

### The epidemiological clinical profile of users of the emergency network in the countryside of Pernambuco

Gomes, Janaina Oliveira; Moura, Jaqueline Gonçalves

Veröffentlichungsversion / Published Version

Zeitschriftenartikel / journal article

#### Empfohlene Zitierung / Suggested Citation:

Gomes, J. O., & Moura, J. G. (2013). The epidemiological clinical profile of users of the emergency network in the countryside of Pernambuco. *Revista de Pesquisa: Cuidado é Fundamental Online*, 5(2), 3601-3607. <https://nbn-resolving.org/urn:nbn:de:0168-ssoar-55130-3>

#### Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier: <https://creativecommons.org/licenses/by-nc/4.0/deed.de>

#### Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more information see: <https://creativecommons.org/licenses/by-nc/4.0>



## RESEARCH

THE EPIDEMIOLOGICAL CLINICAL PROFILE OF USERS OF THE EMERGENCY NETWORK IN THE COUNTRYSIDE OF PERNAMBUCO

O PERFIL CLÍNICO EPIDEMIOLÓGICO DOS USUÁRIOS DA REDE DE URGÊNCIAS NO INTERIOR DE PERNAMBUCO  
EL PERFIL CLÍNICO EPIDEMIOLÓGICO DE LOS USUARIOS DE LA RED DE EMERGENCIA EN EL INTERIOR DE PERNAMBUCO

Albert Nuann Santos de Oliveira<sup>1</sup>, Kátia Simoni Bezerra Lima<sup>2</sup>, Laísila Alves Moura<sup>3</sup>, Rodrigo Nonato Coelho Mendes<sup>4</sup>,  
Janaina Oliveira Gomes<sup>4</sup>, Jaqueline Gonçalves Moura<sup>4</sup>

## ABSTRACT

**Objective:** to determine the clinical-epidemiological profile of patients served in emergency network/emergence of municipality of Petrolina-Pernambuco. **Methods:** this was a quantitative study, descriptive-exploratory type. It was in accordance with the resolution 196/96 of the National Health Council in its completeness, developed after approval by the Ethics Committee under Protocol 0006/270611. **Results:** the majority of the population interviewed was female (72%), married (45.3%) and with the age between 30 and 49 years old (57%). Household income is concentrated in the range of 1 to 3 minimum wages (83.2%), having the most users the complete Secondary School (67%). **Conclusion:** With the results achieved can be concluded that the hospital sector is still very requested within the network of urgency however UBS gained wider prominence being the reference of the studied population where emergency services. **Descriptors:** Health services, Epidemiology, Emergency medical services.

## RESUMO

**Objetivo:** Determinar o perfil clínico-epidemiológico dos pacientes atendido na rede de urgência/emergência do município de Petrolina-PE. **Método:** Tratou-se de um estudo quantitativo, do tipo descritivo-exploratório. Esteve em conformidade com a resolução 196/96 do Conselho Nacional de Saúde em sua integralidade, desenvolvido após aprovação pelo comitê de ética sob protocolo n. 0006/270611. **Resultados:** A maioria da população entrevistada era do sexo feminino (72%), casados (45,3%) e com a faixa etária entre 30 e 49 anos (57%). A renda familiar encontra-se concentrada na faixa de 1 a 3 salários mínimos (83,2%), tendo a maior parte dos usuários o 2º grau completo (67%). As doenças cardíacas/circulatórias, respiratórias e os acidentes de automóveis foram os principais motivos que levaram os entrevistados a procurarem algum componente da rede de urgência. **Conclusão:** Com os resultados alcançados pode-se concluir que, o setor hospitalar ainda é muito requisitado dentro da rede de urgência, entretanto a UBS ganhou maior destaque sendo a referência da população estudada nos casos emergências. **Descritores:** Serviços de saúde, Epidemiologia, Serviços médicos de emergência.

## RESUMEN

**Objetivo:** determinar el perfil clínico epidemiológico de pacientes sirvió en emergencia red/emergencia del municipio de Petrolina, en Pernambuco. **Método:** este fue un estudio cuantitativo, de tipo descriptivo exploratorio. Fue de conformidad con la resolución del Consejo Nacional de la Salud 196/96 de en su integridad, desarrollada después de la aprobación por el Comité de Ética bajo del protocolo 0006/270611. **Resultados:** la mayoría de la población entrevistada fue hembra (72%), casadas (45,3%) y con la edad entre 30 y 49 años (57%). Ingresos de los hogares se concentran en el rango de los 1 a 3 salarios mínimos (83,2%), tener a la mayoría de los usuarios el grado completo 2 (67%). **Conclusión:** Con los resultados obtenidos puede concluirse que el sector hospitalario sigue siendo muy solicitados dentro de la red de urgencia sin embargo UBS ganó prominencia mayor siendo la referencia de la población estudiada en emergencia servicios. **Descriptores:** Servicios de salud, Epidemiología, Servicios medicos de urgencia.

<sup>1</sup>Nurse. Resident of urgency of the Federal University of Vale de São Francisco - UNIVASF. Email - albertnuann@gmail.com. <sup>2</sup>Professor Master's degree course in nursing at the Federal University of Vale de São Francisco - UNIVASF. Email - katiasoni@gmail.com. <sup>3</sup>Student's 7th period course of nursing, Federal University of Vale de São Francisco - UNIVASF. Address: Rua Floriano Peixoto, No. 57, Center, Juazeiro - Bahia; Email - laislaalves19@gmail.com. <sup>4</sup>Students of 7th period course of nursing, Federal University of São Francisco Valley -UNIVASF. Email rodrigo.coelho.mendes@gmail.com, janynehagomes@hotmail.com, enf.jaquelinemoura@gmail.com.

## INTRODUCTION

The area Urgency and Emergency SUS is an important component of health care. The input ports of these services are an important site observation of the health condition of the population, they are places where quickly realizes the wrongs unexpected health<sup>2</sup>.

There is a growing demand for services in this area in recent years, among several contributing factors stand an increased number of accidents and urban violence, in addition to insufficient structuring of the network, contributing significantly to the burden of services in this sector, it has transformed the one of the most problematic areas of SUS<sup>1</sup>.

The casualty are still predominantly seen in "services" that work exclusively for this purpose - the traditional emergency rooms - being properly structured and equipped or not, open 24 hours a day, they end up being the main form of access to the health system, accepting emergency patients per se, patients wandered primary care and specialist and social needs, overcrowding and compromising the quality of care provided<sup>1</sup>.

As a way to enhance the 'chaos' in attendances existing emergencies, was created a proposal for major emergencies, the QualiSUS, which is a set of changes that aims to provide greater user comfort, care according to the degree of risk, attention more effective by healthcare professionals and shorter hospital stay. Concurrent to QualiSUS, other policies that sought to improve the quality of care were also deployed, as the National Humanization Policy and the creation of Central Beds regulation, important strategy for improvement of the emergency services<sup>3</sup>.

Besides the structural problems of the health network of Petrolina-Pernambuco and has an insufficient number of beds to meet its population's reference to service in medium and R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3601-07

high complexity of the municipalities that make up your macro region, which corresponds to assist a population of about 940 000 inhabitants<sup>4, 5, 6</sup> in those cities and beyond, is also referred to their hospital network by municipalities that make up the macro region north of Bahia<sup>7</sup>.

Thus, the study aimed at determining the clinical epidemiology of patients received emergency network in the city of Petrolina-PE.

## METHODOLOGY

This was a quantitative, descriptive and exploratory in nature. The sample was non-probabilistic selection haphazardly or without standard. Participants were seen at UBS users Beatriz Rocha in August and September 2011, which somehow has already used any kind of health care in emergency situations or who has witnessed, full-time care to a family member, residents of the areas covered by Community Health Agents (ACS) who have agreed to participate in the interview by signing the Informed Consent Informed-IC.

Data collection was conducted using a structured interview, using an instrument developed by the researcher, this occurred within hours of attendance at UBS, while the user is randomly chosen and interviewed in private, in order to maintain the confidentiality and anonymity of the client . Data collection was performed after approval of the research project by the ethics committee on animal and human studies of UNIVASF, under No. 0006/270 611 as required by the CNS 196/96.

## DISCUSSION AND RESULTS

### Socio-economic profile of the user

After careful analysis of the data can be seen that the age group of 30 to 39 years was the most representative with 31% (n = 37) of the

entire sample and then immediately comes the range of 40 to 49 years with 26% (n = 31). The age group 70-79 had the lowest number of users with only 2% (n = 2). As for the gender of the respondents, there is a great predominance of females 72% (n = 86). With regard to marital status, it was observed that 45.3% (n = 54) of the respondents are married, 15% (n = 18) have a stable, and 24.7% (n = 29) are single.

During the interviews yielded a wide range of professions, therefore, these were grouped into their respective areas, and some professions that could not be allocated to any group and therefore were cited individually as can be seen in table1.

**Table 1 - Occupational profile of respondents.**

Occupation	N	%
Unemployed	42	35,3
Self-employed	11	9,2
Commercial area	10	8,4
Industrial area	9	7,6
Educational area	8	6,7
Agriculturist	8	6,7
Pensionist	7	5,9
Student	6	5
Driver	4	3,4
Civil construction	4	3,4
Vigilant	4	3,4
Health area	4	3,4
General services	2	1,7
TOTAL	119	100

According to the table above it is clear that most of the respondents are unemployed representing 35.3% (n = 42) of the sample, and 9.2% (n = 11) of this population has its own fashion business unattended.

On the level of education of respondents 4.2% (n = 5) are illiterate, 44.5% (n = 53) have completed the 2nd degree, 6.8% (n = 8) are

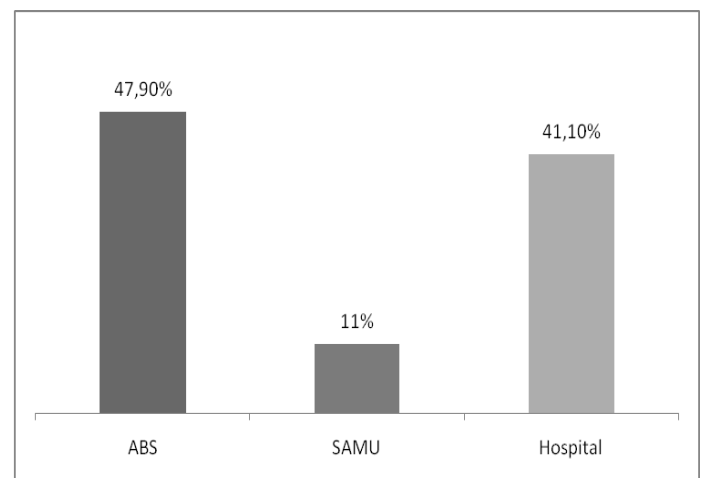
attending college and only 5% (n = 6) have a university degree.

In the aspect related to family income of the population interviewed, most users have incomes between 1 to 3 minimum wages, with a total of 99 users (83.2%), 11 (9.2%) received less than 1 minimum wage.

**The use of network urgent components / emergency**

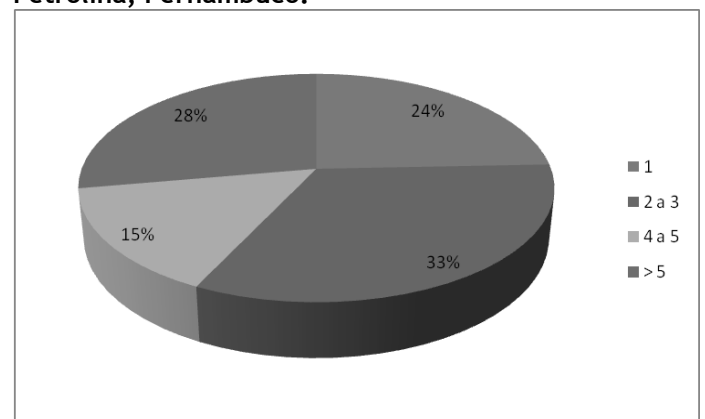
- Choose and frequency in emergency situations.

**Graphic 1 - Service of choice in emergency situations by users in August and September 2011.**



In Graphic 1 you can see the preference of users over the network component of urgency seeking as a first choice in this type of situation. The ABS appears as the first choice for 47.9% (n = 57) of respondents, followed by the hospital network with 41.1% (n = 49), and SAMU, was cited by 11% (n = 13) with.

**Graphic 2 - Number of times a user or a family needed the network urgency components of Petrolina, Pernambuco.**



In Graphic 2, we see that 33% (n = 39) of respondents have required some components of the emergency network of city 2-3 times and 28% (n = 33) looking for some services more than 5 times.

#### Prehospital fixed component: ABS

Because of the great diversity of the reasons users to emergency services, to better understand these causes were classified into groups, clustered and classified as other, reasons that were cited only once.

**Table 2 - Group of complaints which motivated the ABS search for attendance in emergency situations.**

Group of complaints	N	%
DR	11	22
DC	7	14
DGI	6	12
DNM	3	6
DGU	2	4
DM	1	2
Outros	20	40
TOTAL	50	100

Caption: DM: Diabetes Mellitus; DGU: genitourinary diseases; DGI: Gastrointestinal; DNM: neurological and mental disorders; DR: Respiratory; DC: Hearth diseases/ circulatory.

In Table 2 it is observed that 22% (n = 11) demand by ABS in emergency situations occurred by respiratory diseases, followed diseases cardiac / circulatory with 14% (n = 7) cases.

#### Prehospital mobile component: SAMU

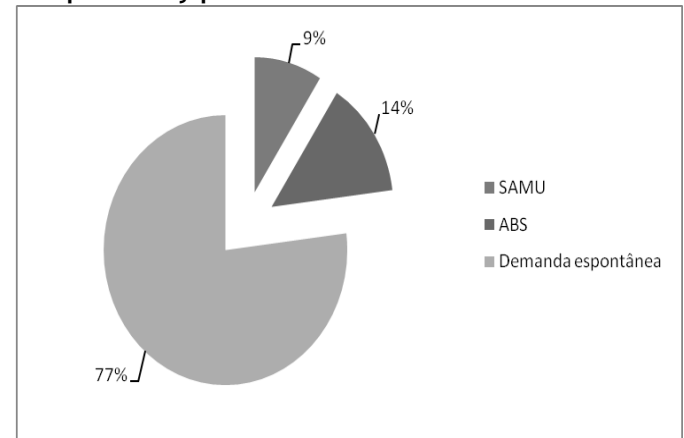
Group of complaints	N	%
DC	5	31,2
DGI	1	6,3
DNM	1	6,3
ACD	3	18,7
Outros	6	37,5
TOTAL	16	100

Legend: ACD: Car Accidents; DGI: Gastrointestinal; DNM: neurological and mental disorders, DC: Diseases s heart / circulatory

Table 3 shows heart disease / circulatory (31.2%) as the main reason why the respondents in this study to request the attendance of SAMU, followed by car accidents with 18.7% (n = 3).

#### Hospital component

**Graphic 3 - Percentage of users treated in hospital component by place of referral.**



Graphic 3 shows that 77% (n = 72) of users surveyed sought the hospitals of the city without this had been referenced another health and 14% (n = 13) were referred by the ABS.

**Table 4 - Group of grievances that motivated the demand for hospital care in emergency situations.**

Group of complaints	N	%
DR	10	10,6
DC	23	24,5
DGI	8	8,5
DNM	6	6,4
DGU	8	2,1
DM	4	4,3
ACD	9	9,6
Outros	32	34
TOTAL	94	100

Caption: DM: Diabetes Mellitus; ACD: Car Accidents; DGU: genitourinary diseases; DGI: Gastrointestinal; DNM: neurological and mental disorders;

DR: Respiratory, DC: Diseases s heart / circulatory. In table 4 it can be seen that cardiac / circulatory represented 24.5% (n = 23) the reason for seeking emergency care in the hospital,

Oliveira ANS, Lima KSB F, Moura LA *et al*

*The epidemiological clinical...*

followed by respiratory diseases with 10.6% (n = 10).

For collecting 119 users were interviewed, and the predominant age group in search users who were between 30 and 49 years, no respondent had more than 80 years, unlike what happens with the population, according to IBGE<sup>8</sup> where the predominant age group of the population is between 10 to 29 years.

Predominated among the respondents were female and the majority were married, similar to the findings of Stamm *et al.*<sup>9</sup> in their study. The family income of most interviewee users is in the range 1 to 3 minimum wages, these data are confirmed by the study by Gonçalves *et al.*<sup>10</sup>. Rossini and Ferraz<sup>11</sup> showed that 10.4% of the trainees in the emergency department did not have any schooling, and 78.2% had at least 1 full degree and only 2.1% had university education.

The choice of services by the user depends on how they are ordered, being influenced by gravity or urgency of the problem / need, the structure available, the solvability of the problem, host, distance health services and service agility<sup>12</sup>.

According to Ministry of Health<sup>14</sup>, should deepen the process of consolidation of emergency care systems, improving the existing standards and broadening its scope, for the establishment of regionalized and hierarchical service, allow better organization of care, coordination between services and define flows and indispensable for resolving references that can guarantee universal access, equity in resource allocation and comprehensive care provided to the user.

In a study conducted by the National Council of Health Secretaries - CONASS<sup>15</sup>, which was rated the frequency that people sought health services according to the type of complexity, it was found that 97.4% of users went to primary and 39.5% of hospital care at least once during the two years preceding the survey.

Turrini *et al.*<sup>16</sup>, Showed that 35.7% of the users UBS sought to solve their problems, followed with 25.4% of hospitals and emergency rooms with 9.7%. Batistela *et al.*<sup>17</sup> showed that 42.34% of users initially sought the UBS 36.04% and the hospital

The frequency in emergency services is a problem of the health system already recognized. Frequent users are those that carry four or more annual visits which contribute to the overcrowding of emergency. It can be seen in Figure 5, the frequency with which users interviewed sought emergency services, the values found in this study are similar to those found by Oliveira, where 33.2% were some of the emergency services and more than four times 33.2% between two to three times.

To better meet the user who seeks this type of service is important to analyze the demographic and epidemiological profile of the population, so we can arrange the components in emergency rooms, according to the needs of the community and region served and consequently improve the quality of management in the health service<sup>11</sup>.

In primary health care, it is clear that the main health problems are related gastrointestinal<sup>20</sup> and respiratory diseases. Facchini<sup>21</sup> also showed that these complications were found mainly in children, where 30% have had some episode of diarrhea and 7% had developed pneumonia. In Table 5, this study demonstrates similar results.

Heart disease / circulatory were responsible for the highest percentage of demand for the service SAMU, followed by automobile accidents, as can be seen in Table 3, as in the study by Costa<sup>22</sup> that showed clinical causes was the main reason for the drive SAMU in Florianopolis / SC, followed by external causes.

Heart disease / circulatory were Responsible for the highest percentage of demand

for the service SAMU, Followed by automobile accidents, as can be seen in Table 3, in the study by Costa clinical causes Showed That was the main reason for the drive SAMU in Florianópolis / SC, Followed by external causes.

According to Rossini<sup>11</sup> attendances at hospital component are mainly caused by diseases of the circulatory system, with 22.3% followed by external causes and poisoning with 12.4% and respiratory diseases (11.4%). Rossini findings were similar to the results shown in Table 4.

Health services are under constant criticism and questioning in particular the emergency services and emergency. It is common among healthcare managers making decisions based on evidence, so it is necessary to use systematic reviews to improve the quality provided to people in all components of the emergency network.

In order to provide greater attention to emergency services and emergency, arises QualiSUS the program in 2004, aiming to search for quality in health care. This being defined as the degree to which health services meet the needs, expectations and standards of customer service.<sup>24</sup>

## CONCLUSION

Given the 119 interviews, which generated 160 reviews of three network components emergency / urgency of the county can be concluded that

the majority were female (72%), married (45.3%) and aged between 30 and 49 years (57%), family income, is concentrated in the range of 1 to 3 minimum wages (83.2%), with most users complete the 2nd degree (67%); heart disease / circulatory, respiratory and car accidents were the main reasons that respondents seek to any component of the emergency network .

R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3601-07

## REFERENCES

1. Brasil, Ministério da Saúde, Portaria GM n. 2.048, de 5 de novembro de 2002.
2. Santana MM, Boery RNSO, Santos J. Debilidades atribuídas pela comunidade de Jequié ao serviço de atendimento móvel de urgência. *Ciência, Cuidado e Saúde*. 2009;8(3).
3. O'dwyer G, Matta IEA, Pepe VLE. Avaliação dos serviços hospitalares de emergência do estado do Rio de Janeiro. *Ciência & Saúde Coletiva*. 2008.13(5).
4. Brasil, Ministério da Saúde, Portaria GM n. 1001 de 12 de Junho de 2002.
5. Instituto Brasileiro de Geografia e Estatística [homeage na internet]. Censo 2010 : Distribuição da população por sexo, segundo os grupos de idade [Acesso em 27 de out. de 2011]. Disponível em [http://www.censo2010.ibge.gov.br/sinopse/w\\_ebservice/frm\\_piramide.php?ano=2010&codigo=0&corhomem=88C2E6&cormulher=F9C189&wmaxbarr a=180](http://www.censo2010.ibge.gov.br/sinopse/w_ebservice/frm_piramide.php?ano=2010&codigo=0&corhomem=88C2E6&cormulher=F9C189&wmaxbarr a=180).
6. Pernambuco, Secretaria de Saúde do Estado de Pernambuco. Plano Diretor de Regionalização de Pernambuco. Recife; 2002.
7. Rede Interestadual de Saúde do Médio São Francisco [Homepage na internet]. Região do Vale do Médio São Francisco, 2009 [Acesso em 17 e ago. de 2011]. Disponível em: <http://www.saudeinterestadual.org.br/amacrorregiao.aspx>
8. Instituto Brasileiro de Geografia e Estatística [Homepage na internet]. Censo 2010: Base de dados da cidade de Petrolina [Acesso em 20 de jun. de 2011]. Disponível em [http://www.censo2010.ibge.gov.br/sinopse/webservice/frm\\_piramide.php?ano=2010&codigo=0&corhomem=88C2E6&cormulher=F9C189&wmaxbarra=180](http://www.censo2010.ibge.gov.br/sinopse/webservice/frm_piramide.php?ano=2010&codigo=0&corhomem=88C2E6&cormulher=F9C189&wmaxbarra=180).
9. Stamm AMN, Osellame R, Duarte F, Cecato F, Medeiros LA, Marasciulo ACL. Perfil socioeconômico dos pacientes atendidos no ambulatório de medicina interna do Hospital Universitário da UFSC. *Arquivos Catarinenses de Medicina*. 2002; 31(1-2).
10. Gonçalves A, Cunha C, Torres F, silveira P, Moreira, F. Perfil dos usuários do sistema único de saúde no campus Dr. Franklin Olivé Leite. In: XVIII Congresso de Iniciação Científica, XI Encontro de Pós-Graduação e I Mostra Científica; 2009 Out 20-23; Parque do SESI. Pelotas: Universidade Federal de Pelotas; 2009.
11. Rossini FPA. Influência do perfil demográfico e epidemiológico das internações de urgência na gestão hospitalar [Dissertação]. Ribeirão Preto (SP): Universidade de São Paulo, Curso de

Oliveira ANS, Lima KSB F, Moura LA *et al*

*The epidemiological clinical...*

Enfermagem, Escola de Enfermagem de Ribeirão Preto; 2007.

algumas considerações sobre a conjuntura recente no município do Rio de Janeiro. *Ciência & Saúde Coletiva*. 2007; 12(4).

12. Monteiro ACP, Silva AAA, Cabral MC. Estudo de demanda de um serviço de pronto atendimento no município de Recife-PE [Monografia - especialização]. Recife: Centro de Pesquisas Aggeu Magalhães, Fundação Oswaldo Cruz, 2008.

13. Brasil, Ministério da Saúde, Portaria GM n. 2.048, de 5 de novembro de 2002.

14. Conselho Nacional de Secretários de Saúde. A saúde na opinião dos brasileiros, um estudo prospectivo, 2003.

15. Turrini RNT, Lebrão ML, Cesar CLG. Resolutividade dos serviços de saúde por inquérito domiciliar: percepção do usuário. *Caderno Saúde Pública*. 2008; 24(3).

16. Batistela S, Guerreiro NP, Rossetto EG. Os motivos de procura pelo Pronto Socorro Pediátrico de um Hospital Universitário referidos pelos pais ou responsáveis. *Ciências Biológicas e da Saúde*. 2008; 29(2).

17. Cortez ACR. Utilização das urgências hospitalares e acesso aos cuidados de saúde primários o impacto da implementação das USF na procura dos serviços de urgência (estudo preliminar) [Dissertação]. Lisboa: Escola Nacional de Saúde Pública, Universidade Nova de Lisboa, 2009.

18. Oliveira A. Hiperutilizadores e urgência. *Acta Mec. Porto*. 2008; 21(6).

19. Baraldi DB, Souto BGA. A demanda do Acolhimento em uma Unidade de Saúde da família em São Carlos, São Paulo. *Arquivos Brasileiros de Ciências da Saúde*. 2011 Jan./Abr: 36(1).

20. Facchini LA, et al. Desempenho do PSF no Sul e no Nordeste do Brasil: avaliação institucional e epidemiológica da atenção básica à saúde. *Ciência & Saúde Coletiva*. 2006; 11(3).

21. Costa, M. Estudo do perfil da demanda do Serviço de Atendimento Móvel de Urgência - SAMU da macrorregional de Florianópolis no mês de junho de 2007 [Monografia]. Florianópolis: Universidade Federal de Santa Catarina, Curso de Medicina; 2007.

Bitencourt RJ, Hortale VA. Intervenções para solucionar a superlotação nos serviços de emergência hospitalar: uma revisão sistemática. *Cad. Saúde Pública*. 2009; 25(7).

**Received on: 22/05/2012**

**Required for review: 17/10/2012**

**Approved on: 10/01/2013**

**Published on: 01/04/2013**

22. Bitencourt RJ, Hortale VA. A qualidade nos serviços de emergência de hospitais públicos e

R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3601-07