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ORIGINAL ARTICLE

SENSITIVE ASSISTANCE TO BASIC CARE IN A NON-HOSPITAL EMERGENCY UNIT

ATENDIMENTOS SENSÍVEIS À ATENÇÃO BÁSICA EM UMA UNIDADE NÃO HOSPITALAR DE URGÊNCIA E EMERGÊNCIA

ATENDIMIENTO SENSIBLE A LA ATENCIÓN BÁSICA EN UNA UNIDAD NO HOSPITALARIA DE URGENCIA Y EMERGENCIA

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ABSTRACT

Objectives: to investigate the sensitive assistance to basic care in the Emergency Room of Pelotas and geographically find basic health units and health districts of the users. ***Method:*** descriptive, cross-sectional study, with quantitative approach, developed through consultation in 344 users care records assisted in an urgent and emergency unit during a week of August 2011, with diagnosis of susceptible conditions to basic care, residents in a municipality of Rio Grande do Sul. The data were analyzed in the Statistic software 8.0. The study had the research project approved by the Ethics Committee in Research, Protocol 297/2011. ***Results:*** 64% of the assistances in the health service are considered cases of sensitive conditions primary care, mainly respiratory infection diagnostics (16.8%) infection of eyes, ears, nose and throat (13.6%) and abdominal pain (8.2%). ***Conclusion:*** it is necessary to conduct strategies that maximize the quality of care in basic health area to its constitution as the main way and as organizer of the health system. ***Descriptors:*** Primary Health Care; Health Services; Emergency Medical Services; Nursing.

RESUMO

Objetivos: investigar os atendimentos sensíveis à atenção básica no Pronto Socorro de Pelotas e localizar geograficamente as unidades básicas de saúde de referência e os distritos sanitários dos usuários. ***Método***: estudo descritivo, transversal, de abordagem quantitativa, desenvolvido por meio da consulta em 344 fichas de atendimento de usuários atendidos em uma unidade de urgência e emergência durante uma semana do mês de agosto de 2011, com diagnóstico de Condições Sensíveis a Atenção Básica, residentes em um município do Rio Grande do Sul. Os dados foram analisados no software Statística 8.0. O estudo teve o projeto de pesquisa aprovado pelo Comitê de Ética em Pesquisa, protocolo 297/2011. ***Resultados***: 64% do total de atendimentos nesse serviço de saúde são considerados casos de condições sensíveis à atenção básica, predominando diagnósticos de infecção respiratória (16,8%), infecção de olhos, ouvidos, nariz e garganta (13,6%) e dor abdominal (8,2%). ***Conclusão***: há necessidade que sejam realizadas estratégias que potencializem a qualidade do atendimento na rede básica de saúde visando a sua constituição como principal porta de entrada e como organizador do sistema de saúde. ***Descritores***: Atenção Primária à Saúde; Serviços de Saúde; Serviços Médicos de Emergência; Enfermagem.

RESUMEN

Objetivos: investigar los atendimientos sensibles a la atención básica en el Pronto Socorro de Pelotas y localizar geográficamente las unidades básicas de salud de referencia y los distritos sanitarios de los usuarios. ***Método***: estudio descriptivo, transversal, de enfoque cuantitativo, desarrollado por medio de consulta en 344 fichas de atendimiento de usuarios atendidos en una unidad de urgencia y emergencia durante una semana del mes de agosto de 2011, con diagnóstico de Condiciones Sensibles a la Atención Básica, residentes en un municipio de Rio Grande do Sul. Los datos fueron analizados en el software Statística 8.0. El estudio tuvo el proyecto de investigación aprobado por el Comité de Ética en Investigación, protocolo 297/2011. ***Resultados***: 64% del total de atendimientos en ese servicio de salud son considerados casos de condiciones sensibles a la atención básica, predominando diagnósticos de infección respiratoria (16,8%), infección de ojos, oídos, nariz y garganta (13,6%) y dolor abdominal (8,2%). ***Conclusión***: hay necesidad que sean realizadas estrategias que potencialicen la calidad del atendimiento en la rede básica de salud visando su constitución como principal puerta de entrada y como organizador del sistema de salud. ***Palabras claves***: Atención Primaria a la Salud; Servicios de Salud; Servicios Médicos de Emergencia; Enfermería.

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INTRODUCTION

With the purpose of making the Health system more humane, caring and resolutive, closer of the individuals, families and communities, in Brazil, in 1994, emerged the Family Health Program (FHP). This strategy was elaborated in order to reorient the assistance model from the basic care (BC), in accordance with the principles of the Unified Health System (SUS).[1]

The FHP, in addition to propose the reorganization of BC in actions of health promotion and prevention of diseases risks with efficaciousness of assistance, also determines it as the "first contact level" or one of the main ways of the user in the health care system.[2]

The BC is characterized by a set of health actions, individual and collective, that encompass the promotion and protection of health, the prevention of diseases, the diagnosis, treatment, rehabilitation and maintenance of health, using of high technologies and low technological density, complexity that should resolve 85% of health problems from the higher frequency and relevance in its territory.

The proportion of hospitalizations are considered preventable, from a timely and appropriate assistance on BC, representing an important marker of result of the quality of health care at this level of care.[3] In this sense, a strengthened and properly structured BC in addition to providing quality care and preventing diseases, also avoiding hospitalizations for sensitive conditions to this "contact level" by improving the quality of life of the population.[4-5]

In Brazil, there is few studies on sensitive hospitalizations of primary care and only in April 2008 the Ministry of Health (MH) advocated such indicator as a tool for assessment of system level, launching the Brazilian List of Hospitalizations by Sensitive Conditions to Primary Care (SCOC) or for Sensitive Conditions to Basic Care (SCBC) in Brazil.[3.5]

The SCBC are defined as a set of health problems where the effective action of this level of care would decrease the risk of hospitalization. Thus, high rates of hospitalization for these conditions are linked to deficiencies in the coverage of services and/or low resolution of BC for certain health problems.[6]

Relevant gaps and insufficient structuring of BC are some of the factors that lead the user many times to put aside territorial logic, a way to the system for Basic Care and hierarchized flow of health care, leading to choose services to medium and high complexity, outlining a model that is unsuitable for continued care, offered on the first level of care. Urgent and emergency services as ERs have been historically chosen by users of SUS to obtain medical assistance, thus compromising the quality of service and contributing to overcrowding and overloading them.[7]

A study on inadequate use of emergency services concluded that such services must be used in specific circumstances and its inappropriate use is harmful to patients for non-serious and serious, because the serious ones electing the hospital for its care, do not have guaranteed the continuity or monitoring of their treatment.[8]

OBJECTIVE

- To investigate the sensitive basic care in the emergency room of Pelotas;
- To geographically basic health units and health districts of the users.

METHOD

Descriptive, cross-sectional study, of quantitative approach, developed through consultation in 344 users care records assisted in an urgent and emergency unit, during a week of August 2011, with diagnosis of Conditions Sensitive Basic Care, residents in a municipality of Rio Grande do Sul/RS, Brazil.

Initially, the assistance by secondary data service unit were identified (Assistance record) in the month of August, in a period of seven days in the morning shift. The definition of the week (1st, 2nd, 3rd and 4th week) was held randomly (draw). Subsequently, users were classified into two categories: users assisted with sensitive conditions to BC and users assisted by sensitive conditions to BC.

Sensitive assistance to BC were distributed for territory in accordance with the basic health unit (BHU) and sanitary district, identified from the user´s address. This distribution has identified the area assigned from BHU presenting the largest number of users who demanded urgent and emergency unit by sensitive conditions to BC.

Data collection was performed using an instrument containing question related to identification and user´s clinical data of ER service; variables related to assistance in urgent and emergency unit were considered, specifically, because of this service, identifying sensitive conditions to BC; the geographic location of users assisted in that unit, highlighting the basic unit of reference

and the sanitary district; and the variable related to the users´ profile participants of the study, emphasizing the gender, date of birth and medical diagnosis (sensitive condition to BC). Data analysis was carried out with application of basic statistical distribution of frequencies of the variables and used the Statística software 8.0.

In this study, the ethical precepts of the Resolution 196/96 of the Ministry of Health[9] were respected, dealing with research involving human beings, as well as the Code of Ethics of Nursing Professionals[10], COFEN Resolution 311-/2007, chapter III2, articles 89, 90 and 91, which expose aspects of the responsibilities and duties, and articles 94 and 98, which treat the prohibitions. The project was submitted to the Committee of Ethics in research (CEP) at the Federal University of Pelotas-UFPel, which after due consideration received a favorable opinion under number 297/2011.

RESULTS AND DISCUSSION

The distribution of users assisted in a non-hospital unit of assistance to urgencies and emergencies of the interior of Rio Grande do Sul, according to criteria already submitted, can be summarized in table 1, while the distribution of sensitive assistance to BC, according to Basic Health Units, can be displayed in table 2.

Table 1. Distribution of users assisted in a non-hospital unit of assistance to urgencies and emergencies of the interior of Rio Grande do Sul according to sensitive to BC, August - 2011.

Characteristics	Total (n=344)		Sensitive assistance to BC (n=220)	
	n	(%)	n	(%)
Gender				
Female	185	53,8	127	57,7
Male	159	46,2	93	42,3
Age (years old)				
0 to 17	68	19,8	46	20,5
18 to 29	54	15,7	33	14,7
30 to 39	63	18,3	41	18,3
40 to 49	52	15,1	33	14,7
50 to 59	40	11,6	29	13,0
60 to 69	32	9,3	21	9,4
70 or more	35	10,2	21	9,4
Causes of assistance				
Respiratory infections	41	11,9	37	16,8
Infections of eyes, ears, noses and throat	31	9,0	30	13,6
Fall height	28	8,1	0	0,0
Abdominal pain	23	6,7	18	8,2
Thoracic Algia and dyspnoea	18	5,2	9	4,1
Traffic accident	14	4,1	0	0,0
ITU	14	4,1	14	6,4
Headache	14	4,1	14	6,4
Myalgia	12	3,5	11	5,0
Foreign body in the eye	11	3,2	0	0,0
Emesis/heartburn	10	2,9	10	4,5
Cut blunt trauma	9	2,6	1	0,5
DM complications	9	2,6	9	4,1
skin disorders	8	2,3	8	3,6
physical aggression	8	2,3	0	0,0
Low back pain	7	2,0	7	3,2
STD	6	1,7	6	2,7
Facial edema	6	1,7	4	1,8
Bite (animal and insect)	5	1,5	0,0	0,0
Diarrhea / Constipation	5	1,5	5	2,3
Oncological complications	5	1,5	3	1,4
Expertise	5	1,5	0	0,0
Asthma	5	1,5	5	2,3
Menstrual disorders	4	1,2	4	1,8
Heart disease	4	1,2	2	0,9
Burn	3	0,9	0	0,0
SAH	3	0,9	3	1,4
Chemical substance /foreign body intake	3	0,9	0	0,0
Convultion	2	0,6	0	0,0
Tachycardia	2	0,6	0	0,0
Bleeding / discharge fetid FO	2	0,6	2	0,9
DPOC	2	0,6	2	0,9
Other causes of assistance	25	7,3	16	7,3

Source. Record assistance of a non-hospital care unit to emergency care in the interior of Rio Grande do Sul. * There was an unknown diagnosis, though not statistically significant.

In table 1, it was found that the sample of users, assisted in a non-hospital unit of urgencies and emergencies units, was stratified by the sensitivity of diagnosis to the basic care (BC) (n = 344), with the female predominance (53.8%) and of the age ranges from zero to 17 years old (19.8%) and over 60 years old (19.5%).

It was identified that 64% of the total number of assistance in the health service in the period observed were considered cases of sensitive conditions to BC. From these, 57.7% of females were assisted and the age range was between zero and 17 years old (20.5%). Similar results were found in the study[11] carried out in the same municipality of this study in the period between 1995 to 2004, which identified the rates by sensitive conditions to BC in women as superior to men. This study aimed to evaluate, by rate of preventable hospitalizations, the quality of care offered by the basic health network.

Although men being more vulnerable to diseases, especially at serious and chronic illnesses, and die earlier than women, they have difficulty in recognizing their needs, cultivating the magical thinking that rejects the possibility of illness. Some studies claim that the man stop seeking health services for cultural issues, making it difficult to adopt self-care practices. As the man is seen as virile, strong, invulnerable and look for the health service, in a preventive perspective, it can be associated it with weakness, fear and insecurity.[12-15] The fear of discovery of any serious illness and the shame of exposure of their body before the health professional are also shown as factors that hinder their access to health services. On the other hand, the health services are considered little adequate for the demand presented by men, since its organization does not stimulate access and its own public health campaigns do not turn to this segment.[13.15]

Study held[3] in the municipality of Montes Claros (MG), in the period from 2007 to 2008, with the objective of identifying variables associated with sensitive hospitalizations to primary care, have identified that education less than four years of elementary school and age group more than 60 years old have been associated with hospitalizations for sensitive conditions to BC. These results are similar to findings in this study, observing prevalence of sensitive assistance ranging in age between zero and 17 years old and over 60 years old. Several authors[16-17] consider age among other variables as an important aspect in determining the hospitalizations for sensitive conditions to BC.

The predominance of the diagnoses recorded in assistance sensitive conditions to BC was respiratory infection (16.8%) infection of eyes, ears, nose and throat (13.6%) and abdominal pain (8.2%). Review with a surgeon, rash on the scalp, hemorrhoids, paresthesia and paresis of upper limbs (MMSS), flu, evaluation of examinations, ocular stroke, epistaxis, bandage/stitches removal, labyrinthitis, oricocriptosis, choke, general malaise, edema, abdominal trauma, stroke/complications, anemia, dyspareunia, hyperthermia, facial trauma, crisis of gout and dehydration corresponded to the group named other causes of assistance.

Regarding to assistance in non-hospital emergency unit, the predominance of assistance of sensitive conditions to BC was identified, corresponding with the results identified in other studies whose urgency and emergency service becomes one of the most problematic areas of health in such a way as to compromise the quality of the service and contributing to overcrowding and overloading it.[8.7]

In the following table (Table 2), it was found the distribution of the same sensitive assistance to BC, but linking them in accordance with the Health Unit of reference. Fraget (13.8%), Areal Fundos (11.9%) Sansca (6.7%) and Santa Terezinha (6.7%) were highlighted as the basic health units that most demanded assistance to the urgency and emergency service.

Table 2. Distribution of sensitive assistance to basic care performed in a non-hospital care to the emergency care of the interior of Rio Grande do Sul, according to Basic Health Unit (BHU) of reference-August-2011.

Basic Health Units	Distribution of sensitive care to basic care	
	n	%
Fraget	29	13,8
Areal Fundos - UFPel Areal/ Praias	25	11,9
SANSCA	14	6,7
Santa Terezinha- UCPEL	14	6,7
Others BHU	138	60,9

Arco Íris, Areal I, Balsa Centro, Barro Duro Areal, Bom Jesus Areal, Cascata colônia, Centro Especialidades, Cerrito Alegre Colônia, Cohab Fragata, Cohab Guabiroba, Cohab

Lindóia, Cohab Pestano, Cohab Tablada I, Cohab Tablada II, Colônia Maciel, Colônia Osório, Colônia Triunfo, Colônia Z-3, Corrientes, Cordeiro de Farias, CSU Cruzeiro, CSU Areal, Dom Pedro I, Dunas, Fátima-UCPEL, Getúlio Vargas, Grupelli Colônia, Jardim de Allah, Laranjal Areal, Leocádia Areal, Monte Bonito, Navegantes, Obelisco Areal Praias, Pam Fragata, Pedreiras, Pestano-UCPEL (CAIC), Puericultura, Py Crespo, Sanga Funda, Santa Silvana, Simões Lopes, Sítio Floresta, União de bairros, Vila Municipal-UFPEL, Vila Nova, Vila Princesa and Virgílio Costa are from the group called others BHU (60,9%).

Based on the locations of the Basic Health Units, it was concluded that the district named Zona Norte presented the greatest demand for sensitive assistance to BC with 66 (30%) cases, while the remaining districts, such as: Fragata (26.8%), Areal e Praias (20.4%), Centro (9.5%), Porto-Várzea (6.8%) and Zona Rural (3.6%) contributed with the 154 cases of sensitive conditions to BC. Although the health district Zona Norte presented the greatest number of Basic Health Units (16) and health strategy units of the family (8), its population still demands assistance in the emergency room of Pelotas.[18]

The demand of users for the emergency room and hospitals can be defined as an expression of a set of structured social practices over time in the daily search for health services[7]. However, other authors[19] suggest that this demand to emergency services is due to the cultural issue, claiming to be natural to have a greater affinity for higher-density technology service.

Authors[7] highlight that users refer to the organization of basic health services with barriers to access and demonstrate having relation to BHU an image of great limitation of human and material resources while the emergency room and hospitals are presented to them, for various reasons, such as spaces of higher resolution.

In a study, authors observed several aspects considered as barriers to access including restriction on the operation hours of BHU or FHS, to the number of vacancies for consultation, undefined criteria of urgency, scheduling appointments system inappropriate to user reality, delay for obtaining the service, reference and counter-reference system not organized and queues during the night.[7] Besides, distrust in relation to attendance at the BHU, longing for tests or medication or equipment usage were also present as reasons to search for emergency services.[20-21]

It is necessary to redirect the organization and distribution of actions and services in order to respond satisfactorily to the needs and demands of health. For this, it is necessary to strengthen the basic care, being the main way to entry into the health system and guided by the principles and guidelines of SUS.[22]

It is highlighted that the present study shows as quality limitation the fulfilment of the Assistance Record of the unit on which the data or incompletely filled, not containing the record of the diagnosis as the CID 10, or inadequate, that the record of the definitive diagnosis was filled out according to the user's complaint. The same limitations were identified by some authors[23-24] in studies that evaluated the completeness and quality of the information contained in the registration form of the Management System of Clinic Clinical Hypertension and Diabetes Mellitus in Basic Care (SISHiperDia) and in the Declaration of Born Alive from residents in Pernambuco.

It is needed to be investigated the sensitive assistance to basic care in the Emergency Room of Pelotas and to geographically locate the basic health units and health districts of users assisted in this service.

CONCLUSION

The elaboration of this study allowed knowing the socio-demographic profile in gender and age of users assisted in a non-hospital emergency unit by sensitive conditions to BC, as well as its causes of assistance. Also, it enabled to know the BHU and the sanitary districts that require such assistance, founding that 64% of assistance in this unit are considered cases of SCOC, and 57.7% female subjects with age range between zero and 17 years old with 20.5%. In relation to sensitive assistance to BC, respiratory infection (16.8%), infection of eyes, ears, nose and throat (13.6%) and abdominal pain (8.2%) were the most prevalent.

It is expected that the study will contribute to professionals and health managers to discuss about the need to implement strategies that maximize the quality of care in basic health network to its constitution as a major way and as organizer of the health system.

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