

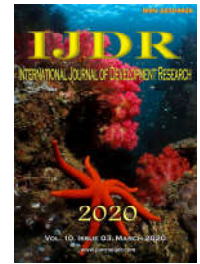


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QUALITY OF NURSING ASSISTANCE AND RISK CLASSIFICATION IN URGENCY AND EMERGENCY

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ABSTRACT

The present study aimed to identify the difficulties and problems faced by nurses in the emergency room, in the risk classification and to identify the degree of information of the population in relation to the services offered. The research was carried out through a bibliographic survey and based on the experience of the authors. The nurse is a professional of paramount importance not only in the risk classification, but as a trained professional who has scientific knowledge to solve problems in urgency and emergency. The Risk Classification must be performed by a professional with a higher level who is a nurse, having good communication and clinical knowledge. Urgency and emergency has always been used in medicine, but with different terminology and patients were unaware of this term. There are five colors used in the risk classification and each color has a waiting time for the patient to be seen within the appropriate time. Listening and observing users' behavior in the hospital environment is essential to improve the understanding and organization of the service. Brazil needs to improve the service and quality not only in urgency and emergency but in the BHU (Basic Health Unit).

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INTRODUCTION

The nurse is an important professional in assistance in the emergency room. The quality in the emergency room classification is still creating an insatisfaction in Brazilian society, however, Brazil needs to create strategies and public

policies that can really improve the quality of care and risk classification in the Emergency Room. According to Hermida (2017), it is necessary that nurses, in addition to classifying, need to listen and understand patients who seek emergency care. Brazil needs to create and improve strategies, so that there is good quality resulting in a successful service. Silva et

al (2013), states that in Brazil the regulation of urgent and emergency care was created in 2002, being implemented in a color classification protocol in order to have a good quality of care in the Emergency Room. According to Coutinho (2012), the classification system was implemented in Brazil in 2003, with the aim of improving the quality of assistance in the urgency and emergency of the Emergency Room. In order for there to be an improvement in assistance, it is necessary to invest in human training and in good quality materials to perform a good service. In Brazil, there are regions that often do not have a basic device such as a glucometer to measure blood glucose, which leaves the patient dissatisfied. Hermida (2017), says that the main point in which patients are uncomfortable when entering the Emergency Room, due to the great demand from patients, capacity and disorganization in care. Public Policies were created to improve care in Urgency and Emergency and Emergency Care. According to Andrade et al. (2013), states that the deficiency in USB is serious, they need to improve the structures of institutions, both in the physical area as a whole. The scarcity of employees to provide support in the BHU, this leads to an overload of health professionals, making it difficult for patients to assist, but this accumulation interferes with the quality of care and thus the dissatisfaction of professionals in the Emergency service. The risk classification prioritizes critically ill patients. Users remain in long lines, establish an overcrowding, disregarding the constitutional right to health care. Urgency and Emergency is when the patient is at high risk of death, lay people cannot make that difference. Care needs to be improved in primary care, in order to improve the quality of care, some complaints reported by patients should be resolved in primary care and not in urgency and emergency. Thus, this study aims to identify the difficulties and problems faced by nurses in the emergency room, in the risk classification and to identify the degree of information of the population in relation to the services offered.

Theoretical Foundation

The Risk Classification is that a protocol created to improve care, before patients were identified on a first-come, first-served basis, is now by patient severity. According to Bittencourt; Hortale (2009) performing risk classification and listening to the patient is different from listening, when listening to a patient is giving him an opportunity to report his complaints and symptoms with a holistic view. When receiving a patient with chronic diseases, explain that these symptoms could resolve in Primary Care. Urgencies and Emergencies are for resolving diseases that can lead the patient to death, but in emergencies the risk is increased. According to Oliveira's report (2013), there is a concern related to Urgency and Emergency services in our country. The Ministry of Health needs to invest more rigorously in urgent and emergency care. Despite functioning as a gateway, it does not mean that the urgencies and emergencies are well structured, it is necessary to improve the physical structure. There is no good quality of care, lacking basic materials such as chairs to accommodate a patient who arrives with some type of discomfort, signs and symptoms of some pathologies. In 2004, a program was implemented by the Ministry of Health to improve the quality of urgent and emergency care, and a booklet was created to improve the population's view of what Urgency and Emergency really is. According to Versiani (2019) the numbers of Urgency and Emergency services are from the low-income population, most of whom have chronic

pathologies that could be guided and evaluated in primary care. Urgency and emergency receive acute pathology, which the population does not know how to make this difference. According to Riegenbach (2007) the author reports that the nurse is the most important professional in risk classification, these professionals need not only perform risk classification, but listen to the patient, listening is different from listening, when you hear a patient is giving opportunity to report their complaints and symptoms with a holistic view. When receiving a patient with chronic diseases, explain that these symptoms could be resolved in primary care. Urgency and emergency are to solve diseases that can lead the patient to death.

The Risk Classification protocol in Brazil was well accepted, but it needs the Federal Government to improve the working conditions of nurses who work on call at the emergency room. The risk classification is a procedure entirely performed by the nurse, it would be very satisfactory if this basic knowledge was performed in the nurse's graduation. According to Oliveira (2017), Urgencies and Emergencies in Brazil have been experiencing serious problems due to overcrowding. It generates serious problems caused by the user due to not accepting the time to be attended, remembering that urgency and emergency is to attend people in a state of gravity, the Ministry of Health discloses improvement in the quality of assistance in urgencies and emergencies with the classification protocol risk. Emergencies will always be a gateway, but not for users of chronic diseases, but at the time of arrival of these patients when entering the urgency and emergency. Managers need to improve care and quality in primary care by improving care as a whole, only in this way can they reduce the queues in the urgency of emergency care.

MATERIALS AND METHODS

It is a study with data collection carried out through bibliographic survey and based on the experience lived by the authors. Bibliographic research is one of the ways to start a study, looking for similarities and differences between articles. The general purpose of a research literature review is to gather knowledge on a topic, helping to provide the foundations for a meaningful study for nursing. For the survey of articles in the literature, a search was carried out in the following databases: Latin American and Caribbean Literature in Health Sciences (LILACS, in portuguese), Medical Literature Analysis and Retrieval Systems on-line (Medline), Scielo Platform and Brazilian Ministry of Health database. The following descriptors and their combinations in Portuguese were used to search for articles: "urgency", "emergency", "risk classification". The inclusion criteria defined for the selection of articles were: articles published in Portuguese; full articles that portrayed the theme related to risk classification and articles published and indexed in the referred databases in the last ten years. 16 articles were used to carry out the work. The analysis of data extracted from the articles was carried out in a descriptive way, making it possible to observe, count, describe and classify the data, in order to gather the knowledge produced on the topic.

RESULTS AND DISCUSSIONS

The Ministry of Health urgently needs to improve the working conditions of the health team in the emergency department. The complaints of the population when entering the Urgency

and Emergency of the emergency service are classic, but due to the low level of education and poverty, users create an unsatisfactory climate causing discomfort for professionals. The nurse is a professional of paramount importance not only in the classification of risk, but as a trained professional and scientific knowledge to solve problems in urgency and emergency. There is no good nurse if he is a good human being, nursing is not just scientific knowledge, one needs to look at the patient as a human being who needs good care, the medicine alone does not cure the symptoms reported by patients when entering the urgency and emergency in part of the country. Moura (2014) states that in the care provided in health services, through the implementation of the new care model, it aims at respecting the life of human beings, their autonomy and dignity. The risk classification must be carried out by a professional with a higher level who is a nurse, who has good communication and clinical knowledge. In urgency and emergency it has always been used in medicine, but with other terminology and patients were unaware of this term. There are five colors used in the risk classification and each color has a waiting time for the patient to be seen within the appropriate time.

According to Sousa (2016), the risk classification was implemented, in order to reduce the time of attendance in relation to the demand of patients in hospitals. The nurse is a highly important professional in the emergency department, where he has the role of receiving the patient when he enters the risk classification of the Emergency Department, and referring him to the doctor for the appropriate procedures. This risk classification is a protocol created with the aim of identifying the clinical severity of the patient and speeding up care, thus reducing deaths in waiting lines. According to Santos, et al (2016) an interview was conducted in Rio de Janeiro about the quality of care in the Urgency and Emergency of a public hospital. The report of patients seeking Urgency and Emergency demonstrated their dissatisfaction is due to the lack of respect, relating the quality of care provided to patients. Lima Neto, et al (2016) states that some patients when entering an Emergency Care feel embarrassed to be received by the nurse, due to the difficulty to maintain the patient's privacy. According to the author's observation, in Belo Horizonte in some emergency rooms there is an entrance room and then an urgency and emergency room, making good care for all patients, which does not remove the patients' dissatisfaction. As Woisk and Rocha (2010) showed, one of the nurse's duties is to be an educator, and it is extremely necessary for him to enable the team to better develop the work to which they are inserted, demonstrating group dynamics in user care. The authors report that this way they will be able to develop more humanized work in the BHU.

Versiane et al. (2012) ratifies the same position of the authors Woisk and Rocha on training and selection among nursing professionals, they are basic points for the health area, holistic and quality care conduct, reinforces the importance of the patient when entering the Urgency and receiving humanized care with a welcoming look to the patient already greatly improves anguish and suffering, this is part of the medication, reducing the signs and symptoms related to the main complaint. Sousa (2016), reports on urgent and emergency care, criticizing health professionals, relating the behaviors administered by nurses, indicating a lack of knowledge by professionals. Selegim, et al (2010) reports an assessment of the quality of nursing care in a public hospital in Maringá / PR,

and states that these units deserve special attention, given that in this service, situations of unpredictability and stress are always present, it can cause risk to the health of workers, reducing their ability to properly perform their tasks, without prejudice to the quality of the service provided. Listening and observing users' behavior in the hospital environment is essential to improve the understanding and organization of the service. Oliveira (2017), in his study, presents a research where nurses allow patients to follow their work routine, in order to promote understanding and clarify the risk classification and work limitations. In 2012, was observed a report from the patient who used the emergency department of a hospital, in which the professional did not observe his complaints during the risk classification, further aggravating the patient's condition due to the delay in medical care. All complaints from patients, no matter how small, should be given due attention, as the worsening of this condition can lead to death.

Câmara (2015), states that it is necessary for the health ministry to review the risk classification service in the BHU, as according to the professionals' reports, there are many difficulties, even though they are creative and agile, they find these moments during the shift. Câmara (2015), reports on user access to the emergency room in Brazil, it is necessary to create strategies to improve the quality of care of these health professionals. The nurse, along with the whole team, needs good instrumentation so that he can perform quality work. Câmara (2015), states that there was a study conducted in 2011, in the city of Santa Catarina, where patient care involving the entire multidisciplinary team at the hospital was analyzed. Data from 10 years of operation of the teams were analyzed and an improvement in service was observed with the new classification system. This improvement had integration and strategies developed with the teams that presented a satisfactory result for the user. The low resolution of the Basic Health Unit makes access and assistance to the user difficult, due to the deficiency of resources so that health professionals see themselves performing quality work. The family health program (PSF), must have a commitment guaranteeing good protection, prevention and maintenance in the treatment of patients (ARAÚJO, 2010). Rossaneis (2014), says that the evaluation indicators in SUS are classic the ways in which the indicators should be evaluated in public hospitals, a whole context is needed to evaluate the qualitative and quantitative indicators in public hospitals, mortality, birth, operating room, officials to obtain the census. Inoue (2012), reports that the risk classification was created in order to reduce and improve care in basic health units. The nurse is responsible for the risk classification according to the protocol. The author noted that a study has been carried out on the quality of risk classification in the BHU. The nurse has the function of observing the patient in an integral way, that is, not only taking into account his pathological complaints, but the signs that are still subjective. It is needed through in-depth assessment and listening, which is the essential part of the welcoming process in the USB.

Final Considerations

The nurse's difficulties are due to the overcrowding of BHU, which makes urgencies and emergencies always difficult, hindering the quality of risk classification in urgency and emergency. Brazil needs to improve even more by relating service and quality not only in urgency and emergency but in

BHU, but this improves service as a whole. Despite some obstacles in the health service, it is notable that there has been a significant improvement in care. It is hoped that this work can improve quality and service for the good of the population. There needs to be an enlightening study for the population of the difference in urgency and emergency, the people do not recognize this difference, the emergency according to the authors' ideas the patient is at risk of imminent life or death, needs rapid diagnosis to maintain vital functions, as for urgency, it is an acute surgical case without imminent risk of life, there is a risk of progressing to serious complications.

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