Indicators for Emergency and Urgent Medical Services

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EXECUTIVE SUMMARY

The objective of this work is to carry out a literature review on indicators for emergency and urgent healthcare units aimed to identify the main measures within the context of healthcare services. A search was conducted on the Scopus and PubMed databases using two strategies aimed to conduct research on studies about indicators for emergency and urgent healthcare units. This work allowed identifying the main indicators used in the context of emergency and urgent medical services, which are length of stay, left without being seen, national emergency department overcrowding scale, among others. In addition, it was found that such indicators provide suitable and viable means to assess, review, and display the quality of health systems. It was found in some studies that the use of indicators is used only as a measure whose value is monitored by systems, but it does not lead managers to an action plan.

INTRODUCTION

In Brazil, the National Humanization Policy (PHN) is aimed at transversally encompassing the healthcare process through assistance and management by ensuring the role of actors and collectives, providing services and healthcare technologies, and offering safe and harmonious environments that provide users with comfort and well-being (Ministry of Health, 2013). However, overcrowded emergency units represent a serious problem to healthcare systems and a spontaneous demand of patients suffering from common diseases increases the number of services provided at these units. Given such conditions, there is an urgent need to plan work routines and implement projects and proposals aimed to ensure efficient and dignified service, therefore reducing pressure from such excessive demand. Thus, humanization is the only way to alleviate the impacts that plague the service routine in urgency and emergency medical networks.

Operating the National Humanization Policy in a way that values the quality of services provided in Emergency Care Units (UPAs) allows ordering medical care routines, improving the quality of services and reducing the possibilities of discontent and dissatisfaction of users. In addition, it is possible to prioritize patient care in conditions of greater severity and increase the productivity and efficiency of the unit's specialized staff, as well as reorganizing flows and ensuring humanized care.

From this perspective, a lean research project has been developed in emergency care units through a partnership between the Ministry of Health and the Federal Fluminense University in 2020 aimed to promote a new service culture that improves the quality and efficiency of services provided to users of the Unified Health System (SUS) served in Emergency Care Units 24 hours a day, seven days a week. The project prioritizes the following aspects in emergency and urgency networks: care for patients suffering from more serious conditions, increased productivity and efficiency of specialized staff, as well as a reorganization of patient flows and the assurance of humanized care.

Within the conception of difficulty and subjectivity in assessing the quality of health systems, there is a concept in literature which states that there should be criteria for suitable assessment measures composed of reproducible and comparable indicators. Such criteria offers data that could have been lost on account of the subjectivity of personal assessments with respect to the perception of quality of services rendered (Viola et al., 2014). For such a purpose, indicators are used as tools to measure how the results of Emergency Care Units can be classified with respect to the efficiency and quality of services provided to its users. In addition, through these indicators, it will be possible to compare values assumed before and after implementing the project, followed by taking managerial action.

Thus, the objective of the work is to conduct a systematic review of the literature on indicators used in emergency and urgent units to identify the major measures within the context of healthcare. The PRISMA method will be used to help the authors improve the reporting of this systematic review.

CONCEPTUAL FRAMEWORK

This section presents a general definition of indicators used to measure the quality of service in emergency and urgent units of a health system. Healthcare indicators are selected according to objectives defined for daily routines. Essentially, the objective is the expected resolution of a problem that managers face in their daily routine. In addition, every indicator must have a target, i.e., a value that must be reached in a given period of time. The difference between the current value of the indicator and the target is called

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