JOURNAL HEALTH AND TECHNOLOGY - JHT
ISSN 2764-7625

APPLICATION OF A STANDARD OPERATING PROCEDURE AS AN ORGANIZATIONAL TOOL FOR DIAGNOSIS AND CONTINUITY OF CARE IN SYSTEMIC ARTERIAL HYPERTENSION - AN INTEGRATIVE REVIEW

APLICAÇÃO DE UM PROCEDIMENTO OPERACIONAL PADRÃO COMO FERRAMENTA ORGANIZACIONAL PARA DIAGNÓSTICO E CONTINUIDADE DO CUIDADO NA HIPERTENSÃO ARTERIAL SISTÊMICA – UMA REVISÃO INTEGRATIVA

APLICACIÓN DE UN PROCEDIMIENTO OPERATIVO ESTÁNDAR COMO HERRAMIENTA ORGANIZATIVA PARA EL DIAGNÓSTICO Y LA CONTINUIDAD ASISTENCIAL EN LA HIPERTENSIÓN ARTERIAL SISTÉMICA - REVISIÓN INTEGRADORA

Leonardo Moraes Armesto[1], Thabata Roberto Alonso[1], Priscila Chaves Reis[1], Anna Victória Garbelini Ribeiro[1], Giovana David[1], Jorge Freitas Baueb[1], Lucas Kawamoto Dela Torre[1], Juliana Bahov Shinnishi[1], Gabriela Furst Vaccarezza[1], Luiz Vinicius de Alcantara Sousa[1]

e1426
https://doi.org/10.47820/jht.v1i4.26

RECEIVED: 10/28/2022 APPROVED: 11/28/2022 PUBLISHED: 04/12/2022

ABSTRACT
Hypertension is the number one cause of death worldwide, however, this occurrence can be prevented if proper follow-up is performed. One way to improve the accuracy of follow-ups is through tools that enable constant update and monitoring of hypertensive patients. Therefore, the objective of this study reflects on the application of a standard operating procedure that allows such actions to be performed ensuring that providing care needs to be continuous and the data has to be updated in order to have a better treatment plan for each patient enrolled in the Basic Health Unit. Thus, this article is based on an integrative review on tools for continuity of care for hypertensive patients. In this way, 95 articles were selected within the theme, and after applying the exclusion and inclusion criteria, only 20 were analyzed. The studies were published in journals with high to medium impact factors, recognizing the degree of relevance of the theme studied. One of the major issues currently existing for the effective monitoring of hypertensive patients is the lack of accurate tools that have practical application and that allow the primary care team to effectively monitor patients registered in their territory. Thus, the literature review supported this study to direct the understanding about problems inherent to hypertension in primary health care, supporting the argument and allowing new ways to monitor hypertensive patients so that future problems due to this chronic disease can be prevented.

KEYWORDS: Standard operating procedure. Hypertension. Continuity of care.

RESUMO
A hipertensão arterial é a primeira causa de mortes ao redor do mundo, entretanto, essa ocorrência pode ser prevenível se o devido acompanhamento for realizado. Uma das formas de refinar a acuidade do acompanhamento é através do uso de ferramentas que possibilitem a atualização constante e o monitoramento dos pacientes hipertensos. Para isso, o objetivo do estudo reflete a aplicação de um procedimento operacional padrão que permite que tais ações sejam executadas, garantindo que o cuidado seja contínuo e atualizado para a melhor fidedignidade do cadastramento do paciente em sua Unidade Básica de Saúde. Assim, este artigo se pauta em uma revisão integrativa sobre ferramentas para continuidade do cuidado de pacientes hipertensos. Dessa forma, foram selecionados 95 artigos dentro da temática e após aplicação dos critérios de exclusão e inclusão, somente 20 foram analisados. Os estudos foram publicados em revistas com alto a médio fator de impacto, permitindo o reconhecimento do elevado grau de relevância da temática estudada. Uma das grandes questões existentes na atualidade para o efetivo monitoramento dos hipertensos é a falta de ferramentas de acurácia que tenham aplicação prática e que possibilitem a equipe o efetivo acompanhamento dos pacientes cadastrados em seu território. Dessa maneira, a revisão de literatura permitiu estabelecer o respaldo para direcionar o entendimento acerca dos problemas inerentes à hipertensão arterial na linha

[1] Universidade Municipal de São Caetano do Sul - USCS

JOURNAL HEALTH AND TECHNOLOGY - JHT
ISSN 2764-7625

da atenção básica de saúde, melhorando a consolidação do entendimento necessário e permitindo que novas formas de acompanhamento sejam propostas para que o olhar seja cada vez mais crítico para problemas evitáveis.

PALAVRAS-CHAVE: Procedimento operacional padrão. Hipertensão arterial. Continuidade do cuidado.

RESUMEN
La hipertensión es la principal causa de muerte en todo el mundo, sin embargo, esta ocurrencia puede prevenirse si se realiza un seguimiento adecuado. Una de las formas de afinar la agudeza del seguimiento es mediante el uso de herramientas que permitan la actualización y el monitoreo constante de los pacientes hipertensos. Para ello, el objetivo del estudio refleja la aplicación de un procedimiento operativo estándar que permita realizar tales acciones, asegurando que la atención sea continua y actualizada para la mejor confiabilidad del registro del paciente en su Unidad Básica de Salud. Por lo tanto, este artículo se basa en una revisión integradora sobre herramientas para la continuidad de la atención a pacientes hipertensos. Así, se seleccionaron 95 artículos dentro del tema y después de aplicar los criterios de exclusión e inclusión, solo se analizaron 20. Los estudios fueron publicados en revistas con factor de impacto alto a medio, permitiendo el reconocimiento del alto grado de relevancia del tema estudiado. Uno de los principales problemas existentes actualmente para el monitoreo efectivo de pacientes hipertensos es la falta de herramientas de precisión que tengan aplicación práctica y que permitan al equipo monitorear eficazmente a los pacientes registrados en su territorio. Así, la revisión de la literatura permitió establecer el apoyo para dirigir la comprensión sobre los problemas inherentes a la hipertensión arterial en la línea de la atención primaria de salud, mejorando la consolidación de la comprensión necesaria y permitiendo proponer nuevas formas de seguimiento para que la mirada sea cada vez más crítica para los problemas evitables.

PALABRAS CLAVE: Procedimiento operativo estándar. Hipertensión. Continuidad de la atención.

INTRODUCTION

Systemic Arterial Hypertension (SAH) is a silent disease responsible for causing loss of quality of life through physiological and functional changes in the patient's life, being considered one of the leading causes of death in the population. It is one of the most prevalent diseases in the primary health care unit Maria Corbeta Segato, but has a significant difficulty in the diagnosis and screening of these patients; therefore, there is a need to implement and validate a tool that aims to obtain an efficient screening.

Alves (2008) analyzes that despite the variability in which the monitoring and control of epidemiological data from health services is conducted, there are multiple tools available for its better interpretation. However, the ideology is not to standardize a process that is naturally specific to each reality, provisions and criteria, but to develop each functional reality in health aiming for equity that benefits and prioritizes the differences of different agents in their peculiarities.

Nevertheless, Nascimento et al., (2019) expresses the support of specific national and regional tools and guidelines that seek to establish the most appropriate objectives and goals for the given realities, taking into account their forms of conducts, resources, and social realities. These foundations have as referential principles, the guidelines for the National Health Plan, which gives ratifiable support to the Municipal Health Plans, which are based on the aspects of the union, with ample freedom and

JOURNAL HEALTH AND TECHNOLOGY - JHT
ISSN 2764-7625

stimulus to adapt to the aforementioned realities and weaknesses. To this end, the municipal plans focus on the directive and legitimate source that afflicts the population and causes unitary and collective vulnerability (COSTA et al., 2005).

In interface, the latest National Health Plan (2020-2023), establishes a series of reductionist and monitoring criteria, based on epidemiological indicators, whether of diseases or injuries of population groups. Barroso et al. (2020) subsidizes that among the main models and purposes of improvement in terms of care, there are some diseases and illnesses of continuous condition that represent a significant portion of possible, but still ineffective care, regardless of the national region to which it may refer. Thus, accordingly, Magrini et al. (2012) analyzes that the chronicity of diseases and illnesses, when noted, represent the basis of health care and attention. The authors indicate Systemic Arterial Hypertension (SAH) as a preponderant disease in this process in a more globalizing way. Based on this framework, the study will focus on the region of São Caetano do Sul, in micro area 5, served by the Basic Health Unit - Maria Corbeta Segatto, as well as in accordance with its Municipal Health Plan (2022-2025), which denotes SAH as an important factor in municipal health indicators and lists its functionality among the population, as a risk factor and need for monitoring of the affected population.

This process, as indicated in the plan, requires a greater and better process of detection, tracking, and municipal registration of the population served. This is done through the health team of the basic health units (BHU), having in the Community Health Agent (CHA), one of the main figures of link between the population, the team and the health equipment. This service aims to apply a standard operating procedure (SOP), which will be verified and will attend the registration of the resident population, in order to provide the best direction to the health equipment, endorsing the registered data and increasing the accuracy in the team's evaluation for the systematic registration and continuity of care. In this sense, the SOP created has the function of questioning the registration of patients with SAH and the active parameterization of the CHA, creating a direction that preserves the information, organizes care according to professional training and prevents patients from continuing to take medication for the treatment of SAH without having the diagnosis of hypertension and start checking in with the physician of the Family Health Strategy, producing real and functional registrations in order to achieve the goals proposed by the city of São Caetano do Sul.

The relevance of the present study is based on the need to organize the flow of registration of hypertensive patients through the application of a specific standard operating procedure for these patients, thinking about the quality assurance of the tools used for longitudinal follow-up, and about the increase in the degree of reliability of the information provided. Thus, the expansion of strategic actions of the primary health care network is expected to occur, in a way that allows continuous follow-up for monitoring the prognosis of AH in patients, aiming at improving the quality of life together with health education, making the patient aware of his needs, as well as for strengthening the bond of users with the ESF physician.

JOURNAL HEALTH AND TECHNOLOGY - JHT
ISSN 2764-7625

HYPERTENSION IN THE PREAMBLE TO PRIMARY CARE

Systemic arterial hypertension (SAH) is a serious public health problem. Its high incidence in all regions of the country is an important risk factor for the development of cardiovascular diseases (CVD) and represents a high cost both for the health system, which directly and indirectly subsidizes its funding, and for the user who suffers with the chronification of the disease. Therefore, it is of utmost importance to develop actions in Primary Care Networks, aiming for a better screening, diagnosis, and treatment. In this sense, Santos et al., (2021) discusses the care of hypertensive patients and stands out the importance of establishing a relationship between the physician of the unit and the other team members of the primary health care unit. It was found little or no participation of FHS team members in the referral process of hypertensive patients, showing that this is an almost exclusive task of the physician. Thus, to ensure a longitudinal and integral treatment for hypertensive patient, it is observed how the application of a standard operating procedure by other members of the Primary Care team can improve the reliability of the user as well as the management of this patient, to the point that it integrates him/her in all lines of care within the Basic Health Units. Thus, the care is extended in a shared and integrated way with the other team members, adding efforts for better care results. (SANTOS et al., 2021)

Although SAH is one of the most recurrent public health problems in primary care services, health teams still encounter several obstacles to early diagnose and treat patients with hypertension. Rêgo et al., (2021) exposes that the biggest difficulties are found in the deficiencies of care, such as inadequate use of technologies, need for management models and methods that emphasize continuing education for the improvement of health practices. In addition, it highlights the importance of adopting measures that enhance the diagnosis, once it was found that the procedures have proven to be costly and time consuming, since the patient needs to return several times to the health care service. This process requires the involvement of a multidisciplinary team, capable of having more assertiveness in the diagnosis and subsequently promote the appropriate therapy to the clinical condition of each individual in a resolute way. Thus, it is noted the importance of establishing screening methods and assertive diagnostic tools, which can be done by applying a standard operating procedure, integrating the various health teams and facilitating the determination of SAH. (RÊGO et al., 2021)

SAH and its public health consequences imply significant costs to the health system, in addition to reduced functional capacity and life expectancy. In addition to pharmacological treatment, the care provided by the health system to people with SAH should include monitoring and support changes in lifestyle habits. The correct diagnosis, awareness of the severity of the disease and its consequences, the provision of guidance on healthy habits, and regular monitoring performed by a health professional, who requests periodic tests as recommended, can contribute to the proper management and the consequent reduction in morbidity and mortality related to SAH. Thus, the importance of primary health care in the treatment of hypertensive patients is highlighted. (TOMASI et al., 2022) As the gateway to SUS, PHC together with FHS is based on longitudinal treatment and strengthening the connection

JOURNAL HEALTH AND TECHNOLOGY - JHT
ISSN 2764-7625

between the patient and the Health Unit, which is essential for the monitoring of chronic diseases that will accompany the individual throughout his or her life. (TOMASI et al., 2022)

SAH PROCESSING AND SCREENING

Screening for systemic arterial hypertension (SAH) is a huge challenge for primary care. Even with the progress in recent years, there is a huge gap between diagnosis and treatment of CVD diseases. With this in mind, the WHO (World Health Organization) has implemented HEARTS (cardiovascular disease risk management model) in the Americas, aiming to improve coverage and intervention for AH, and may in the future be applied worldwide. Thus, Brettler et al., (2022) elucidates eight specific recommendations to be implemented, such as: (1) accuracy of pressure measurement, (2) CVD risk assessment, (3) standardized treatment protocol, (4) intensification of treatment, (5) continuity of care and follow-up, (6) team-based care and delegation of tasks, (7) frequency of prescription renewal, (8) performance evaluation with feedback. These guidelines will allow better control of AH and serve as a model for other non-communicable disease management programs. (BRETTLER et al., 2022)

CVDs have been increasing in recent years, leading to an increase in morbidity and mortality. SAH continues to be a huge problem for public health worldwide, being necessary to control it in order to reduce its occurrence. The patient's acceptance of the therapeutic resource organized by the Primary Health Care (PHC) professionals is of utmost importance to reduce the morbidity and mortality of SAH. Due to population diversity, the WHO (World Health Organization), ISH (International Society of Hypertension), ESH (European Society of Hypertension) and ESC (European Society of Cardiology) suggested the development of regional guidelines; therefore, allowing better guidance for the conduct of health professionals. The use of protocols has proved positive as to the support of hypertensive patients in the PHC sphere, since there is an acceptance by the FHS (Family Health Strategy) professionals. Thus, the use of protocols is necessary, since the non-use of such regulations results in low rates of user follow-up. (DANTAS et al., 2018).

The Basic Health Units that use the FHS (Family Health Strategy) show us the need to use planning, for example, in the fight against NCDs (non-transmissible chronic diseases) such as AH (Arterial Hypertension) and DM (Diabetes Mellitus). In this sense, Lessa et al., (2021), highlighted in their study the importance of the use of planning by PHC professionals in municipalities in the interior of Ceará. The author refers to the PES (Situational Strategic Planning) as a tool that allows the perception of the difficulties of the health team and the place, because it is a living space, being used for the solution of more complex and structural problems, bringing a more detailed look to the needs of the community in which we are acting. (LESSA et al., 2021)

In this sense, the first level of access to health care for users stands out mainly the PHC, especially the FHS that promotes care of needs of individuals, families and communities in the region, such as in the fight against NCDs, responsible for a huge problem in public health. SAH enters as a

JOURNAL HEALTH AND TECHNOLOGY - JHT
ISSN 2764-7625

major responsible for deaths worldwide, possessing huge risks for cardiovascular diseases; nevertheless, the treatment is not easy because it is a disease of multifactorial conditions. Lucena et al., (2021), shows that an active search for people with SAH is necessary so that there can be an adequate health follow-up, and also better communication between health professionals and patients so that there can be a greater strengthening of relations and a longitudinal follow-up. Health education is also important for the development in the life of people with SAH, thus it is essential that the health teams encourage education techniques focused on improving the follow-up of the population, since groups of people with AH have shown themselves to be satisfied with actions created by the health unit. (LUCENA et al., 2021).

Because it is a chronic disease with silent clinical manifestations, SAH is one of the most prevalent diseases in the world, causing a great economic impact on health policies, due in large part to its treatment being drug-based, besides the concomitant change in life habits. With this, the control and prevention of SAH aspire to analyze individual issues for each person. The bond between the patient and the health professional is an important tool for self-care and continuity in treatment. In a study, Rêgo et al. (2018) showed that the follow-up of the patient with SAH by the same professional increases adherence and continuity in treatment, especially since it is a chronic disease that requires long treatment. Lack of knowledge about the disease also leads to lower adherence of patients to treatment and the use of drugs. Also, people without adequate blood pressure control tend to negatively evaluate health professionals about the importance of treatment for. (RÊGO et al. 2018).

MORBIDITY AND MORTALITY FACTORS

Continuity of care to the hypertensive patient is a way to effectively accompany the patient and the progression of the disease. This practice culminates in a decrease in morbimortality implied by the chronification of AH, while it brings the patient closer to the physician allocated to the Family Health Strategy Program and allows a bond to be formed between the patient and the health professional. For Luz et al. (2020), with advancing age, patients stop doing the follow-up, configuring the existence of an uncontrolled BP. This is a trend opposite to what is preached as the adoption of healthy lifestyle habits associated with diet, physical exercise and adherence to treatment necessary for the control of BP. A factor to be taken into consideration is that with aging there is a tendency for the manifestation of arterial stiffness, which when associated with other senescence factors contributes to a progressive increase in blood pressure levels. This in itself already acts as a driving force that drives the need for continuous monitoring of those with the disease. (LUZ et al., 2020)

With regard to the need for constant follow-up, Correa *et al.* (2016) points out that the prognosis of the patient's health with AH is linked to therapeutic adherence and persistence in therapy, and for this to occur, the maintenance of substantial follow-up with the physician is also fundamental. The author proposes a sequence of attitudes that make good control of the disease possible, which are: scheduling appointments on a regular basis, understanding the medical prescription, access to medication, correct

JOURNAL HEALTH AND TECHNOLOGY - JHT
ISSN 2764-7625

adherence to the treatment prescribed, and returning to the prescribing physician for constant control of the disease. The fact that it is a chronic disease requires that follow-ups need to be done for the rest of the patient's life. In this aspect, discontinuity of care implies on increased cardiovascular risk reflected in the cost to the Unified Health System, which bears the costs associated with hypertension. (CORREA et al., 2016) In 2015, the costs of SUS spent on hospitalizations, disease-related productivity loss, and premature death due to cardiovascular diseases reached R$37.1 billion. Knowledge of such costs allows estimating the magnitude of the impact of health on the economy and implies the development of public health strategies aimed at minimizing the onerosity to the health system and health protection in general. (CORREA et al., 2016)

According to Torres et al., (2017), one of the actions that can be adopted to reduce the excessive costs resulting from the chronification of the disease and also to improve therapeutic adherence is based on the actions provided by the Family Health Strategy team based on the communication between the physician and the entire team with the patient. In this sense, the formation of a bond between the team members and the community is strengthened through dialogue and works as a foundation for the maintenance of therapies aimed at chronic diseases, as is the case of hypertension. The author states that to care for hypertensive patients, one of the main differences that consolidate adherence of treatment is precisely the way of conveying information to the patient, ensuring that there is understanding on all sides regarding both the existence of the disease and the various possibilities of therapeutic approaches. Thus, care is built on the basis of constant and continuous monitoring ensured by the formation of relationships based on trust between doctor and patient allowing the closeness of relationships and the assurance of adequate therapy and correct diagnosis based on the individuality of each patient. (TORRES et al., 2017)

Another key point for the follow-up of hypertensive patients in the health care network lies in the correct registration of users in the electronic medical record system. Morais et al., (2019) raised in his study the flow of registration and follow-up of patients with SAH based on computerized records in the Citizen's Electronic Health Record. The author reports that there are some flaws regarding the mandatory collection of data for feedback of the system, to mention the absence of tools for the quality control of data and mechanisms for evaluating the information, in addition to the difficulty in building a health profile at the individual level of patients. Another point highlighted is that the user is only identified as hypertensive when the patient's self-report occurs followed by the user's registration by the ACS or during a consultation with a higher-level professional, in a contrary the user does not receive the identification of hypertension carrier. (MORAIS et al., 2019)

METHOD

A survey of articles was carried out in the Cochrane Library, Latin American and Caribbean Literature on Health Sciences (LILACS), Virtual Health Library (VHL) and Scientific Electronic Library Online (Scielo) databases, written or translated into Portuguese, English or Spanish, available in full and

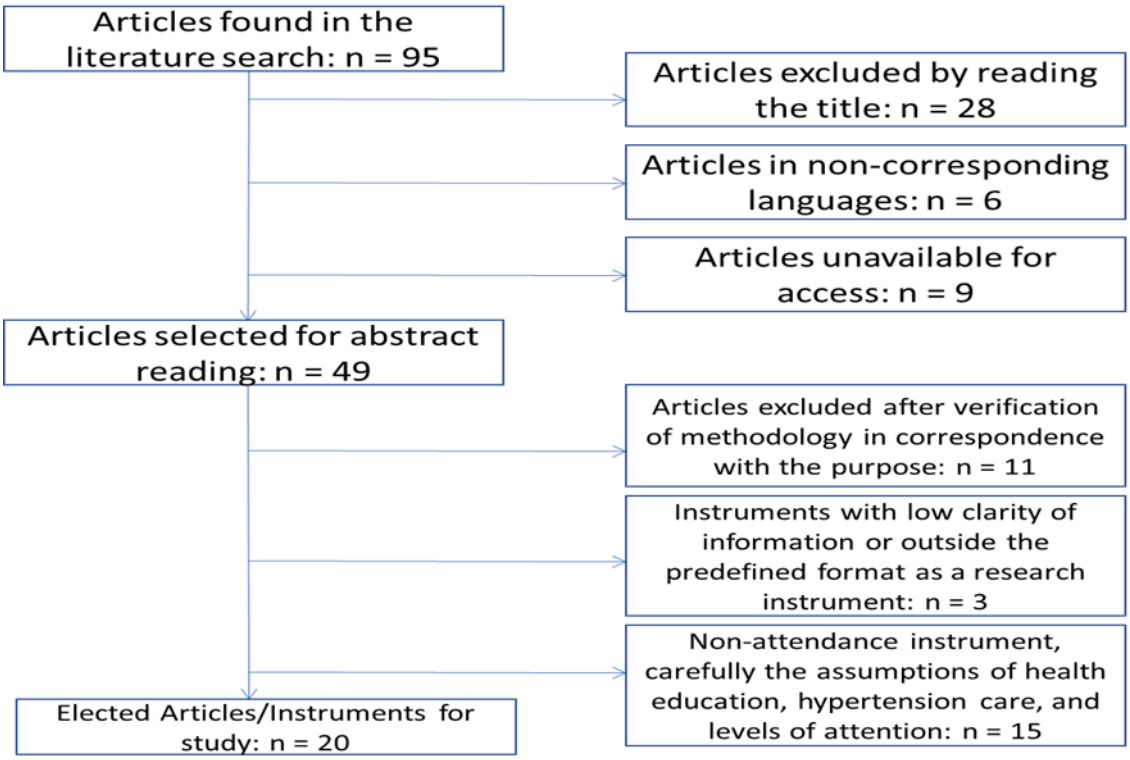
JOURNAL HEALTH AND TECHNOLOGY - JHT
ISSN 2764-7625

published between 2005 and 2022. The descriptors "Systemic Arterial Hypertension (SAH)", "Biodemographic Indicators", "Local Health Strategies", "Health Education" and "Levels of Health Care" were used to search for articles. As exclusion criteria, the following measures were adopted: articles published in non-indexed journals, theses, articles written in languages other than English, Spanish or Portuguese, articles that were not available in the databases, articles published outside the determined period, and whose themes did not address the study of organizational tools for diagnosis and continuity of care in systemic arterial hypertension.

ANALYSIS AND DISCUSSION OF RESULTS

After searching these databases, 95 articles were found.

Figure 1 - Flowchart of the article selection steps



Of these, 49 articles were selected for reading of the abstracts and the remainder were discarded for not presenting consistency with the purpose of this study, and the largest fraction that needed to be eliminated was due to the involvement with topics related to primary health education through aspects not focused on SAH, the repetition of articles not corresponding to the use of screening and health care, and also those that did not deal with the correspondence of integrated factors, when observed in the indications of the specific objectives of this research. After reading and checking the abstract, 19 articles and convenient materials that corresponded to the guiding question were selected, as shown in flowchart 1.

JOURNAL HEALTH AND TECHNOLOGY - JHT
ISSN 2764-7625

The methodology applied for the bibliographic review is shown in table 1, which lists the database used for the research, the number of abstracts evaluated, the articles selected for critical reading and full evaluation, as well as the list of titles found using the keywords selected for the textual search.

Table 1 - Classification of the selected articles according to database

Database	Articles selected for use	Fully evaluated abstracts	Titles found
Cochrane Library	1	7	26
LILACS	4	11	20
SciElo	13	26	36
BVS	2	5	13
Total	**20**	49	95

In order to evaluate the journals linked to the articles selected for the study, a survey was conducted based on the Qualis/Capes concept of journals, which classifies according to the degree of relevance, A1 being the most relevant classification and C the least relevant. This characterization is added to the perspective noted with regard to impact factors in the academic scientific environment. The search for the Qualis classification was conducted on the Sucupira Platform in the four-year period/previous from 2017 to 2020 based on the International Standard Serial Number (ISSN) of the respective journals. For the considered terms were found 10.5% presented Qualis A1 (2); 15.8% presented Qualis A2 (3); 5.4% presented Qualis A4 (1); 21% showed Qualis B1 (4); 15.7% showed to have Qualis B2 (3); 26.2% showed to fit Qualis B4 (5); 5.4% were considered as Qualis C (1). No Qualis A3 or B3 article was found, as evidenced by Table 2.

JOURNAL HEALTH AND TECHNOLOGY - JHT
ISSN 2764-7625

Table 2 - Classification of articles according to Qualis in the quadrennium/previous 2017 to 2020

Author	Magazine/Instrument	Qualis
Alves (2008)	Revista de Administração em Saúde	B4
Armesto *et al.* (2022)	Revista Científica Saúde e Tecnologia	B4
Barroso *et al.* (2020)	Arquivos Brasileiros de Cardiologia	B1
Brandão *et al.* (2010)	Brazilian Journal of Nephrology	B2
BRASIL (2020-2023)	Plano Nacional de Saúde 2020-2023	-
Brettler *et al.*(2022)	Pan American Journal of Public Health	B4
Correa *et al.*(2016)	Revista Brasileira de Hipertensão	C
Costa *et al.*(2005)	Revista Engenharia Sanitária e Ambiental	B1
Dantas *et al.*(2018)	Revista Ciência Plural	B4
Lessa (2021)	The American Journal Nursing	A1
Lucena *et al.* (2021)	Revista Ciências e Cuidados em Saúde	A2
Luz *et al.* (2020)	Revista Brasileira de Geriatria e Gerontologia	A4
Magrini *et al.* (2012)	Revista Electrónica Trimestral de Enfermería	B1
Morais *et al.* (2019)	Revista Brasileira de Ciências da Saúde	B4
Nascimento *et al.* (2019)	Revista Trabalho, Educação e Saúde	B1
Rêgo *et al.* (2019)	Revista Funcionalidade Care Online	A2
Rêgo *et al.* (2018)	Revista Brasileira de Enfermagem	A1
Santos *et al.* (2021)	Revista APS	B2
Tomasi *et al.* (2022)	Revista Epidemiologia e Serviços de Saúde	B2
Torres *et al.* (2017)	Revista Gaúcha de Enfermagem	A2

The result of the research showed that there is an evolutionary process in studies linked to the observation of attention focused on systemic arterial hypertension (SAH) as a trigger for several other adjacent diseases, understanding it as one of the main and most significant underlying diseases and high chronicity in the Brazilian and world population, as well as in studies about its applications in primary care in Brazil, as evidenced by the increasing number of publications found in the last ten years. Still in this perspective, the studies were published in journals with high to medium impact, allowing the recognition of the high degree of relevance of the theme studied. Thus, it is clear the need to further explore this field of study, since it is a disease that figures among the main municipal and state agendas and high preponderance factor on the national scene, presenting with vast power of involvement among the most varied population groups, with high significance, especially in the involvement along the

process of advancing age, prostrating itself as a strong indication in terms of morbidity and mortality, requiring more attentive looks from the consolidation of management strategies in the context of collective health for such.

In this sense, Alves (2008) discusses, in line with Dantas et al., (2018), that the indicators focused on primary care in the sense of enabling better understanding of the development process of basic diseases, which express significant morbidity and mortality, as well as in the case of SAH, end up basing greater questioning and reconstruction in the process of understanding the extent of the disease, its supporting factors, as well as the way in which its epidemiology acts in various social spheres, besides seeing in aging factors, a very important point in the screening process of the disease.

Nevertheless, Correa et al., (2016); Magrini et al., (2012) and Barroso et al., (2020) understand, through the results of their research in loco, that there are, in its dimensioning of involvement, factors that strengthen the need for better identification of the systems that involve SAH, in order to refine more and better a mechanism of anticipation of care in primary stages of primary care, enabling the general population to be educated, conducted and provided with parameters of assistance and health education to better conduct its functionality and aspects of healthy life. This construction is closely associated with the magnitude of tools that permeate this assistance, supported by the technical understanding of a multi-professional team that permeates and raises discussions at the gateway of the national health service: the UBSs. This modeling, of primary health care, allows the team, to instrumentalize factors and developments based on their contact and expertise with the daily triggering of the search activity, screening and continuing education in health, linking the multiple agents systematic-informational, constructivist-formative and important feeling in care; coming, initially, from the conduct of the Community Health Agent - responsible for longitudinal contact with the population served, as well as technicians, nurses and doctors, in addition to the entire multi professional support team. (RÊGO et al., 2018; RÊGO, et al., 2019)

In the view of Lessa (2021), the construction of assistance is multifactorial and permeates an important dynamic in the mapping of care in SAH. In his epidemiological approach, it is notorious the expressiveness that informational tools have on the current performance of health services focused on care and health education. In this same sense, Luz et al., (2020) see that the link between mapping, care, and registration is essential for the consolidation and maintenance of longitudinally, in order to be the axis of narrowing the care and attention. In their study, it can be noted that the fundamentals of continuity and assertiveness in the treatment of SAH and/or in diseases potentiated by this expressiveness, end up being better controlled or even attenuated with pharmacological use or actions based on better habits and quality of life, to the extent that the greater integration of the agents involved in this process. Even so, Tomasi et al., (2022), realizes that, in many cases, there is fragility in aspects such as active search, monitoring of care and, above all, in the way in which the information passes between the pairs of the conduct. That is, due to the process of massification of information, the unpreparedness of the agents of care, as well as the fragmentation among professionals, with regard

JOURNAL HEALTH AND TECHNOLOGY - JHT
ISSN 2764-7625

to their consolidation and integration, there is a lack of conformity in the agenda of this care, and in the best interpretation of the information that feeds the information systems and supports the action plans of the care system. (TORRES et al., 2017; SANTOS et al., 2021)

Given framework, it generates in Nascimento et al. (2019), from the analysis of the factors involved in their research, the vision to better grounding and legitimacy in the collection and analysis of information among the agents of this care, in order to enable a higher degree of criteria in the construction of informative practice, as well as in the mechanisms that permeate this conditioning. In synergy, Lucena et al., (2021), notes that the shared construction, which brings together the mutual understanding of the factors involving SAH, as well as other diseases in a more general aspect, represent the meanders of occasionalism that will better structure the definitions and agendas of investments and engagement resources regarding national policies. To this end, according to BRASIL (2020-2023), which indicates the stages of attention and realization of approaches and instruments for monitoring and control of this practice, Morais et al., (2019), analyzes that lies in the perspective of accuracy and in the most refined capacity of information registration service, the magnitude of care and the process of that care itself, from its nascent perspective of constructivism, going through the consolidative and biostatistical demand of sizing and understanding of patterns and functionalities, flowing out in the interaction with the population served, providing the establishment of the link and success in chronic care.

For such assertiveness, Brandão et al., (2010), analytically to their research results, in line with Brettler et al., (2022), indicate that the path lies in a perception of tools that substantiate the practice from the parametric, organizational, structuralist, instrumental standardization and of settlement in the legitimation of the referring expertises, materialized in the standard that protocols, operational procedures and norms, are able to provide. In this way, the creation of these instruments has the power to play a significant role in the way in which the information process is measured, as well as in the way in which it is used in the tactical, strategic, reactive and operational formers of care, since they can be usefully put into practice safely, correctly and efficiently. Thus, given creation, it holds particular properties, given the teams involved, the locality represented, and the multiple factorial elements that surround this performance. However, as SOPs are forged, their quality continues, despite being constantly checked, they keep in their conception the need for the following of undoubted criteria that deal with structuring the data, managing the factors involved, benefiting the knowledge of professional agents and better treat the information that discharges in a systematic, preconized and effective way. (COSTA et al., 2005; ALVES, 2018; LESSA, 2021)

Thus, according to Armesto et al., (2022), in a holistic way, it is still necessary to go beyond the theory of recommendations of what should be done and actually put into practice the use of tools that support the determination of interventions to be created. This reflects a communicative management body constantly linked to the health team in order to promote integrated actions among all the actors in the UBS. With this it is possible to infer that it is also necessary that the management team guides and

JOURNAL HEALTH AND TECHNOLOGY - JHT
ISSN 2764-7625

participates in the work planning to put into practice the attitudes required to improve the existing problems in the location. The survey of such problems is done based on the epidemiological reality provided by instruments capable of classifying and organizing the demands brought by the health team. Therefore, communication must be a two-way street so that both sides are aware of the work processes and execute the improvement tasks efficiently.

FINAL CONSIDERATIONS

The importance of care actions, bond, professionalization and appropriate methods in data collection, informative systematization and consolidation of adjacent information are the basis for understanding the process of health and care, as well as in the standardization of references that help to understand and treat chronically ill with hypertension in the form of conference and basis for epidemiological indicators of actions linked to basic health units. In this sense, it is created from important discussions through literature, as well as from continuous practices in health assistance and care, integral to multidisciplinary health teams in basic health units, creating tools that better provide the understanding and detection of factors that influence the epidemiological process and the mortality that hypertension can provide when not detected and treated early. This construction is noted in the use of protocols, operating procedures and regulations that provide more and better grounds for obtaining information, its processing and use in the dynamics of prevention and care, as well as in the consolidation of investments, plans and goals aimed at its treatment. To this end, the literary evolution in the aspect of deepening studies, goal plans that deal with standardization instruments of information collection, as well as in the greater stimulus to health education, not only of patients, but also of professionals involved in the cycle of care, are key factors in the veracity of information, in the legitimacy of care, and in the better worked out projection of the control of SAH.

REFERENCES

ALVES, A. R. O uso da epidemiologia no planejamento das ações de saúde: um estudo nos PSF's de Formiga-MG. **Revista de Administração em Saúde**, v. 3, n. 9, p. 01-605, 2008. Available at: https://bambui.ifmg.edu.br/jornada_cientifica/str/artigos_aprovados/Area%20de%20saude/43-PT-1.pdf. Accessed at: set. 2022.

ARMESTO, L. M; ALONSO, T. R; ORTEGA, R. A. S; DELATORRE, L. K; RIBEIRO, A. V. G; BAUEB, J. F; DAVID, G; VACCAREZZA, G. F. **Revista Científica Saúde e Tecnologia**, v. 2, n. 1, p. 01-11, 2022. Available at: https://recisatec.com.br/index.php/recisatec/article/view/65/55 Accessed at: out. 2022.

BARROSO, W. K. S. *et al*. Diretrizes Brasileiras de Hipertensão Arterial-Brazilian Guidelines of Hypertension. **Arquivos Brasileiros de Cardiologia**, v. 116, n. 3, p. 516-658, 2020. Available at: https://abccardiol.org/wp-content/uploads/articles_xml/0066-782X-abc-116-03-0516/0066-782X-abc116 Accessed at: set. 2022.

BRANDÃO, A. A, *et al.* Conceituação, epidemiologia e prevenção primária. **Brazilian Journal of Nephrology**, v. 32, n. 1, p. 1-4, 2010. Available at: https://www.scielo.br/j/jbn/a/gXhnYZnBKz9XmYgzrVF9Drt/?lang=pt Accessed at: set. 2022.

JOURNAL HEALTH AND TECHNOLOGY - JHT
ISSN 2764-7625

BRASIL. **Plano Nacional de Saúde 2020-2023**: Composição Ministerial. Brasília: Ministério da Saúde, 2019. Available at: https://bvsms.saude.gov.br/bvs/publicacoes/plano_nacional_saude_2020_2023.pdf Accessed at: set. 2022

BRETTLER, J. W.; ARCILA, G. P. G.; AUMALA, T.; BEST, A.; CAMPBELL, N. R. C.; CYR, S. *et al.* Fatores impulsionadores e scorecards para melhorar o controle da hipertensão arterial na atenção primária: recomendações do Grupo de Inovação da Iniciativa HEARTS nas Américas. **Pan American Journal of Public Health**, v. 46, p. 01-12, 2022. Available at: https://iris.paho.org/bitstream/handle/10665.2/55966/v46e682022.pdf?sequence=1&isAllowed=y Accessed at: nov. 2022.

CÔRREA, N. B.; FARIA, A. P. de; JÚNIOR, H. M.; MODOLO, R. Não adesão ao tratamento farmacológico anti-hipertensivo como causa de controle inadequado da hipertensão arterial. **Revista Brasileira de Hipertensão**, v. 23, n. 3, p. 58-65, 2016. Available at: https://docs.bvsalud.org/biblioref/2018/03/880242/rbh-v23n3_58-65.pdf#:~:text=Isso%20indica%20que%20a%20n%C3%A3o,descontrole%20press%C3%B3rico%20no%20paciente%20hipertenso Accessed at: nov. 2022.

COSTA, S. S.; HELLER, L.; BRANDÃO, C. C. S.; COLOSIMO, E. A. Indicadores epidemiológicos aplicáveis a estudos sobre a associação entre saneamento e saúde de base municipal. **Revista Engenharia Sanitária e Ambiental**, v. 10, n. 2, p. 118-127, 2005. Available at: https://www.scielo.br/j/esa/a/g48swCcp6bQ8mVdy96hdY9s/?format=pdf&lang=pt Accessed at: nov. 2022.

DANTAS, R. C. de O; DANTAS, D. C. de O; LIMA, V. V. *et al.* O uso de protocolos na gestão do cuidado da hipertensão arterial na atenção primária à saúde: uma revisão integrativa. **Revista Ciência Plural**, v. 4, n.1, p. 117-131, 2018. Available at: https://periodicos.ufrn.br/rcp/article/view/13662/9826 Accessed at: nov. 2022.

LESSA, J. F. Planejamento estratégico situacional elaborado em uma unidade de saúde da família: um relato de experiência. **The American Journal Nursing**, v. 24, n. 275, p. 5506–5513, 2021. Available at: https://revistas.mpmcomunicacao.com.br/index.php/revistanursing/article/view/1186/1661 Accessed at: nov. 2022.

LUCENA. A. C. R. M.; RÊGO, A. da S.; CHARLO, P. B, *et al.* Desempenho dos Serviços da Atenção Primária à Saúde: Satisfação das Pessoas com Hipertensão. **Revista Ciências e Cuidados em Saúde**, v. 20, p. 01-09, 2021. Available at: https://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/53086/751375151649 Accessed at: nov. 2022.

LUZ, A. L. de A; SILVA-COSTA, A; GRIEP, R. H. Pressão arterial não controlada entre pessoas idosas hipertensas assistidas pela Estratégia Saúde da Família. **Revista Brasileira de Geriatria e Gerontologia**, v. 23, n. 4, p. 01-14, 2020. Available at: https://www.scielo.br/j/rbgg/a/7LG5Wb7g3c5CgBcLrL3J6nQ/?lang=pt# Accessed at: nov. 2022.

MAGRINI, D. W.; MARTINI, J.G. Hipertensão arterial: principais fatores de risco modificáveisna estratégia de saúde da família. **Revista Electrónica Trimestral de Enfermería**, v. 11, n. 26, p. 354-363, 2012. Available at: https://scielo.isciii.es/pdf/eg/v11n26/pt_revision5.pdf Accessed at: set. 2022.

MORAIS, J. D. de; PAES, N. A.; RIBEIRO, K. S. Q. S.; POLETTO, C. M. Comparação entre Dois Sistemas de Informação em Saúde sobre Hipertensão Arterial Sistêmica (HAS): considerações sobre uma Experiência. **Revista Brasileira de Ciências da Saúde**, v. 23, n. 1, p. 97- 106, 2019. Available at: https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1009248 Accessed at: Nov. 2022.

JOURNAL HEALTH AND TECHNOLOGY - JHT
ISSN 2764-7625

NASCIMENTO, A. G.; CORDEIRO, J. C. Núcleo Ampliado de saúde da família e atenção básica - análise do processo de trabalho. **Revista Trabalho, Educação e Saúde**, v. 17, n. 2, p. 1-20, 2019. Available at: https://www.scielo.br/j/tes/a/tWS99FwJwhn55N9jGLSNDhR/ Accessed at: Set. 2022.

RÊGO, A. da S; RADOVANOVIC, C. A. T. Adesão/vínculo de pessoas com hipertensão arterial na Estratégia Saúde da Família. **Revista Brasileira de Enfermagem**, v. 71, n. 3, p. 1093-1100, 2018. Available at: https://www.scielo.br/j/reben/a/kPx43BrTLdFvJQSKvNW7znd/?format=pdf&lang=pt Accessed at: nov. 2022.

RÊGO, A. S.; RODRIGUES, T.F.C.S, FIGUEIREDO, F.S. F, *et al.* Acessibilidade ao diagnóstico de hipertensão arterial na atenção primária à saúde. **Revista Funcionalidade Care Online**, v. 13, p. 1129-1134, 2021. Available at: http://seer.unirio.br/cuidadofundamental/article/view/9102/10190 Accessed at: Nov. 2022.

SANTOS, J. M. M; MONTEIRO, C. N; JUNIOR, A. E. Rede de atenção à saúde no cuidado do paciente hipertenso, município de São Paulo, Brasil. **Revista APS**, v. 24, n. 2, p. 321-337, 2021. Available at: https://periodicos.ufjf.br/index.php/aps/article/view/16796/23496 Accessed at: Nov. 2022.

TOMASI, E; PEREIRA, D. C; SANTOS, A. V. dos; NEVES, R. G. Adequação do cuidado a pessoas com hipertensão arterial no Brasil: Pesquisa Nacional de Saúde, 2013 E 2019. **Revista Epidemiologia e Serviços de Saúde**, v. 31, n. 2, p. 01-14, 2022. Available at: https://www.scielo.br/j/ress/a/y7ryL7pFynvc8wKVWbwncHF/?format=pdf&lang=pt Accessed at: nov. 2022.

TORRES, G. M. C.; FIGUEIREDO, I. D. T; CÂNDIDO, J. A. B.; *et al.* Comunicação terapêutica na interação profissional de saúde e hipertenso na estratégia saúde da família**. Revista Gaúcha de Enfermagem**, v. 38, n. 4, p. 01-08, 2017. Available at: https://www.scielo.br/j/rgenf/a/JVCTvSJnZXtzbWsShRWWJcL/?lang=pt Accessed at: nov. 2022.