E PALESTRAS E PAL

12ª EDIÇÃO

100+15: O TEMPO NÃO PARA Informação, controle, cuidado e eliminação: diferentes estratégias para uma doença com múltiplas dimensões

LIVRO DE RESUMOS

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Submission area: Clinical aspects

RESUMO 19

STRUCTURING AND IMPLEMENTATION OF THE STRATEGIC PLAN FOR THE CLINICAL RESEARCH LABORATORY ON CHAGAS DISEASE (LAPCLIN-CHAGAS), INI-FIOCRUZ

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The care and promotion of health for patients with Chagas disease (CD) must be supported by a service structure that allows comprehensive actions, permeated by humanization practices and quality management. The care model for CD patients in the public health services network assumes the existence of necessary conditions through technical and managerial strengthening of institutions involved in planning, coordination, execution, and evaluation of these services at all levels, aiming to provide better assistance to the population. Structuring of a strategic plan for Lapclin-Chagas in 2012, guided by five simple questions: (1) "Who am I?" refers to the definition of the mission and future vision; (2) "What can happen, and what is likely to happen?" This question considers probable changes in scenarios external to Lapclin-Chagas; (3) "What can I do?" Involves the set of possible actions that Lapclin-Chagas can take, given the context and internal capacity; (4) "What will I do?" Involves what must be done, i.e., the priority projects and assistance and research lines; (5) "How will I do it?" Involves the set of actions to achieve the objectives. A) Formulation of protocols for clinical care of CD patients: 1) Diagnosis; 2) Clinical management of patients with an indeterminate form, with cardiopathy, with megaviscera, and with T. cruzi/HIV coinfection; 3) Pharmaceutical care; 4) Cardiovascular rehabilitation; 5) Social work; 6) Nutritional guidance; 7) Physiotherapeutic approach; 8) Psychological support. B) Consolidation of the following research lines at Lapclin-Chagas: 1) Clinical-epidemiological study of the chronic phase of CD; 2) Prospective longitudinal study of prognostic factors (biomarkers, echocardiographic, immunological, and genetic) for cardiac morbidity and mortality in the chronic phase of CD; 3) Etiological treatment of CD; 4) Longitudinal study on cardiopulmonary rehabilitation in CD; 5) Pharmaceutical care and pharmacovigilance in CD; 6) Evaluation of the quality of life in people with CD.C) Production (from 2018 to 2023): 1) Clinical Services: 19,838medical consultations, 16,032serological and cardiological exams; 2) Scientific contribution: 100articlesfocusing on CD and 61 articles on various topics; 3) Academic achievements: 16 master's theses and 9 doctoral theses. The development and execution of a strategic plan have transformed Lapclin-Chagas into a leading center for CD. This initiative has significantly augmented productivity across its diverse operational domains, elevating standards in clinical care, scientific research, and academic instruction. This positive shift has directly benefited the care and assistance provided to CD patients, under the supervision of the INI- Fiocruz/RJ in Brazil.







Structuring and implementation of the strategic plan for the Clinical Research Laboratory on Chagas Disease (Lapclin-Chagas), INI-Fiocruz

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Introduction

The care and promotion of health for patients with Chagas disease (CD) must be supported by a service structure that allows comprehensive actions, permeated by humanization practices and quality management. The care model for CD patients in the public health services network assumes the existence of necessary conditions through technical and managerial strengthening of institutions involved in planning, coordination, execution, and evaluation of these services at all levels, aiming to provide better assistance to the population.

Methodology

Structuring of a strategic plan for Lapclin-Chagas in 2012, guided by five simple questions:

- "Who am I?" refers to the definition of the mission and future vision.
- "What can happen, and what is likely to happen?" This question considers probable changes in scenarios external to Lapclin-Chagas.
- "What can I do?" Involves the set of possible actions that Lapclin-Chagas can take, given the context and internal capacity.
- "What will I do?" Involves what must be done, i.e., the priority projects and assistance and research lines.
- "How will I do it?" Involves the set of actions to achieve the objectives.

Results

Formulation of Protocols

- Diagnosis;
- Clinical management of patients
- Pharmaceutical care;
- Cardiovascular rehabilitation;
- Nutritional guidance;
- Physiotherapeutic approach;

Consolidation of Research Lines

- Clinical-epidemiological study of the chronic phase;
- Prospective longitudinal study of prognostic factors for cardiac morbidity and mortality;
- Etiological treatment and pharmacokinetics
- Longitudinal study on cardiopulmonary rehabilitation;
- Pharmaceutical care and pharmacovigilance;
- Evaluation of the quality of life

Production (from 2018 to 2023)

- Clinical Services: 19,838 medical consultations, 16,032 serological and cardiological exams;
- Scientific contribution: 100 articles focusing on CD and 61 articles on various topics;
- Academic achievements: 16 master's theses and 9 doctoral theses.

Conclusion

The development and execution of a strategic plan have transformed Lapclin-Chagas into a leading center for CD. This initiative has significantly augmented productivity across its diverse operational domains, elevating standards in clinical care, scientific research, and academic instruction. This positive shift has directly benefited the care and assistance provided to CD patients, under the supervision of the INI- Fiocruz/RJ in Brazil