

Nurse in the management of SUS regulation in COVID-19 times: Literature review

Enfermeira(o) na gestão da regulação do SUS em tempos de COVID-19: Revisão de literatura

Enfermera(o) en la gestión de la regulación del SUS en tiempos COVID-19: Revisión de la literatura

RESUMO

Objetivo: Identificar as contribuições da Enfermagem na gestão da regulação do SUS em tempos de COVID-19. Método: Tratando-se de um estudo de revisão bibliográfica. Resultados: Os artigos encontrados foram tabulados em quadro analítico sendo sintetizados e dispostos organizadamente, para melhor exposição das informações. Como forma de facilitar a compreensão da literatura encontrada decidiu-se organizar a discussão dos artigos encontrados em tópicos para melhor compreensão, sendo estes: "Enfermagem e a Gestão da Regulação do SUS"; "Discutindo as Nuances Entre Enfermagem e a Gestão da Regulação do SUS em Tempos de COVID-19" e "Enfermagem e a Gestão da Regulação do SUS em Tempos de COVID-19". Conclusão: Avaliando as possibilidades de trabalho do enfermeiro, pode-se afirmar que a Enfermagem Regulação em Saúde é um setor que permite o crescimento desse profissional na organização e gestão para melhorar o fluxo de atendimento da clientela do SUS especialmente em tempos de pandemia por COVID-19.

DESCRIPTORES: Promoção da saúde; Estratégia Saúde da Família; Política de Saúde.

ABSTRACT

Objective: To identify the contributions of Nursing in managing SUS regulation in times of COVID-19. Method: This is a literature review study. Results: The articles found were tabulated in an analytical table, being synthesized and arranged in an organized way, for a better exposition of the information. As a way to facilitate the understanding of the literature found, it was decided to organize the discussion of articles found in topics for better understanding, namely: "Nursing and the Management of SUS Regulation"; "Discussing the Nuances Between Nursing and SUS Regulation Management in Times of COVID-19" and "Nursing and SUS Regulation Management in Times of COVID-19". Conclusion: Assessing the possibilities of nurses' work, it can be said that Nursing Regulation in Health is a sector that allows the growth of this professional in the organization and management to improve the flow of care for SUS clientele, especially in times of pandemic by COVID-19.

DESCRIPTORS: Health promotion; Family Health Strategy; Health Policy.

RESUMEN

Objetivo: Identificar los aportes de la Enfermería en la gestión de la regulación del SUS en tiempos de COVID-19. Método: Este es un estudio de revisión de la literatura. Resultados: Los artículos encontrados fueron tabulados en una tabla analítica, siendo sintetizados y ordenados de manera organizada, para una mejor exposición de la información. Como una forma de facilitar la comprensión de la literatura encontrada, se decidió organizar la discusión de los artículos encontrados en temas para su mejor comprensión, a saber: "Enfermería y la Gestión de la Regulación del SUS"; "Discutiendo los matices entre la enfermería y la gestión de la regulación del SUS en tiempos de COVID-19" y "Enfermería y la gestión de la regulación del SUS en tiempos de COVID-19". Conclusión: Evaluando las posibilidades laborales de los enfermeros, se puede decir que la Regulación de Enfermería en Salud es un sector que permite el crecimiento de este profesional en la organización y gestión para mejorar el flujo de atención a la clientela del SUS, especialmente en tiempos de pandemia por COVID-19.

DESCRIPTORES: Promoción de la salud; Estrategia de Salud de la Familia; Política de Salud.

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INTRODUCTION

The Unified Health System (SUS - Sistema Único de Saúde) has as one of its main purposes the formulation of policies and strategies for the implementation of actions that improve the population's health in a broad and effective way.¹

Among the guidelines of the national health system, integrality can be described as unconditional care and, in this way, the SUS is responsible for controlling and delegating attributions to provide ways that allow this access to be equitable.^{2,3} In this sense, Health Care Regulation is a management strategy in constant interface with planning, control and evaluation actions, which seeks to ensure equitable and comprehensive care, in accordance with the principles of the SUS.⁴

Thus, the presence of nurses stands out as one of the professionals who most act in leadership positions, with emphasis on Health Care Regulation, in which nurses occupy positions such as the management of Regulation, and Directorate of Regulation, Control, Assessment and Audit. Therefore, nurses are recognized as being important in moments of problem identi-

fication and subsequent attitude to refer or solve situations inherent to the context of health regulation management, in the search for establishing accurate and resolute decision-making.⁵

In this perspective, the World Health Organization (WHO) declared the disease caused by the new coronavirus (SARS-CoV-2) as a pandemic on March 12th, 2020. The infection (COVID-19), in addition to being more transmissible, has an estimated lethality of about 14 times that of influenza.^{6,7}

We seek to justify the research carried out in this article, due to the fact that regulation in health services is essential to dictate and organize what is proposed for the work of health professionals, especially nurses, in the assistance to the individual in the face of his need in an egalitarian way from the daily work amid the pandemic caused by COVID-19. Thus, the general objective of this study was to identify the contributions of Nursing in the management of SUS regulation in times of COVID-19.

METHOD

The methodology used for this article was the literature review that refers to the activities involved in the search for information on a topic and in the elaboration of a comprehensive picture of the information situation.⁸

For this review, a search was performed on articles from scientific journals available in the following databases: Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Literature in Health Sciences (LILACS) and in the Scientific Electronic Library Online (SciELO) virtual library.

The search for the articles used was carried out from the beginning to the end of September 2020. The following inclusion criteria were established: full scientific articles in Portuguese, English and Spanish; available for consultation and published in the last 10 years and that could bring clarification to the guiding question. Thus, an individual search and pairing of descriptors were carried out, where the total number of articles reviewed were 9, which allowed the achievement of the study objectives.

For the categorization of studies, the information extracted from these publications was organized. Subsequently, this

information was arranged in paragraphs according to the main results of the article using content analysis. The methodologies used by the authors and the conclusions reached were also considered.

RESULTS

After reviewing the data through a tho-

rough reading of the articles, in addition to applying the inclusion and exclusion criteria described in the methodology, those articles contained in the databases that could be related to the objective of the study were selected. The 09 texts were then submitted to a tabulation in an analytical table format where the data were synthesized and arranged in an organized way, for better exposi-

tion of the information:

In this context, due to the intention of singling out the findings (in a summarized form) of the selected articles, through the elaboration of the table above, it became possible to concentrate the data to facilitate the analytical construction of the discussion around the theme of this review

Table 01 - Breakdown of information from selected articles.

Title	Type / Method	Objectives	Conclusions
Health Regulation: challenges to SUS governance (Regulação em Saúde: desafios à governança do SUS)	Descriptive study, based on secondary sources.	Describe the regulatory policy adopted within the scope of the SUS, considering its conceptual and operational elements, focusing on emergency care	The structuring of the service network can benefit from the control of the flow and quality of services, depending on the ability to use the constitutive elements of the regulatory system.
The municipal outpatient regulation of services of the Unified Health System in Rio de Janeiro: advances, limits and challenges (A regulação municipal ambulatorial de serviços do Sistema Único de Saúde no Rio de Janeiro: avanços, limites e desafios)	Quantitative study that used administrative databases.	Evaluate the results of referrals for consultations and outpatient examinations of PHC in the city of Rio de Janeiro, demonstrating the advances, limits and challenges for management at the local level.	There are artificial bottlenecks due to the lack of regulation of most of the hours contracted in the specialty, that is, the offer of vacancies is smaller than the installed capacity of municipal, state, federal units and units associated with SUS.
Specialized outpatient care in the Unified Health System: to overcome a void (Atenção especializada ambulatorial no Sistema Único de Saúde: para superar um vazio)	Experience report.	Discuss the bottleneck (relative void of specialized care in the SUS), outlining some historical interpretations, to contextualize the defense of the need to elaborate and induce an organizational format for specialized care services in the SUS	Specialized services, as far as operationally possible, should have regionalized and decentralized operations, with personalized contact with the general practitioners who refer patients to them and with them discuss doubts, conducts and therapeutic projects, exercise negotiated regulation and ongoing mutual education.
Facing doctors: a communicative management strategy to qualify the regulation of outpatient access (De frente com os médicos: uma estratégia comunicativa de gestão para qualificar a regulação do acesso ambulatorial)	Experience report.	Show how decentralized access regulation workshops, a communicative-based management strategy, resulted in changes in work processes.	The study points out challenges to enable Primary Care to play a leading role in municipal regulatory processes, particularly at a time when health policy defines it as the care coordinator of the service network.
Health Regulation and Political Epistemology: Contributions of Post-Normal Science to Facing Uncertainties (Regulação em Saúde e Epistemologia Política: Contribuições da Ciência Pós-Normal para Enfrentar as Incertezas)	Descriptive study, based on secondary sources.	Discuss the theoretical-methodological contributions of Post-Normal Science to health regulation.	The incorporation of methodological strategies of Post-Normal Science can contribute to regulatory activity in health by integrating epistemology and policy, increasing the quality of regulatory decisions.
Contractualization in health: arena of dispute between public and private interests (Contratualização em saúde: arena de disputa entre interesses públicos e privados)	Case study with documentary research.	To analyze the public-private composition in the municipal health network, and the contractualization of state public services and private services.	The contractualization did not significantly alter the pattern of buying and selling services, not constituting, in fact, a process that strengthened the role of the public sphere.

Assistance regulation in Recife: possibilities and limits in promoting access (Regulação Assistencial no Recife: possibilidades e limites na promoção do acesso)	Case study	To analyze the development of care regulation from the perspective of equitable and integral access in Municipal Health Management.	Assistance regulation will hardly promote equitable and integral access as long as it acts on a portion of the services under municipal management, intervening without the formation of regional networks, without effective pacts between public entities and acting without subordinating private interests to the needs of the population.
Aspects of health regulation in the view of family health teams in a small town (Aspectos da regulação em saúde na visão de equipes de saúde da família de um município de pequeno porte)	Descriptive, quantitative study.	To identify the vision of the Family Health Strategy teams of health regulation, characterizing it in terms of information content and its use by the team.	The research findings ratified the close relationship between the care regulatory process and information management, as well as the importance of the participation of the family health professional in the regulation mechanism.
Epistemological Contributions of Ergology to Health Regulation (Contribuições Epistemológicas da Ergologia Para a Regulação em Saúde)	Theoretical- conceptual study	Discuss how ergological references contribute epistemologically to health regulation.	It is expected that the defense of the public interest will receive the incorporation of ergonomic references to health regulation

Source: Data found through bibliographic research. Own elaboration (2021).

article.

DISCUSSION

As a way to facilitate the understanding of the literature found related to the theme, it was decided to organize the articles found in topics for better understanding, namely: “Nursing and the Management of SUS Regulation”; “Discussing the Nuances Between Nursing and the Management of SUS Regulation in Times of COVID-19” and “Nursing and the Management of SUS Regulation in Times of COVID-19”.

Nursing and the Management of SUS Regulation

Below, the way in which Nursing and SUS Regulation Management establish connections will be reported, showing their nuances.

The way in which nursing tends to contribute to the structuring and functioning of the network of services in the SUS can promote the control of the flow and quality of services, depending on the ability to use the constitutive elements of the regulatory system, with emphasis on its governance.¹

In this, nursing has some of the challenges posed to assist in enabling a greater role of Primary Care in municipal regulatory processes, especially in the participation of

health policy, thus being able to be defined as a coordinating profession of the care of the service network.²

Another aspect that health professionals, especially nursing professionals, must have a deep understanding of is precisely the fact that care regulation, in the sphere of municipalities, will hardly promote equitable and integral access as long as it acts only on a portion of the services under municipal management, intervening without the formation of regional care networks, without effective pacts between public entities for the continuity of care and acting without subordinating private interests to the care needs of the population.³

There is a need to clear artificial bottlenecks due to the lack of regulation of most of the contracted hours of specialties. In this sense, it is necessary that there be a rearrangement of the workflow and process, as the offer of vacancies is smaller than the installed capacities of municipal, state, federal units and units associated with the SUS.⁹

The structuring of mental health care in the municipal networks of some cities has been successful when all organized as a matrix support; and with the change of focus of the support teams, which progressively began to not commit, involve and mediate the relationship between primary and

specialized care. It is concluded that this format can be adapted and expanded to most medical specialties.¹⁰ With this, the incorporation of methodological strategies of Post-Normal Science can contribute to regulatory activity in health by integrating epistemology and policy, increasing the quality of regulatory decisions.¹¹

One must understand the importance of the close relationship between the care regulatory process and information management, as well as the importance of the participation of the family health professional in the health regulation mechanism, to unite and in harmony these gears can contribute to the improvement of the population's access to health services.¹²

Therefore, the Regulatory Nurse's competencies and attributions can be mentioned: Coordinate the regulatory process of inter-hospital, land and air removals and transfers, according to the guidelines received from the Chief on duty; Request air removal authorization; Receive court cases and forward them; Keep the waiting list for ICU beds and back-up beds updated; Assist the regulatory physician in releasing and occupying rear and ICU beds; Daily search for ICU vacancies in all SUS Units in the State and in the private network; Keep the Central team informed about the availability of beds in emergencies, through the Internal Regulation Nucleus, helping

and speeding up the regulatory process.¹³

Discussing the Nuances Between Nursing and SUS Regulation Management

Nowadays, it is necessary to understand the difference between regulation in general and state regulation in the health sector, seeking to better define its activities, its objectives, as well as the competences of this function, for each sphere of management, within the scope of SUS.

In the current context of health regulation, multidisciplinary becomes essential for the implementation and strengthening of the National Policy for Regulation of the SUS. This policy is one that tends to involve the provision of health services taking into account constitutional principles such as universality, equity and integrality, among others.¹⁴

In this context, nursing, being one of the prominent categories in the health sector, has been occupying important positions in the most varied sectors in which it can perform attributes of the exercise of its profession, thus being, co-responsible for the management of the SUS, which requires skills and political power, where these are part of the curriculum of their undergraduate course. For the access regulation sector, this professional has stood out in the implementation and organization process, both at the state and municipal levels.¹⁵

Nurses need to equip themselves to become an agent of change, of potential innovation, subsidized by political knowledge, as they have instruments such as power and strength, which they must use with a view to the collectivity; that is, they must have knowledge about the course of how health issues are determined, rethink the conditions and determinants of reality as they present themselves.¹⁶

Direct health actions according to the highest demand rates of the assisted population. In the municipalities where the regulation sector is implemented, most of the coordination and management are the responsibility of trained nurses.¹²

It is necessary for Nursing to recognize

its political participation in the performance of its managerial functions and to develop important political actions in care regulation.

Nursing and the Management of SUS Regulation in Times of COVID-19

The definition of the role of nurses in

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the context of Health Regulation allows their practice to be focused on the managerial and administrative actions of the regulatory process, which justifies the importance of developing this study.

In order to qualify this integration, the nurse is the professional responsible for

training, from introductory training in the use of the system, to continuing training, in order to broaden their understanding of the functioning of Health Regulation, in particular the manipulation of the information system.¹⁷

Faced with this role, the nurse does not develop regulatory activities, but acts in support of the information system, knowledge of protocols and interface with management,

in contrast to what happens in countries like the United Kingdom, where there is a regulator for each professional in the health area, including nursing. As in the Brazilian reality, regulators are responsible for protecting the interests of patients, guaranteeing the provision of quality service. However, the Regulation's focus is on the individual providing the service, rather than the organization.⁵

In this sense, in times of a pandemic caused by COVID-19, the functions developed by the Regulation are the conduct of contractual relations, in addition to observing the guidelines established at the federal, state and municipal levels. According to the literature, it is also up to the nursing professional who works in the Regulation to monitor the contractual situation of available services, mapping the number of referrals, availability of referral and counter-referral flows, which provides important information for supply planning.

Nursing professionals working in regulation must have the necessary guidelines for the organization of urgent and emergency health services in the context of COVID-19. From this perspective, in order to better organize access to hospital care in the face of COVID-19, the health equipment, which make up the reference grid, were classified by typologies whose nomenclature may vary according to the state of the federation, but which tend to consist of correlated references, as follows: A) EXCLUSIVE COVID Hospital; B) NON-COVID Hospitals; C) PREFERENTIALLY COVID Hospitals; D) PREFERENTIALLY NON-COVID Hospitals: hospitals that will not be a reference for COVID-19 care, and if they

receive cases at their door, they will refer, via regulation, to the agreed references, remaining with the case until the referral is completed.¹⁷

With this, the nursing professional who works in the Regulation is considered a link between the management and the service network, and must act in co-participation with the Board in the contracting of private providers. In this way, the nurse manager working in this role develops their attributions as recommended by the literature.

CONCLUSION

In view of the review carried out, it was possible to conclude the identification of

the relationship between nursing and the management of SUS regulation. In this way, it was also possible to understand the SUS Creation Process, Consolidation, Management, SUS Regulation and Legislation through the chapters of this work. In the results and discussion one can also investigate the existing literature on nursing and the management of SUS regulation and analyze strategies for improving the management of the SUS.

The regulation acts in the organization, control and availability of vacancies for the service, in this sense, there is an enormous importance to know about its functioning. Finally, it is necessary to emphasize that the professional Nurse occupies, within the regulation centers, several functions,

in some cases the coordination positions, since they have knowledge in management and management, acquired at graduation. Therefore, it is crucial that Nursing recognizes the importance of its participation in the performance of its functions directly linked to the management of SUS regulation, in addition to the great possibility of contributing to the development of important actions and policies for the regulation as a whole.

Evaluating the possibilities of the nurse's work, it can be said that Health Regulation Nursing is a sector that allows the growth of this professional in the organization and management to improve the flow of care for the SUS clientele, especially in times of a COVID-19 pandemic.

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