






ANALYSIS OF THE DRESSING PRODUCTION RECORDS CARRIED OUT IN BRAZIL, 2017 – 2019

Scheila Mai^{1,*} , Vânia Celina Dezoti Micheletti¹ , Fábio Herrmann² ,
Diani de Oliveira Machado³ , Silvana Prazeres¹ 

ABSTRACT

Objective: to analyze the record of dressings in the different Health Information Systems (*Sistemas de Informação à Saúde-SIS*). **Method:** it is a descriptive study, based on secondary data, in the period between 2017 and 2019. The data were extracted from open access systems and national coverage, among them: 1) *Sistema de Gerenciamento da Tabela de Procedimentos, Medicamentos, Órteses, Próteses e Materiais Especiais-SIGTAP* (Management System for the Table of Procedures, Drugs, Orthoses, Prostheses and Special Materials); 2) *Sistema de Informação da Atenção Básica-SISAB* (Primary Care Information System); 3) *Sistema de Informação Ambulatorial-SIA/SUS* (Ambulatory Information System). **Results:** 74,032,134 simple dressings were registered, of which 46.1% in 2017, 27.1% in 2018 and 26.7% in 2019. Regarding the grade II curative procedure with or without debridement, there were 11,559,664, with a value of approved of R\$ 380,142,162.10. Of which 31.6% in 2017, 32.6% in 2018 and 35.8% in 2019. The name of the dressing procedure differs from Primary Care for the other levels of care, although in SISAB the dressings are called simple dressing and special dressing, both are related to the SIGTAP code: 0401010023 - Dressing Grade I. While in SIA/SUS the procedures related to dressing are 0401010023 - Dressing Grade I; and 0401010015 - Grade II dressing, making it difficult to compare procedures. In SIGTAP, the professional stoma nurse is qualified only to register a dressing 0401010023 - Grade I dressing, with or without debridement. **Conclusion:** the study reveals the need for revision of the SIS, due to inconsistencies of information, in addition to the SIS not communicating with each other. Thus, the completeness of the data needs to be considered, otherwise the knowledge generated may not represent reality.

DESCRIPTORS: Nurses. Therapy. Health information systems. Stomatherapy.

ANÁLISE DOS REGISTROS DE PRODUÇÃO DE CURATIVOS REALIZADOS NO BRASIL, 2017 – 2019

RESUMO

Objetivo: analisar o registro de curativos nos diferentes Sistemas de Informação à Saúde (SIS). **Método:** trata-se de um estudo descritivo, baseado em dados secundários, no período entre 2017 e 2019. Os dados foram extraídos de sistemas de livre acesso e abrangência nacional, dentre eles: 1) Sistema de Gerenciamento da Tabela de Procedimentos, Medicamentos, Órteses, Próteses e Materiais Especiais (SIGTAP); 2) Sistema de Informação da Atenção Básica (SISAB); 3) Sistema de Informação Ambulatorial (SIA/SUS). **Resultados:** foram registrados 74.032.134 curativos simples, desses 46,1% no ano de 2017, 27,1% em 2018 e 26,7% em 2019. Em relação ao procedimento curativo grau II com ou sem desbridamento foram 11.559.664,

1. Universidade do Vale do Rio do Sinos – Escola de Saúde – Porto Alegre (RS), Brazil.

2. Universidade Federal de Ciências da Saúde de Porto Alegre – Ciências da Saúde – Porto Alegre (RS), Brazil.

3. Ministério da Saúde – Secretaria de Atenção Hospitalizada à Saúde – Brasília (DF), Brazil.

*Correspondence author: scheilamaienf@gmail.com

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com valor aprovado de R\$ 380.142.162,10. Dos quais 31,6% em 2017, 32,6% no ano de 2018 e 35,8% em 2019. A denominação do procedimento de curativos se difere da Atenção Básica para os demais níveis de atenção, apesar de no SISAB os curativos serem denominados curativo simples e curativo especial, ambos estão relacionados ao código SIGTAP: 0401010023 – Curativo Grau I. Enquanto no SIA/SUS os procedimentos relacionados ao curativo são 0401010023 – Curativo Grau I; e 0401010015 – Curativo Grau II, dificultando a comparação entre os procedimentos. No SIGTAP, o profissional enfermeiro estomaterapeuta é habilitado somente para registro de curativo 0401010023 – Curativo Grau I, com ou sem desbridamento. **Conclusão:** o estudo revela a necessidade de revisão dos SIS, devido às inconsistências de informações, além dos SIS não se comunicarem. Assim, a completude dos dados precisa ser considerada, caso contrário o conhecimento gerado pode não representar a realidade.

DESCRITORES: Enfermeiras. Terapêutica. Sistemas de informação em saúde. Estomaterapia.

ANÁLISIS DE LOS REGISTROS DE PRODUCCIÓN DE APÓSITO REALIZADOS EN BRASIL, 2017-2019

RESUMEN

Objetivo: analizar el registro de apósitos realizado por el equipo de enfermería en los diferentes Sistemas de Información en Salud (SIS). **Método:** se trata de un estudio descriptivo, con base en datos secundarios, en el período 2017-2019. Los datos fueron extraídos de sistemas de libre acceso y de ámbito nacional, entre ellos: 1) Sistema de Gestión de la Tabla de Procedimientos, Medicamentos, Ortesis, Prótesis y Materiales Especiales (SIGTAP); 2) Sistema de Información de Atención Primaria (SISAB); 3) Sistema de Información Ambulatoria (SIA / SUS). **Resultados:** se registraron 74.032.134 apósitos simples, de los cuales 46,1% en 2017, 27,1% en 2018 y 26,7% en 2019. Respecto al procedimiento curativo grado II con / sin desbridamiento, se utilizaron 11.559. 664 con valor aprobado de R\$ 380.142.162,10. De estos, 31,6% en 2017, 32,6% en 2018 y 35,8% en 2019. El nombre del procedimiento de apósito difiere de Atención Primaria para los demás niveles de atención, aunque en SISAB los apósitos son denominados apósitos simples y especiales, ambos están relacionados con el código SIGTAP: 0401010023 - apósito Grado I, mientras que en SIA / SUS los procedimientos relacionados con el apósito son 0401010023 - apósito Grado I y 0401010015 - apósito Grado II, lo que dificulta la comparación de los procedimientos. En SIGTAP, la enfermera de ostomía profesional está calificada solo para registrar un apósito 0401010023- Grado I, con o sin desbridamiento. **Conclusión:** el estudio revela la necesidad de revisión del SIS debido a inconsistencias en la información y SIS que no comunican. Por lo tanto, se debe considerar la integridad de los datos; de lo contrario, el conocimiento generado puede no representar la realidad.

DESCRIPTORES: Enfermeras. Procedimiento de curación, Sistemas de Información en Salud.

INTRODUCTION

The *Sistema de Informação em Saúde* (SIS) facilitates the actions of monitoring and evaluating public health services¹. The supply of the national databases with the information registered in the health services must be carried out with a regulated periodicity, according to the ministerial ordinances. It is up to the Ministry of Health (MH) to consolidate and make these data available².

These instruments are used to process the data and transform it into information, so that they can contribute to the production of knowledge about a certain context³. These systems have national coverage and are relevant sources of secondary data. However, it is observed that the quality of the information in the SIS in Brazil is still a challenge, and it is necessary to consider the occurrence of problems in the information production cycle². Among the national public banks that provide health information, the *Departamento de Informática do Sistema Único de Saúde-DATASUS* (Department of Informatics of the Unified Health System) stands out.

Information systems often fail to translate the work process, activities and actions developed by the health professional. In this sense, studies indicate the need for these professionals to be involved in the qualification of the information fed into the databases⁴⁻⁶.

Considering this context, there are no studies in the literature that characterize the records of dressings performed by nursing professionals in the different SIS and especially when performed by the stoma nurse^{7,8}.

Thus, this study aims to describe the information on dressings made in Brazil and registered in the different SIS.

METHOD

This is a descriptive study, based on secondary data, in the period from 2017 to 2019. The data were extracted from open access SIS and nationwide. Among them 1) *Sistema de Gerenciamento da Tabela de Procedimentos, Medicamentos, Órteses, Próteses e Materiais Especiais-SIGTAP* (Management System for the Table of Procedures, Drugs, Orthoses, Prostheses and Special Materials); 2) *Sistema de Informação da Atenção Básica-SISAB* (Primary Care Information System); 3) *Sistema de Informação Ambulatorial-SIA/SUS* (Ambulatory Information System), through the Internet Tabulation platform (TABNET), as there were no data extracts from the state of São Paulo for analysis in Tabulation on Windows until the time of the research (TABWIN).

SIGTAP is a management tool that allows the systematic monitoring of the SUS Procedures, Drugs, Orthoses, Prostheses and Special Materials table, in which it is possible to follow the changes made published by the *Diário Oficial da União* (Federal Official Gazette) and details the attributes of each procedure, compatibilities and values⁹. SISAB is the current national information system for the processing and dissemination of data and information related to *Atenção Básica-AB* (Primary Care). Since e-SUS AB is fully integrated with this official system for monitoring AB's actions at national level¹⁰. The SIA, implemented since 1994, allows the recording of the physical and financial movement of outpatient procedures and exams registered by public and private providers hired/accredited by SUS. Managers must send data regarding the performance of outpatient procedures, which after the conference receive authorization and the transfer of budgetary resources^{8,9}.

The variables collected in the SIGTAP were: description of the procedure; service modality; service complexity; assigned value; and Brazilian classification of occupation to register a certain procedure. At SIA they were: frequency; values; Brazilian classification of occupation related to the two procedure codes (0401010023 - Grade I dressing, with or without debridement and 0401010015 - Grade II dressing, with or without debridement). At SISAB, they were: simple curative procedure; special dressing; and professional category.

In SIGTAP there are two codes related to dressing procedures, namely: 0401010023 - Grade I dressing, with or without debridement; and 0401010015 - Grade II dressing, with or without debridement. The dressing 0401010023 - Grade I dressing, with or without debridement, refers to dressings for the treatment of open lesions, characterized by a small area of affected tissue in terms of extension, depth and exudate (grade I), performed for the purpose of cleaning, promote healing, avoid contamination and/or treat infection, carried out in health services and in the home environment. Modality of outpatient, hospital, day hospital, home care. Service that does not assign values¹⁰.

According to the *Classificação Brasileira de Ocupação-CBO* (Brazilian Occupation Classification), qualified to register this procedure are: doctors of preventive and social medicine; resident doctor; nurse; auditor nurse; flight attendant; operating room nurse; intensive care nurse; Work nurse; nephrologist nurse; neonatologist nurse; obstetric nurse; psychiatric nurse; child and pediatric nurse; sanitary nurse; nurse of the family health strategy; perfusionist; stomatherapist nurse; pediatrician; clinical physician; family and community doctor; dermatologist physician; health doctor; doctor of the family health strategy; anthroposophical physician; general practitioner; hand surgeon doctor; nursing technician; intensive care nursing technician; occupational nursing technician; psychiatric nursing technician; nursing assistant; nursing assistant at work; nursing technician of the family health strategy; nursing assistant of the family health strategy¹¹.

The dressing 0401010015 - Grade II dressing, with or without debridement, refers to the treatment of open lesions, in which there is a large area of affected tissue in the aspects of extension, depth and exudate (grade II), with the purpose of promoting healing, avoid contamination and/or treat infection, requiring more complex care. It is a modality of outpatient, hospital, day hospital, home care and medium complexity care. Value attributed to both outpatient and hospital services is R\$ 32.40¹¹. The CBO qualified to register this procedure are: resident physician; nurse; intensive care nurse; angiologist physician; pediatrician; clinical physician; dermatologist physician; doctor of the family health strategy; general practitioner;

vascular surgery physician; pediatric surgeon; orthopedist and traumatologist; otorhinolaryngologist; coloproctologist physician; urologist¹¹.

Data were collected from February to April 2020, then exported and tabulated in a spreadsheet using Microsoft Excel[®] software, proceeding to descriptive analysis.

As for ethical aspects, the data are in the public domain and made available electronically. Thus, the study complies with Resolutions 466/2012 and 510/2016 of the *Conselho Nacional de Saúde-CNS* (National Health Council) for research involving this type of information.

RESULTS

During the study period, 74,032,134 simple dressings were recorded (grade I dressings, with or without debridement - SIGTAP: 0401010023), of which 46.1% in 2017, 27.1% in 2018 and 26.7% in 2019. The states with the highest level of grade I dressings were São Paulo (18.7%) and Minas Gerais (14.2%), considering the population representation, respectively São Paulo (21.9%) and Minas Gerais (10.1%). The state with the lowest record of these dressings was Roraima (0.07%), with a population representation of 0.3% (Table 1).

Table 1. Grade I dressing and grade II dressing procedures registered in the *Sistema de Informação Ambulatorial* by Federative Unit. Brasil – 2017 a 2019^{12,13}.

Federative Unit	Quantity of grade I dressings by FU n (%)	Quantity of grade II dressings by FU n (%)	Approved value for grade II dressing by FU (R\$)	Population representation by FU (%)
Acre	508,848 (0.7)	111,119 (1.0)	3,600,255.6	0.4
Alagoas	718,451 (1.0)	43,431 (0.4)	1,407,164.4	1.6
Amapá	92,797 (0.1)	1,613 (0.01)	52,261.2	0.4
Amazonas	1,353,495 (1.8)	538,671 (4.7)	17,452,940.4	2.0
Bahia	3,957,303 (5.3)	441,636 (3.8)	14,491,498	7.1
Ceará	2,231,289 (3.0)	169,026 (1.5)	5,476,442.4	4.3
Distrito Federal	193,156 (0.3)	89,381 (0.8)	2,895,944.4	1.4
Espírito Santo	1,244,798 (1.7)	160,907 (1.4)	5,213,386.8	1.9
Goiás	2,420,646 (3.3)	398,614 (3.4)	18,327,673.5	3.3
Maranhão	3,647,502 (4.9)	738,659 (6.4)	2,3932,551.6	3.4
Mato Grosso	1,703,103 (2.3)	144,029 (1.2)	4,666,539.6	1.7
Mato Grosso do Sul	565,304 (0.8)	95,356 (0.8)	3,089,534.4	1.3
Minas Gerais	10,551,014 (14.2)	602,757 (5.2)	19,529,334.6	10.1
Pará	5,333,620 (7.2)	388,204 (3.4)	12,577,809.6	4.1
Paraíba	436,732 (0.6)	240,705 (2.1)	7,798,842	1.9
Paraná	3,834,756 (5.2)	398,054 (3.4)	12,896,949.6	5.4
Pernambuco	2,705,606 (3.7)	353,828 (3.1)	11,464,027.2	4.5
Piauí	1,561,795 (2.1)	88,773 (0.8)	2,876,245.2	1.6
Rio de Janeiro	5,168,785 (7.0)	1,685,796 (14.6)	54,619,790.4	8.2
Rio Grande do Norte	1,900,960 (2.6)	85,285 (0.7)	2,778,726	1.7
Rio Grande do Sul	4,419,007 (6.0)	1,767,788 (15.3)	57,276,331.2	5.4
Rondônia	1,223,986 (1.7)	318,127 (2.8)	1,0305,792	0.8
Roraima	51,597 (0.07)	22,061 (0.2)	714,776.4	0.3
Santa Catarina	2,838,443 (3.8)	340,477 (2.9)	11,031,454.8	3.4
São Paulo	13,866,705 (18.7)	2,297,094 (19.9)	74,425,845.6	21.9
Sergipe	839,791 (1.1)	11,390 (0.1)	369,036	1.1
Tocantins	662,645 (0.9)	26,883 (0.2)	871,009.2	0.7
Total	74,032,134	11,559,664	380,142,162.1	100%

FU = Federative unit.

Regarding the grade II curative procedure, with or without debridement (SIGTAP code 0401010015), 11,559,664 special dressings were registered with an approved value of R\$ 380,142,162.10. Of these, 31.6% in 2017, 32.6% in 2018 and 35.8% in 2019. The states with the highest level of grade II dressings were São Paulo (19.9%) followed by Rio Grande do Sul (15.3%) and Rio de Janeiro (14.6%), and considering the population representation, respectively São Paulo (21.9%), Rio Grande do Sul (5.4%) and Rio de Janeiro (8.2%). The state with the lowest number of records was Amapá (0.01%), with a population representation of 0.4% (Table 1).

As for the professionals who performed the registration of the procedures, it was observed that the nursing technicians (36,793,970 - 49.7%) and nurses (16,435,133 - 22.2%) were the ones who most registered grade I dressings. Regarding grade II dressings, with or without debridement, 7,881,428 (68.1%) were performed by nurses in the different CBO and 3,675,973 (31.8%) by the medical professional (SIA/SUS, 2020). It was observed a quantity of 5.7% grade II dressings performed by professionals not qualified in SIGTAP to perform the procedure (according to Table 2, except highlighted CBO*), representing a total of 440,538 procedures with a considerable value of R\$ 14,305,357.5.

Table 2. Grade II dressing procedures registered in the *Sistema de Informação Ambulatorial* by *Classificação Brasileira de Ocupação* related to the professional nurse. Brasil – 2017 a 2019¹².

Classificação Brasileira de Ocupações according to SIGTAP	n (%)	Approved value (R\$)
Nurse*	7,438,282 (94.4)	245,628,720.9
Auditor nurse	1 (0.0)	32.4
Family health strategy nurse	331,024 (4.2)	10,755,611.9
Operating room nurse/surgical scrub nurse	3,688 (0.04)	119,491.2
Intensive care nurse*	2,608 (0.03)	84,538.46
Work nurse	152 (0.0)	6,416.68
Stomatherapist nurse	52,511 (0.7)	1,701,356.4
Nephrologist nurse	49,698 (0.6)	1,610,215.2
Neonatal nurse/nursery nurse	18 (0.0)	583.2
Obstetric nurse/midwife nurse	3,381 (0.04)	109,544.4
Psychiatric nurse	46 (0.0)	1,490.4
Health nurse/public health nurse	19 (0.0)	615.6
Total	7,881,428	260,018,616.78

*CBO qualified in SIGTAP for the realization of the grade II dressing.

SIGTAP = *Sistema de Gerenciamento da Tabela de Procedimentos, Medicamentos, Órteses, Próteses e Materiais Especiais* (System of Management of the Table of Procedures, Drugs, Orthoses, Prostheses and Special Materials).

Regarding the information in the SISAB, the results refer to the year 2019. During this period there was a transition of information systems, which occurred between the years 2017 and 2018. The data related to AB were no longer informed in the SIA, passing to be informed only at SISAB.

In SISAB the dressings are called simple dressing (code ABPG035) and special dressing (code ABPG007). For both dressings, production is related to the SIGTAP code 0401010023 - Grade I dressing, with or without debridement, that is, there is no way to register a Grade II dressing in the primary health care *Atenção Primária à Saúde* (APS).

Regarding the special curative procedure, 6,412,398 procedures were recorded in 2019. Regarding the type of team, *Saúde da Família*-ESF (Family Health) it was the one that registered the most, 3,680,716 (57.4%) special dressings, with the nursing technician and assistant being the professional categories with the highest number of records, 3,176,780 (86.3%). However, there is still a record of professionals not qualified to perform dressings, such as psychologists, speech therapists and social workers (Table 3).

Table 3. Quantitative of special dressing in the *Sistema de Informação da Atenção Básica* by type of team and professional category. Brasil – 2019¹⁴.

Professional category	ESF n (%)	EACS n (%)	NASF n (%)	EAB n (%)	ECR n (%)	SB n (%)	EABp n (%)
Sanitary	0	0	75 (2.6)	0	0	0	0
Nutritionist	0	0	13 (0.4)	0	0	0	0
Other mid-level professionals	50 (0.0)	0	0	0	0	50 (0.0)	0
Physical Education Professional	0	0	9 (0.3)	0	0	0	0
Nursing technician and assistant	3,176,780 (86.3)	69,335 (80.75)	569		2,772 (73.3)	2,256,146 (86.5)	3,340 (50.9)
Physiotherapist	20 (0.0)	31 (0.0)	(19.7)	18,826 (71.9)	0	20 (0.0)	0
Pharmaceutical	1 (0.0)	0	257 (8.9)	0	0	1 (0.0)	1
Oral health technician and assistant	2,858 (0.0)	1 (0.0)	5 (0.2)	0	0	2,598 (0.0)	5
Nurse	490,388 (13.3)	16,452 (19.1)	0	0	733 (19.4)	340,297 (13.0)	3,199 (48.7)
Psychologist	0	0	667 (23.1)	7,270 (27.8)	231 (6.1)	0	0
Doctor	10,356 (0.2)	43 (0.0)	71 (2.5)	0	43 (1.1)	7,566 (0.3)	19 (0.0)
Speech Therapist	0	0	1,171 (40.6)	67 (0.2)	0	0	0
Social Worker	1 (0.0)	0	28 (1.0)	0	0	1 (0.0)	0
Dental surgeon	6 (0.0)	0	21 (0.7)	0	0	6 (0.0)	0

ESF = *Equipe de Saúde da Família* (Family Health Team); EACS = *Equipe Agente Comunitário de Saúde* (Community Health Agent Team); NASF = *Núcleo Ampliado de Saúde da Família* (Expanded Family Health Center); EAB = *Equipe da Atenção Básica* (Primary Care Team); ECR = *Equipe Consultório na Rua* (Street Consultancy Team); SB = *Equipe de Saúde Bucal* (Oral Health Team); EABp = *Equipe Atenção Básica Prisional* (Prison Primary Care Team).

Regarding the simple dressing procedure, 3,238,611 procedures were registered in SISAB. Of these, many were registered by the oral health teams, so it was decided to follow the analysis considering only the data from the *Equipe de Saúde da Família* and of *Atenção Básica*. Thus, 1,998,719 simple dressings were recorded, with the *Equipe de Saúde da Família* having the highest number of simple dressings (1,197,232 - 59.9%), and the nursing technician/assistant the professional category with the highest number of records (1,808 840 - 90.5%). The nurse, on the other hand, performed 9.2% of the records. In this context, the registration of procedures in the SISAB for simple dressing was 1,998,719 and for special dressing 3,830,942 (Table 4).

The states with the highest number of simple dressings in AB were São Paulo with 30,449 (16.5%) records and Rio Grande do Sul with 325,673 (16.3%). The state with the lowest record of these dressings was Amapá with only 5 records. As for special dressings, the state with the most records was Minas Gerais with 528,496 (13.8%) and São Paulo with 464,101 (12.1%). The state with the lowest record of special dressings was Roraima with 4,078 (0.1%).

Among the 27 federative units, 25 registered a higher proportion of special dressings in SISAB compared to simple dressings. Only Rio Grande do Sul and Rondônia recorded a greater amount of simple dressings. It is also noteworthy that 10 states (40%) register more than 80% of the special dressing procedures.

Table 4. Quantitative recorded by the Family Health Teams and Primary Care Teams of simple and special dressings in the *Sistema de Informação da Atenção Básica* by Federative Unit. Brasil – 2019¹⁴.

State	Special dressing n (%)	Simple dressing n (%)	Total of dressings (n)
Acre	10,615 (83.6)	2,079 (16.4)	12,694
Alagoas	115,393 (91.5)	10,710 (8.5)	126,103
Amapá	4,863 (99.9)	5 (0.0)	4,868
Amazonas	71,458 (90.3)	7,717 (9.7)	79,175
Bahia	269,215 (69.4)	118,832 (30.6)	388,047
Ceará	194,430 (87.7)	27,211 (12.3)	221,641
Distrito Federal	22,026 (50.8)	21,341 (49.2)	43,367
Espírito Santo	76,084 (64.6)	41,623 (35.6)	117,707
Goiás	156,784 (59.6)	106,117 (40.4)	262,901
Maranhão	99,992 (92.7)	7,863 (7.3)	107,855
Mato Grosso	72,412 (54.4)	60,695 (45.6)	133,107
Mato Grosso do Sul	84,201 (70.3)	35,608 (29.7)	119,809
Minas Gerais	528,496 (69.9)	227,357 (30.1)	755,853
Pará	141,602 (89)	17,520 (21)	159,122
Paraíba	82,099 (77.4)	23,992 (22.6)	106,091
Paraná	240,462 (55.2)	195,316 (44.8)	435,778
Pernambuco	209,542 (80.8)	49,800 (19.2)	259,342
Piauí	34,763 (78.7)	9,383 (21.3)	44,146
Rio de Janeiro	243,449 (61.1)	154,867 (38.9)	398,316
Rio Grande do Norte	151,500 (91.4)	14,212 (8.6)	165,712
Rio Grande do Sul	298,848 (47.9)	325,673 (52.1)	624,521
Rondônia	14,846 (46.1)	17,387 (53.9)	32,233
Roraima	4,078 (66.3)	2,075 (33.7)	6,153
Santa Catarina	180,502 (51.5)	170,055 (48.5)	350,557
São Paulo	464,101 (58.4)	330,449 (41.6)	794,550
Sergipe	35,733 (95.6)	1,641 (4.4)	37,374
Tocantins	23,448 (55)	19,191 (45)	42,639
Total	3,830,942 (65.7)	1,998,719 (34.3)	5,829,661

DISCUSSION

There was a reduction in the grade I dressing procedure, with or without debridement, in the period from 2017 to 2019. Such reduction may be related to the publication of Ordinance No. 2,148 of August 28, 2017, from the Ministry of Health, which establishes that all AB calls sent to the SISAB base would not need to be reported to SIA¹⁵. The modification of the system could justify the significant reduction in dressings carried out in 2017 in relation to the subsequent years.

Also, given the absence of code 0401010015 - Grade II dressing, with or without debridement, in the AB procedure sheet, the premise has been that the financial value per dressing is not passed on. However, when Table 2 is analyzed, grade II dressings were registered, with or without debridement (0401010015), in 2019 by nurses from the Family Health Strategy, with an approved value of R\$ 4,268,587.84. This shows that there is still a record of AB in SIA/SUS, even after two years of publication of the ordinance that discontinues the registration of ambulatory production of AB in SIA/SUS. It is still questioned about the existence of the approval of dressings and transfer of values to nurses who are not qualified in SIGTAP to register the grade II dressing, like the stoma nurse.

Regarding the records of SIA/SUS, considering the performance of grade I dressings and population representation, Minas Gerais has a population that represents 10.1% of the total Brazilian population, in relation to the records of grade I dressings, the state assumes 14 % of the total of this procedure registered in Brazil, which may indicate a population that requires more dressings when compared to the other Federative Units (FU). Rio Grande do Sul has a population that represents 5.4% of the total Brazilian population, in relation to the registrations of grade II dressings in the SIA/SUS, the state assumes 15.2% of the total of this procedure registered in Brazil, which it can indicate a population that would demand much more grade II dressing when compared to the other FUs, and/or qualification of these records.

As for the SISAB, referring to the types of teams and CBO, the registration of a simple and special dressing procedure performed at APS draws attention to the high amount of simple dressing and special dressing performed by the oral health team. It is noteworthy that most of the dressings were registered by the nursing technician and assistant, not being professionals who make up the oral health team. Thus, it is suggested inconsistency in the registration of information, and/or in the database is included the code 03.07.02.002-9, which refers to the delayed curative dental procedure, with or without biomechanical preparation. In view of the data analysis, only from the Family Health Team and the Primary Care Team, the state with the lowest record of simple dressings was Amapá, with 5 dressings in 2019, however it registered 4,000 special dressings. This reality of registration in higher quantities of special dressings occurred in 25 FU, with 40% (10 FU) registering 80% or more in special dressing procedures. Data that reflect that the AB has performed more special dressing when compared to the simple dressing. In this context, a mistake in the registration and/or failure to clarify the difference between the two procedures is suggested.

It is also argued that nurses qualified to register on the e-SUS procedure sheet are those with the following CBO code: 223505 - Nurse; 223565 - Nurse of the Family Health Strategy; 223530 - Occupational nurse; 223545 - Obstetric Nurse; 223550 - Psychiatric Nurse; 223555 - Childcare and pediatric nurse; and 223560 - Sanitary Nurse¹⁰.

As we can see, there is no CBO code for an AB stomatherapist nurse. Therefore, this implies having the national registry registered as a stoma nurse, that is, there may be more stoma therapists working in the AB, but not being registered as specialists. Thus, it is believed that there are under-records of the occupation of stomatherapy nurses in different scenarios in the field of public health.

In view of the analysis at SIGTAP, it is noteworthy that the professional nurse stomatherapist is only qualified to register a dressing 0401010023 - Grade I dressing, with or without debridement, therefore, being a specialized professional for more complex curative procedures. This implies the valuation of specialization, because for managers it is more advantageous to register in the *Sistema Nacional de Cadastro Nacional de Estabelecimentos de Saúde-SCNES* (National System of National Registry of Health Establishments) as a generalist nurse, who is qualified to perform a grade II dressing, with an approved value for each dressing (R\$ 32.40), instead of registering the professional stoma nurse, who does not approve the value of grade II dressings. In this context, it is possible to explain the records at SCNES in Brazil, in February 2020, which showed that out of a total of 324,625 registered nurses, only 165 were registered as a stoma nurse⁹.

The results presented reveal that the different SIS do not communicate, causing deficiency in the analysis of the records. The lack of a unified SIS has shown weaknesses regarding the quality of the information available, which implies the viability of health information for decision-making¹⁶.

In this context, with the study it was possible to list some suggestions about the SIS, which are: to invalidate or differentiate the production carried out by AB in SIA/SUS; expansion of the CBO list of professional nurses, especially the stoma nurse, qualified in SIGTAP to perform the grade II dressing, with or without debridement - 0401010015; validate the financial transfer of R\$ 32.40 per grade II dressing, with or without debridement, - 0401010015, registered by the professional stomatherapy nurses and AB nurses, making it possible to invest in coverage resources more effectively; release the code of dressing procedure grade II to be registered in the SISAB or dismember the same code SIGTAP 0401010023 - dressing grade I, with or without debridement, for simple dressing and special dressing in APS, as it makes it impossible to analyze the complexity of the procedure the dressings (to exemplify, the human resource, material, time used for a simple dressing, such as a suture, is very different when compared to a large venous ulcer); include the CBO of the professional stoma nurse in the valid CBOs to feed the procedure file of the e-SUS; and the need for decentralized training on the proper way to record information in the different SIS;

O estudo apresenta como limitação não ter sido possível a análise comparativa entre o *Sistema de Atenção Básica* e o SIA/SUS para os anos 2017 e 2018, assim como foi realizado para o ano de 2019. Sugere-se que estudos como este sejam reproduzidos nos anos subsequentes e com delineamento mais regionalizado.

CONCLUSION

The study reveals that the different information systems do not communicate, the production of dressings may be being reported inconsistently, suggesting problems in the quality and reliability of the information provided. It is emphasized that if these issues are not considered in the analysis, the knowledge generated may not represent the reality studied.

AUTHORS' CONTRIBUTION

Conceptualization: Mai S, Micheletti VCD, Herrmann F, Machado DO and Prazeres S; **Methodology:** Mai S, Micheletti VCD, Prazeres S, Mai S, Micheletti VCD, Herrmann F and Machado DO; **Writing - First version:** Mai S, Micheletti VCD, Herrmann F, Machado DO and Prazeres S; **Writing - Review & Editing:** Mai S, Micheletti VCD and Herrmann F.

DATA STATEMENT AVAILABILITY

Data will be made available on request.

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