

# CHARACTERIZATION OF INTER-HOSPITAL TRANSFERS OF WOMEN PERFORMED BY MOBILE EMERGENCY CARE

## CARACTERIZAÇÃO DAS TRANSFERÊNCIAS INTER-HOSPITALARES DE MULHERES REALIZADAS PELO ATENDIMENTO MÓVEL DE URGÊNCIA

## CARACTERIZACIÓN DE LAS TRANSFERENCIAS INTERHOSPITALARIAS DE MUJERES REALIZADAS POR LA ATENCIÓN MÓVIL DE URGENCIA

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**Objective:** to describe the characterization of women transferred by the mobile emergency care service located in a city in the interior of Pernambuco, Brazil. **Method:** descriptive, quantitative research, conducted with 302 transfer forms of female patients occurred between 2014 and 2019. The instrument developed for data collection allowed further descriptive analysis. **Results:** patients were predominantly transferred in 2018 (24.5%), September (10.9%), during the afternoon shift (36.7%). Among women, 47.7% were elderly, 89.1% were displaced to public hospitals, and 49.7% went to the metropolitan region of the state. Regarding injuries, transfers were more frequent in clinical cases (74.2%). There was the presence of nursing technician, driver and doctor in the composition of the mobile care team. **Conclusion:** inter-hospital transfers were characterized by the predominance of elderly patients, affected by cardiovascular diseases, transferred in the afternoon shift to hospital institutions in the metropolitan region.

**Descriptors:** Emergency Medical Services. Patient Transfer. Health Profile. Women's Health.

*Objetivo:* descrever a caracterização de mulheres transferidas pelo serviço de atendimento móvel de urgência localizado em cidade do interior de Pernambuco, Brasil. *Método:* pesquisa descritiva, quantitativa, realizada com

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*302 fichas de transferência de pacientes do sexo feminino ocorridas entre 2014 e 2019. O instrumento elaborado para coleta dos dados possibilitou análise descritiva posterior. Resultados: predominaram pacientes transferidas no ano de 2018 (24,5%), mês de setembro (10,9%), durante o turno da tarde (36,7%). Entre as mulheres, 47,7% eram idosas, 89,1% foram deslocadas para hospitais públicos, e 49,7% foram para a região metropolitana do estado. Referente aos agravos, as transferências foram mais numerosas nos casos clínicos (74,2%). Houve a presença de técnico de enfermagem, condutor e médico na composição da equipe de atendimento móvel. Conclusão: as transferências inter-hospitalares caracterizaram-se pela predominância de pacientes idosas, acometidas por doenças cardiovasculares, transferidas no turno vespertino para instituições hospitalares da região metropolitana.*

*Descritores: Serviços Médicos de Emergência. Transferência de Pacientes. Perfil de Saúde. Saúde da Mulher.*

*Objetivo: describir la caracterización de mujeres transferidas por el servicio de atención móvil de urgencia ubicado en ciudad del interior de Pernambuco, Brasil. Método: investigación descriptiva, cuantitativa, realizada con 302 fichas de transferencias de pacientes del sexo femenino ocurridas entre 2014 y 2019. El instrumento elaborado para la recolección de los datos permitió análisis descriptivo posterior. Resultados: predominaron pacientes transferidas en el año 2018 (24,5%), mes de septiembre (10,9%), durante el turno de la tarde (36,7%). Entre las mujeres, 47,7% eran ancianas, 89,1% fueron desplazadas para hospitales públicos, y 49,7% fueron para la región metropolitana del estado. Referente a los agravios, las transferencias fueron más numerosas en los casos clínicos (74,2%). Hubo la presencia de técnico de enfermería, conductor y médico en la composición del equipo de atención móvil. Conclusión: las transferencias interhospitalarias se caracterizaron por la predominancia de pacientes ancianos, afectados por enfermedades cardiovasculares, transferidas en el turno vespertino para instituciones hospitalarias de la región metropolitana.*

*Descriptor: Servicios Médicos de Urgencia. Transferencia de Pacientes. Perfil de Salud. Salud de la Mujer.*

## Introduction

The Mobile Emergency Care Service (SAMU) is a fundamental tool in pre-hospital health care. Its functionality is to provide professional support to various types of emergency health problems, whether clinical, traumatic, surgical, psychiatric, pediatric and obstetric, through specialized vehicles, which allow better chances of survival to the patient<sup>(1-2)</sup>.

The SAMU has ambulances of Basic Life Support (BLS), which must have at least the driver and the nursing technician, and Advanced Life Support (ALS), which requires the presence of a doctor, nurse and driver. In addition, mobile pre-hospital care is classified as primary mobile, when it is originated from the patient, and secondary, when the request comes from the health service and the user is moved to another service<sup>(1)</sup>.

Inter-hospital transfers performed by SAMU are made available to all patients who require more complex treatments and specialized care, in order to maintain continuity of care<sup>(3)</sup>. Among the services performed, there are transfers of women. These comprise a group exposed

to specific health problems (despite the more frequent routine care when compared to other publics), such as those related to the pregnancy-parturitive-puerperal cycle, the problems involving domestic and sexual violence, and to breast and gynecological cancer<sup>(4)</sup>.

The analysis of these transfers is in harmony with the National Policy of Women's Health Care, which aims at comprehensiveness and the promotion of women's health, focused on its specificities<sup>(4-5)</sup>. Considering that more than half of the Brazilian population consists of women<sup>(6)</sup>, it is important to investigate the health profile of these women, especially in this study, those that require inter-hospital transfers.

In the course of these transfers, patients may be exposed to some risks, such as discontinuity of care and communication failures<sup>(7)</sup>. This makes evident the importance of the presence of a well-trained multidisciplinary team to ensure safety and help preventing these risks, in addition to reducing complications during the entire service<sup>(8)</sup>.

Among the professionals who make up this team, the nurse stands out, since they play the role of leading, planning, organizing care and performing improvements in the coordination of patient care<sup>(2)</sup>. These care, relational and managerial skills are foreseen in the National Curricular Guidelines for Nursing Teaching, which aim, among other aspects, to promote the training of qualified professionals and committed to the development of an ethical praxis, critical and capable of offering comprehensive care to users of the Brazilian Unified Health System (UHS)<sup>(9)</sup>.

Given the above, this study aimed to describe the characterization of women transferred by the mobile emergency service located in a city in the interior of Pernambuco, Brazil.

## Method

This was a descriptive research with quantitative analysis, performed at SAMU in the city of Pesqueira (PE), Brazil, located in the Pernambuco State, with an estimated population of 68,067 inhabitants. The Health Care Network (HCN) of the municipality is currently composed of 36 health facilities, highlighting (among other services) the presence of 19 family health units, a municipal general hospital and a 24h Emergency Care Unit<sup>(10)</sup>.

From 2014 to 2019, 5,429 occurrences were identified, of which 719 (13.3%) were transfer-type, which constituted the study population. The inclusion criteria were female patients, transferred by SAMU between 2014 and 2019. The limitation of the research period was through the availability of registration forms for data collection. The exclusion criteria were

torn documents and patient files unavailable for legal reasons.

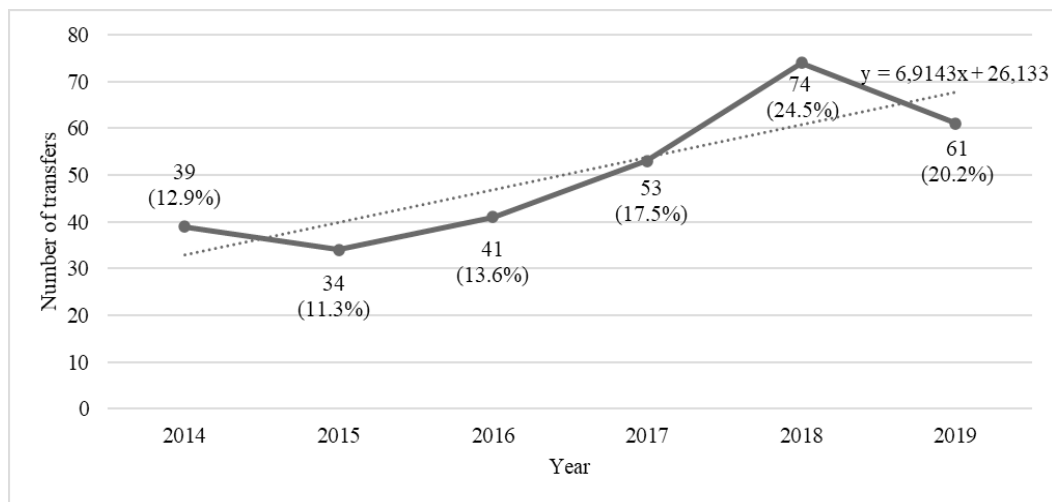
The data collection instrument included the following variables: year, month, shift, place of destination of transfers, age, patient's life cycle (from 0 to 11 months were classified as neonates/infants, from 1 to 11 years as children, 12 to 18 years as adolescents, 19 to 59 years as adults and over 60 years as elderly), reason for transfer, drugs used, administration of serum, Oxygen therapy, peripheral venipuncture and team of health professionals present.

Data collection took place on weekdays, with pre-scheduled schedules with the SAMU administration. The analysis of the information obtained was performed descriptively, using the software R, version 3.1.2. The research was approved by the Research Ethics Committee of the Educational Autarchy of Belo Jardim, Opinion N. 011654/2019.

## Results

The final sample of this study comprised 302 medical records of female patients. Regarding the year, there was an increase in transfers over the years, so that 2018 registered the highest number, with 74 (24.5%); the lowest number occurred in 2015, with 34 (11.3%), as can be seen in Graph 1. It was found increase in the number of transfers over the period assessed, indicating a linear growth rate of 6.91 transfers/year.

**Graph 1** – Distribution of transfers of female patients performed by SAMU, according to the year of occurrence. Pesqueira, Pernambuco, Brazil – 2014-2019. (N=302)

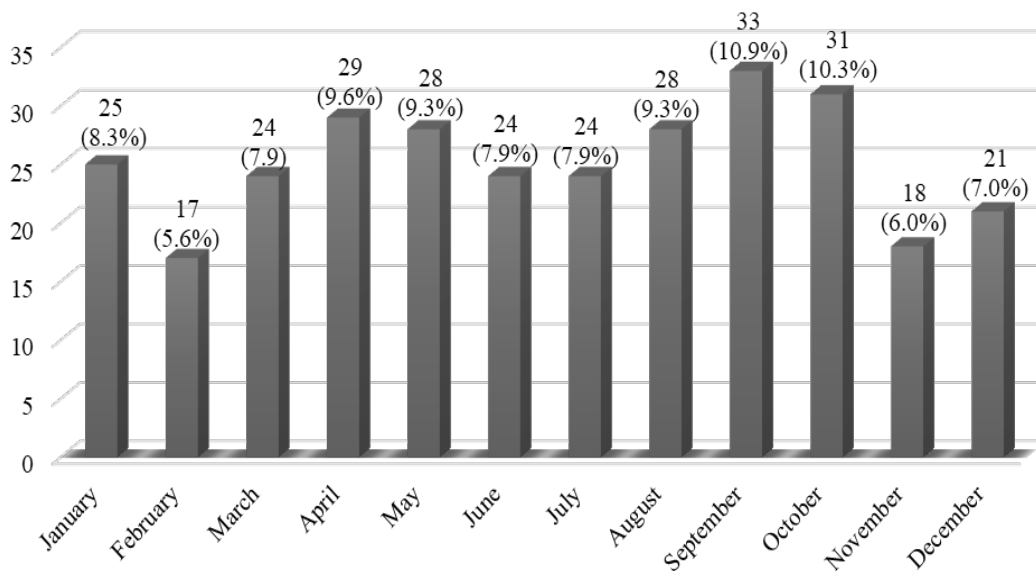


Source: created by the authors.

Regarding the months, September stood out with the highest number of transfers, with a total of 33 (10.9%). In contrast, the lowest number

occurred in February, with 17 (5.6%), as detailed in Graph 2.

**Graph 2** – Distribution of transfers of female patients carried out by SAMU, according to the month of occurrence. Pesqueira, Pernambuco, Brazil – 2014-2019. (N=302)



Source: created by the author.

Regarding the transfer shift, the afternoon period stood out, with 111 (36.7%) services, followed by the night, with 89 (29.5%), and morning, with 65 (21.5%). In addition, at dawn, there was the lowest number of transfers, totalling 37 (12.3%).

In relation to the region where the patients were transferred, it was observed that the metropolitan region predominated as a destination. Recife stood out, with 145 (48%), while in the Agreste Region, the predominance was the municipality of Caruaru, with 85 (28.2%).

In addition, in the Sertão, the municipality of Arcoverde, with 24 (7.9%), and finally in the

Zona da Mata, the city of Palmares, with 9 (3%), as shown in Map 1.

**Map 1** – Destination of transfers of female patients by mesoregion of the state of Pernambuco



Source: created by the authors.

When analyzing the hospitals where women were moved, it was found that the highest concentration of transfers occurred to the public network, with 269 (89.1%), while for the private network, there were 30 (9.9%).

Regarding the ages of the patients, the minimum age was one day of life, and maximum was 103 years, with a mean of 50.7 years. Among these, 118 (39.1%) were adults, 21 (6.9%) adolescents, 11 (3.7%) pediatrics and the lowest transfer number occurred in the neonate/infant

category, with 8 (2.6%). Regarding the life cycle of women, the largest category referred to the elderly, with 144 (47.7%).

As for the causes that required transfers, there was a predominance of clinical reasons in all transferred subgroups, so that it corresponded to 139 (46.0%) elderly, 60 (19.9%) adult, 9 (3.0%) adolescents, 8 (2.6%) neonates/lactating. The information on the causes that required transfers is detailed in Table 1.

**Table 1** – Distribution for reasons that led to transfers of female patients. Pesqueira, Pernambuco, Brazil – 2014-2019. (N=302) (continued)

Reasons for transfers	n (%)
<b>Clinical</b>	224 (74.2)
Clinicians without specification on the registration form	54 (17.9)
Acute myocardial infarction (AMI)	31 (10.3)
Cerebrovascular accident (stroke)	30 (10.0)
Cardiological evaluation	22 (7.3)
Dyspnea	19 (6.3)
Neurological assessment	9 (3.0)
Sepsis	9 (3.0)
Intensive care	8 (2.6)
Convulsion	8 (2.6)
Lowering the level of consciousness	8 (2.6)
Gastrointestinal evaluation	6 (2.0)
Acute pulmonary edema (APE)	5 (1.6)
Digestive bleeding	5 (1.6)
Heart disease	2 (0.7)
Glycemic disorder	2 (0.7)
Kidney problems	2 (0.7)

**Table 1** – Distribution for reasons that led to transfers of female patients. Pesqueira, Pernambuco, Brazil – 2014-2019. (N=302) (conclusion)

Reasons for transfers	n (%)
<b>Clinical</b>	
Fainting	1 (0.3)
Hypertension	1 (0.3)
Cardiopulmonary arrest (CRA)	1 (0.3)
Surgical procedure	1 (0.3)
<b>Obstetric</b>	
High risk assessment	16 (5.3)
Labor	9 (3.0)
Gestational hypertension	9 (3.0)
No specification on the sheet	9 (3.0)
Vaginal bleeding	1 (0.3)
<b>Trauma/external causes</b>	
Traumatic brain injury (TBI)	13 (4.3)
No specification on the sheet	12 (4.0)
Wounded by melee/fire	2 (0.7)
Burn	2 (0.7)
Drowning	1 (0.3)
Intoxication	1 (0.3)
Collapse/burial	1 (0.3)
Aggression	1 (0.3)
<b>Psychiatric</b>	
	1 (0.3)

Source: created by the authors.

There was no administration of medication during the transfer of 285 (94.6%) patients. In the remaining 3 (1.0%) transfers, Midazolam, Captopril and Atropine were administered in each of the 2 (0.7%) patients, and Adrenaline, Buscopan Compound, Dexamethasone, Diazepam, Dipyrone, Furosemide, Hydrocortisone, Morphine, Noradrenaline and Magnesium Sulfate (1%).

Regarding volume replacement with saline, the administration of 500ml was the most used in

28 (9.3%) transfers; then the volume of 1500 mL, administered in 2 (0.7%); 1000 mL and 2000 mL in 1 (0.3%). Oxygen administration was performed in 123 (40.7%) transfers and peripheral venipuncture in 134 (44.4%). The details regarding intravenous infusion of serum, oxygen administration and installation of peripheral venipuncture are presented in Table 2.

**Table 2** – Administration of saline, oxygen and peripheral venipuncture in female patients transferred by SAMU. Pesqueira, Pernambuco, Brazil – 2014-2019. (N=302) (continued)

Variables	Clinical n (%)	Trauma n (%)	Obstetrical n (%)
<b>PS volume replacement</b>			
Administration of 500mL			
Elderly	15 (5.0)	1 (0.3)	-
Adult	3 (1.0)	4 (1.3)	1 (0.3)
Adolescents	2 (0.7)	1 (0.3)	-
Newborn/nursing	1 (0.3)	-	-

**Table 2** – Administration of saline, oxygen and peripheral venipuncture in female patients transferred by SAMU. Pesqueira, Pernambuco, Brazil – 2014-2019. (N=302) (conclusion)

Variables	Clinical n (%)	Trauma n (%)	Obstetrical n (%)
<b>PS volume replacement</b>			
Administration of 1500mL			
Elderly	2 (0.7)	-	-
Administration of 1000mL			
Adult	1 (0.3)	-	-
Administration of 200mL			
Adult	1 (0.3)	-	-
<b>Oxygen administration</b>			
Elderly	62 (20.5)	4 (1.3)	-
Adult	30 (9.9)	7 (2.3)	5 (1.6)
Adolescents	8 (2.6)	1 (0.3)	2 (0.7)
Newborn/nursing	2 (0.7)	-	-
Elderly	2 (0.7)	-	-
<b>Peripheral venipuncture</b>			
Elderly	66 (21.6)	4 (1.3)	-
Adult	23 (7.6)	12 (4.0)	14 (4.6)
Adolescents	6 (2.0)	4 (1.3)	3 (1.0)
Newborn/nursing	-	1 (0.3)	-
Elderly	1 (0.3)	-	-

Source: created by the authors.

Note: Conventional signal used:

- Numerical data equal to zero not resulting from rounding.

Concerning the group of professionals present during the transfers, it was identified that the drivers were in all transfers; the nursing technician, in 301 (99.7%); the doctor, in 204 (67.5%); and the nurse, in 4 (1.3%).

## Discussion

Regarding the months of the year, September stood out with the highest incidence of transfers in female patients. Contradictory to the results of this study, research on air transport conducted in Australia found that the highest prevalence occurred in July and August<sup>(11)</sup>. Regarding the transfer shift, the afternoon period gained prominence, which differs from a study on the characterization of patients treated by SAMU in São Paulo, in which there was greater care in the morning period<sup>(12)</sup>. This difference points to the relevance of characterizing transfers and care in

different scenarios, so that it is possible to adapt the assistance to the local reality and compare the different realities.

With regard to the place where patients were referred, a predominance of the metropolitan region was observed, which is similar to that found in a study conducted on SAMU in Rio Grande do Sul<sup>(13)</sup>. This may have occurred because it is a city with a higher population index, with resources to meet large demands for care, and having more tertiary care hospitals, capable of concentrating a higher number of assistance, when compared to other regions. In this way, these circumstances can change the quantity and profile of transfers.

It was observed in this study that most were transferred to public hospitals. This fact differs from that found in an Irish study on the evaluation of patterns of general and private hospital use, in which most hospitalizations occurred in private

hospitals, with the help of health insurance plans<sup>(14)</sup>. The divergence between the results may have occurred because Brazil has a universal public health system, with problem-solving and regionalization, so that it can intensify the scope of health care, which culminates in the need to transfer patients. In addition, the finding can be justified by the fact that the transfers of the SAMU were characterized, a service that belongs to the public system and has a greater chance of having a profile of targeted transfers to institutions also public.

Regarding the reasons for transfers, clinical cases predominated, with emphasis on cardiovascular diseases. In a study conducted in Sri Lanka, obstetric conditions gained prominence in transfers<sup>(15)</sup>. The disagreement of the results may be because most of the transfers of women in the study were from patients under 45 years of age, which is the period most prone to female reproduction, while in the present study, there was a predominance of elderly women.

This fact is confirmed by a study conducted in Alagoas, which observed that female patients, aged 60 years or more, had a higher rate of stroke and acute myocardial infarction (AMI)<sup>(16)</sup>. In this context, the predominance of transfer of elderly women can be justified not only by the increasing rate of population aging in Brazil but also by the prevalence of cardiovascular causes.

In obstetric cases, the transfer to high-risk assessment stood out among the others. This finding diverges from a study on pre-hospital emergency obstetric care conducted in Rwanda, in which 76% of women's care was related to complications during labor<sup>(17)</sup>. It should be considered that the cases of high gestational risk found might be related to age, since, in the present study, there was a predominance of women with a mean age of 50 years, age group most likely to present high-risk obstetric diseases.

In trauma transfers, those motivated by traumatic brain injury (TBI) stood out. The study conducted in Goiás, on the profile of patients treated by the SAMU with traumatic injuries related to TBI, showed that most women were

aged over 60 years, prevailing cases of car accidents and falls<sup>(18)</sup>. In view of this finding, it is important that professionals keep up to date and consider the probability of the occurrence of such injury in the female public.

In relation to the procedures, peripheral venipuncture was shown to be a technique widely used during transfers. Regarding this result, a survey conducted in Brasilia on the transportation of critical patients showed prevalence of the same procedure<sup>(19)</sup>. This similarity may have occurred due to the need for fluid replacement and/or administration of medications that may be essential for the patient's survival, so there is a high probability that peripheral venipuncture is necessary.

Moreover, in the present study, there were several magnitudes about volume replacement, which is a fundamental factor for hemodynamic control. Regarding this aspect, a study on nursing care in polytrauma pregnant patients in the pre-hospital environment showed that venipuncture and fluid replacement were essential care for their stabilization<sup>(20)</sup>.

Regarding the team of professionals present during the transportation of patients, it was found that, mostly, there was participation of drivers, nursing technicians and doctors. As for the nurse, they were present only in four transfers. In contrast to this result, a study conducted in the Northeast of Portugal showed that the nurse participated in 77.2% of the transfers<sup>(21)</sup>. Thus, it is worth reflecting on the absence of this professional in the transfers that occurred in the Brazilian context, among which the doctor was present. In these, it is possible to assume that the transferred patient was in a critical state, with imminent risk of death, so that they would need the assistance provided by the nurse.

Research carried out in Minas Gerais showed the importance of the presence of nurses in transfers, since this professional enables more adequate decision-making in the face of situations that may occur during the patient's transport<sup>(22)</sup>. However, when considering that the results found were from a unit of BLS, in which



the minimum professional team was composed of driver and nursing technician, it was observed that these were present, as established by the Federal Council of Nursing (COFEN)<sup>(23)</sup>.

The study limitation was because the research was carried out in a SAMU whose fleet was composed of only one BLS. Thus, the results may differ from the reality of transfers performed per unit of Advanced Life Support (ALS). In addition, the results of an inland city were analyzed, in which the profile of transfers may be different from that related to transfers in the capitals.

The study presented data of importance for the planning and management of SAMU assistance, which can contribute to the process of organizing vacation calendars, human resource management and purchasing inputs. Furthermore, it can help guide the training of professionals who work in obstetrics, emergency and pre-hospital care, in order to face more safely the demands of transfers of the female public, particularly the elderly.

## Conclusion

In the transfers of women performed by the SAMU, there was a predominance of patients transferred in 2018, in September, during the afternoon shift. Most women were elderly and were moved to public hospitals in the metropolitan region of the state, affected by clinical diseases related to cardiovascular diseases. Concerning obstetric diseases, there was a predominance of cases of high-risk assessment. Regarding traumatic transfers, TBI cases stood out. In addition, the multidisciplinary team was mostly composed of nursing technician, driver and doctor.

Studies related to the repercussions of the transfer characteristics on the clinical outcome of women should be developed, in which specific diseases should be considered. These actions are relevant to provide support to the multidisciplinary team and improve health promotion and disease prevention for the female population.

## Collaborations:

1 – conception and planning of the project: Thallyta Juliana Pereira da Silva, Geovanna Camêlo Souza, Marcela Lourene Correia Muniz and Nelson Miguel Galindo Neto;

2 – analysis and interpretation of data: Thallyta Juliana Pereira da Silva, Geovanna Camêlo Souza, Marcela Lourene Correia Muniz and Nelson Miguel Galindo Neto;

3 – writing and/or critical review: Thallyta Juliana Pereira da Silva, Geovanna Camêlo Souza, Marcela Lourene Correia Muniz, Daniela Bezerra de Melo, Josicleide Montenegro da Silva Guedes Alcoforado, Luanna dos Santos Rocha and Nelson Miguel Galindo Neto;

4 – approval of the final version: Thallyta Juliana Pereira da Silva, Geovanna Camêlo Souza, Marcela Lourene Correia Muniz, Daniela Bezerra de Melo, Josicleide Montenegro da Silva Guedes Alcoforado, Luanna dos Santos Rocha and Nelson Miguel Galindo Neto.

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