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Acolhimento com classificação de risco: Revisão integrativa da literatura

In reception with risk classification: Integrative literature review

Acolhimento com classificação de risco: Revisão integrativa da literatura
Recepción con clasificación de riesgo: Revisión integrativa de literatura

RESUMO

Objetivo: Compreender a importância da escuta qualificada e a contribuição do enfermeiro para implantação do sistema de classificação de risco nas unidades de Urgência e Emergência. Método: Trata-se de uma revisão integrativa, realizada entre os anos de 2011 a 2021, das seguintes bases de dados: SciELO, BVS, LILACS e Google Acadêmico. Onde foram estudados 8 artigos sobre o assunto em questão. Resultados: Os estudos mostraram que no cotidiano do enfermeiro na classificação de risco, são enfrentados entraves diários, que estão presentes desde a implantação de recursos até a falta dos mesmos, além de realizar treinamentos junto a equipe, atividades de gestão, supervisão e cuidado em saúde. Conclusão: Concluindo que o enfermeiro, gerente do cuidado é o profissional que possui competência técnica e científica para realizar o processo de classificação dos pacientes de acordo com o grau de urgência de seu agravo.
DESCRITORES: Enfermeiro; Triagem; Acolhimento.

ABSTRACT

Objective: To understand the importance of qualified listening and the contribution of nurses to the implementation of the risk classification system in Urgent and Emergency units. Method: This is an integrative review of the last 2011 and 2021, of the following databases: SciELO, VHL, LILACS and Google Scholar. Where 8 articles on the subject in question were studied. Results: The studies showed that in the daily life of the nurse in the risk classification, daily obstacles are faced, which are present from the implementation of resources to the lack of them, in addition to carrying out training with the team, management activities, supervision and care in health. Conclusion: Concluding that the nurse, care manager is the professional who has technical and scientific competence to carry out the process of classifying patients according to the degree of urgency of their condition.
DESCRIPTORS: Nurse; Screening; Welcome.

RESUMEN

Objetivo: Comprender la importancia de la escucha calificada y la contribución de los enfermeros para la implementación del sistema de clasificación de riesgo en unidades de Urgencias y Emergencias. Método: Se trata de una revisión integradora de los 2011 a 2021, de las siguientes bases de datos: SciELO, BVS, LILACS y Google Scholar. Donde se estudiaron 8 artículos sobre el tema en mención. Resultados: Los estudios demostraron que en el cotidiano del enfermero en la clasificación de riesgo, se enfrentan a diario obstáculos, los cuales están presentes desde la implementación de recursos hasta la carencia de los mismos, además de realizar capacitaciones con el equipo, actividades de gestión, supervisión y atención en salud. Conclusión: Concluyendo que el enfermero, gestor de cuidados es el profesional que tiene competencia técnica y científica para realizar el proceso de clasificación de los pacientes según el grado de urgencia de su condición.
DESCRIPTORES: Enfermera; Poner en pantalla; Bienvenido.

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INTRODUCTION

Health as a right for all and a duty of the State is an achievement of the Brazilian people, achieved despite the difficulties in the area of health. The new Federal Constitution came into force in 1988, instituting the Unified Health System (SUS), whose principles and guidelines are: universality, integrality and equity, as well as decentralization, hierarchy and regionalization of health actions. [1]

Aiming to promote equal access, in addition to improving health care in the country, the Ministry of Health (MH) created in 2003, Humaniza SUS a National Humanization Policy, reorganizing health services, ensuring resolute, humanized and welcoming care for the population. The (PNH - Política Nacional de Humanização), National Humanization Policy is a strategy to strengthen the Public Health System, whose purpose is to contribute to improving the quality of care and health management. [2]

In this way, it is possible to strengthen humanization as a transversal policy of the network, affirming the inseparability of the care and management model. It is necessary to reorganize health services in order to guarantee the population, resolute, humanized and welcoming care. The term humanization recalls movements to recover human values that are often forgotten. [3]

The SUS provides for hierarchy, respecting the principles of reference and counter-reference at the three levels of care. However, establishing the hierarchy is still a challenge, as urgent and emergency care in most public hospitals in the country is inefficient, which results in low quality care, long waiting times and accumulation of patients in the corridors of emergency care units, due to the deficiency in the functioning of primary care. [1]

To solve this situation, Humaniza SUS prepared the implementation of the Reception with Risk Assessment and Classification (AACR - Acolhimento com Avaliação e Classificação de Risco) in emergency health services. Aiming to welcome and meet the demand of patients according to the risk assessment of each one, also ensuring referenced access to other levels of care. [4]

The reception can be done by the health professionals of the team, however the nurse as a care manager is responsible for associating the necessary conditions, clinical knowledge and adequate language to carry out user risk assessment and classification scales according to the degree of urgency. Thus, ensuring the safety of the client and, consequently, the better functioning of the service, also generating greater autonomy for the nurse professional with the responsibility of being the gateway regulator. [2]

Therefore, reception with risk classification has been used, which consists of a dynamic process of identifying patients who need immediate treatment, according to the clinical severity of their case. Organized screening takes the name of risk assessment and classification, that linked to reception aims to identify patients who need rapid treatment, according to the situation of danger, from a user-centered care, thus preventing exclusion practices. [5]

The ACCR, the Ministry of Health determines that this instrument aims to organize the flow of care, establishing, through institutional protocols, priority of care for situations considered to be more serious to the patient's health [5] and uniting the host actions with the user's risk classification.

The ACCR system in Brazil is performed by nurses, through the nursing consultation, classifying the problems into four levels merely illustrated by colors. Red: emergency, need for immediate care. Yellow: urgency, receive care as soon as possible. Green: non-urgent service. Blue: low-complexity services, performed on a first-come, first-served basis. [6]

ACCR is protocol-driven, is not based on a first-come, first-served basis, nor on exclusionary screening, and differs from other care systems because it is based on strengthening the bond with the client, aiming at a qualified listening and consequently a satisfactory service for the user and companion, guaranteeing immediate assistance to the user with a high degree of risk, also ensuring teamwork through the continuous assessment of the patient. [2]

The aim of this study is to understand the importance of qualified listening and the contribution of nurses to

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the implementation of the risk classification system in Urgent and Emergency units.

METHOD

An integrative review, of an exploratory-descriptive nature, with a qualitative approach, which is a research modality that aims to synthesize already published studies consisting of articles, periodicals and materials available in internet databases on a given topic, relevant to evidence-based practice. Publications about the role of nurses in reception with risk assessment and classification in emergency services were verified. Data collection took place from March to June 2021.

To prepare this literature review, a search was carried out in the following databases: Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature on Health Sciences (LILACS), VHL (Virtual Health Library), in addition to Google Scholar. The descriptors in health sciences (DeCS) used were: nurse, screening and reception. Examined by some inclusion criteria such as: articles published in the period from 2011 to 2021, publications that relate to the theme, recognized source of the publication. The study followed PRISMA guidelines.

After surveying scientific publications by the aforementioned descriptors and inclusion criteria, [8] articles were selected for analysis in this study, with fully available articles being included and for data analysis, access to abstracts was chosen. After the initial selection, the texts were read and later studied, summarized and analyzed, the content of the publications was grouped in a table, instrument created by the researcher, containing the title, author, year of publication, in addition to the objectives and results of each selected study. The search and selection process was validated by two expert researchers.

RESULTS

From the researched articles, results were obtained through a content analysis. Below are articles from the last 10 years that will be used for the debate of this study.

The table above was an instrument developed by the researcher himself, in order to observe in a general perspective the publications that addressed the issue of reception with risk classification, ensuring a more reliable data analysis. In the study [7] it was seen that this care methodology is a fundamental instrument to achieve good quality in the emergency entrance services of Brazilian hospitals. Corroborating, [9] there was a reduction in attendances after evaluation and classification, streamlining the service for those who really needed immediate care.

DISCUSSION

However, this research [8] showed that

TABLE 1: Characteristics of scientific publications related to the theme:		
Title, author and year of publication	**Objective**	**Results**
Reception with Risk Classification: Nurse's Role in Urgency and Emergency. (Acolhimento com Classificação de Risco: Atuação do Enfermeiro na Urgência e Emergência.) Soares; brasileiro; Souza, 2018 [7]	To analyze the nursing care provided to patients treated with risk classification, according to the literature.	It was concluded that the Reception with Risk Classification is one of the fundamental instruments for achieving quality in the "door" care of the emergency services of Brazilian hospitals.
Violence against nursing professionals in the reception sector with risk classification. (A violência contra os profissionais da enfermagem no setor de acolhimento com classificação de risco.) Freitas et al., 2017 [8]	To know the types of violence and the factors that contribute to the violent acts suffered by the nursing team in the reception with risk classification (ACCR).	It was evidenced that professionals suffer violence from users and verbal violence predominates. Pointing out as causes the lack of user information, the professional attitude and the failure of primary care. There is a need to work on permanent education with health professionals and educational activities with users about ACCR, in order to promote harmonious relationships, in addition to understanding the dynamics of work in care networks.
Characterization of Care after Implementation of Reception, Assessment and Risk Classification in a Public Hospital (Caracterização do Atendimento após Implantação do Acolhimento, Avaliação e Classificação de Risco em Hospital Público) Rossaneis et al, 2011 [4]	To describe the implementation of user embracement with risk assessment and classification (AACR) in a public hospital of medium complexity and to characterize the care after the implementation of this strategy.	The AACR streamlined the care of patients who needed immediate treatment, considering the health risk and the degree of suffering.
Implementation of the Reception System with Classification and Risk Assessment and use of the Analyzer Flowchart. (Implantação do Sistema Acolhimento com Classificação e Avaliação de Risco e uso do Fluxograma Analisador.) Bellucci Júnior; Matsuda; 2012 [6]	To report the implementation process of the Reception system with Classification and Risk Assessment and the use of the Analyzer Flowchart, in the Hospital Emergency Service of Santa Casa de Misericórdia de Ourinhos, State of São Paulo.	It is concluded that the Analyzer Flowchart was an essential tool for the implementation process of the Reception with Classification and Risk Assessment because, by defining the stages of the flow for the service, the service became more organized, humane and safe.

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professionals suffered violence from users, predominantly verbal violence, often caused by lack of information. In another study [9], it was noticed that sometimes there was some imprecision in the risk classifications. Affirming the need for investments in the preparation of professionals to operationalize the Reception with Risk Assessment and Classification, in addition to working on permanent education and, above all, educational activities with users about ACCR, in the sense of promoting harmonious relationships, stimulating the understanding of the dynamics of this work.

In this context [11] it is clear that the reception with Risk Classification needs greater disclosure of its objectives, aiming at the better acceptance of its results by society. Despite [10] classification being an innovative strategy, by itself does not solve the problems of excess non-emergency demand. It is necessary to expose patients to the dynamics of the functioning of health care networks.

In the study [6], it was already possible to analyze that this flowchart is an essential tool in the reception process because it defines the stages of the flow for care, making the service more organized, humane and safe. Being observed that this implementation establishes improvements that guarantee a relationship of trust between users and professionals as exposed in this research [12], referring to urgencies and gravidic emergencies.

Through these scientific articles, it was shown that, in general, the implementation of the ACCR enhanced the work of nurses with regard to the agility of care for severe cases, as well as a reduction in waiting lines, also contributing to a better organization of the service.

Studies have shown that in the daily life of ACCR nurses they face daily obstacles, who are present from the implementation of the resource to the problems with the lack of human and material resources, raising awareness and training the ACCR team, in addition to managing the entire team in the sector.

Reception with Risk Assessment and Classification in the Emergency Room: characterization of care. (Acolhimento com Avaliação e Classificação de Risco no Pronto Socorro: caracterização dos atendimentos.) Tomberg et al., 2013[9]	To characterize the care provided at the Emergency Room of Pelotas-RS according to the reception protocol with risk assessment and classification, which uses colors to identify the severity of the cases and the order of care.	It was sometimes noticed a certain imprecision in the risk classifications identified by color, pointing to the need for investments in the preparation of professionals to operationalize the Reception with Risk Assessment and Classification.
Reception with Risk Classification: an Indicator of the Emergency Demand of a Hospital Service (Acolhimento com Classificação de Risco: um Indicador da Demanda Emergencial de um Serviço Hospitalar) Souza; Andrade, 2014[10]	This study aimed to characterize and analyze the gateway and possible strategies for organizing the Emergency Service of a University Hospital.	The study showed that although risk classification is an innovative strategy, it does not by itself solve the problems of non-emergency excess demand.
Reception with Risk Classification: Perceptions of Users of an Emergency Care Unit. (Acolhimento com Classificação de Risco: Percepções de Usuários de uma Unidade de Pronto Atendimento.) Oliveira et al., 2017[11]	To apprehend the perception of users of an emergency unit about care based on Reception with Risk Classification.	It was noted that the Reception with Risk Classification needs greater dissemination of its objectives in order to better accept its results by society, because when classified as of lower priority, users report insecurity and dissatisfaction.
Perception of the Nursing Team on the Implementation of the Shelter Sector with Risk Classification for Pregnant Women. (Percepção da Equipe de Enfermagem sobre a Implantação do Setor de Acolhimento com Classificação de Risco às Gestantes.) Carvalho et al., 2018[12]	To analyze the perception of the nursing team on the implementation of the Shelter with Risk Classification (ACCR) sector for pregnant women.	It was observed that the implementation of the ACCR establishes improvements that guarantee a relationship of trust between users and professionals and effectiveness in attending to urgencies and pregnancy emergencies.

Source: research data, 2021.

CONCLUSION

This integrative review showed the importance of the nurse's work and made it possible to offer subsidies to improve the quality of nursing care for patients treated with risk classification in urgency and emergency services.

Therefore, in this sense, reformulations are suggested in the policy for implementing the ACCR system, which should primarily promote a change in the physical structure of the environment, as well as the hiring of more professionals, thus reducing the exhaustive workload of nurses and improving care, truly humanizing the service.

This work presented limitations with regard to more recent publications regarding the role of nurses in the ACCR and its management, in this scenario, it is suggested that nursing improve its research related to this field of study and professional development.

Realizing, therefore, the need to carry out studies in this area, as it will result in better care practices in relation to the quality of care. It is suggested that nurses, as well as other health professionals, interpret the theme discussed here, in order to improve the quality of care provided in urgent and emergency services, especially in risk classification.

The aim of this study is to contribute to the improvement and improvement of nursing care in urgent and emergency services, opening space for new ideas and new studies on the subject, suggesting ACCR as another nursing specialty

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