cadernos ESP/CE
Revista Científica Escola de Saúde Pública do Ceará Paulo Marcelo Martins Rodrigues

ORIGINAL ARTICLE
Public/Collective Health

SANITARY INSPECTIONS IN HEALTH CONSORTIA DURING COVID-19

INSPEÇÕES SANITÁRIAS EM CONSÓRCIOS DE SAÚDE NA COVID-19

INSPECCIONES SANITARIAS EN CONSORTIOS DE SALUD EN LA COVID-19

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ABSTRACT
The study aims to verify the sanitary conformities and non-conformities existing in the Health consortium services during the Covid-19 pandemic. It is a research based on document analysis, encompassing the Health Macro-region of Sobral, Ceará. This macro-region has five health regions, with each region having a Polyclinic and a regional Center for Dental Specialties. The reports of sanitary inspections carried out by state inspectors were used, containing information about the structure, organization, and functioning of these units, evaluated from September 2020 to September 2021. The results were georeferenced using Quantum GIS 3.26 software, Buenos Aires. It was found that the Polyclinic in Sobral showed better sanitary compliance, while Acaraú needed adjustments in work processes, patient safety, and occupational safety. As for the evaluated Dental Specialties Centers, two showed excellent sanitary compliance, and three had non-compliant items. These findings suggest an improvement in the quality management of the evaluated health consortia.
Descriptors: *Unified Health System; Sanitary Inspection; Ambulatory Care Facilities; COVID-19.*

RESUMO
O estudo objetivou verificar as conformidades e não conformidades sanitárias existentes nos serviços consorciados de saúde durante a pandemia de Covid-19. Pesquisa de análise documental, abrangeu a macrorregião de saúde de Sobral, Ceará. Essa macrorregião possui cinco regiões de saúde, sendo que cada uma possui uma policlínica e um centro de especialidade odontológica regional. Utilizou-se os relatórios de inspeção sanitária produzidos pelos inspetores estaduais que continham informações sobre estrutura, organização e funcionamento dessas unidades, avaliadas de setembro de 2020 a setembro de 2021. Os resultados foram georreferenciados pelo software Quantum GIS 3.26, Buenos Aires. Verificou-se que a policlínica de Sobral estava em melhor conformidade sanitária, enquanto Acaraú necessitava de ajustes nos processos de trabalho, segurança dos pacientes e segurança ocupacional. Quanto aos CEOs avaliados, dois apresentaram excelentes conformidades sanitárias e três estavam com itens em não conformidade. Essas evidências sugerem a melhoria da gestão da qualidade nos consórcios de saúde avaliados.
Descritores: *Sistema Único de Saúde; Inspeção Sanitária; Unidades de Saúde Ambulatoriais; COVID-19.*

RESUMEN
El estudio tiene como objetivo verificar el cumplimiento e incumplimiento sanitario existente en los servicios de salud del consorcio durante la pandemia de Covid-19. Investigación de análisis documental, que escenificó la Macrorregión de Salud de Sobral. Esta macrorregión cuenta con cinco regiones de salud, y cada región cuenta con un policlínico y un Centro de Especialidades Dental regional. Se utilizaron los informes de inspección sanitaria elaborados por los inspectores estatales VISA, que contenían información sobre la estructura, organización y funcionamiento de estas unidades, evaluados entre septiembre de 2020 y septiembre de 2021. Los resultados fueron georreferenciados mediante el software Quantum GIS 3.26 Buenos Aires. Se constató que la Policlínica de Sobral está en mejor cumplimiento en materia de salud, mientras que la Acaraú necesitaba ajustes en los procesos de trabajo, seguridad del paciente y seguridad laboral. En cuanto a los CEOs evaluados, dos presentaron ítems de cumplimiento excelente y tres con ítems de incumplimiento. Esta evidencia sugiere una mejora en la gestión de la calidad en los consorcios de salud evaluados.
Descriptores: *Sistema Único de Salud; Inspección Sanitaria; Instituciones de Atención Ambulatoria; COVID-19.*

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INTRODUCTION

Health care in the State of Ceará is currently organized in Health Regions, in order to meet the doctrinal and organizational principles of the SUS. In this State, these Health Regions are grouped into five Macro-Regions (Fortaleza, Sobral, Cariri, Sertão Central and East Coast/Jaguaribe). Each Macroregion contains a grouping of Health Regions, which are composed of municipalities[1].

The organization of the state geographic spaces in Health Regions allows to offer the resolutive access of the population health in a timely and with quality, through the actions and services of promotion, protection and recovery, organized in health care networks, ensuring a standard of integrality. In addition, it aims to effect the process of decentralization of health actions and services among the federated entities, with shared responsibility, favoring solidarity and cooperative action among managers and preventing the duplication of means to achieve the same purposes. It also seeks the rationality of spending and the optimization of resources in order to reduce local and regional inequalities[2].

The Sobral Health Macro-Region comprises 05 health regions, composed of 55 municipalities, with an estimated population of 1,500,000 inhabitants. It has coverage above 95% of its population served by the Family Health Teams and services of medium and high complexity[3]. The city of Sobral is part of a hierarchical and regionalized care network of the Unified Health System (SUS) in the State of Ceará, being considered the Pole of the Northern Macro-region of the state[3,4].

In the area of health, the entire State of Ceará offers specialized outpatient care through municipal public consortiums. The Ministry of Health defines the public consortium as a legal-institutional technology designed to enable public action in a network, uniting and integrating autonomous federative entities in the realization of activities and projects of common interest. It can facilitate local and regional health planning, enable integrated financial investment and contribute to overcoming local challenges in the SUS implementation process[5].

To expand the supply of specialized services, 22 Public Health Consortia (CPS) were established in the state of Ceará, based on the territory of the health regions (except in the capital). The CPS, constituted in the form of a public association, an autarchic and interfederative entity subordinated to the State/SESA, enabled the implementation of specialty polyclinics and Dental Specialty Centers (DSCs) [6].

Sanitary Surveillance (VISA) is one of the most complex areas of public health, is part of the Unified Health System (SUS) and is responsible for sanitary regulation, health protection, prevention and control of risks related to products, technologies, processes and services of interest to health. Due to the regulatory function, VISA's actions are the exclusive competence of the State, which, for the benefit of the public interest, acts with interventions that discipline the social relations of production and consumption in private and public activities that entail a risk to collective health[7].

Health actions and services, in their various forms, are subject to sanitary regulation, exercised fundamentally by VISA. As an arm of the State, VISA has the attribute of police power and is organized in the National Health Surveillance System (SNVS) to develop an articulated set of actions in the three spheres of management. Studies show several irregularities in health services and/or in their products, hospital services and diagnoses, as well as in basic health units, among others, which denote many deficiencies on the part of service providers and, equally, of the sanitary control system[7]. VISA corresponds to actions capable of eliminating, reducing or preventing health risks, intervening on the sanitary problems of the environment, production and circulation of goods/products and provision of services of interest to health. Therefore, it covers the control of consumer goods and the provision of services that directly or indirectly interfere with health, comprising stages/processes from production to consumption[8].

Sanitary inspection technology stands out as a risk management instrument, evaluating compliance with health legislation. The usual sanitary inspection scripts evaluate the services using dichotomous variables

with indicators attributed as conforming and non-conforming, which demonstrate compliance or not with the legislation, without value judgment of the criticality of the items analyzed[9].

Based on the fact that the CPS are composed of an outpatient network that offers services to the population, it is essential that it be a sector regulated by the state Health Surveillance. This aims to improve the quality of care and minimize risks to the population that uses these units for their health treatments.

In this sense, Anvisa, in order to organize the VISA actions carried out in the National Health Surveillance System (SNVS), with regard to the Operating Authorization, Licensing, Registration, Certification of Good Practices, Inspection, Inspection and Standardization, published the Resolution of the Collegiate Board of Directors (RDC) No. 207/Anvisa, of January 3, 2018, which regulates, in its article 2nd, the implementation of the Quality Management System (QMS) as a structuring requirement for the qualification of VISA actions carried out by the union, states, Federal District and municipalities[10].

In this context, the objective of this investigation is to verify the conformities and non-conformities presented in the reports of sanitary inspections of the Polyclinics and Centers of Dental Specialties during the Covid-19 pandemic in the Sobral Health Macro-region. In addition, the question arises: were the services offered in the consortia consistent with the recommendations recommended by the QMS during the pandemic?

METHODS

A documental study was developed, where according to Cellard[11], whose method presents some significant advantages, being a data collection that eliminates, at least in part, the eventuality of any influence, to be exerted by the presence or intervention of the researcher, of the set of interactions, events or behaviors researched, nullifying the possibility of reaction of the subject to the measurement reaction.

This research staged the Sobral Health Macroregion, which is located in the center-west of the state, in the semi-arid Northeast, covering 55 municipalities. The macro-region has five health regions, and each region has a Polyclinic and a regional DSC, which seeks to offer specialized outpatient services to the population of each territory.

According to Decree No. 7508 of 06/28/2011, in its Art. 2nd, the Health Region is the continuous geographical space formed by the grouping of Municipalities, delimited from cultural, economic and social identities and communication networks and shared transport infrastructure, bordering with the objective of integrating the planning, organization and execution of health actions and services.

Resolution No. 1, of September 29, 2011, pursuant to Decree 7,508, in its Article 3rd, explains that the objectives of the organization of Health Regions are: to guarantee the resolutive access of the population, in a timely and quality manner, to the actions and services of promotion, protection and recovery, organized in health care networks, ensuring a standard of integrality; to carry out the process of decentralization of health actions and services among the federated entities, with shared responsibility, favoring solidarity and cooperative action among managers, preventing the duplication of means to achieve the same purposes; and seek the rationality of spending, the optimization of resources in order to reduce local and regional inequalities[12].

Five polyclinics and five regional dental specialty centers were included in this study, corresponding to 24% of this service offered throughout the state of Ceará. Thus, 16 polyclinics and 16 DSCs of the State were excluded, since there were no data disclosed on sanitary inspections carried out within these services. Thus, a convenience sample was used.

To carry out the documentary study, we compiled the sanitary inspection reports produced by the Contract Managers of the CPS of the Macro-region, inspectors of the state VISA, which contained information on the structure, organization and functioning of these units, which were evaluated during the period from September 2020 to September 2021, the period of the COVID-19 pandemic. The reports were in the possession of the Superintendence of Health of the Northern Region (SRNOR). Thus, the study was conducted by

researchers from the School of Public Health of Ceará (ESP), linked to the Specialization course in Sanitary Surveillance, during the year 2022.

The Regional Superintendent of Health was asked to authorize the use of the reports to respond to the data collection instruments, which began with the signing of the term of trustee, releasing information contained in the CPS of Macro Sobral. Likewise, the letter of consent was requested from the Regional Health Superintendent to use the data and information described in the reports.

The data collection instrument was prepared by the researcher and contained information on the conformities required by the current legislation of ANVISA and the laws and ordinances of the Ministry of Health that contemplated the supervision of the consortium services under study (Polyclinics and regional CEOs). Thus, the Resolutions of the Collegiate Board of Directors (RDC) No. 50/2002, 63/2011, 15/2012, 36/2013, 222/2018, 611/2022, 6/2013 and etc. were appreciated. In the analysis of the inspection reports, units that had quality indicators below 70% were considered non-compliant.

Documentary research has the potential to assume increasing relevance, especially if we consider how rapidly the production of data, the diversification of record media, the speed of data circulation, and the very possibilities of access to multiple document formats in the so-called information age have been growing. Not only texts, but also photos, videos, databases and various other types of documents of public or private origin are increasingly available and widely accessible to researchers, presenting themselves almost always as "raw material" to be cut under multiple approaches and infinite possibilities[13].

Thus, the documentary studies were presented using simple descriptive statistics. These results were presented in georeferenced maps, whose areas were classified with density levels that varied according to color and hue. For the production of thematic maps, the cartographic base was obtained from the website of the Brazilian Institute of Geography and Statistics, and for these analyses the *software Quantum* GIS 3.26 Buenos Aires was used.

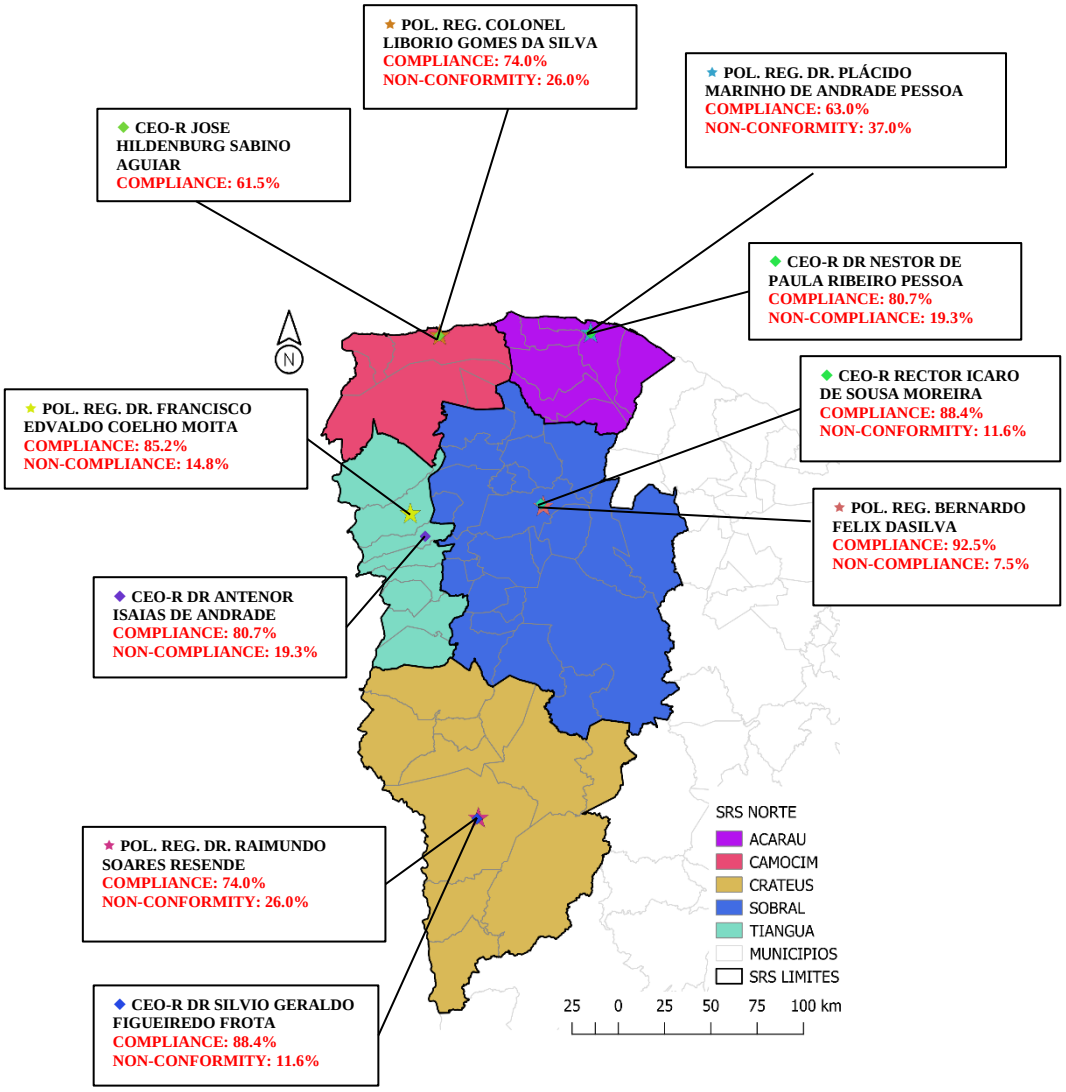
This project was sent to the Research Ethics Committee through the Brazil Platform. The research was carried out according to the requirements, the investigation respected the basic principles of bioethics, postulated in Resolution No. 466, of December 12, 2012 of the National Health Council, which provides for norms that regulate research involving human beings, such as they are presented: autonomy, which implies free and informed consent of the target individuals and the protection of vulnerable groups and the legally incapable[12].

The research was approved by the Research Ethics Committee of the School of Public Health of Ceará (ESP) receiving the Opinion No. 5,685,166.

RESULTS

In the analysis of the sanitary conformities and non-conformities of the polyclinics and CEOs of the Sobral Macro-region, it was verified that the Sobral Polyclinic presented 92.5% of compliance in its structure and work processes, while the Acaraú Polyclinic presented 63%. Regarding the DSCs, Crateús and Sobral presented the best compliance, 88.4%, as shown in Figure 1.

Figure 1. Conformities and non-conformities found in the sanitary inspections of the Public Health Consortium of the Sobral Macro-region.



Source: Consórcio Público de Saúde da Macrorregião de Saúde de Sobral, 2023.

Table 1[14] shows an average percentage of items found in all SRNOR consortium units, according to the health inspection reports. It was identified that the lowest sanitary compliances were found in the consortia of Camocim and Acaraú, before the interventions of the State, at the beginning of the pandemic period. This evaluation considered a general analysis of each consortium, aggregating polyclinics and ceos. It was also found that the items with the most pronounced non-conformities were in the offer of medical specialties, sanitary transport, permanent education and occupational health plans and formation of the commissions that architect the work processes in the health services (biosecurity, fire brigade, infection control, patient safety and etc.).

Table 1. Conformities and non-conformities found in the sanitary inspections of the Public Health Consortium of the Sobral Macro-region.

DESCRIPTION	COMPLIANCE	
	YES	NO
ACARAÚ	71,7%	28,3%
CAMOCIM	67,9%	32,1%
CRATEÚS	82,7%	17,3%
SOBRAL	90,6%	9,4%
TIANGUA	83,0%	17,0%
ITEM		
WAREHOUSE	100,0%	0,0%
OPERATING LICENSE	90,0%	10,0%
STERILE MATERIAL CENTER (CME)	100,0%	0,0%
BIOSAFETY COMMISSION	50,0%	50,0%
FIRE BRIGADE COMMISSION	60,0%	40,0%
INFECTION CONTROL COMMISSION	50,0%	50,0%
QUALITY MANAGEMENT COMMITTEE	60,0%	40,0%
MEDICAL RECORDS REVIEW COMMITTEE	60,0%	40,0%
PATIENT SAFETY COMMISSION	60,0%	40,0%
INTERNAL COMMISSION FOR ACCIDENT PREVENTION	70,0%	30,0%
PROOF OF DETAINEE	90,0%	10,0%
PROOF OF WATER TANK WASH	90,0%	10,0%
MEDICAL SPECIALTIES	50,0%	50,0%
CLINICAL ANALYSIS LABORATORY	100,0%	0,0%
PROSTHESIS LABORATORY	80,0%	20,0%
WATER QUALITY REPORT	90,0%	10,0%
SCHEDULE APPOINTMENTS BY FASTMEDIC	100,0%	0,0%
SCHEDULE APPOINTMENTS BY SIGES	100,0%	0,0%
EARLY STIMULATION CENTER (NEP)	100,0%	0,0%
OMBUDSMAN	90,0%	10,0%
CONTINUING EDUCATION PLAN	66,7%	33,3%
SOLID WASTE MANAGEMENT PLAN	100,0%	0,0%
OCCUPATIONAL HEALTH PLAN	60,0%	40,0%
PHARMACY SERVICES	90,0%	10,0%
EQUIPMENT MAINTENANCE AND CALIBRATION SERVICE	100,0%	0,0%
MEDICAL ARCHIVE SERVICES	100,0%	0,0%
RADIODIAGNOSTIC SERVICES	100,0%	0,0%
MEDICAL TRANSPORT	30,0%	70,0%
TOTAL	**79,2%**	**20,8%**

Source: Public Health Consortium of the Sobral Health Macroregion, 2023.

DISCUSSION

According to the analyses presented in the results of this study, the Polyclinic of Sobral stood out for its better sanitary compliance, due to items that strengthened its quality management system, such as accreditation by the National Accreditation Organization (ONA). In contrast, the Acaraú Polyclinic was not yet completely adequate, due to the size of the unit. Some items that need adjustments in this consortium were the implementation of biosafety commissions, patient safety, fire brigade, review of medical records, clinical pharmacy services and ombudsman.

Regarding the implementation of the commissions, it is relevant to consider the importance of quality management in health services. This management involves a set of tools designed to optimize operational and organizational processes, aiming to reduce waste, maximize financial results, meet customer needs and expectations, generate satisfaction, improve quality and reduce waiting time[15].

Within the scope of Sanitary Surveillance (VISA), there are three sets of practices with different risk approaches, depending on the strategy adopted. Health promotion actions focus on collective education to increase the quality of health of the population, regardless of a specific risk factor. Risk or damage preventive actions address specific factors based on epidemiological risk, seeking to reduce or eliminate new occurrences. Health protection actions aim to strengthen defenses[16]. In the case of the evidence found in the consortia with a low percentage of organization of work processes, it is perceived that following compliance with the sanitary legislation would promote improvement in the effectiveness of the provision of services to patients/users of the units.

In this perspective, quality management (QA) enters this context as a fundamental piece for these units, becoming a theoretical and practical space for the production of knowledge, influencing the execution and control of work in organizations. Since the 1980s, many organizations have invested in improvements in their work processes, incorporating Quality Management Systems (QMS) practices [16]. Instituting permanent education plans in the consortium units and investing in the occupational health of service workers are strategies that ensure safety, increase productivity, prevent diseases and improve the image of institutions in the community. The plans were two items that proved deficient in the investigation.

The Collegiate Board Resolution (RDC) No. 207 of 2018 establishes that the implementation of the Quality Management System is a structuring requirement for the qualification of sanitary surveillance actions carried out by the Union, States, Federal District and Municipalities[17]. QMS implementation has become increasingly important for organizations around the world, with ISO 9001 being a widely used normative benchmark developed by the International Organization for Standardization (ISO). The ABNT NBR ISO 9001 standard establishes requirements for QMS applicable to any branch of activity, aiming at the implementation of a reliable organizational management system, with the purpose of delivering services and goods to customers according to the specifications defined[16].

For an effective management of VISA in health consortiums, it is necessary to identify the processes and macro-processes, establishing their relationship and organizational logic to achieve the strategic objectives of the organization. Macro processes can be classified as managerial, finalistic, and supportive. To do so, it is necessary to classify the macro processes as: (A) managerial or management – referring to the management and control processes, focusing on the management of VISA as a whole; (B) finalistic – referring to the processes that deliver the services and products related to VISA's main purpose, with a focus on stakeholders; (C) support or support – referring to the operational processes that support the managerial and finalistic processes, focusing on the organization[10]. Analyzing the macro-processes, flaws were evidenced in the distribution of vacancies by medical specialties, which could generate waiting lines in the scheduling of outpatient appointments and procedures, as shown in table 1.

On other failures, such as the implementation of the commissions, it is important to note that ensuring patient safety is a constant challenge for health systems, especially during the COVID-19 pandemic. VISA played a key role on several fronts, including clarification to the population, health education for professionals and supervision of establishments subject to sanitary surveillance during this period. The Resolution of the Collegiate Board of Directors (RDC) No. 36, of July 25, made mandatory the implementation of Patient Safety Centers (NPS) in health establishments, except for individualized offices, clinical laboratories and mobile and home care services[18].

Regarding the Dental Specialty Centers evaluated by the VISA teams, two presented excellent compliance and three with non-conforming items according to the quality standards of the National Health Surveillance Agency (ANVISA).

According to Decree No. 33,032, the Public Health Consortium is an autarchy with administrative autonomy, for the management of the units of Polyclinics and CEOs, with the mission of providing specialized health care in the region, and its obligations are constituted and regulated in the Program Contract signed

between the consortium entities (state and municipalities). The Program Contract consists of an agreement signed annually between the consortium entities and the Public Health Consortium of the region, in which the specific activities of the unit, objectives, indicators and goals to be achieved in the period are established, qualitatively and quantitatively, as well as the rules related to their execution. Public consortia are regulated by Federal Law No. 11,107, of April 6, 2005 and regulated by Federal Decree No. 6,017, of January 17, 2007[19].

The qualification of VISA's actions within the health consortiums, with the incorporation of a set of instruments that contribute to the improvement of management processes, has been constantly prioritized by Anvisa and the other federated entities. In this area, the management of the quality of health services is shown to be an important strategy for the organization of surveillance actions[10].

The work in VISA is piecemeal, but the integrality in the protection of health against risks of the productive chain of goods and services presupposes that the actions must occur articulated and integrated in a systemic perspective, that is, in the three spheres of management of the National Health Surveillance System (SNVS) and with the articulated use of technologies that complement each other; in addition, in articulation within the scope of the SUS, especially but not only with the areas involved with the issue of health risks, epidemiological surveillance, environmental surveillance, occupational health and others, outside the health sector, aiming at the surveillance of the determinants of the health-disease process[20,21].

A manager in VISA must continuously analyze the external context, identifying opportunities or obstacles to the job. Encourage the team to express their analysis and seek information to identify strengths and areas that require improvement in the internal context. Use the instruments of agreement and planning of the SUS, applying planning tools to characterize, select and prioritize health needs and health problems, promoting the participation and co-responsibility of the team. Prioritize the situations to be addressed, considering the magnitude of the health risk and its implications and consequences in the social, political, economic and legal contexts. Size and evaluate the structure and available resources of the service for the development of the work. Participate in the instances of discussion, negotiation and agreement and decision-making. Promote cordiality and favor the interaction of professionals involved in the work process[20].

In relation to the Centers of Dental Specialties evaluated by the sanitary inspection instruments, it was possible to verify that work processes need to be adjusted, such as the implementation of the aforementioned commissions, dedetization of the unit, in addition to the implementation of an occupational health plan for the workers of the service.

During the Covid-19 pandemic, VISA played an important role in acting on several front lines, through actions of clarification to the population, health education to professionals and supervision of establishments subject to surveillance. The Resolution of the Collegiate Board (RDC) of the National Health Surveillance Agency (Anvisa) No. 353, of March 23, 2020 delegated to the state health surveillance agencies the competence to "elaborate the technical and reasoned recommendation" for exceptional and temporary restriction on interstate and intermunicipal transportation highways. The sanitary barriers made sense to the extent that there was a need to prevent the spread of the virus resulting from the movement of symptomatic or asymptomatic infected people, with potential for transmission[22].

The reinforcement of surveillance actions in health facilities was mainly due, in the second year of the pandemic, to the emergence of the highly mutant Omicron variant (B.1.1.529), which caused an increase in COVID-19 infections in different countries of the world. More than 38 countries in all six regions of the world have been affected by the new variant since it was first detected in South Africa in November 2021. In Brazil, Omicron was the cause of the third wave of COVID-19. There was a significant increase in the number of infections in the first epidemiological week across the country[23, 24].

During the pandemic, dental professionals have had to follow strict biosecurity protocols to minimize the risk of cross-infection, especially by generating aerosols in their offices[25].

Therefore, the qualification of VISA's actions in health consortiums, with the adoption of instruments that contribute to the improvement of management processes, was a priority for ANVISA and other government entities during the pandemic period. The management of the quality of health services played a strategic role in the organization of surveillance actions.

The results of this investigation demonstrated that sanitary surveillance is essential for the control of infectious diseases in public health emergencies and for the organization of health services in general, ensuring the safety, quality and effectiveness of health services provided to the population. Thus, it has a fundamental contribution to protect the collective health of populations.

CONCLUSION

At the end of this investigation, it was found that the units belonging to the Public Health Consortium of the Sobral macro-region presented sanitary weaknesses, identified by the inspections of SESA technicians during the Covid-19 pandemic, which should be corrected by the managers of the units. Health weaknesses involved work processes on patient safety and on the safety of consortium workers. Several recommendations were proposed based on the intervention of state technicians to reinforce the quality management strategy in these units.

This evidence demonstrates how important the performance of the VISAs of the superintendencies and decentralized health areas is for the implementation of public health consortia in the territory of Ceará, in order to provide the population with a more satisfactory and efficient secondary outpatient service.

This research presented limitations because it is an excerpt about the performance of VISA teams in a macro-region, not demonstrating how the health situation was consolidated throughout the State of Ceará during the Covid-19 pandemic. Even so, it raises reflections to improve VISA's services throughout the state. This study led to an improvement in the planning and evaluation of health surveillance services in these units to improve work processes, emphasizing quality management.

It is important to emphasize that the health surveillance teams of the state granted deadlines for adjustments of the nonconformities found in the consortium health units, leaving return schedules for new inspections.

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