REME • Rev Min Enferm. 2016; 20:e971
DOI: 10.5935/1415-2762.20160041

RESEARCH

ELDERLY CARE UNIT READY FOR SENSITIVE CONDITIONS TO PRIMARY HEALTH CARE

IDOSOS ATENDIDOS EM UNIDADE DE PRONTO-ATENDIMENTO POR CONDIÇÕES SENSÍVEIS À ATENÇÃO PRIMÁRIA À SAÚDE

ADULTOS MAYORES ATENDIDOS EN LA GUARDIA HOSPITALARIA DEBIDO A CONDICIONES SENSIBLES A LA ATENCIÓN PRIMARIA DE LA SALUD

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Submitted on: 2016/04/24 Approved on: 2016/08/17

ABSTRACT

This study aimed to identify the reasons why the elderly in conditions sensitive to primary health care to seek the service of a Unit Emergency Department. This is a descriptive study of a quantitative approach, carried out in an Emergency Unit of a municipality of the State of Paraná Northwest. The study population consisted of 191 elderly, taken no urgency criteria, from the host with risk rating with the layering of green and blue. Data collection was conducted from May to November 2015 and the data collected through a semi-structured instrument. For analysis is descriptive statistics were used, with the help of Statistical Package for Social Sciences – SPSS. The main reasons for seeking the care in an urgent and emergency service was the service hours of the Basic Health Unit reported by 32.9% of respondents; the lack of doctors in the Basic Health Unit, reported by 30.3% of the elderly and the opportunity to be met without the need for appointment scheduling (27.2%). The results are very important to signal the necessary actions to reduce the distortion of erroneous demand the flow of care, providing planning and reorganization of all health care levels and reorganization of all health care levels.

Keywords: Primary Health Care; Aged; Emergency; Nursing.

RESUMO

Este estudo objetivou identificar os motivos que levam idosos em condições sensíveis à atenção primária à saúde a buscarem o serviço de uma Unidade de Pronto-Atendimento. Trata-se de um estudo descritivo, de caráter quantitativo, realizado em uma unidade de pronto-atendimento de um município do noroeste do estado do Paraná. A população de estudo foi constituída por 191 idosos, considerados em critérios de não urgência, a partir do acolhimento com classificação de risco com a estratificação das cores verde e azul. A coleta de dados foi realizada de maio a novembro de 2015 e os dados coletados por meio de um instrumento semiestruturado. Para a análise foi utilizada estatística descritiva, com auxílio de programa estatístico Statistical Package for the Social Sciences (SPSS). Os principais motivos para a busca do atendimento em um serviço de urgência e emergência foi o horário de atendimento da unidade básica de saúde referida por 32,9% dos entrevistados; a falta de médicos na unidade básica de saúde, relatada por 30,3% dos idosos; e a oportunidade de ser atendido sem a necessidade de agendamento de consultas (27,2%). Os resultados encontrados são de extrema relevância para sinalizar as ações necessárias a fim de diminuir a distorção de procura errônea do fluxo de atendimento, propiciando planejamento e reorganização de todos os níveis de atenção em saúde.

Palavras-chave: *Atenção Primária à Saúde; Idoso; Emergência; Enfermagem.*

How to cite this article:
Rissardo LJ, Rego AS, Scolari GAS, Radovanovic CAT, Decesaro MN, Carreira L. Elderly care unit ready for sensitive conditions to primary health care. REME – Rev Min Enferm. 2016; [cited _____ ___ ___]; 20:e971. Available from: _____ DOI: 10.5935/1415-2762.20160041

RESUMEN

Este estudio tuvo como objetivo identificar los motivos que llevan a que personas mayores que se atienden en los servicios públicos de salud se dirijan a la guardia del hospital. Se trata de un estudio descriptivo de enfoque cuantitativo realizado en la guardia de un hospital del noroeste del Estado de Paraná. La población del estudio consistió en 191 adultos mayores, considerados como de no urgencia, a partir de la atención con clasificación de riesgo con estratificación en verde y azul. La recogida de datos se llevó a cabo de mayo a noviembre de 2015 por medio de una herramienta semiestructurada. Para el análisis de datos se utilizó la estadística descriptiva, con ayuda del programa estadístico Statistical Package for Social Sciences – (SPSS). Las principales razones para que estas personas se dirigieran a la guardia hospitalaria eran el horario de atención de las unidades básicas de salud (según el 32,9 % de los participantes), la falta de médicos en dichas unidades, (según un 30,3%) y el poder ser atendidos sin necesidad de pedir un turno (27,2%). Los resultados son sumamente importantes para señalar las acciones necesarias con el fin de reducir la distorsión en la demanda errónea del flujo de atención, propiciando la planificación y la reorganización en todos los niveles de la atención de la salud.

***Palabras clave**: Atención Primaria de Salud; Anciano; Urgencias Médicas; Enfermería.*

INTRODUCTION

In recent decades, population aging has been showing high growth due to several factors, such as the reduction of fertility rates, demographic changes and technological advances that culminate in improving the quality of life.[1-3] Although longevity is part of an achievement of human evolution, aging at these days has become a concern because it added to the physiological limitations caused by senescence, there is an increase in chronic diseases and many other diseases that cause physical or mental declines, making the elderly increasingly on dependent care.[3]

The Ministry of Health signed the Pact for life[4] and the National Health Policy for the Elderly[5] to qualify for assistance and bring quality in aging for Brazilians in 2006, referring that the health care of the elderly should have the preferential door entry to Primary Health Care (APS). The health of the elderly population becomes a priority in the Unified Health System (SUS) and therefore of the Family Health Strategy (FHS).

However, studies that have been working in elderly care in PHC have identified limitations of this service since its accessibility[6-8] in the quality of care.[8,9] Ineffective care at the APS raises questions about the support network that the elderly population search because often seek the emergency care unit (UPA) for not having access to basic health units (UBS).

In the UPAs, there are patients with situations that often are likely to be met in the UBS. It is known that the health system is structured in care networks, with service units of different complexities, whether primary, secondary and tertiary. Although there is this distinction of complexity, all units have the same importance and care should take place according to the patients´ health needs. However, the occurrence of the demand for adequate health service may represent an undesirable situation, affecting the quality of programs and services with the appearance of patients in emergency services in sensitive conditions to be assisted in the primary care (CSAP).[10]

The CSAPs are health problems managed by actions typical of the first point of care and whose evolution, in the absence of timely and effective care, may require hospitalization. These hospitalizations or inopportune visits are a parameter and monitoring the effectiveness of this health system unit.[11] the Ministry of Health implemented in 2004the host with risk classification that aims to prioritize emergency calls and emergency according to the clinical condition of the patients and not of arrival to minimize the resulting consequences by erroneous demand urgent and emergency service, being selected colors: red (emergency), yellow (urgent), green (non-urgent) and blue (not serious).[12]

Knowing the importance and need for studies to identify distortions of this flow, it is asked: what are the reasons that elderly patients with CSAP seek the UPA? Considering that the results may be useful as a tool for monitoring of health services, the aim of this study was to identify the reasons why elderly with CSAP seek the service of a UPA.

METHODOLOGY DESCRIPTION

This is a descriptive study of a quantitative approach, carried out in the Emergency Unit Zona Norte, located in a city in northwestern Paraná state region.

The UPAs implementation process is new in the country, and 957 units are under construction and in an expansion phase, where only 326 are working.[13] Currently, the state of Paraná has 20 UPAs; two units implemented four years ago in the city studied.[14] The UPA Zona Norte, which opened in 2012, has a range of approximately 200 thousand inhabitants, which refers to the population of 11 UBS of the 32 in this municipality.

To calculate the sample size, a study of the number of elderly patients in the UPA in the last four months of the start of data collection was performed, having the average of 300 patients treated monthly. Then, there was stratified sampling proportional that 5% was considered estimation error, 95% confidence interval were increased over 10% for possible losses, resulting in a sample of 191 elderly people. The adopted selection technique was not probabilistic traffic, where the elderly who attended the UPA and who met the criteria required for the survey were asked by researchers to participate in the study.

The criteria for the inclusion of the elderly were age 60 years or older, with proper cognitive ability, verified by application of the Mini test Mental State Examination (MMSE)[15] and being in no urgency criteria, selected from the hosting with Manchester risk classification by stratification of green and blue, not requiring hospitalization or emergency care. The elderly classified as yellow and red were excluded from the study because it means that these patients have emergency situations.[12]

Data collection took place between May and November 2015 through interviews in the UPA, where the elderly were approached by researchers after medical consultation. A semistructured instrument developed by the authors was used, which contained questions related to sociodemographic characteristics of the selected subjects, the characterization of care, diagnosis received, the outcome of care and issues on monitoring the health situation in primary care (how often do you go to UBS? Did you seek care at UBS before the UPA?) Also, there were the following questions about the reasons for seeking care in UPA: the geographical location of the UBS, its service hours, lack of doctors and the delay of care in the UBS; and ease of medical consultations in the UPA.

For data analysis, they were initially stored in a spreadsheet structured in Microsoft Excel 2010 for Windows. Double entry was made to promote the elimination of errors and ensuring reliability in compiling the data. Then, the information is exported to the Statistical Package for Social Sciences - SPSS, version 20.0, for the variables analysis using descriptive statistics.

The study was approved by the Permanent Committee on Ethics in Human Beings Research of the University Center of Maringá (Opinion Nº 137/2014), and its development took place by the recommendations in Resolution 466/2012 of the National Health Council. All 16 participants signed the consent form in two copies.

RESULTS

Of the 191 elderlies included in the study, it was found that 49.7% were aged between 60 and 70 years old, 56% were female, 59.1% were married/common-law marriage and most of them (78.5%) had from zero to four years of study; 78.5% of the elderly were retired, and 70.7% had no health insurance (Table 1).

About morbidities, 91.1% of the elderly reported having some chronic disease, as 76.5% of them had hypertension, 27.5% diabetes mellitus, 15.4% heart disease, 16% had the chronic obstructive pulmonary disease, and 9.4% reported depression.

When asked about the reasons to seek UPA instead of UBS, the elderly listed as the main factors, the UBS assistance hours (32.9%), lack of doctors in UBS (30.3%) and medical care without scheduling the UPA (27.2%). It appears that less than half (24.6%) reported seeking the UPA because of the geographical location (Table 2).

Table 1 - Socio-demographic characterization of elderly people with CSAP seeking care in UPA. Maringá-PR, Brazil, 2015 (N = 191)

Variables	N	%
Age		
60|--|70	95	49.7
71|--| 80	50	26.2
≥ 81 years old	46	24.1
Gender		
Male	84	44.0
Female	107	56.0
Marital status		
Married/Common law marriage	113	59.1
Widow	48	25.1
Divorced	17	8.9
Single	13	6.8
Economic situation		
Retired	150	78.5
Employed	30	15.7
Unemployed	11	5.8
Education (years)		
0|--|4	150	78.5
5|--|8	21	11.5
9|--|11	17	8.9
≥ 12 years	03	1.1
Health Insurance		
Yes	56	29.3
No	135	70.7

Source: authors. Data Collection.

Table 2 - Perception of the elderly with CSAP health and the reasons for seeking care in UPA. Maringá-PR, Brazil, 2015 (N = 191)

Reasons for seeking UPA	N	%*
Assistance hours at UBS	63	32.9
Lack of doctors in UBS	58	30.3
Medical care without scheduling	52	27.2
Geographical location of the UBS	47	24.6
Considering it is a case for UPA	45	23.5
Possibilities of doing exams	37	19.3
Better assistance in UPA than in UBS	34	17.8
Delay in the UBS assistance	32	16.7
Insecurity in the UBS service	24	12.5
To check blood pressure and blood glucose	10	05.2

Continue...

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Table 2 - Perception of the elderly with CSAP health and the reasons for seeking care in UPA. Maringá-PR, Brazil, 2015 (N = 191)

Perception of the elderly on the severity of the health problem	N	%*
Moderate	65	34.0
Mild	49	25.7
Severe	48	25.1
Very severe	29	15.2

Source: Authors. Data collection.
* Participants answer more of a reason to search for UPA

Together with the understanding of the elderly before the severity of their health problem, 34% rated their problem as moderate severity, 25.7% mild, 25.1% severe and 1.2% very severe (Table 2).

The outcome of the treatment was given mostly to the completion of medication (93%) and laboratory exams (30.1%) (Table 3). Regarding the complaints of the elderly who sought the UPA, most were due to diseases of the musculoskeletal system and connective tissue (45.9%), followed by respiratory diseases (30.6%) and digestive diseases (11.1%) (Table 3).

Table 3 - Nursing care characterization of the elderly classified in primary care complaints seeking care in UPA and the prescribed treatment. Maringa, Parana, Brazil (N = 191)

	CID-10**	N	%
Main complaints*			
Diseases of the musculoskeletal system and connective tissue	M00-M99	91	47.6
Respiratory diseases	J00-J99	58	30.3
Circulatory system diseases	I00-I99	13	06.8
Genitourinary diseases	N00-N99	06	03.1
Digestive diseases	K00-K93	21	10.9
Nervous system disorders	G00-G99	17	08.9
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	08	04.1
Prescribed treatment ***			
Medication		173	93.0
Laboratory exams		56	30.1
Imaging exams		45	24.2
Discharge after consultation		08	4.3

Source: authors. Data collection.
* Some elderly had more of a complaint
**CID – International classification of diseases
*** Some elderly received more than one treatment.

Most (93%) of the elderly received intravenous or intramuscular medication as medical treatment, followed by 56% with laboratory tests and imaging studies 45%. Only 8% of the elderly were discharged after medical consultation. There were 173 elderly patients with drug treatment (50.9%) having as main complaint diseases of the musculoskeletal system and connective tissue, followed by 32.4% of the elderly with complaints related to the respiratory system, 8.7% related to system complaints digestive, genitourinary system 2.9% and 1.7% in each of the claims of the circulatory and nervous systems and symptoms, signs and normal findings.

For 56 patients who had the prescribed treatment "laboratory tests", 41% had complaints related to the respiratory system, followed by 17.8% compared to the connective tissue and musculoskeletal system, digestive system at 14.4%, 10.7% of the genitourinary system, the circulatory system with 8.9%, 5.4% to the symptoms, signs and normal findings and 1.8% of the elderly had complaints related to the nervous system. It is noteworthy that all the elderly with genitourinary complaints (six) had a medical treatment laboratory tests.

Regarding treatment of "imaging exams," most of the elderly who received this treatment had respiratory diseases as their main complaint (88.9%), followed by 6.7% elderly with complaints related to the musculoskeletal system and connective tissue and only 4.4% of complaints relating to the nervous system. Finally, considering the elderly who are discharged after consultation, 50% had complaints about the nervous system, 37.5% of the symptoms, signs and normal findings and 12.5% had complaints related to the circulatory system.

DISCUSSION

Currently, research both nationally and internationally demonstrates the high demand for older people in urgent and emergency services.[17,18] The prevalence of female found in this study is similar to the literature.[18,19] This episode can be explained by cultural characteristic that the woman carries, the maternal ties, being seen as a caution symbol.[20]

The low educational level found in search of the elderly is not divergent knowledge of literature.[2,9] A study carried out in Porto Alegre found reduction in the use of public health services as increased education, in which older people more privileged economic classes or high school more use private services or health plans, while the lower classes depended only on SUS.[9] This can justify the participation of most older people with low educational level in the studies on public establishments.

There was the prevalence of NCDs in the elderly interviewed, and their monitoring, from the measurement of blood pressure (BP) and blood glucose, was punctuated by 5% of the elderly as a problem to search for an urgent and emergency service (Table 2). This fact draws attention because the monitoring of NCDs should take place primarily in the APS,[17] leading to questions about the influence of the bond that this level

of attention has, since the measurement of vital signs is a basic technique for elderly care.

The longitudinal link is one of the attributes of the APS and is premised on the therapeutic ratio between elderly and professionals over time, which translates into the use of UBS as a regular source of care for several episodes of the disease and preventative care. It is considered that the dimensions of this service run through the humanization of services and as an act of exchange of knowledge between patients and workers, which qualifies to listen to problems and health needs and understands the suffering of others.[21]

The limitation of creativity in the elderly approach to the APS can weaken the bond of that individual since the strengthening of ties is a complex construction that requires time, intensity and preparation of the professional for his performance. With a failed hosting in the APS, the elderly do not have incentives for seeking activities outside of the biomedical model, since the very senility and senescence make it dependent on curative factors. These factors, added to the existence of their cultural reference for the predominance of the curative model as a synonym for the quality of life, further intensify the challenges in the implementation of new models of care. The dominance of the biomedical model was found in this study since 30.3% of the elderly reported the absence of the doctor in UBS as a demand factor of the UPA.

It becomes cohesive to strengthen the elderly of this study have complaints amenable to primary care, whose resoluteness of care is the responsibility of the APS. It is noticed that the lack of medical professionals in UBS is a factor that upsets the elderly, and this disturbing information, because it does not stand out health promotion and the multidisciplinary team to longitudinal and comprehensive care to the elderly.

In this feeling, nursing has a fundamental role to contribute to the health service demand bias of the elderly, as the host and the construction of the link to the elderly being part of the care process. It is noteworthy that this professional is focused on the academic training to the essence of care, and the first contact of the elderly in the APS is taken by nursing.

The nurse, along with his team, has autonomy and authority to be agents of change in APS, since health education is part of its activities, in addition to the management and organization of care and guidelines for the patients of the enrolled area where they act. In turn, as leader of the ESF, the nurse should emphasize the work of community health agent (ACS) in elderly care, because this professional is essential in the link between the ESF and the population, contributing to the articulation of information and best worldview of health professionals on the enrolled patients.

Significantly contributions to the change in thinking that part of the population: to provide patients with health information services not only related to diseases, but also on health care levels and their functions, the importance of seeking care in the appropriate service and present concrete results of research on the outcome of what happens if the people do not follow this proposal.

Added to this, it was found that the predominance of demand for emergency care was the service hours of the UBS. It is appropriate to reflect on the way that older people come offering their time to searching for health care since 78.5% were retired. Moreover, it is emphasized that on a certain suffering, particularly pain, which has subjective characteristics, the patient longs for immediate care, which is often not feasible in units with scheduling appointments, which can also influence the increased demand for UPA.

The access to information for the elderly provides their participation in self-care health and services outside the set times, as it allows the recognition of their care expectations and consequently their health needs. However, it is reflected how services meet and solve health problems that appear, adjusting the influence of the biomedical model still present in health practices for the reorganization of care networks in SUS.[7]

Concurrently with this issue, the easy access to the medical consultation is linked to how it is organized the service in the UPA, more agile, inherent characteristic of the emergency care service.[22] For the elderly participants of the research, the availability of medical professionals throughout the period of operation of the service denotes the better quality of care. This is a very common in health care reality, because the system is still strongly hegemonic, with the biomedical model, focused on curative actions and expressed this fact to patients who maintain synonymous with good service only if they have their needs met by the doctor.

Emergency treatment is designed to relieve well-defined situations immediately and is not intended to include a bond with individuals, a function of primary care. Therefore, this demand creates work overload of professionals working in UPAs and limitation in the care provided.[9,22]

Also, it is asked to conduct medical professionals of UPA, since the outcome of the care of the elderly in this study had drug treatment for all complaints, without exception, accompanied by the application of laboratory and imaging tests mainly for the elderly complaints related to the respiratory system. It is important to consider that all who had complaints related to the urinary system also had the laboratory tests. It must be caution as the monitoring of the elderly should occur at UBS, with home visits not to overload the emergency care service, since mainly drug therapy has constantly been sought for such patients in urgent and emergency services.[23,24] In this case, the counter-reference happen, so that the APS be responsible for scheduling and sample collection elderly with CSAP.

Related to geographical location, it appears that few elderly people mentioned seeking the UPA because of the proximity of their residence, which may indicate that UBS is the nearest service of their house. This is a positive impact on investment policies that bring increased access to health in APS.[7] A study conducted in Minas Gerais showed that more closely with other complex services higher than primary was associated with high rates of demand, that is, ease of access and usage patterns by individuals at the expense of primary care, elucidating these findings.[1] Furthermore, the absence of a referral program and counter-reference well-established and effective can interfere with the observed indicators.

Another aspect that draws attention is the perception of the elderly about their health problem, contributing to the incorrect choice of the health service. Data collection was observed that older people associate the severity of their health situation to rights under the law, especially as regards service priority, and insert the proper age as emergency criteria. It is noted that they are oriented about their rights, but it is clear an understanding bias on such laws as the elderly and their families when they disagreed with an individual less than 60 years old classified as a priority because of his health picture, rather than the elderly.

Befitting complaints prevailed diseases of the musculoskeletal system and connective tissue (45.9%), followed by respiratory diseases (30.6%) and digestive system (11.1%). In the study of emergency care (PA) of Ribeirão Preto district, the trauma was the first justification to demand the PA (15.7%), followed by respiratory problem (15.4) and gastrointestinal problem (11.2)[23], which corroborates the findings of this research, finding that the search for emergency rooms have been similar in different parts of the country. It appears that most of the patients had health complaints that do not require technological density that complex secondary services offer.

In the study in Juiz de Fora-MG to analyze the most frequent causes of hospitalization for CSAP in the period between 2002 and 2005 and 2006 and 2009, showed the following results: heart failure, cerebrovascular diseases, angina pectoris, pulmonary diseases, and also, diabetes mellitus for females and kidney infection or urinary tract to the male in both periods.[25]

Thus, considering the access to primary care services, it is necessary to the improvement of relationships between the SUS levels of care. The goal is to reduce the duplication of efforts in the search for equity in services and instead of creating demands from the indiscriminate supply of services, they need to be structured from the requirements and difficulties in the health of citizens.

The study had limitations on its regionalization, being held only in one center preventing replication of the findings for other elderly. Another limitation was the perceived approach to the elderly carried out within the UPA, enabling to influence the environment in their answers. New research is suggested with the same line of research, but with other approaches that have the deepening of the old perspective on the quality of service used, and the perception of health professionals on the care of this patients.

FINAL CONSIDERATIONS

In this research, the complaints by the elderly are likely to be met in primary care. This fact is observed by looking for reasons and the treatment prescribed by the doctor, in which many elderly were discharged after medical therapy, a procedure that could be done in the complex services below the UPAs.

The results show that possibly there is a weakness in the organization of the municipal health system, as the demand of the elderly for the service is made wrongly, generating workload for professionals working in UPAs and no monitoring of morbidity in APS. The patients´ understanding of the limitation of the hierarchical difference of the service can also be related to erroneous demand, because many of the elderly reported to UPA as a basic health unit.

The proposal presented here constitutes an important tool for reflection and organization of care provided in health services. With the survey of the characteristics of the care of the elderly susceptible to primary care that is assisted in UPA, it was possible to highlight the weak points for such erroneous demand, which contributes to the monitoring of health care. Also, the results are very important to sign that the necessary actions can be taken to reduce the distortion of the incorrect search of flow of care, providing planning and reorganization of both primary care as the UPA.

It is important to consider that there is still need for further research to show a profound way the reasons why elderly with CSAP seek the service of a unit of emergency care. This research can bring out the difficulty of APS to establish strategic actions to meet the demand as well as enhance the guidelines through health education to improve health care, especially for the elderly population.

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