Systematization of work processes in the public management of integrative health practices: an experience report

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ABSTRACT
Without parameters to carry out personnel dimensioning, to maintain or expand the composition of a management team of integrative practices in public health, this is the first article to present the systematization of the work processes of this type of team, the outline of the steps of identification and prioritization of processes, observation of the current effort by the result, From the vision of the team, and verification of the type of improvement solution for each process, first step to a future sizing of personnel. The methodology described by the Ministry of Health for administrative areas was used. 17 work processes were systematized, all identified by the team with a high level of added value. To improve processes, the need to invest in people was the most frequent, followed by process optimization. The overall result indicated great complexity associated with the work of the team, which has intersectoral actions and great scope of action in the network, at the three levels of health care. The intervention carried out, followed by records and monitoring of activities and results over time, can assist the current and future management of the workforce for integrative practice management teams.

Keywords: Human resources administration, complementary therapies, public health administration.

1 INTRODUCTION

Work planning and organization are among the main recurrent factors in studies on illness at work (Calado & Marques, 2018; Carloto, 2020; Smith, 2021; Ramos & Macêdo, 2018).

In the area of health, the discussion about work processes (WT) of care teams is very frequent (Gleriano et al., 2021; Nunes et al., 2018; Vieira-Meyer et al., 2020; Vizzoni et al., 2021), as well as the traditional calculation for sizing care teams, especially nursing (Carvalho & Nascimento, 2020; J. L. C. de Oliveira et al., 2022; Moraes et al., 2021; Nishiyama et al., 2020), looking at what is understood as health management.

On the other hand, little content is found about the distribution of personnel in the administrative - or management - area of health in the public sector. There is also little study of the PTs involved in the different administrative sectors focused on health (Brasil, 2018), managerial stress (Silva et al., 2021) in these places, and possible improvement technologies.

Changes in attitudes can contribute to the organization achieving its objectives and, at the same time, generate personal fulfillment for the agents involved (Cosenza & Cosenza, 2020). The use of methods or tools can provide success, provided that one considers the particularities and complexities

of a public organization. The State is not inefficient by nature and can adopt private management practices, just as private management adopts public management practices (R. A. de Oliveira & Azeredo, 2021). But the transformations are possible from the intelligence of the agents involved, capable of bringing clarity about the planning and objectives of the organization (M. G. de Oliveira, 2020).

Due to the complexity of the theme and the lack of parameters, some administrative sectors may be more or less supplied with human resources, as well as may have people more or less prepared for the actions they must perform in a given sector, and there may be individual, collective and institutional damage.

Health differs from other sectors of government by the peculiarities and complexity of the processes involved. The management of integrative and complementary practices in health (PICS) has challenges that go beyond these complexities because it deals with the implementation and monitoring of services that are not yet known by everyone in the health network. This condition is aggravated by the fact that the professionals are not qualified to use these forms of care in their basic professional education.

In this context, the PICS management sector (GP) needs to encompass diverse activities, ranging from the training of personnel to the monitoring of actions in the network, through permanent intersectoral articulations so that the other actions of the agency, designed for conventional care, also work for actions involving PICS.

Without parameters to carry out staff dimensioning, to maintain or expand the composition of a GP team focused on public health, the need arose for systematization of its PT. This is the first article to present the identification of the PT of a GP team, with verification of execution and prioritization, the first step towards a future sizing of personnel.

2 METHODOLOGIES

In the absence of a district standard for the workforce in the administrative area of health, the intervention systematized the work processes using the methodology described by the Ministry of Health (Brasil, 2018), contemplating: information collection with professionals, managers, and documents of the sector; description of the work area; organization of information; validation of processes and results in consensus meetings; information analysis. The steps of prioritization of processes, observation of the current effort by result, from the team's view, and verification of the type of improvement solution for each process were achieved.

The first meeting of the GP team for the proposed intervention took place on April 23, 2020, with discussions and doubts about the best work methodology to reflect the reality of the sector. The

parameters of the institution's workforce, published in its manual, were not considered reasonable by the team, because they were restricted and directed to the healthcare teams, not contemplating the administrative sectors.

On the 27th of the month, the second meeting was held, with a proposal and acceptance of the methodology used. A team was formed to conduct the work, composed of two servers of the sector. The active participation of all GP professionals was agreed upon, aiming at the collection of all the necessary information and the appropriate analysis of the peculiarities of the work developed. The deadline was two months.

The driving team worked remotely, in a setting of pandemic isolation. A digital questionnaire was elaborated, which was answered individually by the entire team, to describe the activities performed, so that all the work could be contemplated. The professionals indicated the work process to which they believed the activities they performed belonged.

Other information about the processes was requested, such as others involved, expected results, and existing records about them. The answers were free, in an open questionnaire.

The concept of PT used was informed in the questionnaire, called PT each set of activities with a specific purpose, which generates a product or service and has a beginning and end (duration), and can happen in repeated cycles, predictable or not, long or short (frequency) (Brasil, 2018).

To better understand the composition of the GP team and its PT, during the period of response to the questionnaire, information was collected through consultation of administrative records, publications of the Official Gazette, and regulations, to contextualize the existing workforce in the sector.

Doubts of the team were resolved in a meeting on May 7. On day 11, the analysis and unification of the answers to the questionnaire was initiated. The drivers of the study excluded the repeated information and grouped the activities in PT based on the concept of the proposed methodology, using an Excel spreadsheet. For the processes to express generically the activities of all, several reformulations were necessary, as well as the differentiation between PT and activities, which were confused in the view of the different team members.

The Manager validated the PT identified in a meeting on the 25th, requesting the addition of one. The material was adjusted and sent for validation by the team, allowing each member to confirm the contemplation or not of all their work. Adjustments were suggested throughout the process.

At the end of all stages of data collection, the leaders of the work reviewed and improved the text of the WP, its activities, and, mainly, its objectives and results, to express them more clearly and coherently, a fundamental step for better assimilation and use of the team in daily work.

In the following stages, the professionals of the sector informed the workloads used, percentage of effort per process, absences from work, time of activity in the sector, computerization, complexity, and added value of each process.

A spreadsheet with automated calculation of percentages was offered, according to the weekly workload reported by each team member. Each server fed the spreadsheet the set of hours spent per week, month, or year for each of the identified processes. Workloads of absences from work were reported. Vacations and time allowances were calculated generically, as they are standardized absences in the year for all.

At this point, a limitation was verified. There were not enough specific records that allowed the most accurate expression of the time spent in each work activity, making it impossible to advance the quantitative analysis.

After completing the spreadsheet with the workloads, each server made the necessary adjustments so that the total percentage of their effort per process, added to their absences, in twelve months, resulted in 100% of effort, that is, represented the total of their contractual workload dedicated to work in the sector.

All team members were invited to process prioritization meetings. The consensus sought to value each item, allowing free argumentation. In the absence of consensus, there was an open vote, until only one value was obtained that represented the opinion of the majority of the participants of each meeting. The number of meetings was not limited. The tables of complexity, computerization, and added value filled in the meetings allowed analysis of prioritization of the processes. All values were classified as high, medium, or low, and one or more improvement actions were proposed for each process (Brasil, 2018).

The work proposed from the beginning aimed to express as much as possible the reality of the work of the GP team, promoting, during and after the collection of information, an individual and collective reflection on the PT developed and the results desired by the sector, in line with the norms and the official Internal Regulations of the institution.

3 RESULTS AND DISCUSSION

Regarding the context, the institutionalization of PICS was initiated in the State Department of Health of the Federal District (SES-DF) in 1989, with the establishment of the Program for the Development of Non-Conventional Therapies. A nucleus was created in the year 2000 in the organic structure of the Central Administration of SES-DF to implement, supervise, and conduct education and research on these therapies. There was a coordinator for each of the four existing therapeutic modalities in 2001, and in 2009, a coordinator for 10 others was incorporated (Distrito Federal, 2005).

In 2011, the nucleus was transformed into a management, object of the intervention reported in this article, the Management of Integrative Practices in Health (GERPIS). GERPIS was initially composed, in addition to the Manager, of a Planning coordinator, a Knowledge Production coordinator, and 14 technical area coordinators, referring to the PIS modalities that were then offered by SUS-DF.

In 2013, the District Policy of Integrative Practices in Health (PDPIS) was structured, which underwent public consultation, appreciation, and approval by the Collegiate Manager of SES-DF and the Health Council of the Federal District, being published in 2014.

GERPIS is currently competent, in short, to promote, articulate intersectoral and support the implementation of PDPIS, carry out and monitor PIS education, participate in the preparation of documents, related monitoring, budget proposal, and other related activities focused on PIS in SES-DF (Federal District, 2018).

The District Technical References (RTD), linked to GERPIS one for each PIS, are responsible for managing the set of micromanagement technologies aimed at providing quality, safe, efficient, timely, equitable, and humanized health care. They carry out several actions, such as support to the Coordinations, Boards, Managers, and Nuclei, elaboration and revision of protocols, articulation with the areas involved, collaboration in the implementation and implementation of care protocols, technical subsidy for monitoring and evaluation, health education, representation of the area of operation, interlocution between central and regional administration, preparation of technical opinion, contribution with standardization and acquisition of inputs (Federal District, 2018).

Since the Federal District performs mixed management, assuming the role of state and municipalities, GERPIS, while responsible for the implementation of PDPIS in the territory of the Federal District, absorbs both roles.

Regarding the composition of the GERGIS team, in 2016 the sector had approximately 330 hours of professional activity, accounting for crowded servers or those who only dedicated part of the workload (CH). With retirement, expansion of HC, and performance of new professionals in the team, at the time of the intervention, in 2020, the dedicated HC reached 410 hours per week, of 17 professionals linked to GERPIS (Federal District, 2020b).

This HC was directed to administrative and technical management in PIS, focusing on the implementation of the PDPIS, from the qualification and basic standardization of the various modalities of PIS to the monitoring of supply, with intersectoral action and enabling the care of the 7 Health Regions of the DF, which is equivalent to a population of around 3 million inhabitants, according to IBGE estimate.

The objectives presented in the PDPIS were:

"To develop Integrative Health Practices (PIS) within the scope of SUS/DF, in the context of health promotion, recovery, and rehabilitation and the prevention of diseases at all levels of care, with emphasis on Primary Care.
Contribute to increasing the resolvability of the System and expand access to PIS, ensuring quality, effectiveness, efficiency, and safety in its use.
Rationalize health actions, encouraging innovative and socially contributive alternatives to the sustainable development of the community.
Promote the responsible, ethical, and continuous involvement of users, workers, and managers with the Integrative Health Practices (PIS) within the scope of SUS-DF.
Expand access to control and social participation, fostering spaces for the exercise of citizenship"
(Federal District, 2014)

There was no design of the GERPIS PT before this intervention. The survey form of the team's PT was answered by twelve of its servers, informing the activities they performed with the sector and the supposed PT to which they related. Each one indicated, on average, participation in 6.5 PT, with different activities, totaling 78 PT (Distrito Federal, 2020c). The content was repeated in several responses, but with pointing out activities as being processes and vice versa.

The structure of the PT was not recognized in most of the responses, as well as in the study by Bernonville (2013), making it evident that, despite expressing the execution of their activities clearly, the servers did not organize them because of the results, often using one process as a means to achieve the other and not as an end in itself.

This may have occurred because people understood the association between the activities in the way they perform them in daily life instead of associating them by purpose, according to the concept of the process presented. The cumulative execution of processes by each server, as well as the concomitant doing of activities belonging to different processes, corroborates this difficulty.

After organizing all the activities according to the purpose informed for each one, excluding the repeated ones and unifying the similar ones, 16 PT remained. In the validation meeting with the manager, one was added, totaling 17 (Chart 1).

1 – PT of GERPIS identified and systematized. Brasilia, 2020.

PROCESS	GOALS
General management of the implementation of pdpis in the federal district	Align GERPIS actions with the needs and interests of the network; Analyze scenario and set priorities; Establish goals and indicators; Direct the execution of the other PT of GERPIS from the goals established for the implementation of the PDPIS; Integrate the execution of PDPIS with Government Plans; Organize and monitor the management of intersectoral processes; Articulate and effectively achieve the goals of implementing the PDPIS through parliamentary amendments or other sources of funds; Elaborate, monitor, and maintain the documents directed to the implementation of PIS updated and answered within the established deadlines; Present in meetings and the media the information pertinent to the PDPIS; Articulate intersectoral implementation of the PDPIS; Articulate, prioritize and meet demands related to the implementation of PDPIS from Social Control;

	Monitor and analyze the overall implementation of PDPIS in the Federal District.
Gerpis team management and execution of internal administrative procedures	Maintain the GERPIS team with competent representatives of all PIS institutionalized in SES-DF; Represent the GERPIS team in meetings and collegiates Organize the management administratively to meet the demands of HR control, the external requests and the agreed goals. Support RTDs and other team members to plan their actions Monitor, support and disseminate, if necessary, the execution of the annual planning of the components of the GERPIS team Plan, discuss, regulate and disclose the actions of GERPIS internally Make available to the responsible sector (GEFREQ) the monthly scale of the servers Keep the team integrated, organized and aware of their assignments, priorities and goals set Elaborate, follow-up, respond and forward demands by the SEI, e-mail and telephones related to the team Contribute to institutional communication and maintain official records of team activities Contribute to the motivation of the team servers Keep the team's agenda disclosed to the industry Maintain minimum work structure for PDPIS implementation.
Regular offer of pis	Offer PIS to specific audiences and ADMC servers Disseminate the PIS Promote health in all dimensions for the community and servers of the Central Administration Improve the quality of life of servers Decrease absenteeism Maintain the offer of therapeutic alternatives
Offer of pis experiences, workshops, exhibitions or lectures, except occasional participation as a guest in events	Inform about the benefits of the practice. Promote health during social isolation or in daily life Disseminate knowledge of practices Publicize the offer of the PIS Provide experimentation of techniques Stimulate practice Exchange and update knowledge Expand access to PIS through digital or face-to-face Strengthen partnerships Disseminate successful experiences in PIS.
Punctual participation as a guest in events	Inform about the benefits of the practice. Disseminate knowledge of practices Publicize the offer of the PIS Provide experimentation of techniques Stimulate practice Exchange and update knowledge Expand access to PIS, by digital means or in person; Strengthen partnerships Disseminate successful experiences in PIS. Meet specific demands of certain units.
Qualification/training/complementary training of pis facilitators for the public or philanthropic network	Enable instructors - PIS facilitators for public and philanthropic services. Offer PIS with quality, safety and effectiveness in the network. Empower volunteers to facilitate the provision of PIS. Maintain and increase the therapeutic offer of promotion, maintenance and recovery of health in the network.
Free pis course for the community at large	Enable PIS practitioners. Guide the use of PIS with quality, safety and efficacy. Expand access to PIS to other institutions and the community at large. Promote health in all dimensions. Offer therapeutic alternatives for the maintenance and recovery of health.
Permanent/continuing education in pis (ep/ec)	Increase or maintain the supply of PIS with quality, effectiveness and security for the community and servers.

	Maintain a team of motivated and autonomous facilitators. Integrate and strengthen the support network of facilitators/instructors. Improve the technique and theoretical knowledge of instructors/facilitators Develop the personal skills of instructors/facilitators for better insertion of PIS in the context of the SUS and the Health Unit where it is offered. Promote the active participation of the facilitator in the improvement of the supply of services in his unit and his Health Region. Guide instructors on the importance of productivity logging and monitoring in general
Awareness, monitoring, and technical support to regional facilitators and managers for the implementation, maintenance, and strengthening of pis supply	Establish effective communication with facilitators, managers and users Support the construction of teamwork in the local implementation of the PIS; Reduce doubts or technical difficulties of PIS implementation brought by facilitators and managers. Meet other demands on the implementation of PIS of facilitators, managers or local health teams and their users. Contribute to a permanent improvement of the offer of PIS services. Disseminate in a targeted way documents and information to strengthen the offer of PIS with quality and safety. Value the work and needs of local teams. Increase engagement and encourage facilitators. Stimulate local partnerships for better implementation of PIS.
Triggering of construction processes and renovations of spaces, as well as purchases of materials and equipment	Offer adequate space for performing PIS with safety, effectiveness and accessibility. Supply adequate materials to perform PIS with safety, effectiveness, and accessibility. Supply adequate equipment to perform PIS with safety, effectiveness and accessibility. Expand and modernize the structure available for PIS in the DF.
Elaboration / updating of educational and informative materials	Develop materials on PIS for the community, servers and managers. Motivate the use and expand the scope of the techniques used by the facilitators. Offer information, tutorials, and schemes to facilitate the work of the facilitator in his work context. Provide theoretical or audiovisual material that can subsidize, disseminate and provide security to the offer of PIS in SES / DF. Promote dissemination of quality content about PIS. Disclose the benefits, contraindications, and the best application of PIS. Demystify the use of PIS as a purely recreational practice. To give visibility to the PIS as health care services that are part of the care network. Stimulate access and timely use of SIP by society, inside and outside health services.
Review/ preparation of technical documents	Generate minimum parameters for the offer of PIS in the DF. Update and review standards and procedures for PIS in the Federal District. Define guidelines that are compatible with the scenario and context. Formalize the practice of PIS in lines of care and clinical protocols of the Federal District. Technically guide the implementation of PDPIS in the territory of the Federal District. Promote expanded access to PIS. Implement PIS that meets the needs of the community. Facilitate social control and participation. Formalize and substantiate public sector actions.
Promotion and organization of major events	Fostering social participation Valuing the facilitators and the entire PIS network Disseminate and disseminate technical and scientific knowledge about PIS Involve the PIS, in topics of interest to the community;
Research and scientific production on pis	Expand scientific knowledge in PIS. Produce scientific evidence on PIS. Offer services based on local or specific evidence. Study innovative health technologies. Offer research field in PIS.

Elaboration of work projects in an intersectoral way	Know the realities of other sectors or institutions for the implementation of PIS in an effective and safe way Promote the implementation of PIS inside and outside SES in a transparent manner and aligned with the reality of the sectors involved Institutionally strengthen the public policy. Expand and disseminate knowledge about PIS Establish partnerships and identify common problems and goals to achieve better results. Enable expansion of access to PIS to citizens. Obtain collective and expanded management resources in PIS. Enable projects with other sectors. Involve sectors interested in the expansion of PDPIS Promote actions with PIS in SESDF	
Execution of projects, programs, agreements and other partnerships already established, in an intersectoral manner	Promote the implementation of PIS outside SES Promote the implementation of PIS in other sectors of SES Institutionally strengthen the public policy. Expand and disseminate knowledge about PIS Strengthen health promotion in the Federal District Enable expansion of access to PIS to citizens. Obtain collective and expanded management resources in PIS. Involve sectors interested in the expansion of PDPIS Promote actions with PIS in SESDF.	
Monitoring and dissemination of the implementation of pdpis in the federal district	Obtain general information related to the implementation of PIS in the SES network; Generate a database for the proper planning of actions aimed at the implementation of PDPIS in the DF; Map and analyze the implementation of PIS in the SES DF Network; Provide information for training planning and technical improvement to meet the needs of the network; Provide information to support and execute other actions aimed at the implementation of local/regional PIS; Keep managers informed, for the preparation, monitoring, and fulfillment of goals, the establishment of priorities, and decision-making; have up-to-date information on the PIS; Maintain wide dissemination of the offer of services; Issue monitoring reports of PIS information in the SES-DF network; Publicize the information, with the approval of the Manager.	

Source: (Federal District, 2020c)

Three processes presented extreme complexity, due to the transversality in time, in the team and relation to the other processes: general management of the implementation of the PDPIS; team management; and monitoring. These are predominantly related to the actions of the Team Manager, together with the professional dedicated to monitoring and the administrative technicians of the sector. They could easily be subdivided into several other processes, but they remained unified initially, at the option of the team, due to the high number of processes.

The process of the general management of the implementation of the policy functions as an orderly of the others so that all other processes are subordinate to it. In the execution of the processes, the cycle of each one, although variable, needs to be correctly identified by the team, to allow delimitation and recognition of the associated results, facilitating the organization of work routines.
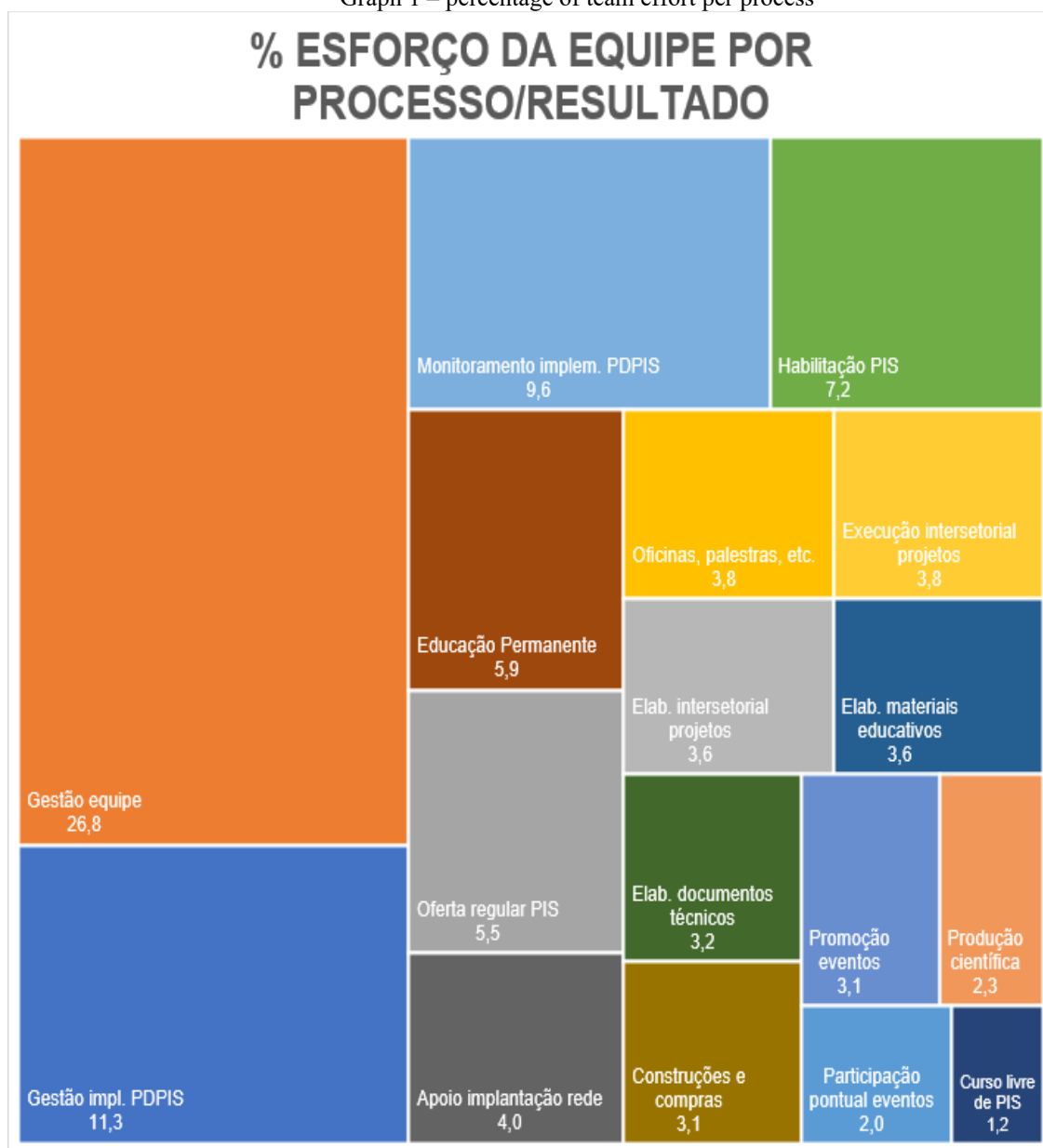
The systematization of the PT was the main result of the intervention. It provoked a deepening of the individual analysis of the work and a better understanding of the chain of activities to achieve

objectives. The clarity of who executes which process within the team can become a valuable team management tool, enabling better distribution of the workforce, and focusing on achieving prioritized results.

The processes identified, with their activities and their main results, were the basis of the other stages of the work. There was little time for the team to fully assimilate this previously unvisualized structure. This may have influenced the outcome of the following steps.

The hours worked and absences from work reported by each team member for each of the 17 PT, in the twelve months, determined the effort employed to achieve their associated results. The percentage of effort, considering only the hours worked, is presented in Graph 1.

Graph 1 – percentage of team effort per process

% ESFORÇO DA EQUIPE POR PROCESSO/RESULTADO

Monitoramento implem. PDPIS
9,6

Habilitação PIS
7,2

Educação Permanente
5,9

Oficinas, palestras, etc.
3,8

Execução intersetorial projetos
3,8

Elab. intersetorial projetos
3,6

Elab. materiais educativos
3,6

Gestão equipe
26,8

Oferta regular PIS
5,5

Elab. documentos técnicos
3,2

Promoção eventos
3,1

Produção científica
2,3

Gestão impl. PDPIS
11,3

Apoio implantação rede
4,0

Construções e compras
3,1

Participação pontual eventos
2,0

Curso livre de PIS
1,2

Source: Federal District, 2020a

The average percentage of all team absences from work, including vacations and other legal absences, is shown in Graph 2.

Graph 2 – time of contractual work worked and absences.

TRABALHO EFETIVO X AUSÊNCIAS DA EQUIPE

- 9,0%
- 0,6%
- 4,8%
- 2,1%
- 1,7%
- 81,9%

Legend:
- Tempo de trabalho efetivo
- Licença Prêmio
- Abonos anuais
- Atestados médico/comparecimento
- Férias
- Outros afastamentos legais
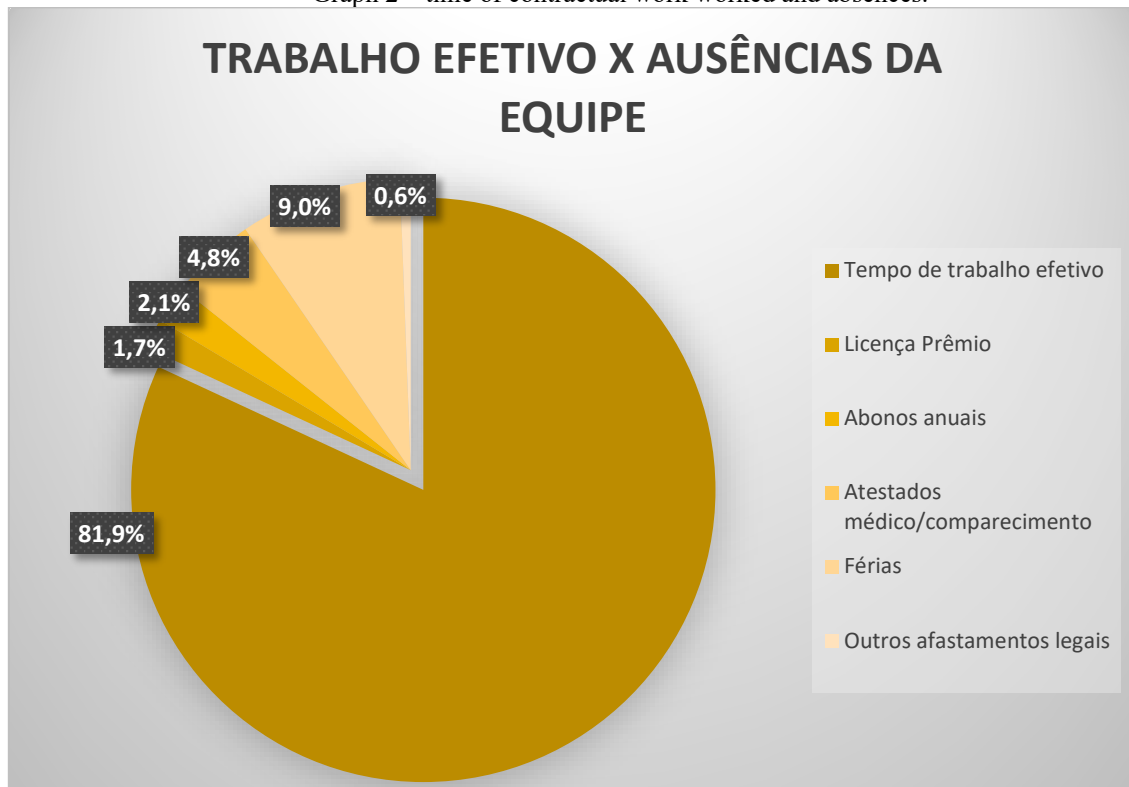
Source: (Federal District, 2020a)

It is important to note that it is remarkable the great variability of the team's activities over the years and also within the same year. The pandemic also brought the need to adapt the processes and increase the effort in the internal management of the team, with the need to adapt routines and learn alternative ways of working especially education and health care. The team highlighted the expansion of the work over time and the restructuring of the service repeatedly without programming or reprogramming the PT.

It was difficult for some team members to complete 100% of the contractual workload from their record of hours dedicated to each process. This may be the result of a deficiency in the records of the activities performed, but it may also signal distortion in the perception of the individual effort undertaken in the activities, disorganization of some PT – at the individual or team level -, the need to increase the workload of some servers; carrying out work outside working hours, or even the need for redistribution of workload intended to carry out certain processes.

The performance of activities linked to the cycle of the work process contributes to motivation in the team by allowing visualization of the results achieved. The recognition of the WP and its

complexity highlighted the need to organize the work routines of the team and the attributions of each member.

The great effort observed in the internal management process of the GERPIS team encourages revision or even redesign of this process. The level of computerization of the process will also need to be reanalyzed by the team. The realization of team meetings, one of the main activities pointed out in this process, if more specific and objective, would help the involvement of the servers with each subject, which would optimize the team's working time.

Another relevant point is the difference in effort between the members who joined the team more recently about the others. Similarly, older technical areas of PIS, with good follow-up over the years, tend to be better structured in the network than those practices that were institutionalized for less time or that remained for long periods without central monitoring.

The visualization of the distribution of effort by process makes us believe that there was not a complete understanding of the activities that make up some of the processes, with the possibility of duplication of the indicated workloads of the activities, in different processes.

The result of effort calculation for the team management process, for example, may have been provoked by participation in team meetings, which merge the theme of team management itself with management themes of the District Policy of Integrative Practices in Health (PDPIS), intersectoral processes, and others. Another activity that may have generated misconception in this process is the "attendance and resolution of diverse, daily, and emerging demands" of the team, which may have been confused with problem-solving of the PIS or the service network.

The search for prioritization for the PT resulted in a representation on a numerical scale of the team's vision of three elements involved: complexity, computerization, and added value. From the first two, improvement actions were proposed to be prioritized in each process. The last element determined which processes are the most priority for the team. These should be prioritized in the implementation of the proposed improvements. All values were classified as high or medium, as shown in Chart 2

There was difficulty at the beginning of this stage, due to the recent structuring of the PT, still little assimilated by the team. On the other hand, advancing to this stage allowed that, to the extent that the professionals repeatedly read each process and its respective activities, they acquired greater affinity with them, generating fluency for prioritization and fostering the daily use of the systematization performed.

PROCESS	Total Complexity	Total Computerization	Improvement Actions Proposed	Total Value Added
General management of the implementation of PDPIS in the Federal District	20 high	7 medium	Investment in people	15 high
Personal management of the GERPIS team and execution of internal administrative procedures	14 medium	10 high	Systems improvement	15 high
REGULAR offer of PIS, whether face-to-face or remote, including actions of intersectoral processes already established.	13 medium	7 medium	Process optimization	12 high
Offer of PIS experiences, workshops, exhibitions, or lectures, at SES or another location, whether in person or at a distance, including actions of intersectoral processes already established, except punctual participation as a guest in events.	15 medium	7 medium	Process optimization	12 high
Punctual participation as a guest in events, whether in person or at a distance, through experiences, workshops, lectures, exhibitions, etc., including actions of intersectoral processes already established.	17 medium	6 medium	Process optimization	12 high
Qualification/training/training of PIS facilitators for the public or philanthropic network, whether face-to-face or at a distance, including actions of intersectoral processes already established.	17 medium	7 medium	Process optimization	15 high
Free courses of PIS for the community in general, institutions, other agencies, or servers, face-to-face or at a distance, except courses of qualification of facilitators in PIS, including actions of intersectoral processes already established.	17 medium	7 medium	Process optimization	12 high
Permanent/Continuing Education in PIS (EP/EC), including actions of already established intersectoral processes	19 high	7 medium	Investment in people	15 high
Awareness, instruction, support, and technical monitoring of regional facilitators and managers for the implementation, maintenance, and strengthening of PIS offer, including actions of intersectoral processes already established.	20 high	7 medium	Investment in people	15 high
Triggering of construction processes and renovations of spaces, as well as purchases of materials and equipment for the execution of the PDPIS, including actions of intersectoral processes already established.	19 high	7 medium	Investment in people	15 high
Elaboration/updating of educational and informative materials, printed or digital, for facilitators, managers, and the community, including actions of intersectoral processes already established.	18 medium	7 medium	Process optimization	12 high
Review/preparation of technical documents (policies, standards, technical notes, protocols, opinions, manuals, minutes, forms, technical sheets, bills, and others), including actions of intersectoral processes already established.	19 high	7 medium	Investment in people	15 high

Promotion and organization of events, such as commemorative dates, graduations, forums, seminars, scientific meetings, and other events related to PIS and health promotion, including actions of intersectoral processes already established.	20 high	7 medium	Investment in people	9 medium
Research and scientific production on PIS, including actions of intersectoral processes already established.	21 high	8 medium	Investment in people	15 high
Elaboration of work projects in an intersectoral way, with working groups, committees, and other partnerships.	20 high	6 medium	Investment in people	15 high
Execution of projects, programs, agreements and other partnerships already established, in an Intersectoral manner	21 high	7 medium	Investment in people	15 high
Monitoring and dissemination of the implementation of PDPIS in the Federal District (data processing, qualified professionals, services offered, care provided, intersectoral actions, etc.).	19 high	10 high	Investment in people and system improvement	15 high

Source: Federal District, 2020a

Investment in people refers to the development of skills or the relocation of professionals, with appreciation and maintenance of those who have the desired profile. The optimization of processes seeks analysis and redesign of critical activities or improvements that allow better use of the systems used. Systems improvement can be done through the acquisition or development of existing technology (Brasil, 2018).

The result showed that, of the 17 GERPIS processes, more than half (10) require investment in people; 6 require process optimization; and 2 need system improvement. The automation of routines was not listed as a priority improvement action for any process.

All GERPIS PTs were valued as having a high level of added value (between 10 and 15 points), which informs us that all processes have priority, in the team's view.

The monitoring process was the only one that reached a high level for the three criteria evaluated, complexity, computerization, and added value, which determined that, in addition to having high priority, it requires priority investment in two aspects at the same time: in people and improvement of systems.

It is necessary to observe that the level of computerization determines the greater or lesser need for operationalization of processes, with investment in people, because technology is a mechanism to reduce the need for execution and expands possibilities of analysis (Brasil, 2018).

Chart 3 summarizes the identified processes, their main results, the distribution of the effort currently made by the team among the processes, the prioritization defined for each process, and the

priority improvement actions proposed. The order presented is based on priority and, for those of the same priority, based on the current effort of the team.

Chart 3 – Summary of findings on PT from GERPIS. Brasilia, 2022.

Processes	Results of the proceedings	Current effort (%)	Defined prioritization	Suggested improvements
Monitoring implement. PDPIS	Monitored pis implementation	9,6	15 high	Investment in people and system improvement
Team management	Support for the adequate performance of the GERPIS team	26,8	15 high	Systems improvement
Management impl. PDPIS	Implementation of PDPIS in the Federal District	11,3	15 high	Investment in people
Enabling pis	Qualification in pis	7,2	15 high	Process optimization
Continuing education	Technical improvement of facilitators	5,9	15 high	Investment in people
Support network deployment	Strengthening the network that offers pis	4,0	15 high	Investment in people
Intersectoral implementation of projects	Intersectoral performance with Pis	3,8	15 high	Investment in people
Elab. Intersectoral projects	Intersectoral planning with Pis	3,6	15 high	Investment in people
Elab. Technical documents	Standardization in pis	3,2	15 high	Investment in people
Construction and shopping	Request for equipment for Pis	3,1	15 high	Investment in people
Scientific production	Scientific production in pis	2,3	15 high	Investment in people
Regular offer pis	Offer of pis for specific audiences	5,5	12 high	Process optimization
Workshops, lectures, etc.	Promotion of pis and its offer on the network	3,8	12 high	Process optimization
Elab. Educational materials	Secure information about pis for everyone	3,6	12 high	Process optimization
Punctual participation in events	Diffusion of knowledge in pis	2,0	12 high	Process optimization
Free Course of pis	Expansion of access to PI outside health facilities	1,2	12 high	Process optimization
Events Promotion	Valorization and strengthening technical, management, science, and social participation in pis	3,1	9 medium	Investment in people

Source: Federal District, 2020a

Unlike other administrative sectors (Melo, 2019), GERPIS presented a large number of PTs, of great complexity. In addition, PICS is linked to various medical rationalities (Tesser & Luz, 2018), in addition to some not belonging to complex medical systems, which may require adaptations in the work processes for each PIS modality. All this reinforces the need for a robust, organized, and well-articulated management structure for the sector.

The recognition, structuring, and monitoring of the team's PT over time enable the elaboration of personnel sizing for the sector and allow improvement of people management. The strategic

management of people, in turn, is associated with organizational results, with a relevant role in the sustainability of the institution (Barreto et al., 2011). However, the realization of contemporary and specific records of the activities and their results is necessary for current and future management.

The methodology used had as a limiting factor the self-perception of the team. The stage of quantification of the workforce necessary for the execution of the work processes requires, in this methodology, contemporary and specific records of the activities developed and their results, being the next step for the team involved.

As a positive effect, it is understood that the systematization carried out with the active participation of those involved in the WP will allow easy repetition of steps when necessary and opportune. The involvement also stimulated the work focused on results and the search for improvements, from not only the individual effort but the potentialities of the team.

4 CONCLUSIONS

A total of 17 PTs was identified and systematized for the GERPIS team, all with a high level of added value. To improve processes, the need to invest in people was the most frequent, followed by process optimization.

The overall result indicated great complexity associated with the work of the GERPIS team, which has intersectoral actions and a wide range of actions in the network, at the three levels of health care.

The methodology used, with the active involvement of the team, ensured the recognition of the work processes, portraying the reality of the sector, not a situation considered ideal. Once its systematization is assimilated, the changes generated should be retracted again, especially for processes that are reformulated.

The composition or improvement of the work of this or other teams with complex performance requires, in addition to the intervention performed, an understanding of the work processes by those involved, which allows a systematized record of the actions performed. This registry enables quantitative analysis of effort and personnel sizing, the next step for the GERPIS team and other studies.

The systematization of work processes carried out, followed by records and monitoring of activities and results over time, can assist the current and future management of the workforce for GP teams.

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