IMPROPER USE OF THE ADULT EMERGENCY SERVICE OF A PUBLIC HOSPITAL BY ADULTS

USO INADEQUADO DO SERVIÇO DE PRONTO ATENDIMENTO DE UM HOSPITAL PÚBLICO POR ADULTOS

USO INCORRECTO DEL SERVICIO DE EMERGENCIAS DE UN HOSPITAL PÚBLICO POR PARTE DE LOS ADULTOS

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ABSTRACT
OBJECTIVE: To identify the profile of adult patients seen in an emergency room at a public hospital, the characteristics of the service and the prevalence of inappropriate use of this service. **METHOD**: Cross-sectional study with data from matrix research carried out in the emergency department of a public hospital in the interior of Mato Grosso, with a sample of 538 individuals. Information regarding users aged 18 to 59 years was included and a descriptive analysis was performed. **RESULTS**: Most users are female, aged between 18 and 27 years old, with low education and family income. The greatest demand was on Tuesdays in the afternoon for symptoms related to infectious diseases. The prevalence of inappropriate use of the service was 52.9%. **CONCLUSION**: Patients seeking the service are young adults, women, with low income and education. The reasons that have led patients to seek emergency care are inadequate.
Descriptors: Emergencies; Emergency Service, Hospital; Unified Health System

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RESUMO
OBJETIVO: Identificar o perfil de pacientes adultos atendidos em um pronto atendimento de um hospital público, as características do atendimento e a prevalência do uso inadequado deste serviço. **MÉTODO**: Estudo transversal, com dados de pesquisa matricial realizada no pronto atendimento de um hospital público no interior de Mato Grosso, com amostra de 538 indivíduos. Foram incluídas informações referentes aos usuários com idade entre 18 a 59 anos e realizada análise descritiva. **RESULTADOS**: A maioria dos usuários é do sexo feminino, com idade entre 18 e 27 anos, baixa escolaridade e renda familiar. A maior procura foi às terças feiras no período vespertino por sintomas relacionados a doenças infecciosas. A prevalência do uso inadequado do serviço foi de 52,9%. **CONCLUSÃO**: Os pacientes que buscam pelo serviço são adultos jovens, mulheres, de baixa renda e escolaridade. Os motivos que tem levado os pacientes a procurar pelo serviço de pronto atendimento são inadequados.
Descritores: Emergências; Serviço Hospitalar de Emergência; Sistema Único de Saúde

RESUMÉN
OBJETIVO: Identificar el perfil de pacientes adultos atendidos en un departamento de emergencias de un hospital público, las características del servicio y la prevalencia del uso inapropiado de este servicio. **MÉTODO**: Estudio transversal con datos de investigación matricial realizada en el departamento de emergencias de un hospital público en el interior de Mato Grosso, con una muestra de 538 individuos. Se incluyó información sobre usuarios de 18 a 59 años y se realizó un análisis descriptivo. **RESULTADOS**: La mayoría de los usuarios son mujeres, con edades comprendidas entre 18 y 27 años, con baja educación e ingresos familiares. La mayor demanda fue los martes por la tarde por síntomas relacionados con enfermedades infecciosas. La prevalencia del uso inapropiado del servicio fue del 52,9%. **CONCLUSIÓN**: Los pacientes que buscan el servicio son adultos jóvenes, mujeres, con bajos ingresos y educación. Las razones que han llevado a los pacientes a buscar atención de emergencia son inadecuadas.
Descriptores: Urgencias Medicas; Servicio de Urgencia en Hospital; Sistema Único de Salud.

INTRODUCTION

The care of urgent or emergency cases in the Brazilian Unified Health System (SUS) takes place in care units of intermediate complexity, such as the Emergency Care Units (ECU), or in highly complex units, such as the Emergency Care (EC) of the hospitals. These urgent and emergency services are characterized by the care of patients who are at imminent risk of death, or require immediate care, such as injured patients, with suspected heart attacks, acute pain, fractures and other health complications that directly affect vital signs.[1]

Health emergencies can be defined as situations in which care cannot be postponed, but must be immediate. Urgencies, on the other hand, are situations in which care can be provided with a longer waiting time, but not longer than two hours.[1]

Health care in urgent and emergency cases must be resolute, with quality, in order to keep the patient stabilized. First, a

diagnostic checking is carried out, and then, the need to refer the patient to more complex care services is executed.[2]

However, in the ECU and EC, there are usually visits that are not urgent or emergency cases. This fact results in a high rate of inadequate use of the service, since a large part of the visits in the hospital emergency care units are intended for users of the public health system, that is, patients with complications that could be treated in primary healthcare through medical appointments scheduled and/or free demand.[3]

Inadequate use of health services is considered when non-urgent situations are treated in urgency and emergency units, that is, cases that could be resolved in medium or low complexity outpatient units.[3]

The hospital EC service is the main gateway to the health system in many cases of demand for assistance. Therefore, most of these calls are due to simple problems that could be solved in primary or specialized care services or, even in less complex emergency services. Patient care that should be performed in an outpatient clinic is an important cause in terms of queues and overcrowding in EC units and possibly reveals an unequal distribution of services, not only from a quantitative but also from a qualitative point of view, in primary care, in specialized care and also in the hospital area.[3-4]

Studies show that among patients who seek EC services and who are not urgency or emergencies cases, there is a predominance of young profile users, the majority being female, who sought the emergency care unit due to spontaneous demand and acute low-severity problems (common cold, tonsillitis, upper airway infection, urinary tract infection and acute gastroenteritis) that could be resolved in Basic Health Units (BHU).[5-7]

The demand for care in EC can be influenced by social and epidemiological conditions, organization of the health system and insufficiency in the network of services available to the population, making the emergency unit faster access to services with greater technology and resolution.[8] However many factors can contribute to the overcrowding of urgency and emergency services, such as the comfort of users who live in regions close to these health units, lack of information to users about which health unit to look for in non-urgent cases, failure to provide guidance by health professionals. As a result, overcrowding occurs and reduces the ability to provide quality care in a timely manner.[6]

In this sense, the determination of the inadequate use of services in an EC hospital unit, as well as the classification of the profile of the users who most seek this service, allows the elaboration and implementation of strategies that favor the

flow of care in these units, promoting more efficiency and quality in the service provided. It is, therefore, important to identify the prevalence of inappropriate use of emergency services.

The objective of this study is to identify the profile of adult patients treated at a public hospital EC, the characteristics of care and the prevalence of inappropriate use of this service.

METHOD

Cross-sectional study, carried out from a matrix research developed with 538 users of an emergency care service of a public hospital, in a medium-sized municipality in the state of Mato Grosso, in 2016. From the interviews, a database was built, with variables related to sociodemographic profile, hospital care and primary care.

Data referring to users aged from 18 to 59 years were included in this study, totaling a sample of 308 participants, collected in the aforementioned research database. The variables included for analysis were related to sociodemographic characteristics, period of care, reasons for seeking emergency assistance.

The sociodemographic variables analyzed in this study were: gender, age group, education and income. On the other hand, the variables of the EC care characteristics were the reason for seeking the EC, day of the week when they sought the service, time of day, if it was the first time, how many times they sought the service in the last month and in the last six months, time waiting period for the screening and risk rating received.

In order to classify the variable inappropriate use of the emergency care service, a categorization of the variable "reasons that led patients to seek the emergency care service" was performed, considered as those reasons or signs and symptoms that were not characterized as cases of urgency/emergency. It was considered as reasons or signs that characterize an urgency/emergency: having suffered an accident (due to external causes); symptoms that suggest vital problems (chest pain, acute abdominal pain, severe dyspnea - related to cardiovascular and respiratory problems); condition known by the patient who needs hospitalization (obstetric problems); medical referral by the BHU; situations that require prompt medical attention.

Data analysis was descriptive with the aid of the statistical program and the results were presented through tables with absolute and relative frequencies.

The matrix project was approved by the Ethics Committee in Research with Human Beings of the Universidade do

Estado de Mato Grosso, under opinion n. 1,328,397/2015.

RESULTS

Among the 308 adult users, who sought the EC service, most are female (58.8%) and most are aged 18 to 27 years (38.6%), with complete high school (27.6%) and monthly family income below two minimum wages (41.2%) (Table 1).

Table 1 - Distribution of adult users treated at the Emergency Department of the public hospital according to sociodemographic characteristics. Tangará da Serra, Mato Grosso, 2016

Variables	Frequency(n)	Percent(%)
Gender		
Female	181	058.8
Male	119	038.6
Did not answer	008	002.6
Age group		
18-27 years	119	038.6
28-37 years	093	030.2
38 -47 years	056	018.2
48 - 59 years	040	013.0
Education		
Illiterate	006	001.9
Can read and write	005	001.6
Unfinished Elementary school	077	025.0
Complete Elementary school	034	011.1
Unfinished high school	048	015.6
Complete high school	085	027.6
Unfinished Higher Education	036	011.7
Complete higher education	012	003.9
Do not know/did not answer	005	001.6
Income		
<2 Minimum Wages	127	041.2
<1 Minimum wage	074	024.0
<3 Minimum wages	072	023.4
>4 Minimum wages	011	003.6
Do not know/did not answer	024	007.8
TOTAL	**308**	**100.0**

Source: Authors

Most patients sought assistance at the EC on Tuesdays (23.1%) and in the afternoon (43.5%). As for the waiting time for care, the majority (61.7%) reported having waited less than 15 minutes for screening and were unable to inform the risk classification (81.2%) (Table 2).

Most users sought the EC for symptoms related to infectious diseases (23.7%). The majority (83.4%) reported that it was not the first time they sought the

EC service, 65.9% did not seek care in the last month and 39.0%, in the last six months (39.0%). The prevalence of inappropriate use of the EC service was 52.9% (Table 2).

Table 2 – Distribution of adult users treated at the Emergency Department of a public hospital according to service use. Tangará da Serra, Mato Grosso, 2016

Variables	Frequency (n)	Percent (%)
EC search weekday		
Monday	48	15.6
Tuesday	71	23.1
Wednesday	64	20.8
Thursday	36	11.7
Friday	35	11.4
Saturday	27	08.8
Sunday	25	08.1
Not applicable	02	**00**.5
EC search period		
Morning	81	26.3
Afternoon	134	43.5
Night	89	28.9
Not applicable	04	01.3
First time looking for EC		
No	257	083.4
Yes	051	016.6
Number of times sought EC in the last month		
None	203	65.9
One	049	15.9
Two	031	10.1
Three	013	4.2
Four	003	01.0
Five	007	02.3
Were unable to inform	002	00.6
Number of times sought EC in the last six months		
None	120	039.0
One	063	020.5
Two	053	017.2
Three	029	009.4
Four	010	003.2
Five	009	002.9
More than six	017	005.5
Were unable to inform	007	002.3
Waiting time for triage		
<15 min	190	061.7
<30 min	062	020.1
< 1 hour	037	012.0
>1 hour	013	004.2
Were unable to inform	006	002.0
Risk classification		
Were unable to inform	250	081.2
Green	023	007.5
Yellow	015	004.9
Blue	013	0 4.2
Red	007	002.2
Reason for seeking hospital		
Symptoms related to infectious diseases	073	023.7
Symptoms related to respiratory diseases	023	007.5

Symptoms related to gastrointestinal problems	038	012.3
Symptoms related to cardiovascular disease	021	006.8
Symptoms related to kidney/genitourinary problems	016	005.2
External causes	039	012.7
Allergies/inflammations of nails/eyes/teeth	038	012.3
Musculoskeletal pain	035	011.5
Pregnancy, childbirth and puerperium	014	004.5
Referral by UBS	005	001.6
Symptoms of mental disorder	003	001.0
Neoplasms / Skin Changes	002	000.6
Were unable to inform	001	000.3
Improper use of the service		
Yes	163	052.9
No	145	047.1
TOTAL	**308**	**100.0**

Source: Authors

DISCUSSION

The results of this study show a sociodemographic profile also found in other studies[5,7-8], in which female were the majority of patients seeking care at the EC department. Historically, in the common sense view, man is a strong being, who hardly gets sick, which is why the demand for health services has a female predominance. In addition, women generally seek health services more and take more care of their health.[9]

The profile of the age group with the highest demand for the EC service was users aged 18 to 27 years, as well as other analyses that obtained, in different regions of the country, young people with the highest demand, 19 to 29 years.[7,10]

It is possible to notice that most individuals are in the productive age group, which may indicate difficulties in obtaining care at the BHU or for work reasons, which is why they may be looking for the EC

service. Another explanation would be the fact that within this age group people are more susceptible to work accidents, traffic accidents, acute illnesses and other external causes, which, therefore, leads to the search for an EC unit.[11]

As for schooling, incomplete elementary school and complete high school are the most prevalent and with very close percentages (24.7% and 27.6%), a result similar to other studies, in which unfinished elementary school was the most prevalent.[5,12-13]

Regarding family income, this study showed results similar to another study.[13] The low level of education, shown by EC users, appears in the literature together with the low purchasing power of the population that uses this service. This data can express their social vulnerability, evidencing situations that are reflected in working conditions. It is observed that income conditions individuals to daily limitations,

to the quality and quantity of goods and acquisition, including social life, also affecting health. This corroborates a greater demand for health services by those with lower incomes.[13]

As for the days and periods of greatest demand for the service, it was found that users sought care during the week and during the day, differing from the expectation that it would be on weekends and at night, because on these days and times the BHU and/or FHU (Family Health Unit) would not be in operation. Other studies have also found similar results.[8,10,14] In this study, Tuesday and Wednesday were shown to be the days in which the demand for the EC was more frequent, with Saturday and Sunday being the lowest percentages. This data partially contradicts the interpretation that working hours at the same time of service in basic units would be one of the reasons for seeking EC, causing overcrowding at night or on weekends due to BHU closing. Yet, Tuesday and Wednesday afternoons are times when the Basic Health Units are open to assistance.

In view of these results, it is noted that the studied population retains a hospital-centric characteristic, since during the opening hours at the BHU, they seek care at the EC units. This fact may be due to the delay in scheduling appointments at the BHU, the service hours in the same work shifts of the users, in addition to the fact that in the hospital, the acquisition of medication is easier, there are better technological resources, the exams are faster performed, in addition to offering specialized care.[7,15]

Most respondents said it was not the first time they sought the EC service. However, a large part of the users (32.8%) reported that they looked for the service between two or more than six times in the last six months, corroborating other researches that found an average of 16.4% and 37.83% of individuals who sought the service four or more times during the year.[13-14] Furthermore, as at the time of the interviews they were waiting or leaving the service at the EC, the fact that it was not the first time they sought care in the last month and in the last six months, shows that they are subjects who recognize the service as a place for the initial search for care, reinforcing the belief that the population has that the hospital is more resolute as a gateway to health services.

Regarding the waiting time for the screening, a study on the time used in risk classification and priority for care in an emergency carried out in the city of Porto Alegre, Rio Grande do Sul, also found the same waiting time as in this study, less than fifteen minutes.[16] It should be noted that the waiting time of less than 15 minutes demonstrates the efficiency in service and risk classification.

For the risk classification of patients, the EC services use the Manchester System, which classifies the degree of severity and time allocated to possible waiting by means of colors, in which the red color determines an emergency condition, orange, very urgency, while green and blue would be cases of low urgency, in which the service can occur after a longer time, up to 120 minutes.[17]

However, in relation to risk classification, as in this study, in a survey carried out in an ECU in the city of Campo Grande, Mato Grosso do Sul, it was found that the patients treated did not know which risk classification they received.[18] Therefore, despite the efficiency in waiting to be screened, most of the interviewed subjects did not receive information about their classification.

This result is important since information is not being transmitted to patients. Carrying out the risk classification requires a quick clinical assessment from nurses and skills that are influenced by scientific clinical knowledge and professional experience. However, it is observed that there is a great predominance of professionals with a technical level, in carrying out the risk classification in BHU and ECU, even though they are not trained for this procedure. This fact may contribute to large demand for EC overcrowding, disqualification of the service or exchange of information between professionals and patients.

In addition, the fact that patients are unaware of the risk classification received contributes to the fact that they do not understand the reason for waiting for care, or even the indication of assistance in the urgency/emergency service or if they should be treated in primary care, contributing to their return to service inappropriately.

As for the reason for looking for the service, symptoms related to infectious diseases appears most. A study carried out in the EC of Santa Maria, Rio Grande do Sul, presented fever as one of the symptoms related to infectious diseases.[4] Such findings are similar to other studies that also had as a greater demand fever reasons, followed by gastrointestinal and respiratory disorders.[3,7]

On the other hand, studies found circulatory system diseases as the main cause of demand for EC, in which the main pathology was hypertension[12] and in others, acute pain (26.4%) followed by respiratory problems (14.3%).

It should be noted that, during the period in which this research was carried out, the incidence of ZIKA cases throughout the country was high, coinciding with suspected dengue and H1N1 influenza, which could have corroborated the result found.

The adequacy of the use of the EC service has been studied throughout the country. In agreement with the findings of this study, most have found a high prevalence of inappropriate use as a result. A survey found a percentage of 58.9% of inappropriate use of the services investigated, and they observed a high rate of consultations that progressed to discharge after the service (78.7%).

It was found in a study that the rate of patients who were discharged from the ES (Emergency Service) of a hospital in the capital of São Paulo was responsible for 94.5% of the visits in the triage. In addition, most patients were classified as low priority.[20] For the authors, these results characterize the inappropriate use of the service, since a large part of the patients who sought the ES could be assisted in lower complexity services.

The high demand for the EC service comes from users who could be served in low complex units. In this sense, there is a need for educational activities for the population, in order to clarify the hierarchy and competence of each unit of the care network. Measures such as these can collaborate to amortize values and increase the effectiveness of EC services.

The use of the EC by users, who did not have an urgent or emergency situation, characterizing the inappropriate use of the BHU, occurred in most cases, by spontaneous demand, without any consultation or prior referral. This fact characterizes a need to think of strategies that enable users to resolve non-urgent health problems, in the BHU, in neighborhoods close to their homes and at times that make it possible to seek care.

Many users seek the EC because they consider it a faster service and an effective resolution, but this brings queues and overcrowding. With this, there is also the need to develop educational actions, aiming to guide the population about the care characteristics of each health service.

The knowledge of these results can guide interventions to reduce the overcrowding rate in emergency service and contribute to adjustments in the primary care system, making the service of these units faster and more effective.

This study has limitations as it is cross-sectional, with non-probabilistic sampling, since its results are applicable only to the population studied. However, it may contribute to the collection of care information in order to guide interventions and action planning to improve the use of the EC service by the population.

CONCLUSION

The EC service at the municipal hospital is used, in most cases, by non-urgent patients, with a higher percentage of

young women, with low education and income, who seek the service on weekdays and during commercial periods. The main symptoms that led to the search for the service during the study period were the ones related to infectious diseases.

The use of an EC service, when inadequate, can generate unnecessary costs to the health system, in addition to a non-continuous treatment for patients who need continuous care.

In addition, the quality of the screening, with the clarification to patients about the protocols used, proved to be fragile in this research, with quick care, but uninformed service users, a subject on which future research may carry out further investigations. This shows the need and importance in the development of other studies like this one, involving the verification of the association between sociodemographic variables and the reasons for the EC service demand.

This study presents findings that serve as subsidies for the planning of municipal managers regarding the organization of the network, elaboration and planning of actions and public policies, which will aim to reduce the overcrowding of the EC unit. This way, it may contribute to the possibility for users to seek health services according to their needs.

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