■ Original Article

# Monitoring practices in municipal healthcare management and their interface with nursing

*Práticas de monitoramento na gestão municipal em saúde e sua interface com a enfermagem*

*Prácticas de monitoría en la gestión principal de salud y su interfaz con la enfermería*

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**ABSTRACT**

**Objective:** To analyse the healthcare monitoring practices of the local government and its interfaces with nursing.
**Methods:** This is a descriptive, exploratory, and qualitative study conducted in six municipalities in the 10th health region of the state of Rio Grande do Sul. Data were collected through semi-structured interviews with six healthcare managers and one adviser, and subjected to content analysis.
**Results:** The results led to the final categories, "Monitoring practices in municipal healthcare management" and "Difficulties of managers in implementing monitoring".
**Conclusion:** The managers pointed out potentialities and weaknesses in the monitoring practices of municipal healthcare. This process is critical for the practice of healthcare workers, especially nurses, since it encourages the use of new tools and innovations that support decision making.
**Keywords:** Monitoring. Regional health planning. Public health nursing. Public health.

**RESUMO**

**Objetivo:** Analisar as práticas de monitoramento desenvolvidas pelos municípios e as interfaces com a prática da Enfermagem.
**Métodos:** Estudo exploratório descritivo com abordagem qualitativa, realizado nos seis municípios da Região de Saúde 10 do Rio Grande do Sul. Foram realizadas entrevistas semiestruturadas junto a seis gestores de saúde e um assessor, com análise de conteúdo.
**Resultados:** As categorias finais que emergiram dos resultados foram "Práticas de monitoramento na gestão municipal em saúde" e "Dificuldades de implantação do monitoramento pelos gestores".
**Conclusões:** Os gestores apontaram potencialidades e fragilidades nas práticas de monitoramento municipal de saúde. A incorporação deste processo é primordial à prática dos profissionais, especialmente da enfermagem, promovendo um incremento no uso de novas ferramentas que propiciam a inovação para subsidiar a tomada de decisão.
**Palavras-chave:** Monitoramento. Regionalização. Enfermagem em saúde pública. Saúde pública.

**RESUMEN**

**Objetivo:** Analizar las prácticas de monitoreo desarrolladas por los municipios y las interfaces con las prácticas de enfermería.
**Métodos:** Estudio exploratorio descriptivo con un enfoque cualitativo realizado en los 6 municipios de la Región de Salud 10 de Rio Grande del Sur. Fueron realizadas entrevistas semiestructuradas junto a seis gestores de salud y un asesor, con análisis de contenido.
**Resultados:** Las categorías finales que surgieron a partir de los resultados fueron "Prácticas de monitoreo en la gestión principal de salud" y "Dificultades de aplicación de monitoreo por los gestores".
**Conclusiones:** Los gestores señalaron fortalezas y debilidades en las prácticas de monitoreo de salud municipales. La incorporación de ese proceso es primordial para la práctica de los profesionales, especialmente los de enfermería, promoviendo un incremento en el uso de nuevas herramientas que propician la innovación para subsidiar la toma de decisión.
**Palabras clave:** Monitoreo. Regionalización. Enfermería en salud pública. Salud pública.

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## INTRODUCTION

The planning and management of the Unified Health System (SUS) are related to fundamental elements such as monitoring, evaluation, and integration of the health system. These elements produce effects at a broader organisational level, such as management systems, and at closer level, such as the actual organisation of health services[1-2]. The integration of the SUS is necessary for the intergovernmental decentralisation of this system. For this reason, the SUS introduced new competencies and responsibilities for the three spheres of government to ensure and safeguard the right to healthcare in the union, states, and municipalities[3].

The historical construction of guaranteed access to healthcare for the Brazilian population reveals that management of the health system depends on different actors and a range of scenarios with several work and insertion possibilities for professionals who serve as mediators between public policies and the population[4]. In this regard, nurses are becoming increasingly involved in public management[5], so any knowledge on the monitoring and assessment of municipal services can be helpful in the routine work of these professionals and their teams.

Moreover, the SUS is currently undergoing an organisational conjecture that demands innovations in planning compliant with certain regulations, especially Decree #7508 of 28 June 2011. The propositions of this decree demand ascending, integrated, and regionalised healthcare planning, and healthcare policies that are compatible with the available financial resources and backed by health plans[1], that is, as best adjusted to local demands and needs as possible, especially those that emanate from routine work. The municipalities have the normatively declared responsibility to act in favour of the healthcare management in terms of planning, organizing, and assessing local healthcare services; managing the public health units; performing inspections of disease control, public health, food and nutrition, basic sanitation, and workers' health; implementing healthcare supplies and equipment policies; and controlling and inspecting the procedures of private healthcare services[6].

In light of the growing supply of healthcare services and resources, the implementation of new healthcare policies, and the expansion of responsibilities and cross-compliance with federal authorities, especially the municipalities, monitoring is essential for the performance of healthcare planning. In terms of definition, monitoring can be considered a form of accompanying and overseeing the implementation of policies, plans, and projects in the field of health, and involves the collection, processing and analysis of health-related information to examine whether healthcare actions are occurring as planned with the expected result[7].

Monitoring can also be considered the regular follow-up of goals and indicators linked to the guidelines of the healthcare policy in a given period, and its comparison with what was planned[6].

This practice is extremely useful in public management since it provides data of the local reality required for government interventions[4]. Moreover, it is fundamental to democratise information regarding objectives, goals, and results achieved by the management, and to promote social mobilisation[8]. Given the direct connection of nurses with the reality of healthcare and local planning required to manage healthcare offered at the services, it is believed that this activity is linked to nursing work.

The practice of monitoring healthcare is associated with the development and exercise of competences and management attributes such as directionality, command, conduct, communication, regulation, and the execution of government decisions; the formulation of policies and programmes; decision making and the planning of actions, programmes and projects; assessments of the health status of a population; guidance for process implementation, consolidation, and the reshaping of health practices; more assertive planning with respect to necessary resources; and monitoring of the implementation of actions and resource use[3-4, 9-10]. The challenges are the consolidation of an assessment and monitoring culture that can be perennially perpetuated inside public organisations even with the changing of teams after political turnover[4]. The assessments are analyses of monitoring results with associated factors, chosen according to the adopted form of evaluation[6].

Some management processes must be analysed to create methods that help managers strengthen their monitoring and assessment practices, and qualify decision making[8]. A study revealed the contribution of consensus methods to decision making both in clinical practices and in healthcare services[11]. Thus, results that have already been presented and tested can assist healthcare managers.

Restructuring processes expose the difficulties of municipalities and states caused by the absence of a government project, with direct repercussions on the focus of management and the availability of professionals and their qualification[10].

When the government fails to offer technical and operational support to the municipalities and states, it weakens the union-state-municipal triad and distances itself from the SUS project based on the sharing of responsibilities

between federated entities. It is therefore necessary to strengthen and develop monitoring actions that are supportive or intrinsic to planning and management[9-10].

From the perspective of healthcare management, nursing is inserted in the scope of planning, monitoring, and assessment at different levels of the system. Nursing in the hospital or in outpatient primary care uses these management tools to assist in decision making in health services. In the scope of district, municipal, regional or state management, nurses can occupy technical or management positions to consolidate decision making based on the tools mentioned above. The assessment of healthcare actions promotes the insertion of nurses in healthcare system management, considering that their care-oriented education targets a unique conduct toward management, with the possibility of making decisions and proposing healthcare policies. In contrast, the insertion of "decision-making management levels" must still be constructed and consolidated[12].

Furthermore, this topic is relevant for the nursing practice that targets innovations, considering the current context of these practices, and the actual national curriculum guidelines that encourage the critical and reflexive training of nurses to ensure they develop a profile in tune and convergent with healthcare service management[13] in the scope of services, SUS public management, at municipal level and at a broader level.

The participation of nurses is significant in the construction of SUS planning instruments, especially in municipal management. These instruments – the health plan, the respective annual programmes, and the management reports (annual and quarterly) – sequentially interconnect and create a cyclical planning process for the integrated, supportive, and systemic operationalisation of the SUS[6]. They also promote planning, monitoring, and evaluation within the system, thus enabling decision making in healthcare. Given the importance of monitoring practices for organisational systems and the obstacles for monitoring to be effectively implemented, studies are needed to analyse the problems involved and give visibility to the actions of managers. The guiding question of this analysis was the following: How are the municipalities monitoring healthcare services and what is the interface with nursing? Consequently, the aim of this paper is to analyse the monitoring practices of the municipalities and the interfaces with nursing.

## METHODOLOGICAL PATH

This paper is part of the research entitled "*Doenças crônicas não transmissíveis e o planejamento em saúde: os desafios da região metropolitana Porto Alegre-RS*", financed by the Fundação de Amparo à Pesquisa do Rio Grande do Sul (Fapergs) in partnership with the Ministry of Health (MS), the Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPQ) of Brazil and the state health department of Rio Grande do Sul/SES-RS within the scope of the SUS research programme: shared management in health, filed under Fapergs/MS/CNPq/SESRS # 002/2013.

This is an exploratory, descriptive study with a qualitative approach[14] conducted with six health managers of the studied municipalities and one adviser who, at the request of one of the managers, was also interviewed to represent the planning advisory service of the municipality. The criterion for inclusion was head of the healthcare department or adviser of the municipalities of the studied health region. It was conducted in the 10th health region of the state of Rio Grande do Sul, which is made up of the following six municipalities: Alvorada, Cachoeirinha, Glorinha, Gravataí, Porto Alegre, and Viamão. This health region was selected because it is in the city of Porto Alegre and covers four large municipalities, thus responding to the problems of the metropolitan region.

Semi-structured interviews were conducted with the study participants between the second half of 2014 and the first half of 2015. The questions addressed the work strategies adopted by the local government to monitor and assess healthcare, and the participation of the teams in this process. Once the data were generated, the interviews were transcribed for content analysis[14]. For the thematic categorisation, we used NVivo 9 software and followed three stages: pre-analysis, exploration of the material, and processing of results and interpretation[14]. The respondents were encoded as follows: EG – interviews with managers and EAP – interview with planning advisor.

The bioethical considerations were observed in terms of access to data and analysis of data, in accordance with resolution #466, of 12 December 2012, of the national health council[15]. The respondents received and signed an informed consent statement to confirm they accepted to participate in the study, and were guaranteed anonymity. This study was approved by the research commission of the Escola de Enfermagem da Universidade Federal do Rio Grande do Sul (UFRGS), by the ethics committees of the UFRGS, and by the municipal department of health of Porto Alegre, under numbers 708.357/2014 and 885.916/2014, respectively.

## RESULTS

The final thematic categories that emerged from the results were the following: "Monitoring practices in municipal

healthcare management" and "Difficulties of managers in implementing monitoring".

### Monitoring practices in municipal healthcare management

Healthcare is monitored and assessed by the municipalities according to indicators of the integrated monitoring execution and control system ("SISPACTO") and the municipal health plan. Some managers stated that those who monitor the indicators also organise the annual health programme and draw the quarterly and annual reports to assess whether the goals were achieved, and make new agreements.

*A person who works the entire monitoring process with the teams, she puts the annual programme together, follows the municipal health plan, and then does the quarterly assessments, discussing the SISPACTO indicators and preparing and arranging the annual programme, then she meets with the team indicators of development and annual programming agreement, meets with the associated teams, discusses the processes, check the items that were not reached, see why and define what has to be done to reach them (EG4).*

The national programme for the improvement of access to quality primary care ("PMAQ") was mentioned by one of the managers as an instrument that encourages the teams to achieve planning goals and, therefore, minimise the resistance of some professionals.

*The logic of the PMAQ really helped us in primary care, we established a prize for the worker, an incentive for the worker (EAP1).*

*It's up to management to improve working conditions and infrastructure and it's up to you [...] to improve the quality of services that you provide, that is, it's self-accountability (EG4).*

One of the managers interviewed mentioned that the programme resources are passed on according to the criteria adopted by the local administration, alternating distribution between the workers and management.

*For each team, they receive a percentage classification, if unsatisfactory they don´t get it, if regular they get 20% of the monthly incentive every month, if good, they get 60% of the incentive, and if great they get 100% of the incentive. [...] We established that, in the first year of application of each team, so if I create a team now it has to follow that rule, 30% of this resource is distributed among the employees and 70% is for the management to build the structure, in the second and third year, 50% of the employees and 50% of management and the logic is that, from the fourth year, 70% goes to the worker and 30% to the maintenance unit (EAP1).*

During the interviews, the participants mentioned how practical and successful the monitoring action had been, and consequently, local planning in obtaining adherence of a computerised system.

*Yes we have the CAD, epidemiology, and the regulation central. Along with technical management, we have done these reviews and we have accompanied everything. [...] I evaluated the closing of 2013. There were a few items we did not comply with for the indicators of the Ministry of Health (EG1).*

*We haven't been able to implement because in reality here they have the data, it's all computer-based, because it's the Foundation that operates the emergency room [...]. Then they have a computerised system because they need it. And in my units nothing is computerised. It would have to be all manual. And then either you prioritise care to the population or you prioritise filling out the paper (EG6).*

According to some managers, to achieve good results, the indicators must have parameters to analyse how the unit model and the teams conform to the process. The municipal centre of collective healthcare ("NUMESC") is becoming the central axis of management to organise the indicator parameters and design ideas and solutions for the challenges detected in management.

*For the NUMESC to become the central axis, to diagnose the needs, education, qualification, and whatever else came here, of the university proposal, it should be analysed by the NUMESC, to see if it agrees with our object (EG2).*

In some municipalities, however, the programme actions are non-existent, which evidently prevents or jeopardises the execution and formulation of planning of the health service. The municipalities have to resort to other organs, such as the public health department, to monitor healthcare effectively.

In the research, the municipalities with larger populations reportedly use the data obtained from health inspec-

tions as a monitoring tool to analyse healthcare. This section provides information to the agencies that execute the public health for reconsideration.

*When we have a strategy we will be able to see the indicators better. Today we work with what we think we have and with Inspection [...] there is no way to see our indicators. That door hasn't been created, yet [...] (EG3).*

*But trying to put inspection in health as a great compiler and provider of tools for these data to reach the technical area that will rethink the policy and distribute it to the executors: primary, secondary, high, and urgent (EG5).*

Based on these data, below, a description of the category that addresses the difficulties of implementing monitoring of the municipalities.

## Difficulties of managers in implementing monitoring

The sources of funding require municipalities to minimally organise the use of the resources they receive. The reports indicated that the government offered funding and held the municipality accountable for planning the use of the resources; however, there was no co-responsibility between the parties. The municipalities in this situation are implementing planning in an individualised way.

*[...] the issue of funding sources I'd say it actually forced the municipalities to plan a little better. As soon as I say the following: the problem now is no longer the funding source, the problem now is for you to plan and organise it in each instance, in each municipality, that is, we're here offering the resources, now you go home, do your homework, if you to plan, organise, because every demand that appears to us here , we will evaluate and if there are conditions we will implement it, we can't get away from this planning logic, there's no way [...] (EG4).*

The healthcare planning of the municipalities is cross-sectioned by the priorities imposed to implement the new public policies in this field. Consequently, the municipalities select the needs they must meet, and then incorporate the less latent demands.

*The municipality of [...] always had lots of difficulties in this regard, we are always working on urgent situations, executing the policy as it is presented to only then solve the problem, no (EG4).*

Although the municipalities recognise the planning and monitoring process, they often focus all their efforts on solving unexpected problems and consequently fail to effectively plan and monitor healthcare.

*And then you have to monitor and evaluate all the time. And there you have so many problems to solve that you lose time, you lose the monitoring and assessment team (EG6).*

Despite defending and encouraging health planning, it seems the municipalities are not practicing these tasks since they are related to a public service tradition, in which planning is only an institutional obligation foreseen by law. Therefore, there is no point assessing or monitoring planning that was not performed according to a real need. The subjects who assumed the position of planners reported difficulties inserting this practice in the organisational culture.

*We who are supporters of the organizational policy, of good planning, find some resistance in our daily work, [...] but our role is precisely to implement a model that later facilitates any control mechanism [...] (EG4).*

*It does not seem to be part of the healthcare culture that I will work with planning. Perhaps for reasons of professional education, the lack of management insight (EG5).*

Service monitoring is still ineffective, considering that the health workers, including nurses, do not value planning in their routine work.

*The workers are so immersed in their work that they think it is waste of time (EG4).*

This lack of interest in adhering to healthcare planning and monitoring was associated with financial issues, in which the professionals responsible for these tasks get lower salaries than the professionals who perform other tasks in the area.

*Attracting people who manage to work with this and are willing to work [...] is a matter of remuneration, the people who worked in management earned less than the people who worked with care, today they earn almost the same [...]. Then you start to bring people to this side (EG5).*

In the public health system, it was reported that monitoring is still incipient; whereas the private sector in the

municipalities effectively submits analysis data incorporated to its insertion to the municipal departments, this does not occur in the public services.

*You have to have the mechanism, part of planning where you can monitor this more frequently, more efficiently [...] It cannot be different from the private initiative (EG4).*

Another issue cited by the managers with respect to the fragmentation of planning in the health department is that each component or area is responsible for its own targets, which makes it difficult to achieve annual targets.

*Because sometimes a certain component of the department, it has its own targets, but it worked all year on other things, goals it defined inside its own sector. Then it's the end of the year, so now I have to answer to these annual targets here. [...] What you put there is a lie, and if it's not a lie, it's close or it was adjusted to remain here (EG4).*

## DISCUSSION

The research results indicate that health planning in the studied municipalities is still being incorporated in the organisational routine, and monitoring is not equally implemented by the municipalities, which is reflected in the way the health region is organised as a whole and very distant from the normative process established in Decree #7508 of 28 June 2011[1]. Consequently, the processes that should feed one another still require institutional support to be implemented, including at local level, where nursing plays a fundamental role. Studies on this subject indicate that the practice of monitoring still requires some incentives[2], especially because it provides professionals with greater knowledge of the events and situations that directly affect their daily healthcare routines, such as prevalent diseases and living conditions and health of the population.

### Monitoring practices in municipal healthcare management

In relation to instruments used locally, the municipalities base their healthcare assessments on the indicators of the SISPACTO and its municipal health plans. The managers also mentioned management reports.

To improve the system, the local councils sought alternative solutions to their monitoring problems. The subjects mentioned management incentive and areas, such as the national programme, for improving access and quality of primary healthcare ("PMAQ"), and public health inspection as supporters of adherence and qualification of monitoring and planning. In one of the municipalities, it was mentioned that, due to the financial incentive of the PMAQ, the professionals were motivated to monitor and seemed less resistant to this practice. The municipalities agreed that health inspection is an important tool to assess the indicators, and, according to the managers, these indicators are the basis of the formulation of public health policies in the municipalities.

Another way of promoting the practice of monitoring and planning in healthcare is the permanent education of the professionals. The aim should be the implementation of the NUMESC – a space strongly linked to nursing professionals – to organise the parameters of the indicators and design ideas and solutions for the challenges of management. This action points to the possible implementation of more participatory management practices in the region. Some authors[16] found that the inclusion of permanent education has a favourable effect on the involved actors and improves the quality of healthcare processes, with interventions to alter the local reality. This way, professionals can exercise their autonomy to solve problems at all management levels, and discuss healthcare policy guidelines for their conscious appropriation and execution, reinforcing, or not, any objectives.

The managers still idealise improvements, and for this to occur, the respondents from large municipalities listed two models they consider ideal and that, when implemented, could enable simpler and more effective data assessments. The models are those currently being used by the private sector, and adherence to the computer-based system, at the emergency rooms, for example, to form an information network.

Computer-based systems can be the solution to difficulties implementing monitoring practices since they qualify the formulation and execution of policies, especially in terms of information flow and budgetary procedures. Another relevant point is that, when monitoring strategies are implemented, it is easier to recognise the specific particularities and demands of a given field and obtain better results[4]. Moreover, this strategy enables the decentralisation of decisions and the disaggregation of data to the primary health unit, considered the smallest healthcare provision unit[2]. In this regard, the computerisation and systemisation of information based on targets, indicators, and shared assessment modes can be alternatives to a more streamlined, effective, and economical consolidation of the monitoring and evaluation process.

Another model with good results is the use of monitoring teams of the municipal department of health of Porto

Alegre. This strategy was designed in the scope of the national policy of strategic and participatory management of the SUS – ParticipaSUS. In 2011, the municipal health department of Porto Alegre then established the Consolida-SUS to "decentralise participatory healthcare management, planning, monitoring, and evaluation in municipal department of health", thus expanding knowledge of the territory and the local health indicators. This calls for the construction of priority goals and promotes the empowerment of actors for decision making in health[17].

The goal of the monitoring teams would be to support the definition of targets and indicators under district management, and establish actions and monitor them quarterly and annually to qualify management and enhance results[17]. The model that supports local, district, and municipal monitoring has the participation of various actors at these management levels, especially the primary care teams of the territories, thus consolidating the performance of nurses and nursing technicians. It is thought that this representation gives space and voice to nursing professionals, and instrumentalises them to increase their insertion in management. The consideration of monitoring and assessment as important components of management suggests that the introduction of nurses can potentially change management and contribute to decision making in healthcare[12].

## Difficulties of managers in implementing monitoring

The municipalities pointed out that monitoring has been occurring locally; however, there are still difficulties implementing this practice. Given the cross-sectional planning of healthcare imposed by the implementation of new public policies that seek to solve old healthcare problems of the population, the municipalities lack the appropriate support and preparation they need, which forces them to select which priorities to attend to and incorporate latent demands at a later time. A qualitative study carried out in the northeast[10] shows that, due to the absence of a specific sector for monitoring, this practice is added to the local administration, thus causing oversight and postponements in monitoring actions. The same study states that government projects are not collectively constructed with the formulation of strategically planned policies. Consequently, monitoring occurs according to the needs that arise, suggesting an incrementalist profile to the public policies. For this reason, the primary care units do not produce priority actions for the population[18] or use this tool to produce healthcare.

The empirical evidence showed that, due to the occurrence of unexpected problems, health teams direct their work toward the solutions to these problems, which hinders the incorporation of monitoring and planning processes in healthcare. Another weakness for the implantation of a monitoring and planning system in the municipalities mentioned by the managers is the characteristic lack of organisational culture in public services that uses planning as the *modus operandi*.

It should be noted that the nurse is one of the key professionals held responsible for planning and consolidating the data in healthcare units and, in many cases, for coordinating the team. The practice reveals the referred absence of an organisational culture in the process of monitoring and evaluation, and difficulties promoting changes in this practice possibly due to the excessive workload of the teams and the need to "solve emergencies" that this lack of planning causes in routine work.

The little value health professionals locally give to planning in their work and the lack of appreciation suffered by the professionals who work with management and their difficulty in locally planning the healthcare units are causes for concern in the field of public healthcare management. These factors were also found in other studies[3, 10, 16-19].

One of the factors believed to prevent effective planning in healthcare is structural weakness, such as the fragmented planning of the actual health department, related to the planning of the local authorities according to the funding they receive and the need to prove minimal organisation to use these resources, without the co-responsibility of the government regarding planning. The fragmentation of management processes leads to the low efficiency, efficacy, and effectiveness of these processes, which are closely related to funding since this is one of the elements driving these practices, as noted by the respondents[18].

In the study scenario, the empirical data that refers to the difficulties of the municipalities in monitoring and evaluating indicate the local difficulty of stipulating indicators to assess the results of the implementation of a given policy, plan, programme or project. This issue eventually causes a chain reaction; the results indicators are not established due to the absence of material to substantiate the creation of these indicators.

The results of broader actions in the municipalities, states, and the government itself affect the everyday practice of nursing. Therefore, the analysis of current regional and local situations, as performed in this study, offers theoretical and practical support to promote awareness of the work of nurses. The transformation of nursing practices in the scope of managing public policies involves subjective

elements related to the culture of monitoring and assessment, more objective elements, such as those that target results, and the required institutional support. In the field of health, the implementation of monitoring and evaluation practices depends on specific technical skills and conceptual alignment [2]. In this regard, nurses have much to contribute since their education targets closer relations with the users of primary care and broader organisational actions, such as municipal management.

## FINAL CONSIDERATIONS

The public healthcare services encounter several difficulties in effectively implementing planning, monitoring, and evaluations in healthcare, including in the field of nursing and its contributions. Many of the interviewed managers did not objectively answer the questions related to monitoring. In contrast, they seemed to share significant understanding of healthcare planning, although it is not a widespread activity in some municipalities.

In general, the solutions provided by the managers to qualify monitoring sought to make the public sector more flexible; however, it was observed that not all the public services have the technical or financial conditions to assume this responsibility on their own initiative. To a certain extent, it is possible to associate the segregation of governmental spheres, which individualises management, with the lack of support at other levels of government for the municipalities and regions.

Even with all these issues, the interviewed managers mentioned the importance of monitoring and evaluation in the process of regional and municipal healthcare planning. In this regard, the potentialities and weaknesses were identified as possibilities for management. It is believed that enhancing the existing management instruments, such as plans, health programmes, and management reports, will support the construction of a monitoring culture in the Unified Health System, including at local level.

It is therefore important to integrate health teams to this process and associate the results of this research to routine nursing work and the work of the interdisciplinary team. Incorporating healthcare monitoring and evaluation to their practices in the different professional scenarios, whether in care or management, encourages the use of new tools and innovations that support technical and political decision making

Based on the objective of this study, the discussion presented here on the monitoring practices of municipalities and the interfaces with the nursing practice reveals the importance of incorporating monitoring and evaluation to the routine work of this professional field. These practices must be included in the different insertion scenarios, from care to management, to encourage the use of tools and innovations for decision making.

The limitation of this study is the sole focus on municipal management. We suggest new studies that analyse and discuss the perception of local health teams on the monitoring and evaluation process, in view of their role in this process and the fact that these teams generate the data and information of the healthcare indicators from their activities and routine work. This study contributes to the knowledge on this subject by narrowing the gap between nursing and management that is organisationally distant from the healthcare services, which affects the way these services are organised to integrate and communication to some extent, according to local characteristics. These elements are important for the construction of public healthcare policies, considering that scientific production serves as an important source of information on the empirical reality of the municipalities.

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