowing to what extent services are adequate to achieve the expected results.<sup>6</sup> This assessment is made by comparing the

services offered by the intervention, with predetermined criteria and norms, depending on the expected results.

It was necessary to construct the SASPO logic model to achieve the implementation analysis, enabling to graphically visualize the components of the service and its operation, and it is possible to discriminate the structure and all activities necessary to achieve the goals. The model subsidized the definition of evaluative questions and, from them, the criteria used in the analysis of the structure and process dimensions.<sup>3,6,8</sup>

The research consisted of two steps. In the first step, organized by the researcher, two questionnaires were prepared for the purpose of collecting data regarding the structure and process of the SASPOs in MG, enabling a diagnostic analysis of the services.<sup>3</sup> The second step consisted of the elaboration of the matrix of analysis and judgment enabling the definition of indicators.

The description or method of calculation and the parameters were defined for each criterion/indicator, constituting the matrix of measurements. Matrixes of measures (analysis and judgment) are used as a way of expressing the causal logic of an intervention in its part and in the whole, showing how its components contribute to the production of effects, favoring synthesis in the form of value judgments.<sup>9</sup> In this study, the analysis and judgment matrix for the evaluation of the SASPOs was defined and validated (content and appearance) using the Delphi technique.<sup>10</sup>

GI was defined through a system of scores, with weights differentiated for each indicator, according to the level of importance assigned. The most valued items (maximum value - five points) were those considered essential for the implementation of the SASPO. In the case of the structure, the existence of adapted bathroom, clinical practice, meeting room, storage room, registration and dispensing room, offices equipped with raincoat litter, two-step staircase, anthropometric scale, trash bin With a cover, sink for hand washing, desk, chairs and mirror with dimensions of 120 x 50 cm, registration/dispensing room equipped with office table and chairs, telephone, computer, internet, printer, cabinets, file cabinets or file and recycle bin, the presence of a proctologist or urologist, nurse and social worker, nutritionist, psychologist and administrative assistant were considered.

In the process, the criteria evaluated were the demand and service organization; data registration and updating of the patients assisted at the service; administration of collecting equipment and adjuvants of protection and safety from acquisition, stock control, conditions of storage, assessment and supply to people with stoma; orientation and qualification of primary care professionals or other services for the person with a stoma; training in hospital units and health teams regarding assistance in the preoperative and postoperative stages of surgeries leading to the accomplishment of stomas, including reconstruction of intestinal and urinary transit, as well as the treatment of postoperative complications; scheduling the periodicity for delivery of the col-

lecting equipment and protection and safety adjuvants with the patient; individual care; group service; services to families.

The maximum score established was 80 points distributed between the structure (30 points) and process dimensions (50 points). The structure was analyzed in two factors: physical structure (15 points) and professional structure (15 points). The score for the process was distributed between the activities of individual health care of the person with a stoma (30 points) and extended care (20 points), which correspond to the activities of the SASPO I and II, respectively.

For the construction of the GI, the observed values ( $\Sigma$  of the points of the indicators) were initially determined and the GI calculated in percentage terms ( $\Sigma$  observed/ $\Sigma$  of the maximum scores x 100). From these percentages, the categories for the classification of the SASPO were defined, adopting the criteria of structure and process with full implementation, when the score obtained in the empirical reality in comparison to the parameters defined for each question reached percentages that ranged from 80.0 to 100.0%; satisfactory implantation (60.0 to 79.9%); implantation (40.0 to 59.9%) and not implanted (below 40.0%).

A descriptive analysis of all the items was performed to evaluate the validity of the matrix. The Cronbach's alpha coefficient was used to evaluate the internal consistency of the proposed scales and afterward, the factorial analysis with the estimation of the "KMO test" and "Bartlett test or sphericity" indices were used. By this analysis, it was tried to develop a model whose factors considered good characteristics, both internal consistency (with Cronbach's alpha values > 0.70) and validity (with good properties in the factorial analysis). Thus, different models were tested with different numbers of factors and items to make the factorial model more suitable and. Therefore, it was decided to exclude some items from the original scale.

It was also evaluated the correlation between each item that composed a given factor of the matrix, with its global score. In all analyses, a 5% level of significance was considered. Statistical Package for Social Sciences (SPSS), version 15.0 and version 2.14.0 were used.

The study was carried out after authorization from the Coordination of Health Care for the Person with Disabilities of the Minas Gerais State Department of Health, granting access to the documents, and approval by the Research Ethics Committee of the Federal University of Minas Gerais opinion 35643/2012.

## RESULT

From the total of the eligible units of analysis, 26 (93%) returned the evaluative questionnaires referring to the structure items and 20 (71%) returned the evaluative process questionnaires. It was verified that 19 (68%) units had their structure and process evaluated. One municipality declined to participate and did not respond to the questionnaires, and eight

(29%) did not participate because of insufficient data needed in the evaluation of the implantation.

Regarding the degree of implantation of SASPO in MG, it was fully implanted in only two units (11%) and eight (42%) of them had a satisfactory implantation. Incipient and non-implanted GI was observed in seven (36%) and two (11%) services, respectively.

The structure dimension was better evaluated than the process when analyzed separately. The SASPOs presented a structure with full implantation in five units (19%) and satisfactory implantation in eight units (42%), while the analysis of the process showed that 10 services (50%) had incipient implantation and three services (15%) had not implanted the program (Table 1).

Table 1 - Evaluation of the implementation level of the SASPOs in the state of Minas Gerais, 2011

| Implementation level        | SASPO     |    | Structure |    | Process   |    |
|-----------------------------|-----------|----|-----------|----|-----------|----|
|                             | n         | %  | n         | %  | n         | %  |
| Full implementation         | 2         | 11 | 5         | 19 | 3         | 15 |
| Satisfactory implementation | 8         | 42 | 11        | 42 | 4         | 20 |
| Incipient implementation    | 7         | 36 | 6         | 23 | 10        | 50 |
| Not implanted               | 2         | 11 | 4         | 16 | 3         | 15 |
| <b>Total</b>                | <b>19</b> |    | <b>26</b> |    | <b>20</b> |    |

Specifically, regarding the evaluation of the structure, the item equipment material - inscription/registration/dispensation room was the one that presented the highest average score (3.7) among those evaluated. The lowest scores were obtained in the item of human resources, especially those related to the nursing team (1.8).

It is highlighted that the orientation and qualification criteria of the professionals of the basic attention or of another service of care to the people with a stoma and qualification in the hospital units of the health teams regarding the preoperative and postoperative care in the evaluation of the process are not implanted in 40 and 70% of the SASPOs, respectively. Also in the evaluation of educational processes developed by the unit, it was evidenced that 40% of the units do not have the group attendance or have insufficient attendance, as well as the family visits, are not implanted or are deficient (35 %).

The organization of demand and care, and the registration and updating of patients' data in the service were not well evaluated, and their mean scores were evaluated in 2.5 and 2.3.

Statistical analysis confirmed that the structure matrix (Table 2) had good internal consistency (Cronbach's alpha = 0.771), whose results of the factorial analysis consider a model with two factors and the total of six items in the scale. It should be noted that the model proposed by the factorial analysis presented a good fit according to the statistics evaluated (KMO = 0.562, Bartlet test <0.001) and percentage of variance = 64.82%.

The scale resulting from the factorial analysis had good internal consistency for each of the two factors: factor 1 (alpha = 0.666) and factor 2 (alpha = 0.726).

Table 2 - Factor analysis of the evaluation scale of the health care services structure of the person with a stoma in Belo Horizonte, Minas Gerais - Brazil 2011

| Process evaluation                                  | Factor 1: Physical Resources and Materials | Factor 2: Human Resources |
|---|--|---------------------------|
| Physical structure                                  | 0,791                                      |                           |
| Material equipment - clinics                        | 0,816                                      |                           |
| Material equipment - registration / dispensing room | 0,669                                      |                           |
| Human Resources - Physicians                        |  | 0,703                     |
| Human Resources - nursing team                      |  | 0,776                     |
| Human Resources - other professionals               |  | 0,807                     |

Total Alpha score = 0.771 / CI 95%=[0.609; 0.881]  
 KMO=0.562 Bartlett's p-value test <0.001  
 Percentage of variance explained by the model =64.82%

The process matrix (Table 3) also obtained good internal consistency (alpha = 0.809). The results of the factorial analysis also considered a model with two factors and the total of 10 items in the matrix and the item "main activity performed in the unit" had a factorial of <0.40. The model proposed by the factorial analysis also presented a good fit, showing KMO = 0.605, Bartlet test = 0.022 and percentage of the variance = 55.77%. Thus, the analysis of the data resulting from the factor analysis had good internal consistency both when evaluating the global scale (alpha = 0.813) and for each of the two factors: factor 1 (alpha = 0.762) and factor 2 (alpha = 0.688).

Table 3 - Factor analysis of the process evaluation scale of health care services of the person with a stoma – Belo Horizonte, Minas Gerais – Brasil, 2011

| Process evaluation   | Factor 1: Service Management | Factor 2: Assistance |
|--|------------------------------|----------------------|
| Organization of demand and service   | 0,801                        |                      |
| Data record and update of the patients assisted in the service             | 0,724                        |                      |
| Administration of collecting equipment and protection and safety adjuvants | 0,684                        |                      |
| Orientation and training of primary health care professionals              |                              | 0,865                |
| Capacity building in hospital units and health care teams for assistance   |                              | 0,586                |
| Programming with the patient of the periodicity for delivery of equipment  |                              | 0,745                |

Continue...

... continued

Table 3 - Factor analysis of the process evaluation scale of health care services of the person with a stoma – Belo Horizonte, Minas Gerais – Brasil, 2011

| Process evaluation                  | Factor 1: Service Management | Factor 2: Assistance |
|-------------------------------------|------------------------------|----------------------|
| Individual service                  |                              | 0,417                |
| Group service                       |                              | 0,663                |
| Assistance to families              |                              | 0,545                |
| Main activity performed on the unit | –                            | –                    |

Total Alpha score = 0,809 / CI 95%=[0.655; 0.913]  
 KMO=0.562 Bartlett's p-value test =0.022  
 Percentage of variance explained by the model = 55.77%

## DISCUSSION

This study evaluated the level of implantation of 19 SASPOs in MG and its relation with the structural and process contexts. The evaluation allowed demonstrating that the SASPOs have differentiated levels of implantation in the state.

The observed reality does not highlight significant changes in clinical care, predominating in the every day the original concept “device distribution center”. This is in contrast to the recommendations established by the Ministry of Health and the MG State Department of Health, ensuring the right not only to the collecting device but also to the assistance provided by health professionals for actions aimed at self-care, prevention, and treatment of complications in the stomas. In this regard, services should be directed towards comprehensive, expanded and networked assistance.<sup>1,2,4,5</sup> This contradiction is marked by the understanding, interest, and performance of public policies by those who implement it. This enables to say that public policies are not always perceived as idealized government actions, formulated and designed in response to local needs, permeated and exchanged with the wishes and demands of groups of society, resulting in programs, strategies, plans or services of impact, enabling transformations and positive and beneficial results for people in a given reality.<sup>12</sup>

In this perspective, the implementation of a policy, such as the SASPO, should not only be a consequence of a legal-normative policy.<sup>2</sup> It is expected that these services will be an investment to improve the effectiveness of care for stomas and consequently, the quality of life with the social insertion of these individuals. This practice is fundamental to promote a better quality of life for the patient and, from the managerial point of view, to optimize the use of the public health system, since fewer patients will be treated monthly, enabling investment in care technologies (devices and accessories), with benefits in a greater number of patients.<sup>13</sup>

Driven by the decentralization process and supported by relevant programs, the health care in the SUS proposes to offer univer-

sal access and comprehensive services, to coordinate and expand coverage to more complex levels of care, as well as to implement intersectoral actions for health promotion and disease prevention.<sup>14</sup> However, the implementation of the SASPOs in MG did not necessarily imply a real change in the conditions of care that are provided to the persons with a stoma in the public system.

In this evaluation, the criteria related to the level of implementation of structure and process of the SASPOs in the state show that the services have physical structure and material resources for the dispensing of collecting equipment and adjuvants of protection and security for intestinal and urinary stomas, but the operation of these services is not in line with that proposed by the SASPO guidelines in Brazil.<sup>2</sup> In this aspect, more than half of the services had a full or satisfactory evaluation of the structure, while only 35% of the services had a well-evaluated process.

It is known that, historically, these services were guided to the provision of equipment linked to the orthosis and prosthesis program, according to Administrative Rule number 116 of September 9, 1993. The concession of orthosis equipment, prostheses, and colostomy bags were included in the Outpatient Information System of the Unified Health System/SUS). Only with the National Policy on the Health of a Person with Disabilities, instituted by Administrative Rule MS/GM Number 1,060, of June 5, 2002, an incipient health program was created for the disabled person to the rehabilitation of his functional capacity and human performance, as well as preventing diseases that determine the onset of disability.<sup>15</sup>

Currently, this assistance has been expanded by the Care Network for the person with Disabilities, within the scope of the Unified Health System, aimed to increase access and qualifying care for people with temporary or permanent disabilities, promoting the linking of people with disabilities and their families to the health centers and ensuring the articulation and integration of the health centers of the health networks in the territory.<sup>1</sup>

Although the established guidelines have marked a step forward with regard to the care of the person with a stoma in Brazil, there have still been no changes in this scenario, which backs up services to the already assured by MS 116/1993 when, through the Orthosis and Prosthesis Program, the distributions of devices and collection bags were made in specialized health centers.<sup>15</sup>

In this context, besides the structural conditions, the presence of health professionals to perform the practices in the services is based on the guarantee of the access and the quality of the care that the person with a stoma needs. The main challenges for effectiveness as guidelines are given to assigning professionals to these services, clinical skills so they can provide assistance to the integral care and construction of the service network to ensure access to SUS beneficiaries. Thus, the SASPOs should be increased in accordance with SUS guiding principles.

The shortage of qualified health professionals, especially the nurse, may have been one of the factors that influenced the

work process of the SASPO in MG. The worst criteria evaluated in the process dimension – such as the orientation and qualification of the professionals of the basic care or another care service to the people with a stoma and the qualification in the health units of the health teams in the preoperative and postoperative care -- are generally developed by the Nursing professional. Group care and family care are not well-evaluated criteria, related to the presence or not of health professionals in the services.

It should be emphasized that the training and the person with a stoma during the preoperative and postoperative periods contribute to a better adaptation and reduction of the occurrence of complications and reduce the length of hospitalization.<sup>16</sup>

The evaluated services perform insufficiently their role of reference center for the training of other professionals and this is reflected in the knowledge and, consequently, the care given to these people. As an example, a study is cited that reveals that primary health care nurses are scientifically and technically unprepared to assist and mentor people with stomas.<sup>17</sup> This condition greatly influences the integrality of care, since these people need a support network and social support that includes not only the family but also support groups and health professionals to develop the necessary practices.<sup>2,18</sup>

Activities that promote health education for the person with a stoma are fundamental to rehabilitation. The health professional plays an important role in empowering the patient to a careful health promoter since education is designed to form critical awareness and autonomy.<sup>19</sup>

Regarding the operation of the network services, a well-defined reference and counter-reference flow are expected, in which low, medium and high complexity services are involved (Basic Care ↔ SASPO I ↔ SASPO II ↔ Hospital). Thus, among their attributions, the SASPOs should favor the interconnection between these services, through the training of the professionals involved in the different levels of the network. The lack of well-defined flows in health services can mean deficiencies related to planning and regulation, clinical management, access to services, human resources, information and communication systems, and facilities for logistical support.<sup>18</sup> An item assessed by the main matrix activity performed in the unit "presented a factorial lower than 0.40. Therefore, it was excluded from the analysis, since this result indicates that the item is not important to compose the construct formed by the matrix. Such limitation is justified by the fact that the questionnaire used described the main activities of these services to mark which one or which of them stood out in the unit. Because it is a self-administered questionnaire, conclusions cannot be drawn, since services have manifested, for the most part, as executors of all proposed activities. However, it should be noted that the model proposed by the factorial analysis presented a good fit according to the statistics evaluated.

Another limitation of the study is the collection of data obtained during the evaluation of the structure and processes of the services, at different times. It is known that the term process refers to the constitutive elements of the practices that interfere with the professional-patient relationship. Therefore, the process evaluation describes the activities of the service and it is then directed to the analysis of the competence of the assistance rendered.<sup>6,7</sup> This refers to the reflection that, during the evaluation of the processes, there may be more difficulty in materializing their actions and services in a questionnaire.

## CONCLUSION

When instituting SASPO, the main challenge was to provide quality assistance with the aim of building a model of care compatible with SUS principles, aimed at integral, networked and comprehensive care.

Based on this principle, it was possible to demonstrate, with the present research, that there are gaps in SASPOs that distract them from their purposes. The evaluation of the structural and process scopes in the degree of implementation of the SASPO allowed verifying that, among the municipalities studied, the vocation of these services for the supply of equipment still persists, as in its original historical function.

It is also necessary to reorient the professionals that are in the SASPOs to the activities and competencies of each service to better operationalize the organizational processes. Thus, there is scope to ensure that the person with a stoma receives the information and care enabling them to live an independent life, as proposed by the International Declaration of the Person with a Stoma Rights.

Throughout the study, the preliminary data could have influenced the process of implementation of new services in the state. Another 12 services were implemented, six of them in the western region of Minas Gerais. In this region, formerly lacking reference services, a type II SASPO in the headquarters of the macro-region of health and five other type I SASPO in those municipalities that are micro-regional health centers were implemented.

The evaluation of the services also subsidized the training process to which CASPD/SES-MG started in 2013, in which training workshops were held in the SASPOs of the macro-regions of health, besides to a course through the Distance Education system (EAD) Produced by Canal Minas Saúde. It is assumed that many of the problems related to clinical care and the provision of collecting equipment and adjuvants of protection and safety are minimized from this intervention.

Finally, the elaboration and operationalization of models capable of evaluating the SASPOs allow following the health practices, their relationships with the needs of the population,

as well as the possible modifications occurred in determined historical contexts. Therefore, they contribute to their effectiveness. New studies should be carried out to evaluate possible cultural differences that may have occurred during the construction of the evaluation instruments.

## REFERENCES

1. Ministério da Saúde (BR). Portaria nº 793, de 24 de abril de 2012. Institui a rede de cuidados à pessoa com deficiência no âmbito do sistema único de saúde. Brasília: MS; 2012. [cited 2016 Mar 31]. Available from: <http://eduardobarbosa.com/sitedata/filesdt/legislacao/316/portaria793de24-04-2012.pdf>
2. Ministério da Saúde (BR). Secretaria de Assistência à Saúde. Portaria nº 400, de 16 de novembro de 2009 [Internet]. Brasília; 2009 [cited 2016 Mar 31]. Available from: [http://www.ans.gov.br/images/stories/noticias/pdf/p\\_sas\\_400\\_2009\\_ostomizados.pdf](http://www.ans.gov.br/images/stories/noticias/pdf/p_sas_400_2009_ostomizados.pdf)
3. Moraes JT, Amaral CFS, Borges EL, Ribeiro MS, Guimarães EAA. Serviços de atenção ao estomizado: análise diagnóstica no estado de Minas Gerais, Brasil. *Cad Saúde Coletiva*. 2014 [cited 2016 Jan 19];22(1):101-8. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1414-462X2014000100101](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-462X2014000100101)
4. Secretaria de Estado de Saúde (MG). Deliberação CIB-SUS-MG n. 363, de 19 de julho de 2007. Aprova critérios, normas operacionais e procedimentos para a assistência a portadores de derivação intestinal ou urinária no SIA/SUS/MG e no SIH/SUS/MG, nos termos da minuta de Resolução SES. Belo Horizonte; 2007. [cited 2013 Dec 10]. Available from: [http://www.saude.mg.gov.br/atos\\_normativos/deliberacoes/2007/363.pdf](http://www.saude.mg.gov.br/atos_normativos/deliberacoes/2007/363.pdf)
5. Secretaria de Estado de Saúde (MG). Resolução n. 1249, de 20 de julho de 2007. Define critérios, normas operacionais e procedimentos para assistência a portadores de derivação intestinal ou urinária no SIA/SUS/MG e no SIH/SUS/MG. Belo Horizonte; 2007. [cited 2013 Dec 10]. Available from: [http://www.saude.mg.gov.br/atos\\_normativos/resolucoes/2007/resolucao1249.pdf](http://www.saude.mg.gov.br/atos_normativos/resolucoes/2007/resolucao1249.pdf)
6. Brousselle A, Champagne F, Contandriopoulos AP, Hartz Z, organizadores. Avaliação em saúde: conceitos e métodos. Rio de Janeiro: Fiocruz; 2011.
7. Donabedian A. Basic approaches to assessment: structure, process and out come. In: Donabedian A. Explorations in quality assessment and monitoring. Ann Arbor: Health Administration; 1980. p.77-125.
8. Cassiolato M, Gueresi S. Como elaborar modelo lógico: roteiro para formular programas e organizar avaliação. Brasília: IPEA; 2010.
9. Samico I, Felisberto E, Figueiró AC, Frias PG. Avaliação em saúde: bases conceituais e operacionais. Rio de Janeiro: Medbook; 2010.
10. Dalkey NC. The Delphi method: an experimental study of group opinion. Santa Monica (CA): Rand Corporation; 1969.
11. Tavakol M, Dennick R. Making sense of Cronbach's alpha. *Inter J Med Educ*. 2011 [cited 2013 Dec 10];2:53-5. Available from: <http://www.ijme.net/archive/2/cronbachs-alpha.pdf>.
12. Fernandes FMB, Ribeiro JM, Moreira MR. Reflexões sobre avaliação de políticas de saúde no Brasil. *Cad Saúde Pública*. 2011 [cited 2013 Dec 10];27(9):1667-77. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0102-311X2011000900002&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2011000900002&lng=en).
13. Ramos RS, Barros MD, Santos MM, Gawryszewski ARB, Gomes AMT. O perfil dos pacientes estomizados com diagnóstico primário de Câncer de reto em acompanhamento em programa de reabilitação. *Cad Saúde Coletiva*. 2012 [cited 2016 May 23];20(3):280-6. Available from: [http://www.iesc.ufrj.br/cadernos/images/csc/2012\\_3/artigos/CSC\\_v20n3\\_280-286.pdf](http://www.iesc.ufrj.br/cadernos/images/csc/2012_3/artigos/CSC_v20n3_280-286.pdf)
14. Paim J, Travassos C, Almeida C, Bahia L, Macinko J. The Brazilian health system: history, advances and challenges. *Lancet*. 2011 [cited 2016 May 23];377(9779):1778-97. Available from: <http://www.thelancet.com/series/health-in-brazil> [http://dx.doi.org/10.1016/S0140-6736\(11\)60054-8](http://dx.doi.org/10.1016/S0140-6736(11)60054-8)
15. Ministério da Saúde (BR). Secretaria de Assistência à Saúde. Portaria nº 116, de 09 de setembro de 1993. Brasília: MS; 1993. [cited 2015 Jan 14]. Available from: [http://www.lexmagister.com.br/doc\\_3996372\\_portaria\\_n\\_116\\_de\\_9\\_de\\_setembro\\_de\\_1993.aspx](http://www.lexmagister.com.br/doc_3996372_portaria_n_116_de_9_de_setembro_de_1993.aspx).
16. Rashidi L, Long K, Hawkins M, Menon R, Bellevue O. Stoma creation: does onset of ostomy care education delay hospital length of stay? *Am J Surg*. 2016 [cited 2016 Jan 18];211:954-7. Available from: [http://ac.els-cdn.com/S0002961016301131/1-s2.0-S0002961016301131-main.pdf?\\_tid=b0b0f8a0-1c6f-11e6-b38c-00000aabb0f02&acdnat=1463517851\\_3ca35f04830fd0631e012ff9da9f91](http://ac.els-cdn.com/S0002961016301131/1-s2.0-S0002961016301131-main.pdf?_tid=b0b0f8a0-1c6f-11e6-b38c-00000aabb0f02&acdnat=1463517851_3ca35f04830fd0631e012ff9da9f91)
17. Moraes JT, Oliveira RC, Reis LH, Silva MN. Conhecimento do enfermeiro da Atenção Primária de Saúde de um município de Minas Gerais sobre o cuidado em estomias. *Rev Estima*. 2012;10(4):12-21.
18. Taddeo PS, Gomes KWL, Caprara A, Gomes AMA, Oliveira GC, Moreira TMM. Acesso, prática educativa e empoderamento de pacientes com doenças crônicas. *Ciênc Saúde Coletiva*. 2012 [cited 2016 Jan 19];17(11):2923-30.
19. Mendes EV. As redes de atenção à saúde. 2ª ed. Brasília: Organização Pan-Americana da Saúde; 2011.