

# Strategic planning of hospital morbidities in the municipality of Caiaipônia - Goiás

## Planejamento estratégico das morbidades hospitalares do município de Caiaipônia - Goiás

## Planificación estratégica de morbilidades hospitalarias en el municipio de Caiaipônia - Goiás

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# REVISA

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### RESUMO

**Objetivo:** Analisar as internações hospitalares no município de Caiaipônia, Goiás e apresentar um planejamento estratégico para uma determinada equipe da Estratégia Saúde da Família visando à redução das internações hospitalares por agravos evitáveis. **Método:** Esta é uma pesquisa de abordagem quantitativa, do tipo descritivo e transversal que utilizou dados do Sistema de Informações Hospitalares do DATASUS para listar os principais problemas de saúde do município que conduziram as inúmeras internações hospitalares no ano de 2018. Utilizaram a metodologia TUC para definir o problema prioritário e realizar o planejamento estratégico. **Resultados:** 249 pessoas internaram no município de Caiaipônia no ano de 2018 por doenças infecciosas e parasitárias, as doenças do aparelho respiratório, as doenças do aparelho digestivo, doenças do aparelho geniturinário, gravidez, parto e puerpério, doenças do sistema nervoso, doenças endócrinas, nutricionais e metabólicas e neoplasias, doenças da pele e doenças mentais e comportamentais. Notou-se que a rede causal das internações se repetia nas três principais doenças. Os pesquisadores decidiram focar nas inúmeras internações por doenças infecciosas e parasitárias e traçar estratégias para redução dessas internações no próximo ano. **Conclusão:** O elevado número de internações hospitalares para um município pequeno pode ser um resultado de deficiência no serviço da atenção básica. As possíveis causas são: falta de priorização do gestor na atenção básica, concentrando no modelo hospitalocêntrico; falta de compreensão por parte da secretaria municipal de saúde da importância da atenção básica nas ações de promoção e prevenção e rotatividade de médicos em determinadas equipes de Atenção Básica por um período considerável.

**Descritores:** Estratégia saúde da família; planejamento estratégico; Doenças transmissíveis

### ABSTRACT

**Objective:** To analyze hospital admissions in the municipality of Caiaipônia, Goiás and to present a strategic planning for a certain team of the Family Health Strategy aiming at reducing hospital admissions due to preventable injuries. **Method:** This is a quantitative, descriptive and cross-sectional research that used data from the DATASUS Hospital Information System to list the main health problems of the municipality that led to the numerous hospital admissions in 2018. They used the TUC methodology to define the priority problem and carry out strategic planning. **Results:** 249 people were hospitalized in the city of Caiaipônia in 2018 for infectious and parasitic diseases, diseases of the respiratory system, diseases of the digestive tract, diseases of the genitourinary system, pregnancy, childbirth and puerperium, diseases of the nervous system, endocrine, nutritional and metabolic diseases and neoplasms, skin diseases and mental and behavioral diseases. It was noticed that the causal network of hospitalizations was repeated in the three main diseases. The researchers decided to focus on the numerous hospitalizations for infectious and parasitic diseases and outline strategies to reduce these hospitalizations next year. **Conclusion:** The high number of hospital admissions to a small municipality may be a result of deficiency in the primary care service. The possible causes are: lack of prioritization of the manager in primary care, focusing on the hospital-centered model; lack of understanding on the part of the municipal health department of the importance of primary care in the actions of promotion and prevention and turnover of physicians in certain primary care teams for a considerable period.

**Descriptors:** Family health strategy; Strategic planning; Communicable diseases.

### RESUMEN

**Objetivo:** analizar los ingresos hospitalarios en el municipio de Caiaipônia, Goiás y presentar una planificación estratégica para un determinado equipo de la Estrategia de Salud de la Familia con el objetivo de reducir los ingresos hospitalarios por lesiones prevenibles. **Método:** Se trata de una investigación cuantitativa, descriptiva y transversal que utilizó datos del Sistema de Información Hospitalaria DATASUS para enumerar los principales problemas de salud del municipio que dieron lugar a los numerosos ingresos hospitalarios en 2018. Utilizaron la metodología TUC para definir el problema prioritario y llevar a cabo la planificación estratégica. **Resultados:** 249 personas fueron hospitalizadas en la ciudad de Caiaipônia en 2018 por enfermedades infecciosas y parasitarias, enfermedades del sistema respiratorio, enfermedades del tracto digestivo, enfermedades del aparato genitourinario, embarazo, parto y puerperio, enfermedades del sistema nervioso, enfermedades endocrinas, nutricionales y metabólicas y neoplasias, enfermedades de la piel y enfermedades mentales y conductuales. Se observó que la red causal de hospitalizaciones se repitió en las tres enfermedades principales. Los investigadores decidieron centrarse en las numerosas hospitalizaciones por enfermedades infecciosas y parasitarias y esbozar estrategias para reducir estas hospitalizaciones el próximo año. **Conclusión:** El elevado número de ingresos hospitalarios en un municipio pequeño puede deberse a una deficiencia en el servicio de atención primaria. Las posibles causas son: falta de priorización del gestor en atención primaria, centrándose en el modelo hospitalario; falta de comprensión por parte del departamento de salud municipal de la importancia de la atención primaria en las acciones de promoción y prevención y rotación de médicos en ciertos equipos de atención primaria durante un período considerable.

**Descriptores:** Estrategia de salud de la familia; Planificación estratégica; Enfermedades transmisibles.

ORIGINAL

## Introduction

Sensitive Conditions to Primary Care are health problems in which morbidity can be reduced through effective health actions in primary care with adequate and accessible health services offered to the population. As a result, there is a decrease in demands at the levels of medium and high complexity.<sup>1</sup>

The identification of many hospitalizations for sensitive health conditions must be understood as a result of deficiencies in the performance of the service provided by primary health care.<sup>2</sup> Other researchers<sup>3</sup> reinforce and complement these statements saying that the analysis of hospital admissions does not serve only as an indicator of access, and the quality of primary care, but also to evaluate the performance of the health services system, becoming a care management tool in primary care, provided that it is adapted to each reality, periodically reviewed and updated.

The coverage by the ESF contributes, according to the data, to the reduction of cases of hospitalization. The care of the population by these teams in the basic health units or even in the homes allows the work of prevention against the onset of diseases and the treatment of cases of them to be developed, before the patient needs to be hospitalized.<sup>4</sup>

The municipality of Caiapônia, Goiás has a large territorial extension, although it is a small city. The Rural Zone is not prioritized in primary care actions, given the lack of coverage.

A well-prepared and executed plan leads to the proposed objective. In the field of health, precisely in primary care, planning brings effectiveness in the protection, promotion, recovery and rehabilitation of health. Researchers with their "know-hows" use in their daily work several computerized systems such as the e-SUS, SIAB and DATASUS (TABNET).

For the elaboration of this work, we chose to access the TABNET data due to the ease and better understanding of the program. The possibility of the system allowing the measurement of the health status of a given population was also considered. In addition, DATASUS provides information to support objective analyzes of the health situation, evidence-based decision-making and the development of health action programs.

In addition to the practical experience of the researchers, a historical record of the main diseases that affect the population of the researched area (Caiapônia - Goiás) was sought through the health information data from TABNET, choosing among the health information options the epidemiological and morbidity.

Hospital morbidity is an important indicator to show the behavior of diseases and health problems in the local population. The construction of a coherent action plan, according to epidemiological, ethical, economic and social criteria, in order to meet the sanitary responsibility of the Family Health Strategy. Hospital morbidity is an important indicator to show the behavior of diseases and health problems in the local population.

In this sense, the objective was to analyze hospital admissions in the city of Caiapônia, Goiás and to present a strategic plan for a certain team of the Family Health Strategy aiming at the reduction of hospital admissions for avoidable diseases.

## Method

This is a research with a quantitative approach, of the descriptive and transversal type. It is a practical intervention supported by strategic planning to strengthen Primary Health Care in the city of Caiapônia, Goiás. We chose to access the TABNET data to search for a historical record of the main diseases that affect the population of the researched area, choosing among the health information options the epidemiological and morbidity ones.

During the construction of the problem, workshops were held among the Family Health Strategy team to select the 10 relevant problems of the health unit, using the reports of health professionals and the health information data available on the Datasus platform.

The data collection technique used was consultation in the Datasus database, which contains health information systems available on the Internet, in the Data collection took place in July 2020 and the inclusion criteria were: Hospital admissions in the municipality of Caiapônia, within the scope of SUS and in 2018.

Initially, access to the electronic address was taken through the link <http://www2.datasus.gov.br/>. Subsequently, the topic "Health Information (TABNET)" was accessed, followed by "Epidemiological and Morbidity" and "SUS Hospital Morbidity (SIH/SUS)", selecting the option "General, by place of hospitalization - from 2018" onwards. Thus, after selecting the state of Goiás and the city of Caiapônia for research, standardized filters were used in the following information: content (number of hospitalizations, number of deaths and mortality rate), period (reference year 2018) chapter ICD-10 (all diseases), ICD-10 morb list (all diseases), age group (all ages), sex (male and female), from the municipality of Caiapônia, a city located in the interior of the state of Goiás.

The researchers listed for the team and together they grouped and listed the health problems of the municipality that were the numerous hospital admissions for: infectious and parasitic diseases, diseases of the respiratory system, diseases of the digestive system, diseases of the genitourinary system, pregnancy, childbirth and puerperium, nervous system diseases, endocrine, nutritional and metabolic diseases and neoplasms, skin diseases and mental and behavioral diseases, in that order.

To prioritize the ten main problems, the criteria of transcendence, urgency and capacity (TUC matrix) were applied, based on the highest scores for the analysis of the determinants that affect the causal network. In order to obtain a focus, the three problems that reached the highest score in the TUC methodology were analyzed, finally seeking to define the priority problem. Finally, a problem was chosen, defining it as a priority problem for the final product of the work.

Considering that the research was based on data made available electronically by the Ministry of Health, not using secondary data, which are in the public domain and, due to the fact that there is secrecy about the identification information inherent to the human beings involved, this study does not require the appreciation and approval by the Research Ethics Committee, respecting the premises of Resolutions 466/2012 and 510/2016, both of the National Health Council.

## Results e Discussion

### Problem selection and prioritization

It selected and prioritized the main health problems of the population of Caiapônia, Goiás that led to hospital admissions in 2018, with the following problems: infectious and parasitic diseases, diseases of the respiratory system, diseases of the digestive system, diseases of the genitourinary system, pregnancy, childbirth and puerperium, nervous system diseases, endocrine, nutritional and metabolic diseases and neoplasms, skin diseases and mental and behavioral diseases<sup>6</sup>, in that order. After identifying the 10 biggest problems, it was decided to transcribe them in a table along with their descriptors, according to the following information:

**Table 1-** Problems experienced by the population and its descriptors<sup>5</sup>

PROBLEM	DESCRIPTIONS
1. Occurrence of a large number of hospitalizations for infectious and parasitic diseases.	249 people were hospitalized due to infectious and parasitic diseases in 2018.
2. Occurrence of hospitalizations for diseases of the respiratory system.	246 people were hospitalized for respiratory diseases in 2018.
3. Occurrence of hospitalizations for pregnancy, childbirth and puerperium.	231 people were hospitalized for pregnancy, childbirth and puerperium in 2018.
4. Occurrence of hospitalizations for diseases of the digestive system.	218 people were hospitalized for diseases of the digestive system in 2018.
5. Occurrence of hospitalizations for diseases of the genitourinary system.	203 people were hospitalized for diseases of the genitourinary system in 2018.
6. Occurrence of hospitalizations for endocrine diseases.	63 people were hospitalized for endocrine diseases in 2018.
7. Occurrence of hospitalizations for diseases of the nervous system.	59 people were hospitalized for nervous system diseases in 2018.
8. Occurrence of hospitalizations for neoplasms.	23 people were hospitalized for neoplasms in 2018.
9. Occurrence of hospitalizations for skin diseases.	08 people were hospitalized for skin diseases in 2018.
10. Occurrence of hospitalizations for mental and behavioral diseases.	06 people were hospitalized for mental and behavioral diseases in 2018.

It was decided to use the TUC matrix to prioritize the three main problems through criteria of transcendence, urgency and capacity, based on the highest scores for the selection of problems.

Coincidentally, the problems that achieved the highest scores (score 27 in the TUC matrix) were those that were in the first order during the TABNET search, as described as morbidities due to: infectious and parasitic diseases, diseases of the respiratory system, diseases of the digestive system.

In relation to deaths from diseases of the respiratory system and from infectious and parasitic diseases, they resulted in scores of 27, which is the maximum score, according to the TUC matrix for problem selection:

**Table 2-** Headquarters TUC.

PROBLEM	CRITERIA (values from 1 to 3)			
	Transcendence (A)	Urgency (B)	Capacity (C)	TOTAL AXBXC
Numerous hospitalizations for infectious and parasitic diseases in 2018 in Caiapônia, Goiás	3	3	3	27
Numerous hospitalizations for respiratory diseases in 2018 in Caiapônia, Goiás	3	3	3	27
Numerous hospitalizations for diseases of the digestive system in 2018 in Caiapônia, Goiás	3	3	3	27
Diseases of the genitourinary system	2	3	3	18
Pregnancy, childbirth and puerperium	3	2	3	18
Nervous system diseases	2	3	3	18
Endocrine, nutritional and metabolic diseases	1	3	3	9
Neoplasms	3	3	1	9
Skin diseases	1	3	3	9
Mental and behavioral disorders	3	3	1	9

The researchers, together with the team, discussed the matter during the workshop and concluded that these three morbidities are present in the team's daily life, relating to the vulnerability of the population.

### Problem analysis

The three problems that reached the highest score in the TUC methodology were analyzed to seek to define the priority problem. Thus, the three main morbidities were: infectious and parasitic diseases, diseases of the respiratory system, diseases of the digestive system. The problem tree was defined and the causal network was elaborated, described as follows:

**Table 3.** Causal Network

<b>Problem 1:</b>	Numerous hospitalizations for infectious and parasitic diseases in 2018 in Caiapônia, Goiás	
<b>Descriptors</b>	<b>Causes</b>	<b>Consequences</b>
249 people were hospitalized due to infectious and parasitic diseases in	Lack of prioritization by the manager in primary care, focusing on the hospital-centered model. Lack of understanding on the part of sms	Dehydration Hospital Admissions Higher costs for

2018 in the municipality of Caiapônia, Goiás.	of the importance of primary care in promotion and prevention actions. Territorial area of the municipality is very large, although the city is small. Rotation of physicians in certain Primary Care teams for a considerable period. Low socioeconomic level of the population. Low adherence to immunization campaigns.	the government
<b>Problem 2</b>	Numerous hospitalizations for respiratory diseases in 2018 in Caiapônia, Goiás	
<b>Descriptors</b>	<b>Causes</b>	<b>Consequences</b>
246 people were hospitalized for respiratory diseases in 2018 in the municipality of Caiapônia, Goiás.	Lack of prioritization by the manager in primary care, focusing on the hospital-centered model. Lack of understanding on the part of sms of the importance of primary care in promotion and prevention actions. Rotation of physicians in certain Primary Care teams for a considerable period.	Installation of chronicity Increase in hospital admissions Death cost increase
<b>Problem 3</b>	Numerous hospitalizations for diseases of the digestive system in 2018 in Caiapônia, Goiás	
<b>Descriptors</b>	<b>Causes</b>	<b>Consequences</b>
218 people were hospitalized for diseases of the digestive system in 2018 in the municipality of Caiapônia, Goiás.	Lack of prioritization by the manager in primary care, focusing on the hospital-centered model. Lack of understanding on the part of sms of the importance of primary care in promotion and prevention actions. Rotation of physicians in certain Primary Care teams for a considerable period.	Rising healthcare costs Increase in hospital admissions

After selecting the health problems of the population of Caiapônia, we sought to identify their causes to better understand their determination network. To this end, the “problem tree” diagram was used, distributing the causes into four large blocks: social and economic determinants (related to the way of life); cultural determinants (lifestyle-related behaviors); determinants related to the access and quality of the work of the ESF itself; determinants related to access and quality of other health services.

**Table 4.** Problem tree

SOCIAL AND ECONOMIC DETERMINANTS		DETERMINANTS RELATED TO ACCESS AND QUALITY OF WORK OF THE ESF ITSELF
<p>Causes</p> <ol style="list-style-type: none"> <li>1. Low schooling of the population;</li> <li>2. Low per capita income of families in the municipality;</li> <li>3. Precarious living conditions for a large part of the population.</li> </ol>	<p>Problem</p> <p>“<u>Numerous</u> hospitalizations for infectious and parasitic diseases in 2018 in Caiapônia, Goiás”</p>	<p>Causes</p> <ol style="list-style-type: none"> <li>1. Few immunization actions;</li> <li>2. Demotivation and lack of commitment of the work team;</li> <li>3. Lack of basic supplies.</li> </ol>
CULTURAL DETERMINANTS		DETERMINANTS RELATED TO ACCESS AND QUALITY OF OTHER HEALTH SERVICES
<p>Causes</p> <ol style="list-style-type: none"> <li>1. Lack of adherence to immunization;</li> <li>2. Hospital-centric culture of the population;</li> <li>3. Low understanding of primary care tasks</li> </ol>	<p>descriptor</p> <p>“249 people were hospitalized due to infectious and parasitic diseases in the year 2018 in the municipality of Caiapônia, Goiás.”</p>	<p>Causes</p> <ol style="list-style-type: none"> <li>1. Little prioritization of the manager in primary care, focusing on the hospital-centered model;</li> <li>2. Little understanding on the part of sms of the importance of primary care in promotion and prevention actions;</li> <li>3. High turnover of physicians.</li> </ol>

The analysis of the problems made it possible to confront some information and it was noted that the causal network was repeated, described as follows: Lack of prioritization of the manager in primary care, focusing on the hospital-centered model; Lack of understanding on the part of sms of the importance of primary care in promotion and prevention actions and rotation of doctors in certain Primary Care teams for a considerable period.

To ensure a solid intervention, it was decided to prioritize a single problem, which were numerous hospitalizations for infectious and parasitic diseases in 2018 in Caiapônia Goiás, whose descriptors were 249 people

hospitalized due to infectious and parasitic diseases in 2018 in the municipality of Caiapônia, Goiás.<sup>5</sup>

The municipality does not have 100% coverage of FHS teams, with a rate of 90%.<sup>6</sup> An investigation<sup>7</sup> evaluated the rate of hospitalizations for conditions sensitive to primary health care in municipalities with greater coverage of the FHS, which showed hospitalization rates 13% lower than in municipalities with low coverage, suggesting that this reduction may be associated with the increase in coverage of the ESF. ESF.

Based on the aforementioned work and on the discussions of the local working group, the rural area of the municipality of Caiapônia does not have coverage assisted by the family health program teams. The advances in management in relation to 100% coverage of the teams will have positive impacts on the reduction of hospital admissions due to the problem presented.

Another problem related to management is the lack of understanding on the part of the municipal health department regarding the importance of family health teams in health prevention and promotion. The discussion can be based on the principle that political management positions are frequently exchanged, being assumed in some cases by people without specific training, causing an obstacle between the importance of care models for health promotion and prevention, as the results are not so immediate.

This obstacle of care models in the municipality of Caiapônia brings the idea to the manager that the hospital-centered model is the most correct, as the results are immediate.

I emphasize that the teamwork evidenced in the Family Health Strategy leads or should lead to a process of transformation of the care model, because in addition to being interdisciplinary, it includes the family throughout the process as the focus of primary care. As a result, it goes beyond individualized care focused on the disease and contributes to modifying the biomedical model of health care.<sup>8</sup>

Among the range of causes of the problem prioritized in this work, there is the turnover of doctors in the family health program of Caiapônia, which can be the result of infrastructure and management problems, such as inadequate and even unhealthy conditions in health units, lack of means of communication and logistical support, lack of knowledge in the use of computerized systems, difficulty in referring patients to medium and high complexity procedures and the great spontaneous demand of the unregistered population, resulting from poor management of the service network<sup>9</sup>.

## Intervention Plan

The Family Health Strategy 1 of the municipality of Caiapônia has the Organizational Mission that is to promote the health of its customers with humanization and quality, emphasis on prevention and health promotion, satisfaction of their needs and the improvement of knowledge in a process of continuous improvement. . In summary: Prevent, Promote, Serve and Care.



The vision of the future is to be a family health unit recognized by the population registered for excellence in prevention and health promotion, becoming a reference in the municipality of Caiapônia in prevention, promotion, care, care and education, reducing the rates as much as possible. incidence of conditions sensitive to primary care.

To fulfill its Mission (Alpha-type actions) both managers and professionals must guarantee the actions of the team to socioeconomically vulnerable groups; Ensuring complete and effective vaccination coverage for children and Ensuring minimum basic sanitation conditions for the population in the area served.

The present work allowed the elaboration of the results goals to face the problem, available below.

**Table 5-** Result Target/Year 2019: Coverage target: 100%. Number of people served: 4,000. Responsible: ESF Coordinator.

Final Actions	Product goal	Term	Responsible
Scheduling medical and nursing appointments	400 patients (10%) of scheduled patients	Continuous activity	Coordination ESF
Home visits	4000 (100%) of the patients visited	Continuous activity	Coordination ESF
Conference of vaccination cards	4000 (100%) of the patients conferred	Continuous activity	Coordination ESF
Check sanitation conditions and intervene effectively	4000 (100%) of the patients visited	Continuous activity	Coordination ESF

With the goals of the results outlined, it is necessary to take actions to face the problem, known as Beta-type actions.

**Table 6-** BETA-type actions – Facing the problem

<b>Problem:</b> Numerous hospitalizations for infectious and parasitic diseases in the year 2018 in the city of Caiapônia-Go.				
<b>Objective:</b> Ensuring coverage of basic actions by the family health team for the enrolled population.				
<b>Result Targed:</b> Reduce hospital admissions caused by infectious and parasitic diseases by 50% in 2019.				
Beta Shares	Product goal	Responsib le	Term	Start-End (duration in days, months or years)
Focus actions on socioeconomically vulnerable groups	Actions in socioeconomically vulnerable groups implemented	Unit Manager	Continuo us Action	03/2019 – continuos

Ensuring effective interventions in child health	New welcoming protocols and child health interventions implemented	Unit Manager	03/2019	01/03/2019 - 31/12/2019
Advance estimated ESF coverage	100% coverage of the implemented ESF	Municipal Manager	08/2019	01/08/2019 - 31/12/2019
Make more material and financial resources available for medical practice	Increase the budget allocation for care practice	Municipal Manager	07/2019	01/07/2019 - 31/12/2019
Intervene in the basic sanitation conditions of the enrolled population	Management actions implemented	Municipal Manager	07/2019	01/07/2019 - 31/12/2019
Organize more effective vaccination campaigns	Effective campaigns organized	Unit Manager	04/2019	01/04/2019 - 31/12/2019
Prioritize primary care by sms	Published Municipal Ordinance	Municipal Manager	04/2019	01/04/2019 - 31/12/2019
Eliminate turnover of medical professionals	Professional turnover eliminated	Municipal Manager	Continuous Action	01/03/2019 - Continuous Action
Implement Permanent Education with the entire team	Continuing Education Implemented	Unit Manager	Continuous Action	01/03/2019 - Continuous Action

## Conclusion

The work proposed to elaborate a coherent action/intervention plan in the Family Health Strategy 1 of the city of Caiapônia - Goiás, according to epidemiological, ethical, economic and social criteria, in order to meet the sanitary responsibility of the Family Health Strategy.

249 hospitalizations were identified for infectious and parasitic diseases, considered a disease due to conditions sensitive to primary care. This high number of hospitalizations for a municipality with less than twenty thousand inhabitants may be a result of a deficiency in the primary care service.

Three possible causes for the problem were listed, such as the manager's lack of prioritization in primary care, focusing on the hospital-centered model; lack of understanding on the part of the municipal health department of the importance of primary care in the actions of promotion and prevention and rotation of physicians in certain Primary Care teams for a considerable period.

Ahead of the data, the intervention plan to face the problem was structured, outlining the result goals for the year 2019.

Actions to tackle the problem emerged (beta-type action), whose result goal was to reduce hospital admissions caused by infectious and parasitic diseases by 50% in 2019. It is known that the work in primary care is continuous, with daily effort by the entire team. The actions must be periodically reviewed for the complete fulfillment of the goals.

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