



Research Article

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Risk Management and Quality in Health Services: A Study at the Vereador Valdinar Pereira Basic Health Unit, in Teresina-Pi

Cléa Maria Machado de Alencar¹, Luana Lopes Marques², Rodrigo Braga Fernandes Vieira^{3*} and Gustavo Henrique Marques Avelino⁴

¹Professor of the Graduate Course in Business Administration at UEMA, Portugal

²Administrator and Collaborator of the Municipal Health Foundation-PI, Portugal

³Professor of the Graduation Course in Administration, State University of Maranhão-UEMA, Portugal

⁴Professor of the AESPI Administration Course, Portugal

***Corresponding author:** Rodrigo Braga Fernandes Vieira, Department of Health science, Mauritius of Nassau University Center, Portugal.

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Summary

This article is about risk management and quality in health services, in the basic unit councilor Valdinar Pereira in Teresina Piauí. It is known that the provision of care in the health area is quite complex, since this area is constantly evolving, resulting from social, scientific and technological advances. In achieving the purpose of the study, the general objective was outlined, based on knowing the mechanisms adopted in risk management and the organizing processes through preventive work and adequate treatment in the face of impacts in the control of adverse situations, aiming at improving the quality of care of patients/users of the Vereador Valdinar Pereira Basic Health Unit. The methodology consisted of bibliographic research. For this purpose, sources were used, in which Cedra et al. [1-4] stood out and other authors who contributed with the theoretical method. Field research with a quantitative approach was also used, in which the questionnaire consists of 14 (fourteen) open and closed questions, being prepared by the Google Forms application. In view of the results, it was verified that there is a great effort by the managers and teams of the family health program that make up the basic health unit, in promoting expansion and qualification strategies to favour problem-solving in the work process. In view of the above, it was concluded that the best way to provide risk management and good service to health users is to invest in actions.

Abstract

This article is about risk management and quality in health services, in the basic unit councilor Valdinar Pereira in Teresina Piauí. It is known that the provision of care in the health area is quite complex, since this area is constantly evolving, resulting from social, scientific, and technological advances. In achieving the purpose of the study, the general objective was outlined, based on knowing the mechanisms adopted in risk management and the organizing processes through preventive work and adequate treatment in the face of impacts in the control of adverse situations, aiming at improving the quality of care of patients/users of the Vereador Valdinar Pereira Basic Health Unit. The methodology consists of bibliographic research. For that, sources were used, in which Cedra et al. [1-4] stood out; and other authors who contributed with the theoretical method. Field research with a quantitative approach was also used, in which the questionnaire consists of 14 (fourteen) open and closed questions, being prepared by the Google Forms application. In view of the results, it was verified that there is a great effort by the managers and teams of the family health program that make up the basic health unit, in promoting expansion and qualification strategies to favour problem-solving in the work process.



In view of the above, it was that the best way to provide risk management and good service to health users is to invest in actions, planning and public policies that aim to value health professionals and users. It was verified that there is a great effort by the managers and teams of the family health program that make up the basic health unit, in promoting expansion and qualification strategies to favor problem-solving in the work process. In view of the above, it was that the best way to provide risk management and good service to health users is to invest in actions, planning and public policies that aim to value health professionals and users. It was verified that there is a great effort by the managers and teams of the family health program that make up the basic health unit, in promoting expansion and qualification strategies to favor problem-solving in the work process. In view of the above, it was that the best way to provide risk management and good service to health users is to invest in actions, planning and public policies that aim to value health professionals and users.

Keywords: Risk Management; Quality; Health Services; Technological Advances, Dynamic Scenario, Saving Lives, Basic Health Unit, Reducing Hospitalizations, Infant Mortality

Introduction

The provision of care in the health area is quite complex, since this area is in constant evolution, resulting from scientific and technological social advances. In this dynamic scenario, health work is characterized as relational, due to the interaction between professional, patient and technology and as such, the main threat is to make it unapproachable. Health professionals, by nature, strive to provide the best possible care. This behavior, however, does not prevent failures and accidents from occurring due to the care provided to clients/patients, which contradicts the idea of perfection in medical care. It is known that every hospital environment has its premise based on saving lives, whatever the degree of need, the restoration of the patient's health is the main objective of any treatment. Thus, when it comes to risk management, we consider the quality of the health service offered through the prevention, correction, and contingency of risk factors inherent to this environment. The choice of theme is justified by the demands identified in the object that will be studied, in which the need for adequacy in the risk management process was perceived, as well as the improvement of the quality of health services, as well as that risk management it has always been a challenge for those who work in that environment. For the development of the study, the scientific question was established in which the mechanisms of risk management in the hospital environment would enable better quality of care for patients or service users, at the Vereador Valdinar Pereira Basic Health Unit, in Teresina-PI? From the perspective of finding actions to solve the proposed problem, the guiding questions were defined: what strategies could be used in the hospital environment to prevent risk situations from happening? What strengthening policies can be implemented in risk management to ensure quality in health services? To carry out the study, the general objective was defined to know the mechanisms adopted in risk management and operational processes through preventive work and adequate treatment in the face of impacts in

the control of adverse situations, aiming at improving the quality of patient care/users of the Vereador Valdinar Pereira Basic Health Unit, in Teresina-PI.

For this purpose, the following specific objectives were outlined: to implement preventive actions to ensure operational effectiveness and efficiency and to offer a quality health service; promote quality of care in the public health service; and promote measures of identification, analysis, implementation of well-defined processes and procedures, monitoring, communication, and control for risk management to achieve positive results. The present study consisted of carrying out bibliographic research to develop the theoretical framework to contribute to obtaining information related to the topic. As for the objectives, field research was used, which helped in the elaboration of the results by obtaining knowledge about the investigation of the issues mentioned in the specific objectives. The nature of the research is descriptive, with a quantitative approach, in which the questionnaire consisted of 14 (fourteen) open and closed questions, being prepared by the Google Forms application, due to the ease of application, time and cost.

The population was characterized by the staff of UBS professionals and the research sample consisted of 04 nursing technicians, 03 UBS nurses in the afternoon shift and 04 employees from the administrative area of the Basic Health Unit. Data collection was carried out in November 2021. For the data treatment strategy obtained with the application of the structured questionnaire, the use of graphics was used to better confirm the quantitative analysis. In view of the results, it was verified that there is a great effort by the managers and teams of the family health program that make up the basic health unit, in promoting expansion and qualification strategies to favor problem-solving in the work process. It is concluded that the best way to provide risk management and good service to health users is to invest in actions, planning and public policies that aim to value health professionals and users.

Therefore, it is expected that the present study will contribute to the well-being and safety of patients/users, as well as to improve the performance of employees in a perspective of improving the quality of health services.

Considerations About Risk Management and Quality in Health Services: Theoretical Approaches and Reality

According to statistical data, testimonies and analyses about the family health program carried out in Basic Health Units, it is possible to conclude that it is a social, inclusive program, promoting equity and integrity that in its time of existence, has been successful in improving indicators. important health services, such as reducing infant mortality, reducing hospitalizations, expanding the control of chronic diseases in the population, health communication for the prevention of diseases and risks. Health care professionals and patients are exposed to different risks which may be physical, ergonomic, and biological. Among these factors, biological risk stands out, which is characterized as responsible for a significant number of injuries suffered by health professionals, being related to the tasks performed in their work activities. In this section, considerations on risk management and quality in health services will be addressed from theoretical and reality approaches. To facilitate the reader's understanding in the search for the topic, content will be presented on the subject. Risk management in the hospital environment; approach to the quality of risk management in health services, through concepts of patient safety in health services, risk management and quality focused on patient safety; risk management and reception in the basic health unit as a measure of improvement.

Risk management in the hospital environment

The definition of biological agents, according to the Ministry of Labour and Employment (2008) a, is that these are microorganisms, genetically modified or not, in addition to cell cultures, parasites and toxins. They can cause damage to human health, which can lead to infections, toxic or allergenic effects. The Ministry of Health proposes the risk classification of biological agents that distributes them in risk classes from 1 to 4, for which some criteria are considered, among which the following stand out: virulence, mode of transmission, stability, concentration and volume, the origin of the potentially pathogenic biological agent, the availability of effective prophylactic measures, the availability of effective treatment, the infecting dose, the handling of the pathogen. The importance of this risk assessment of biological agents lies not only in the estimation of risk, but also in the design of the structure for containment and decision-making for the management of these risks Ministry of Health (2010). Enterprise risk management enables managers

to effectively address uncertainties and associated risks and opportunities.

Analysing the definitions, we can conclude that risk management is precisely a set of proactive processes that are put in place to identify and trigger risks and take actions to eliminate or minimize problems before they occur Oliveira [5]. According to Siqueira et al. (2015) Risk management is the systematic application of management policies, procedures, conducts and actions, for the analysis, evaluation, control and monitoring of risk and adverse events, in a systematic and continuous way, that affect the safety, health of the patient and, consequently, the institutional image. Thus, risk management aims to minimize or take advantage of the risks and uncertainties about that organization. Uncertainties represent risks and opportunities, with the potential to destroy or add value. In the health area, risk management aims to implement preventive, corrective, and contingency actions to ensure operational effectiveness and efficiency and offer a health service with quality and safety to the patient. Risk management is a fundamental element of quality work in health. In addition to providing efficiency to the operation, it is the basis of good clinical governance, the set of actions of the organization aimed at continuous quality improvement in the hospital environment Oliveira [6]. As a result, the development of institutional actions and protocols is observed, in addition to the increase in scientific publications on the subject, as a reflection of national policies to promote safe and risk-free care.

The promotion of patient safety, through risk management actions and the implementation of good practices based on scientific evidence, is essential for the effectiveness of safe health care, prevention of accidents and damage resulting from failures in health care, technical adoption, and tools consistent with the dynamics of each location are necessary Cedraz et al. [3]. Care in hospital institutions has demanded adaptations of the nursing teams from the health administration over the years, especially when considering the technological, economic, and social changes that have contributed to an increase in life expectancy and an aging population Cedraz et al. [3]. Basic health units are spaces that receive patients for promotion, prevention and treatment actions related to women's health, mental health, children's health, family planning, prenatal care, cancer prevention, care of chronic diseases such as diabetes and hypertension, dressings, vaccinations, inhalations, collection of laboratory tests, dental treatment, receipt of basic medication and referral to specialist physicians, thus receiving patients with a high need for nursing care and care, as well as in palliative care Oliveira et al. [5].

Thus, to ensure the quality and safety of health care, it is important to recognize the profile of the public to be served,

as well as possible associations of this information with risk factors, as a necessary subsidy for the design and prioritization of prevention actions scratches. It corroborates the literature by reporting the need to identify the difficulties and challenges faced during the risk management activity in basic health units, as well as a way of suggesting changes and alterations in the development of activities and work processes Oliveira et al. [5]. Among the managerial activities, the identification of risks related to care must be carried out at the time of patient entry and during the care. In view of this, health institutions are increasingly concerned with patient safety at all stages of care. As technical advances are made, safety requirements and control of adverse events that can lead to permanent damage and/or death of patients also increase Hinrichsen et al. (2012). Risks increase when practices, procedures, protocols, technical routines, and equipment used by workers are inadequate, complex and, by themselves, unsafe Fassini et al. (2012). Thus, according to Hinrichsen et al. (2012) he states that "to prevent risks, it is necessary to identify and analyse the origin of the event so that preventive actions can be proactively implemented". Thus, there is a caveat of the importance of risk management.

Approach to the quality of risk management in health services

The provision of care in the health area is quite complex, since this area is in constant evolution, resulting from social, scientific, and technological advances. In this dynamic scenario, health work is characterized as relational, due to the interaction between professional, patient and technology and, as such, the main threat is to make it unapproachable. In recent years, there has been a full development of policy and strategy in countries with different levels of development, as foreseen by the World Health Organization Grabois [3]. In this way, the strategic option for security has been included in the agendas of institutions, organizations, and health systems. But, in addition to initiatives that may seem a fad, patient safety has a legal and ethical foundation. Health professionals, by nature, strive to provide the best possible care. This behavior, however, does not prevent failures and accidents from occurring due to the care provided to clients/patients, which contradicts the idea of perfection in medical care. As a result, the individual's commitment and willingness to do good and use the best of knowledge are essential factors of care, but currently they are insufficient to guarantee safe and effective care. Recently, what has been observed, however, is that professionals, fearing reprisals in the face of the discovery of their faults and accidents, omit and hide them, or when identified, seek to get rid of the heavy burden. Thus, according to Wachter (2013) Quality of care has been defined by the Institute of Medicine (IOM) as "the degree to which health services for individuals and populations increase the likelihood of desired

health outcomes and are consistent with current knowledge. Considering this, in its influential 2001 report, *Crossing the Quality Chasm*, the IOM anticipated six dimensions of a quality healthcare system: patient safety, patient centricity, effectiveness, efficiency, opportunity, and equity. It is also noted that while many clinicians tend to think of quality as synonymous with providing evidence-based care, the IOM definition is much broader and includes issues that are of particular importance to patients. The Avedis Dobedian health services classification is widely used to measure the quality of care. For Wachter (2013) The "Donabedian triad" divides quality measures into structure (how care is organized), process (what was done) and outcomes (what happened to the patient). When used to assess the quality of care, each element of the triad has important advantages and disadvantages.

Thus, it is understood that, for the classic author Avedis Donabedian, good quality care is one that provides the patient with maximum and complete well-being, after having considered the predicted balance between gains (benefits) and losses (damage) that accompany the care process in its entirety. To avoid subjectivity and contribute to the validity of quality improvement actions, in general; in relation to health services; and even relative to a specific health problem, everything goes through the answer to the question: Is the service offered of good quality? Although it is possible to affirm that there is a growing interest in quality in the health area, it is worth considering the opinion of classic authors about quality in industry, since it was in the industrial area that quality management became developed and fruitful, inspiring most of the existing initiatives in health services today, Gama et al. (2013). Quality management in healthcare can be defined as the search for better customer outcomes through the improvement of care processes.

Thus, according to Kawagoe et al. (2013). There are many qualities management models and approaches, but they have in common the pursuit of excellence, that is, the continuous improvement of results and customer satisfaction through products or services that are consistent, reliable, defect-free, safe, secure, and effective. Therefore, he observed that a health service with a true culture of quality management must involve all disciplines, all organizational levels, and all departments in the improvement process. "While there is a consensus among leaders that quality needs to be improved, the concept of quality in healthcare remains difficult to define. Quality has generally been described as a positive outcome of a product. However, in health care, the service is multifaceted and multidimensional, which contributes to different perceptions of quality. Our perception of quality is often influenced by our own outcome expectations, needs, previous experience and emotional and cognitive state at that moment. A precise definition

of the quality of health care attempts to recognize these differences and include the services provided, as well as the values perceived by the client," Kawagoe et al. (2013).

Concepts of patient safety in health services: In health care, several factors correlate and interact so that there is a qualitative assessment of the service provided to the patient, in the period in which he was under the care of a health team. Since the release of the American report by the Institute of Medicine *Tor Err is Human* in 1999, the topic of patient safety has gained relevance in the world Marra et al. [7]. Later, planning in the field of safety was widely discussed when, in 2004, the World Health Organization (WHO) and the World Alliance for Program Safety, which later became the Patient Safety Program, discussed strategic measures in this area of health care. These actions aimed to organize the concepts and definitions of patient safety and propose goals to reduce risks and adverse events. In Brazil, performing a retrospective, we can mention some programs such as Quali SUS, launched by the Ministry of Health in 2011, the Sentinela Network and NOTIVISA from ANVISA and in 2013 the implementation of the national patient safety program with the general objective of contributing for the qualification of health care, in all health establishments in the country (REBELLO).

Site. Conceptually, the essential attributes of health care that define its quality were disseminated: efficacy, effectiveness, efficiency, optimization, acceptability, legitimacy, and equity (REBELLO). In this context, the basic components of quality involve structure, process, and result, while the six guiding pillars are safety, effectiveness, patient-centred care, opportunity, efficiency, equity. Patient safety is an issue of great importance for managers of public and private institutions and nursing plays an important role in making them safer and less risky. In April 2013, the Ministry of Health and Anvisa joined forces and launched the patient safety program. This program aims to monitor and prevent harm to patients resulting from public health care such as private hospitals Brasil (2013). In view of the above, it is essential that nursing, as a profession that is involved 24 hours a day in care and management practice, is alert to measures relevant to patient safety Pereira (2014). For the professional or the professional of the nursing team, the occurrence of adverse events can cause several problems, given the emotional stress, the aesthetic precepts, and the legal punishments to which they are exposed.

Thus, it is important to invest in a safety culture, through the dissemination of the patient safety concept and a non-punitive discussion about adverse events Duarte, et al. (2015). To prevent the occurrence of these incidents, it is mandatory throughout the national territory that all hospitals have a specific team, the so-

called patient safety nucleus, which will act as a reference within each institution in the promotion of safe care and, also, in guiding patients, family members and companions Brasil (2013). In the national patient safety program, one of the diagnoses that appear as an alarming adverse event is hospital infection. According to the program, among other occurrences could be avoided by adopting measures to increase patient safety in the hospital unit Brasil (2013).

Thus, it is also important to address that the program launches several actions and one of them is the implementation of patient safety protocols focused on the problems with the highest incidence. One of these protocols deals with the practice of hand hygiene in health services. Hand hygiene is considered the measure with the greatest impact and proven effectiveness in preventing infections, since it prevents the cross-transmission of microorganisms and must be adopted before and after touching patients, before performing procedures, after contact with body fluids such as blood or secretions after meeting surfaces close to the patient. It is worth remembering that, in the health area, it is important to integrate all professionals who are part of the health system in the collaboration of prevention and patient safety policies. According to Robert M et al. (2013). The qualities of the patient safety manager are probably more important than their training. Ideally, the safety manager will be a credible clinical professional with a strong non-safety interest, plus specific training in many of the competencies described in this book, including human factors, information technology, data management, and culture change. She or he will be a team player and must constantly bring together and motivate multidisciplinary teams to solve problems. Thus, the importance of the manager in risk management and their participation in problem solving is emphasized.

Risk and quality management focused on patient safety

Patient safety is one of the fundamental pillars in the management of health care, it is so important that the World Health Organization (WHO) determined a specific date in reference to this activity. This gesture shows that the practice should be a priority for doctors and other professionals in the area. Patient protection is a responsibility, it consists of adopting preventive measures and care, to prevent errors or accidents, as well as the emergence of other adverse events. The practice of measures related to patient safety in health care reduces disease and harm to patients, shortens treatment time, improves, or maintains the patient's functional status, and can increase a sense of well-being. Publications in patient safety grow every year. However, as it is a relatively new area, the understanding of these works has been compromised by the inconsistent use of the adopted language. This fact justified the

creation by the WHO of a patient safety classification Travassos et al. (2013). It is important to highlight that the development in the scope of patient safety is essential for the genesis of a new look at care. The classification developed by the WHO provides, in addition to a common language, a strategy for dealing with incidents in health care.

Understanding the factors associated with the occurrence of incidents guides the development of actions to reduce risk, increasing patient safety. The organization's response to the incident includes measures for the specific situation with consequent learning that leads to changes in the system in a movement of continuous quality improvement Travassos et al. (2013). The development of safe and quality management with the use of protocols that standardize communication, the adequate dissemination of institutional measures, the training of professionals and the control of the effectiveness of the methods practiced, will certainly present positive results and will reduce the risks of actions judicial, ethical, and administrative. Gama et al. (2013) state that "three major methodologies of initiatives related to patient safety can be distinguished: the epidemiological approach, the risk management and the quality management approach". In short, none of them is incompatible, but they all complement each other. Traditionally, risk management has focused on patient safety issues due to their associated risks, especially financial ones, for healthcare organizations and their personnel, fundamentally derived from litigation for misconduct. Recently, risk management has evolved, no longer focusing only on the risks for the institution, and starting to focus on the risks that these same problems represent for the patient Silva [2]. In view of this, "as for the approach to quality management, the main objective of this chapter, it considers the safety dimension according to the same principles and activities that govern continuous quality improvement Gama et al. (2013). Regarding the patient's health, it is important to highlight that an error in any of the processes of hospital care can have serious consequences. According to Gama et al. (2013) one of the current approaches to safety management, possibly the most outstanding, is the development of monitoring indicator systems, with the objective of comparing institutions, identifying problems and situations susceptible to improvement, and controlling the effect. of possible interventions. Good indicators must be valid, reliable, and useful (appropriate) for the purpose of monitoring. That is, in the management of valid, reliable, and useful safety to detect patient safety problems and to control their resolution and the sustainability of the improvements achieved Gama et al. (2013). Nursing professionals are responsible for most care actions and, therefore, are in a privileged position to reduce the possibility of incidents that affect the patient, in addition to detecting complications early and carrying out the necessary

measures to minimize damage.

In Brazil, the Ministry of Health (MS) instituted, in 2013, the National Patient Safety Program (PNSP) with the objective of implementing assistance, educational and programmatic measures and initiatives aimed at patient safety in different areas of care, organization and risk management and Patient Safety Centers in healthcare facilities Brazil (2014). Since professionals are responsible for planning and appropriate intervention to maintain a safe environment, the development of nursing research on patient safety is vital Raduenz et al. (2010). In Brazil, the health system must ensure continuity of care to the population at the primary level through primary health care; at the secondary level, via an outpatient clinic; and at the tertiary level, through the hospital Paim et al. (2011). It is important to emphasize that the advance in health care research has contributed to the improvement of the assistance provided. However, even with advances in health services, people are still exposed to several risks when undergoing care, particularly in hospital settings Raduenz et al. (2010). Problems related to failures in the physical structure of the building and the lack or insufficient amount of equipment and materials to meet the needs also appear as adversity in the work environment of health institutions Paiva et al. (2010).

Risk Management and reception in the Basic Health Unit as a measure for improvement

This section aims to address the work process in primary care, the risk management process, and its specialties, as well as the importance of welcoming SUS users. Health services can contribute to a more resilient society, hence the importance of a strengthened Unified Health System to reach the neediest population and insert them into a participatory system that reduces inequalities associated with the negative impacts of existing risks in relation to health. Regarding the context of the functionalities of the basic health unit, it is important to highlight the importance of the family health program created in 1994, as one of the programs proposed by the federal government to the municipalities to implement basic health care, thus being considered as one of the main strategies for the reorganization of services, such as fundamental health promotion, disease prevention and rehabilitation actions. Thus, the Unified Health System (SUS) advocates, in its health policy, a set of actions that enable the implementation of the principles of universal access; comprehensiveness and equity in health care; decentralization of management; regionalization and hierarchy; and popular participation through social control.

The community's access and the way to receive it are important points to be considered to enable the implementation of these principles and, therefore, must be reviewed and improved in the context of the practice and organization of health services. The

disqualification of user care reflects the lack of communication between professionals and the population, which makes it impossible for the real needs of this last segment to be revealed, making it difficult to diversify health care practices and causing services to be organized based on a demand. limited number of procedures. Lopes [8]. In Primary Care, following the national reference, the Family Health Strategy teams were expanded, reaching the maximum service to the population. This level of reach made possible a change in the care model, with health being the axis of transformation. In primary care, teams are organized with the minimum number of professionals required by the program's rules, including: a doctor, a nurse, a nursing technician and community health agents, whose number varies according to the number of families registered by coverage area Campos et al. (2009).

The management of actions directly involves the structuring of teams, determining the success or failure about the existing demands within the reality of the municipality. The Family Health Strategy has management as the main instrument for changing the health care model, where actions must be planned, and the coordinator is responsible for leading the team in decision-making; lead, motivate, solve team issues and local problems, and provide nursing care following ethical and legal health standards Campos et al. (2009). Another important factor to be addressed in relation to the provision of health services in the basic unit is the user embracement. There were references that currently the implementation of the reception proposal currently developed by the health agent guaranteed the expansion of access to the service and provided more information about the care schedule for the patient seeking care. Welcoming at the entrance of the basic unit is understood as a posture, a way of understanding and assisting users at any moment of interaction, whether for service and directing to the vaccine room, dispensing medicines, scheduling appointments, delivering exams, among others. types of services Campos et al. (2009). In this way, the reception suggests the inversion of the logic of organization and functioning of the health service, based on the offer of care to all the people who seek it.

It is based on three principles: universal accessibility, reorganization of the work process, decentralizing it to form a multidisciplinary team; and the qualification of the professional-user relationship based on humanitarian methods of solidarity and citizenship Campos et al. (2009). According to the Ministry of Health Brasil (2003), welcoming establishes a concrete and trusting link between the user or potential user and the health team or professional, being essential to meet the guiding principles of the Unified Health System (SUS). In a Primary Health Care Unit, several procedures are developed that depend on the organization of the Municipal Primary Care Network. Among these, we can mention nursing care, outpatient medical care, dental care, routine

vaccination, dressing, cytological examination, blood collection, clothing disposal, waste disposal; Given the above, compliance with Standard Precautions (PP) constitutes an important strategy for the protection of users and professionals Garner et al. (1996). There are many factors and situations that contribute to the occurrence of accidents involving occupational exposure to biological material, among them we can mention the frequent handling of needles and their recapping, inadequate containers for disposal, lack of professional training, workload, fatigue, poor quality of materials, lack of knowledge of professionals about the risk, inattention, haste, loss of skill with the use of gloves.

Research carried out in the in-hospital field regarding the control of infections and occupational accidents has existed for much longer than studies related to out-of-hospital care, however, a large part of its vast production contemplates both realities. This statement is explained by the fact that both in primary care units and in hospital environments, sharps are handled and there is the possibility of contact with blood and secretions that can transmit infectious microorganisms to which they represent a risk both for professionals and for users. However, the use of safe practices and the use of adequate protective equipment can significantly reduce the risk of occupational accidents, including those related to exposure to biological agents. According to the Ministry of Health Ministry of Health (2010), biosafety in its broadest perspective has as its central objective to provide professionals and institutions with instruments that allow the development of activities with adequate safety, whether for health protection or environmental protection. In the health area, one of the important measures to be used to prevent risks is the use of personal protective equipment by professionals.

The indication of gloves for health professionals aims to avoid direct contact of hands with blood, body fluids, potentially contaminated materials, or equipment and for the care of patients colonized by pathogenic microorganisms transmitted by contact Siegel et al. (2007). Thus, to deal with risk management and user reception of health services in Primary Care, it is necessary to implement strengthening policies, informative actions, and strategies such as: reports, lectures for users on the importance of hygiene care, training health professionals to carry out their activities, encouraging the use of personal protective equipment, correct disposal of materials used for procedures and correct disposal of personal protective material such as gloves and aprons, guiding, supervising and encouraging teamwork, nurses with supervisory positions should be concerned with informing the risks to which the team is exposed. It is important to emphasize that most of the causes of accident risk are related to lack of attention, poor working conditions, and the use of inadequate techniques.

Accident risks related to equipment and facilities must be monitored by the person in charge or coordinator of the Basic Unit to avoid possible accidents within the establishment. In the scenario currently experienced, resulting from the pandemic caused by the coronavirus, which affects the population in several aspects, and consequently, requires greater demand for Primary Health Care. Thus, despite being overloaded, the primary sector ranges from prevention to the promotion of care in the face of the pandemic and its consequences. Despite chronic problems in funding, management, provision of professionals and structuring of services, the robust system of Basic Health Units (UBS) has proved to be fundamental in the face of situations experienced in the pandemic. In this sense, Primary Care collaborates through consultations, tests, examinations, provision of supportive drugs, monitoring of vulnerable families, monitoring of suspected and mild cases, among others, as well as assisting in prevention by teaching protective measures, such as use of mask, alcohol, and social distancing. In addition, depression, anxiety crisis, food compulsion, domestic violence, alcoholism, and several other disorders caused by isolation are associated with the various roles performed by the Basic Health Unit helping to face the covid 19.

Methodological Procedures

Retrospective cross-sectional study of a descriptive and quantitative nature, aiming to evaluate, in a Basic Health Unit, the aggregation of value to the organization, through preventive work with the improvement of organizational processes and in the adequate treatment of risks and negative impacts, controlling adverse situations in the Unit Basic Health Unit (UBS), in the year 2021. The management system helps hospitals improve the quality of their performance. Therefore, this study was carried out to provide empirical evidence on the influence of user involvement in the management system development process. Initially, a literature review was carried out, through vast bibliographic research, aiming to obtain information that would contribute to the theoretical formation on the subject. To meet the objectives of the study, field research was carried out at the Basic Health Unit Vereador Valdinar Pereira, in Teresina-Piauí. The research population consisted of the UBS professional staff. The sample consisted of 04 (four) nursing technicians, 03 (three) nurses from the UBS in the afternoon shift and 04 (four) employees from the administrative area of the Basic Health Unit. The data were obtained from the collection of data, through an instrument called a questionnaire that was prepared with the purpose of analysing all the indicators that are related to the research.

The questionnaire consisted of fourteen (14) open and closed questions, being prepared in the Google Forms application, to facilitate the application, in relation to the time and place where

the subjects are located, considering the pandemic period. Data collection was carried out in October 2021. For the data treatment strategy obtained with the application of the structured questionnaire, the use of graphics was used to better confirm the quantitative analyses. Data collection was carried out in November 2021. For Ribeiro (2018), Google Forms is a Google application developed for creating forms, disseminating them, sharing them, capturing responses, and analysing results. It is worth mentioning that these forms can be used in the most diverse activities, such as in company internal surveys and external surveys. Thus, the application will be used in this study. The treatment of the data consisted of the way the researcher will aim, approaching the data collected through the research, explaining the reason why the selected method is appropriate for the purpose of the study.

Analysis and Discussion of Results

This chapter will deal with the analysis and discussion of the results, according to the proposed objectives. With the data collected, we observed the results obtained from the sending and application of the questionnaire, with closed questions, which were prepared, applied, and processed using Google Forms, for 11 professionals from the Basic Health Unit Vereador Valdinar Pereira. Usually, the types of risks most considered in the basic health unit are accident and biological risks, considering that the environment receives patients with some type of disease or infection. At the first moment, when the user arrives, it is necessary to intervene by a qualified professional, who will collect the necessary information about the patient, identifying through physical examination what led him to seek care. It is also important to work with the method of health education, providing the necessary advice for maintaining health in addition to avoiding risk situations. This role is the responsibility of the nurse, who is still responsible for managing the unit's human and technological resources Valencie et al. (2010).

Management in a basic health unit needs to be supported by a professional, skilled, attentive to changes in the historical context in which it is inserted and knowledgeable of the human and physical resources available, making the best use of its professional staff, exploring the capabilities of each one. In addition to conscientiously and organized disposal of financial resources, investing in the unit's infrastructure and constantly seeking to improve the service provided. In this way, each professional must be in a constant exercise of adaptation and improvement, in addition to seeking the total integration of the team they make up, aiming at the improvement of their service Backes et al. (2010). In the Basic Health Unit, it is important to highlight the existence of biological and ergonomic risks, and accidents, especially with sharp materials and the possibility of contamination. In this phase of the work, the main graphs will be exposed with the results obtained

in percentages and quantity, from the research carried out with health professionals, as described below: When asked about the implementation of strategies to avoid risk, according to Figure 1, of the employees surveyed, (2) participants showed that the implementation of a strategy to avoid risks is very developed, (3)

showed medium developed, (3) showed little developed and (3) showed not developed. In this way, there was a need to demand the implementation of more strategies and action plans from managers, to prevent risk situations from happening.

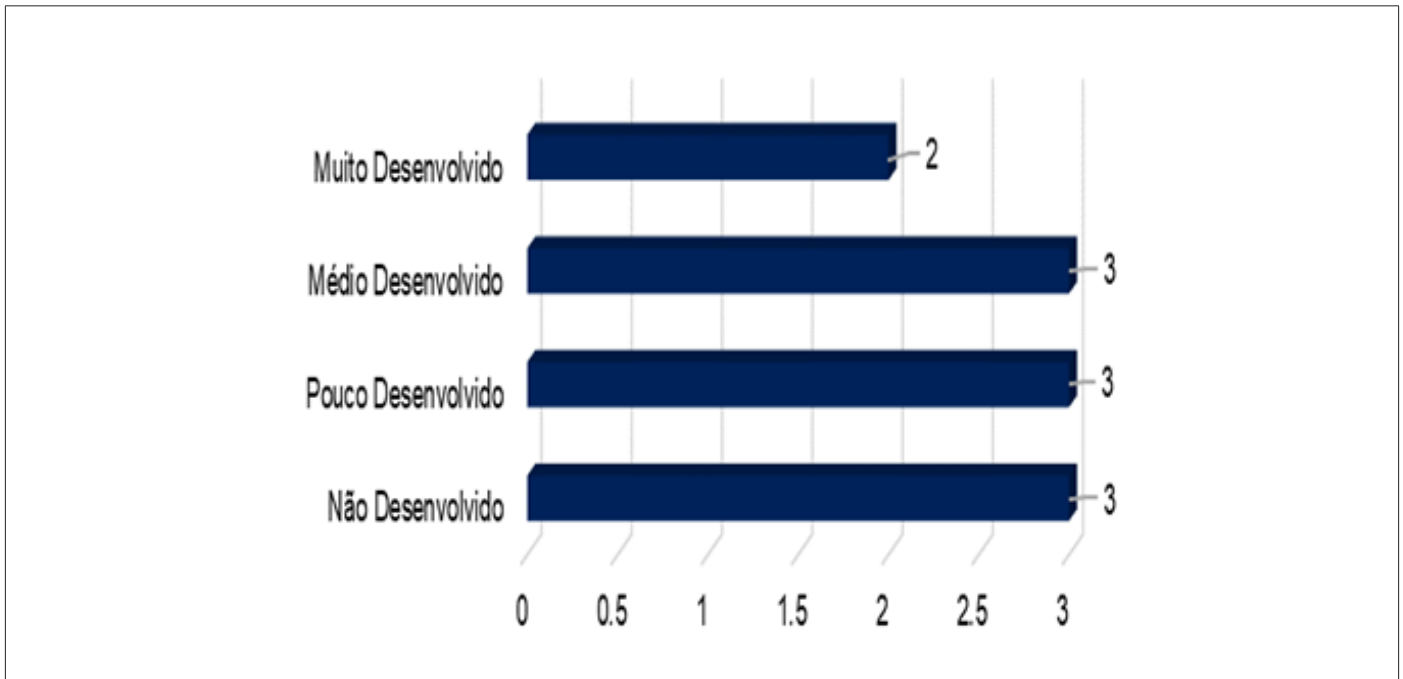


Figure 1: Implementing strategies to avoid risk.

Note: Alencar, Hazel, Braga, Marques [1].

Risk activities and management [9-13], as well as any other activity that intends to be systematically integrated into the organization's processes, must be based on an adequate structure. Thus, the need for risk management to be supported by structures and leadership systems, through their managers, has been highlighted. Regarding strengthening policies, training actions for the development and skills and competence of health professionals can be considered, such as conducting online courses, pages made available on the internet with videos, events, workshops, WhatsApp application as the main means of communication, between others. When asked about policies for strengthening and quality in health services, as shown in Figure 2, (28%) of the participants declared it was poorly developed, (27%) of the participants declared that it was medium developed (27%) declared that it was very developed and (18%) of the participants declared to be undeveloped. In view of the results, an intermediate result was noticed between little and very developed since the difference is 1%. In view of this, it is emphasized that the strengthening policy still leaves something

to be desired and needs incentives from managers to be developed and better meet the needs in the health sector. Hospital managers need to recognize and identify possible risk situations to establish awareness and prevention actions with the clinical staff and patients. Regarding good safety practices and higher quality of care. The focus of these activities is the continuous improvement of the quality of the health service. It is essential that the processes implemented through safety planning are monitored and once problems are identified, solution measures are taken through safety assessment and improvement cycles Gama et al. (2013). According to surveyed contributors, in relation to good safety practices in the hospital environment, as shown in Figure 3, (4) research participants declared it underdeveloped, (4) declared it to be medium developed, (2) declared it to be very developed and (1) declared it not developed. In view of the results, there is an effort by UBS professionals to provide, according to working conditions, a service with safety and quality aimed at the well-being of the patient.

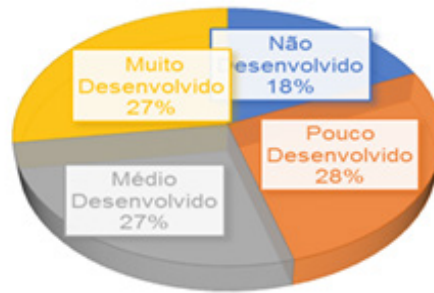


Figure 2: Policy to strengthen risk management and quality in health services.

Note: Alencar, Hazel, Braga, Marques [1].



Figure 3: Appropriate safety practices in the hospital environment and higher quality of care.

Note: Alencar, Hazel, Braga, Marques [1].

Organization is a basic management activity and serves to group people and structure all organizational resources to achieve predetermined objectives Figueiredo et al. (2016). Considering that they can be basic actions such as planning, meetings with all professionals from the basic unit, lectures. Figure 4 shows actions that can contribute to effectiveness and efficiency in the health service. According to the research participants (1) declared not developed, (4) declared to be little developed, (5) declared to be medium developed and (1) declared to be very developed. Thus, it is possible to note that there is a need for more relevant strategies to achieve greater efficiency. Bearing in mind that in public health

there is still much to improve in relation to various perspectives. Organization is a basic management activity and serves to group people and structure all organizational resources to achieve predetermined objectives Figueiredo, et al. (2016). Considering that they can be basic actions such as planning, meetings with all professionals from the basic unit, lectures. Figure 4 shows actions that can contribute to effectiveness and efficiency in the health service. According to the research participants (1) declared not developed, (4) declared to be little developed, (5) declared to be medium developed and (1) declared to be very developed.

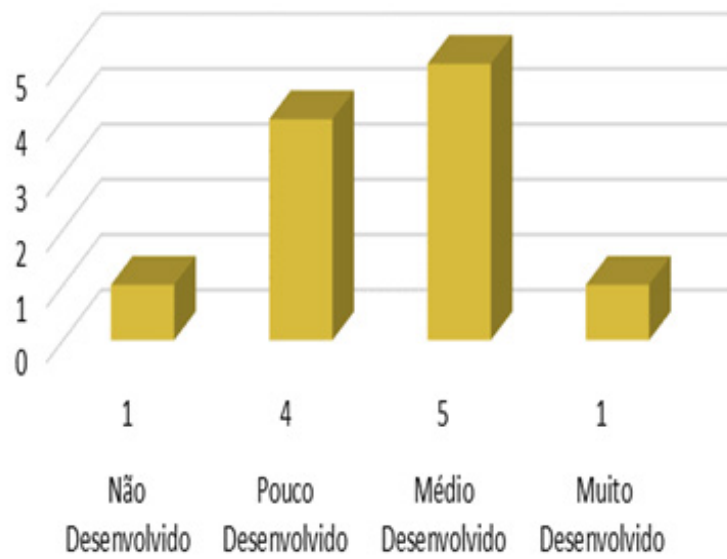


Figure 4: Implemented actions ensure operational effectiveness and efficiency and offer a quality health service.

Note: Alencar, Hazel, Braga, Marques [1].

Thus, it is possible to note that there is a need for more relevant strategies to achieve greater efficiency. Bearing in mind that in public health there is still much to improve in relation to various perspectives. The organization and management of health work processes, that is, the way in which professional activities are developed and how the work of a team in primary care is carried out, constitute one of the central axes of the reordering of health care in the SUS Faria et al. (2009). One of the main guidelines of the Ministry of Health today is to exercise public management based on the induction, monitoring and evaluation of processes and measurable results, ensuring access and quality of health care to the entire population. In that regard, diverse efforts have been undertaken to adjust the strategies provided for in the National Primary Care Policy (PNAB)-Ordinance 2488/2011, in the direction of recognizing the quality of Primary Care Services (AB) offered to Brazilian society and encouraging the expansion access and quality in the most diverse contexts existing in the country Brasil, (2012). Accordingly with the employees surveyed in relation to professional interaction and health user, according to Figure 5, (64%) declared medium developed, (27%) very developed, (9%) poorly developed and (0%) declared not developed. In view of the results, it is possible to verify a relevant interest and evolution about the sum of efforts and competence by UBS professionals to promote interaction, attention, and care to promote good relationships and care for the population. Health care planning is an instrument for the management and organization of Primary Care and specialized

outpatient care in health care networks Conass (2018). The public policy includes as an objective the process of strengthening primary care, reorganizing the work process in basic health units, expanding, qualifying, and humanizing care in basic health units. In relation to public policies, according to Figure 6, (1) participant declared, not developed, (1) little developed, (6) declared medium developed, (3) declared very developed. In view of the results, it is understood that the knowledge of public policies still must be widely disseminated to reach a greater number of professionals who make up the bodies that promote health.

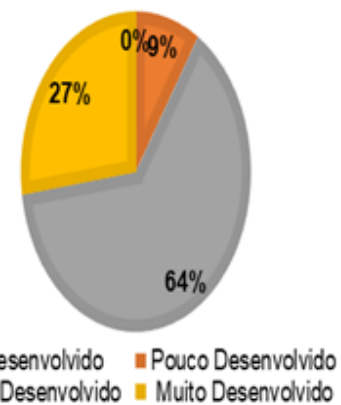


Figure 5: Ability to promote and maintain good relationships with staff and users.

Note: Alencar, Hazel, Braga, Marques [1].

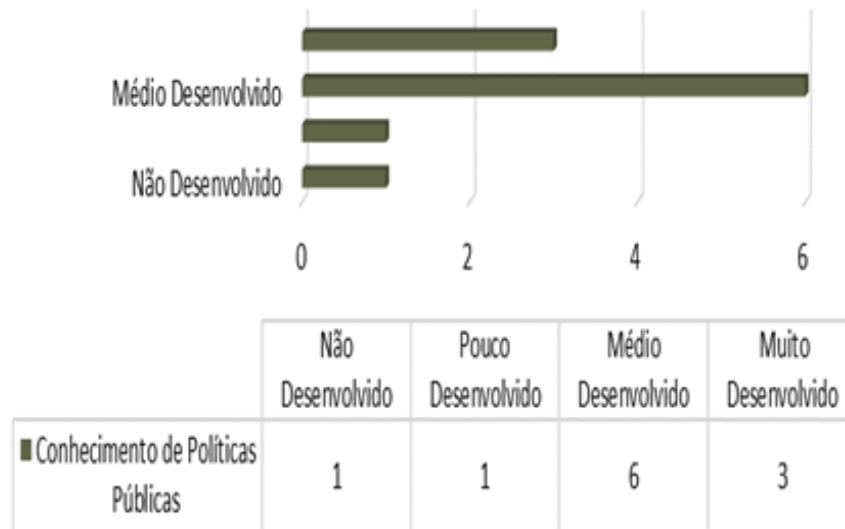


Figure 6: Knowledge of public policies in general and health.

Note: Alencar, Hazel, Braga, Marques [1].

Final Considerations

The present work sought to know the mechanisms adopted in risk management and operational processes through preventive work and adequate treatment in the face of impacts in the control of adverse situations, aiming at improving the quality of care for patients/users of the Vereador Valdinar Basic Health Unit. Pereira, in Teresina-PI. Considering the study carried out, it is understood that risk management is a fundamental action to promote the control of adverse situations and thus provide health care efficiently. Considering all the theoretical survey, as well as the field research, it was possible to observe that the strategy of welcoming patients is a positive factor to promote care with resolute assistance. In view of the results, it was also verified that there is a great effort by the managers and teams of the family health program that make up the basic health unit, in promoting expansion and qualification strategies to favor resolution in the work process.

It was also observed that, in general, in the stage of risk reduction, strengthening policies and good safety practices in the hospital environment, that health teams focus their actions on the perspective of health promotion and stimulation of effective public policies in the field of health and a relevant effort to develop care with actions aimed at carrying out risk prevention and health promotion activities to promote the control of adverse situations and thus provide health care efficiently. With the accomplishment

of this work, it was concluded that the best way to provide risk management and quality care to health users is to invest in actions, planning and public policies that aim to value professionals and health users.

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