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Risk classification: low complexity factors that interfere with nursing care

Clasificación de riesgo: factores de baja complejidad que interfieren con el cuidado de enfermería

Classificação de risco: fatores de baixa complexidade que interferem no atendimento do enfermeiro

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Abstract

The aim was to analyze the low-complexity external factors that interfere in the care provided by the risk classification nurse. This is a descriptive and exploratory study with a qualitative approach, based on a semi-structured interview conducted with nurses from the risk classification unit of a Municipal Hospital of the Unified Health System, being a reference as the largest in urgent and emergency care in Latin America. Twelve nurses who worked directly in this sector were interviewed, of which three refused to respond to the interview. Of the nine respondents, there was a predominance of females with eight people, followed by marital status, six married, and five aged 40 years or over, in the profession, five worked between 6 and 9 years, and six performed their activities in the period daytime. It is concluded that failure in primary care was cited as the main external factor of low complexity that causes overcrowding in the emergency unit.

Descriptors: Emergency Nursing; Checklist; Emergency Service, Hospital; Health Centers; Nursing Care.

Resumén

El objetivo fue analizar los factores externos de baja complejidad que interfieren en la atención brindada por la enfermera clasificadora de riesgo. Se trata de un estudio descriptivo y exploratorio con abordaje cualitativo, basado en una entrevista semiestructurada realizada a enfermeros de la unidad de clasificación de riesgo de un Hospital Municipal del Sistema Único de Salud, siendo referente como el más grande en atención de urgencias y emergencias de América. América. Se entrevistó a doce enfermeras que trabajaban directamente en este sector, de las cuales tres se negaron a responder a la entrevista. De los nueve encuestados, hubo un predominio del sexo femenino con ocho personas, seguido del estado civil, seis casados y cinco de 40 años o más, en la profesión, cinco trabajaban entre 6 y 9 años, y seis realizaban sus actividades en el país. período durante el día. Se concluye que el fracaso en la atención primaria fue citado como el principal factor externo de baja complejidad que ocasiona el hacinamiento en la unidad de emergencia.

Descriptores: Enfermería de Urgencia; Lista de Verificación; Servicio de Urgencia en Hospital; Centros de Salud; Atención de Enfermería.

Resumo

Objetivou-se analisar os fatores externos de baixa complexidade que interferem no atendimento do enfermeiro da classificação de risco. Trata-se de estudo descritivo e exploratório de abordagem qualitativa, a partir de entrevista semiestruturada realizado com enfermeiros da unidade de classificação de risco de um Hospital Municipal do Sistema Único de Saúde, sendo referência como o maior em atendimento de urgência e emergência da América Latina. Entrevistou- 12 enfermeiros que atuavam diretamente neste setor, desses, três recusaram responder a entrevista. Dos nove entrevistados, predominou o sexo feminino com oito pessoas, seguido de estado civil seis casados, e cinco com idade igual ou superior a 40 anos, no tempo de profissão, cinco atuavam entre 6 e 9 anos, e seis exerciam suas atividades no período diurno. Conclui-se que a falha na Atenção Primária foi citada como o principal fator externo de baixa complexidade que causa superlotação da unidade de emergência.

Descritores: Enfermagem em Emergência; Lista de Checagem; Serviço Hospitalar de Emergência; Centros de Saúde; Cuidados de Enfermagem.

Introduction

According to the Federal Council of Medicine, urgency means the unforeseen occurrence of a health problem, with or without potential risk to life, whose carrier needs immediate medical assistance, and emergency means the medical finding of health problem conditions that imply in imminent risk of life or intense suffering, therefore requiring immediate medical treatment. These terms can be confused by patients or their families, therefore, the General Coordination of Urgency and Emergency, of the Ministry of Health, suggested the use of the term urgency for both cases, all those who need acute care[1].

In this context, it is noteworthy that for a long time, urgency and emergency units have been crowded due to the population's search for these services, configuring as primary care, and not emergency care, in most cases, this This fact is due to the need to search for quick health care, as urgent and emergency services provide diagnostic and resolving actions for the population[2,3].

Due to this problem, the demands are mixed, causing overcrowding, resulting in the quality of care provided to the population, which can also be aggravated by organizational problems, such as the absence of risk screening, which determines the service in order of arrival without due prior assessment of cases, often causing serious harm to the patient[4].

Overcrowding is a recurrent disorder in urgent and emergency hospital services and is seen as a public health problem that affects everyone involved, being caused by several factors, including the large demand of patients, with clinical conditions that often do not need this type of care. On the other hand, with the shortage of resources and professionals, the burden on these services increases[5].

Reception with Risk Assessment and Classification (AACR) is a tool that aims to minimize health problems, identifying and prioritizing care, aiming to separate critical cases from non-critical cases, thus facilitating the flow of patients treated in emergencies, providing greater resoluteness in user care. Among the benefits brought about by the AACR, we can highlight the reduction in hospital overcrowding and the modification of the care model, which was previously focused on assistance in the order of the patient's arrival at the health service and not due to the likelihood of worsening of their clinical condition[5].

In 2004, the Ministry of Health created the National Humanization Program (PNH) which establishes humanization as a policy of the Unified Health System (SUS) networks, through reception protocols with risk classification (ACR), with the purpose of prioritizing the sickest, organizing the flow of users, ensuring the right to health care, avoiding the exclusion of the user at the gateway[6].

The AACR also aims to improve the professional-user relationship and the entire social network, through measures that provide ethical, humane, and supportive care to put into practice, the principles of the SUS, such as equity, universality, and comprehensive care of users according to their needs[7].

In this scenario, there is the nurse who works directly in risk classification within urgencies and emergencies, and their nursing care is of great importance for the organization of care in the AACR, as it configures a necessary and organized tool in the care practice focusing on the patient, listening to their complaints, concerns, anxieties, and the limits necessary for resolving care[8].

Nurses who work in urgent and emergency services need to know and participate in the implementation of user embracement based on the AACR protocol, an important fact for a reflection on the need for changes in the work process within the services, which prioritize and standardize the care of users through the implementation of actions following the welcoming proposals with risk classification[9].

It is noteworthy that, when nurses use the risk classification tool, urgent and emergency needs are prioritized according to the professional's knowledge and what is informed by the patient. Thus, it reduces low complexity factors, thus preventing inconvenience and overcrowding in the sector.

According to a study carried out in the countryside of Minas Gerais, the authors identified in an interview with nurses from an emergency care unit, that the current demand of patients is spontaneous with an intense flow, with no risk classification, and attributed the great demand, by the non-use of services of the basic health network and the profiles of care that do not characterize as emergency care, causing the factor for overcrowding[9].

Other authors claim that situations of high and low complexity mix and make care difficult, causing unresolved queues in urgent and emergency services. In another study, it was shown that urgencies and emergencies are increasingly overcrowded due to political difficulties, low resolution, quality of services, cultural habits, and beliefs of the population[10,11].

In this context, the inadequate use of urgent and emergency services is also characterized by the fact that users consider these sectors to be easily accessible, and the ease of immediate resources such as tests and medications[12].

The study aimed to analyze the low-complexity external factors that interfered in the care of nurses in the risk classification of the largest Municipal Emergency and Emergency Hospital in Latin America, located in Rio de Janeiro; Evaluate the behavior of nurses in the face of identifying low-complexity factors in risk classification and identify which protocol is used in the unit's risk classification.

Methodology

Descriptive and exploratory study, with a qualitative approach, carried out with 12 nurses from the triage and risk classification sector, at the largest Municipal Emergency Hospital in Latin America, located in the city of Rio de Janeiro. The study took place from February to June 2019, where the inclusion criteria followed only the participation of nurses who worked directly in the emergency triage sector, excluding from the study professionals with no experience in risk classification, and

those who were relocated in the sector on the day of the survey[13].

The tool for data collection was the semi-structured interview[13]. Through a digital recorder, starting from basic questions, related to low-complexity external factors that interfered with nurses' care in risk classification, their conduct in the identification of these factors, and which protocol was used in the unit's risk classification. This study was sent to Plataforma Brasil and approved by the Research Ethics Committee by CAAE: 14486919.9.0000.5291, and approved opinion number: 3.443.333.

Each respondent was approached in the hospital's triage sector in their respective shifts, in the day and night service, where the objectives of the study and the invitation to participate were explained. After acceptance, each subject received the Informed Consent Form, which explained all the objectives of the study, respecting all the Ethical and Legal aspects of the research, according to Resolution No. 466/12 of the National Health Council/MS, and then the interviews began[14].

After the production of the audios, the data were transcribed and interpreted through content analysis, where the researcher's intention was to transcribe the significant contents of the participants' writings and meet the objectives, thus defining the study categories15. To guarantee the anonymity of the participants, he used encodings represented by the letter E, which he called interviewee (I) and the numbering according to the interviews. Ex: [I1; I2; I3...].

Results

Twelve nurses who worked directly in the risk classification sector were interviewed, of which three refused to respond to the interview. Of the 9 interviewees, eight were female, followed by six married, regarding age, five were 40 years old or more, between time in the profession, five worked between 6 and 9 years in the sector, and six worked daytime activities. After analyzing the interviews, the results were subdivided into 04 categories, which they called: low-complexity external factors that interfere with nursing care, conduct and guidelines in identifying low-complexity factors, the professional's understanding to prevent overcrowding in the unit emergency, existence of protocol in the AACR unit.

Low-complexity external factors that interfere with nursing care

According to the nurses, the low-complexity factors that imply in meeting the risk classification were predominantly cited as the lack of information on the part of users, and the low resolution in primary care, as well as some exams and procedures that could be resolute in the SUS. However, these are points that, if improved, will directly reflect on the demand for care in the emergency service, these results are pointed out in the following statements:

> *"[...] It is due to the low resolution in Primary Care, the delay in scheduling outpatient appointments for specialties, and the precarious emergency care in neighboring cities, including the low adherence to the treatment of chronic diseases [...]"* (I2).

> *"[...] In my view, it is the lack of information on the part of users about the SUS network. Lack of knowledge of other services in the hospital protocol, here there are patients who come only to take medication, and even undergo laboratory tests, due to the delay in the SUS [...]"* (I4).

> *"[...] I think it's absurd, sometimes I see an ENT patient for ear lavage and otitis. When I host pediatrics, most of the time, they are children with colds. In the Medical Clinic, I take in adults with a history of high blood pressure, without a cardiologist, and still at risk for surgery and filling out a report for a transportation ticket [...]"* (I8).

> *"[...] The lack of information/awareness of the population about where to be assisted and what fits within the profile of the emergency, urgency and outpatient clinic [...]"* (I9).

Nurses' conduct and guidance regarding the identification of low-complexity factors in the AACR

According to the subjects' reports, as the main conduct, they direct users with low complexity complaints to the Basic Health Unit (UBS), in addition to providing education and health promotion to improve the quality of life, these conducts and guidelines are highlighted in the following reports.

> *"[...] I carry out orientations related to health promotion and quality of life improvement. So, I redirect the basic health unit close to your residence for outpatient follow-up [...]"* (I1).

> *"[...] According to the municipality's protocol, cases classified as blue are redirected to primary care [...]"* (I2).

> *"[...] We must provide a good reception and basic guidelines so that the patient can understand and accept the redirection to the UBS [...]"* (I3).

> *"[...] I do the factor assessment and referral to the basic health unit [...]"* (I8).

Actions needed to avoid overcrowding in the emergency unit

According to the interviewees, the actions that must be taken to avoid overcrowding in emergency units should be initiated in Primary Health Care, where they must offer effective health promotion and disease prevention actions to local users, in addition to guide on basic care, and outpatient care, causing the flow of patients to decrease, and alleviate major hospital emergency services. Faced with this problem, it is observed that the urgency and emergency services are operating inadequately, which is presented in the following statements:

> *"[...] In my opinion, the main actions to avoid overcrowding in the hospital emergency should start with the proper functioning of basic health and primary care units [...]"* (I1).

> *[...] I think it's having greater resoluteness in primary care, and awareness of users, the population has to understand that cases of low complexity must be managed in primary care. The structuring of the health care network and neighboring Municipalities must be responsible for emergency care for the local population [...]"* (I2).

> *"[...] Prevention and health promotion carried out in primary health care. In addition to linking users to their treatment [...]"* (I4).

"[...] The basic health unit must act effectively. Orienting patients, which is emergency, urgency and outpatient treatments, only in this way alleviates major hospital emergencies and avoids overcrowding [...]" (I9).

The existence of protocols used in risk classification to assist nurses' care

It was found among nurses the existence and use of a protocol to guide the care of risk classification, which was adapted to the profile of clients received in this urgency and emergency unit, which facilitates and standardizes the care of nurses in the AACR. It is noteworthy that one of the interviewees mentioned the Manchester protocol, which consists of a triage system based on five colors: red, orange, yellow, green, and blue, with red representing the most severe cases, and blue representing the least severe cases. severity, however, it is known that this system is already used worldwide, with few hospitals or clinics that have not adhered to this system.

"[...] Yes, there is, it is a protocol made by the unit's medical team, in partnership with the municipal health department [...]" (I1).

"[...] It does, but many times it is not possible to follow exactly, because the demand is from people from other cities, with a report of not having UBS in their region [...]" (I5).

"[...] The protocol used is that of Manchester, which was adjusted with the heads of the clinics, for its best use [...]" (I7).

"[...] Yes. It was created by a team from the city hall together with HMSA professionals, which is very useful for the employees who are part of the reception [...]" (I8).

Discussion

From the nurses' statements, the study showed that the lack of information on the part of users, and the low resolution in primary care, influence the low-complexity external factors that interfere in the nurse's care, in the risk classification. They also reported that most users seek the urgent and emergency service, due to the certainty of immediate care, medication solution for the acute complaint, and even examinations in some cases, which normally does not happen in primary care, which for in turn, there is a wait for an appointment, and some tests can take months, causing users to give up control assistance, and seek care only in acute cases, which could be avoided with effective basic care at the UBS. This culture has been perpetuated over time, unless there is a cultural change not only in the population, but in those responsible for managing the health system, we will still be running into the same problem for years. It is necessary to restructure the care plan so that everyone is served with quality in the sphere of their need.

Given the context, the same reports are in accordance with the study carried out in March 2017, in the city of Lins (SP), where 25 health professionals were interviewed: 08 nurses, 12 nursing technicians, 04 doctors and 01 doorman, in the urgency and emergency sector, where they informed that the needs of most patients who seek the Emergency Room could be resolved in primary care[16].

The Ministry of Health (MS) highlights that the role of the Basic Health Unit (UBS) is extremely important to the user, as it is the gateway to the SUS, in addition to being regionalized, it is responsible for promoting and protecting health, disease prevention, diagnosis, treatment, rehabilitation, harm reduction and health maintenance, with the aim of developing an integral action that impacts the health situation, people's autonomy, and health determinants and conditions[17].

Regarding the conduct and guidance of nurses regarding the identification of low complexity factors in the AACR, they informed the referral to the UBS, or the family clinic. These findings coincide with the Ministry of Health, which highlights that the reception with risk classification was created with the purpose of welcoming, immediately identifying the risk presented by the user, with the intention of offering assistance and redirection to cases that do not apply to emergencies, which can be assigned to UBS[17].

It is noteworthy that the professional directed to carry out the classification, in addition to theoretical knowledge, needs to understand the variety of problems that affect users who seek urgent and emergency services and the appropriate guidelines to be given. However, Law No. 7498/86 provides for the regulation of the practice of nursing, and privately determines to the nurse, highly complex care that requires scientific knowledge and the ability to take immediate decisions, as well as in the risk classification of services of health[18].

These findings permeate with information from another study, where the authors identified that most users had low-complexity complaints in the predominantly trauma service, thus, they were advised by risk classification nurses to seek a Family Clinic closer to their residence for follow-up, however, it is seen that these factors directly imply the AACR of the nurse[19].

Among the actions needed to avoid overcrowding in the emergency unit, the interviewees mentioned situations in the Basic Health Units, which in a way involve major emergency services. Some authors report that overcrowding in Hospital Emergency Services (SEH) is a worldwide phenomenon, characterized by all beds occupied, patients bedridden in the corridors, waiting time for care over an hour, not receiving ambulances due to full occupancy and operational, high tension in the care team, great pressure for new services, including failures in service at UBS. All these factors ultimately indicate low performance of the health system, and of the hospital, and lead to low quality of care[20].

According to other authors, explanatory hypotheses, or possible causes for the problem of low resolution in the Health Care Network, are among the difficulties in the Referral and Counter-Referral system, Lack of Continuing and Permanent Education in health services, Dissatisfaction of health professionals, and overcrowding at the points of service of the Health Care Network[21].

Also in the study, the nurses reported that due to the high flow of care, due to a lack of knowledge and

information on the levels of care by users, the existing protocol in the sector is often not fully applied, which leads to disorganization in the flow of care and the overcrowding of the unit, in addition to putting the patient's life at risk because there is no classification of its severity.

Other authors emphasize that there are several AACR protocols, where screening scales were created in order to standardize care, which facilitates the identification of severity quickly and objectively, facilitating and optimizing the professional's time and work, among them the most used is Manchester, also cited by one of the study professionals[22].

According to the Ministry of Health, in Brazil, the units that carry out this screening instrument are based on international protocols but adapted to the profile of each service and the context of its implementation in the health care network. Despite being a very useful tool for nursing professionals, it is not enough, as it only assesses physical and pathological factors, and does not investigate implicit particularities such as: psychosocial, affective, cultural factors, in which it is essential to assess the being. human holistically[23].

According to a study carried out in a triage unit in the emergency sector, it was found that 54% of nurses had never worked in AACR, training was not provided, and 77% of respondents did not participate in the AACR in this unit, even though it was recommended by the Emergency Risk Classification Reception Manual, which says that it must be performed by nurses. It is understood that the existence of the protocol alone is not enough, the effective insertion of the nurse in this process is necessary[24].

Thus, risk classification is a tool that enables an improvement in the care provided to patients and the institution, even in the face of all the adversities and challenges encountered, and essential for a dynamic and satisfactory work process, with the aim of continuous care. It is noteworthy that, with the risk classification, it is possible to provide care to the patient who needs immediate intervention, selecting the cases that are at imminent risk of death or the most serious cases, with the professional nurse being extremely important to perform this role as classifier holistically. Authors emphasize that there is a need for some adjustments regarding the risk classification, with the aim of improvements, and the provision of quality care. Thus, it is essential that the points of care are interconnected so that they can have more resolution, and meet the demands as needed, and according to the clinical condition of each patient[25].

Conclusion

The study concluded that, among the low-complexity external factors that interfere with the care provided by nurses at the AACR, it highlighted the failure in Primary Care, the lack of information from the clients served, and some simple procedures that can be solved at outpatient levels. Among the conducts and guidelines adopted by nurses regarding this problem, they assess cases and refer patients to the Basic Health Unit in their regions, considering the actions that must be taken to avoid overcrowding in the emergency unit. Regarding the use of a protocol in the sector, they reported that although they have it, it is difficult to apply due to the large flow of patients.

In this logic, it is of paramount importance that public agencies play their true roles and specific services to minimize overcrowding in emergency networks, on the other hand, also create strategic measures that can specifically clarify the understanding of users, regarding demand of your care or treatment at your specific level.

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