

## The Performance of Processing and Protocol Management Carried Out By the Care Organization as A Team

Rivanha Soares Pinto Saraiva

*Clinical pathologist biomedicine, Master of Science in Healthcare Management, Postgraduate in Hospital Management, Postgraduate clinical analysis and microbiology, Postgraduate teaching in higher education*

### \*Corresponding author

**Rivanha Soares Pinto Saraiva,**  
Clinical pathologist biomedicine, Master of Science in Healthcare Management, Postgraduate in Hospital Management, Postgraduate clinical analysis and microbiology, Postgraduate teaching in higher education

Submitted : 13 Dec 2024 ; Published : 3 May 2024

**Citation:** Rivanha S. P. Saraiva (2024). The Performance of Processing and Protocol Management Carried Out By the Care Organization as A Team. J Medical Case Repo, 6(2):1-3. DOI : <https://doi.org/10.47485/2767-5416.1074>

### Abstract

*The textual production identifies actions aimed at health services with the help of care protocols with an emphasis on improving population care, the content aimed to analyze the access of the population network to the health system featuring strategic points that integrate structuring theory in the care provided. The theoretical foundation is shaped in current and retrospective productions, establishing a coherent study whose documents used are from reliable sources. The result confirms that there are different actions in the management of assistance policies and that the users of the process involuntarily regularize the relevance of the complexity documented by sectoral interests, where the dominant action filed for use refers to important and confidential data. The gaps in public policies are of great relevance and indicate that the effort is paramount in health care, but the concentration on archived data will avoid future disruptions in the administrative and collaborative sector.*

**Keywords:** Health interaction. Stakeholders. Health protocols.

### Introduction

Health guidelines are regulated in a decentralizing manner and social participation is essential in the management of public policies. Factors such as health technologies based on scientific technical knowledge, incorporate and disseminate system management. (Lopes et al, 2020).

Working with health records and/or service protocols defines decisions that reference coverage appropriately and incorporates the service of managers together with their team. Capacity of the actions of analytical approaches are considered the limit of the actions of care protocols. The main relevance in assistance policy operates progressively, documenting regulations provided, attributing availability to the user.

Health institutions must have responsibility and legal support to meet the demands of their network, this involves complex planning related to qualified and highly trained staff.

The reflection on production starts from the observation of results in care practice, identifying that the construction of well-executed teamwork and alignment generates quality in the construction of efficient protocols.

Stakeholders in the health sector perform functions that represent management plans. They potentially cooperate and characterize the ways in which we work, classifying support steps. (Benigno et al, 2021).

The present study shares a literature review reporting an administrative analysis of results management. Precise and coherent scientific literature searches were guided, with an exploratory basis and logical operators. The Cape journals used were Scientific Electronic Library. The selection also analyzed productions with the criteria of inclusion and exclusion and relevance to the theme.

### Development

The exclusive mapping of health services are the main sources of classification, which demonstrate the treatment of patients, the complexity of the procedures and the care focus. Substantially, the impact of the managerial sphere demonstrates the challenges of healthcare and service provision. (Bressan et al, 2021).

The participatory demand for public consultations contributes and represents suggestions with positive and negative approaches to health care, as well as creating a mechanism for social participation in order to implement care for the diverse demand for services. (Lopes et al, 2020).

Presenting scopes in the management environment differentiates the qualifications of stakeholders in a hospital environment. The different institutional tools use resources that involve various types of sectors and professionals. (Lopes et al, 2020).

However, well-executed data processing presents explicit forms of operational technologies that often involve identification of procedures based on specific demand.

An intrinsic aspect focused on the classification of famous stakeholders demonstrates that the presence of noticeable attributes can be coherent, normative and utilitarian depending on the urgency of the demand. (Benigno et al, 2021).

There are operations in the health system that emphasize care relationships (professional/patient). Analyzing network attention and data that are necessarily fully interfaced with the administration, characterizes the attention after the execution of the service and the points of failures and successes of the service system.

Health services face a constant challenge in health monitoring routines, such as waiting lists in the public sector. The waiting time is established according to diagnosis, this impact in common times already demonstrates queues for service, however during the pandemic period it caused chaos. (Bressan et al, 2021).

There are different degrees of cooperative interaction in the organizational sector, with the main point being team collaboration for continuous, quality work. This method can also bring professional diversification to management, carefully forming a shared collaborative institutional design for future decision-making.

The importance of care control is a matter of administrative policy which must establish priority criteria, maximizing service and minimizing waste.

Defining intersectoral health consequences is a prolonged process and requires recognition of complex problems. Working actions aimed at the collective and with specific concepts through population challenges regarding the health service is a main point of a manager. (Lopes et al, 2020).

The hierarchical relationship shares effects that incorporate and integrate concepts, totalizing possible alternatives and perspectives to optimize the complexity of public health policies.

The resistance of the paradigm focused on the organizational model with the co-participation of a multidisciplinary team are strategies that define the evident interference of action. The modifications presuppose that the process of management practices is the difference in the sectorality of health environments. (Barbosa et al, 2021).

It is necessary to reflect on the implementation of assistance and the socioeconomic vulnerability of the assisted population, the effects of demand guarantee the type of service to be offered and the way in which it will be adapted to those who need it. (Lopes et al, 2020).

The importance of coordination and maintenance will reflect the work routine with protocols that restructure the surveillance process in hospital units with a progressive effect of an organizational framework.

The execution process of an institution must coincide with the regulations intended for the service involved, thus controlling production and configuring well-done strategic planning. Conflicts of interest may arise if it is assumed that the information exchange process is not carried out well. The strategy is to maintain the partnership to resolve the error in direction, this is part of a reason for autonomy aimed at the manager. (Barbosa et al, 2021).

### Final Considerations

The analysis made it possible to understand the opportunities for contextual interaction on care networks, the result of the involvement of a participatory team, however the expectation is that the provision of services will be protocolized. Representative management through regulatory actions that enables and offers necessary resources to configure access to the health service disseminates systemic integration that enables transformation capabilities contextualized in the care environment.

### References

1. Barbosa, D. S. de J. & G., Maria do C. L. (n.a.) The actors of care regulation in the SUS: who regulates the network?. *Health in Debate [online]*, 45(129), pp. 287-299. <https://doi.org/10.1590/0103-1104202112903>.
2. Benigno, G. O. L, Vieira, D. M. & O, Jessica E. (2021). GENDER INEQUALITY IN THE STATES BRAZILIAN AND STAKEHOLDER ANALYSIS OF THE NATIONAL COUNCIL FOR WOMEN'S RIGHTS. *Public Administration Magazine.*, 55(2), pp. 483-501. <https://doi.org/10.1590/0034-761220190398>.
3. Bressan-Neto, Mario et al. (2021). Unmet Needs of Surgical Care for Children: A Case Study in the Brazilian Publicly-Financed Health System\* \* Work developed at the Department of Biomechanics, Medicine and Rehabilitation, Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo, Ribeirão Preto, São Paulo , Brazil. *Brazilian Journal of Orthopedics [online]*, 56(3), pp. 360-367. <https://doi.org/10.1055/s-0040-1721836>.

- 
4. Leite, Silvana Nair et al. (26 Nov 2021). Integra Project: strengthening social participation in the agenda of health policies, services and technologies. *Science & Public Health [online]*. (26)11, pp. 5589-5598. <https://doi.org/10.1590/1413-812320212611.18212021>.
  5. Lopes, A. C. de F, N, H. M. D. and S, P. C. (2020). Patient and public involvement in health technology decision-making processes in Brazil. *Public Health Magazine*, 54(136). <https://doi.org/10.11606/s15188787.2020054002453>.

**Copyright:** ©2024 Rivanha Soares Pinto Saraiva. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.