

ACCESS TO BEDS IN A MUNICIPALITY IN SOUTH REGIONS IN BRAZIL

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Abstract: **INTRODUCTION:** Access to beds is a citizen's right to benefit from a public health structure. The State must guarantee access to quality healthcare, providing maximum efficiency in results¹. The presence and proper functioning of regulation of access to beds is essential. **OBJECTIVE:** The objective of this study is to analyze the flow of access to beds in the city of Pelotas, Rio Grande do Sul, in the year 2022. **METHODOLOGY:** Qualitative exploratory case study in Pelotas, collecting information through interviews with the health sector Specialized and Hospital Care, with Numesc and together with the Regulation Center. The topic was addressed with questions regarding the management of beds in Pelotas and their operation. A literature review was carried out based on scientific articles collected with the keywords "access", "beds", "management", "regulation" and "hospitalization". **RESULTS:** Pelotas has 819 beds registered by the SUS and is a reference for twenty-two municipalities in the region and in certain specialties it covers twenty-eight municipalities. Access to beds begins with the PSP and the continuity of the flow depends on communication between regulatory doctors and the PSP. This way, the regulation of access to beds is adapting to what is standardized by the Department of Health through a bed center. **DISCUSSION:** Pelotas is adapting to the standards of the State Department of Health in Rio Grande do Sul. Still, there is a need for investment in the most precarious specialties, avoiding overloading the city of Porto Alegre, which references Pelotas. **CONCLUSION:** Access to beds in Pelotas is adapting to the regulations proposed by the State Department of Health. However, it is important that investments in this area continue, such as the implementation of the Gerint system.

Keywords: Access to health services; Hospital Patient Admission Service; Health Unic System.

INTRODUCTION

Access to beds is the citizen's right to benefit from a public health facility. This way, the State must guarantee access to quality healthcare, providing maximum efficiency in results¹. A Regulation of Access to Care, also known as access regulation or care regulation, involves the organization, control, management and prioritization of access and care flows within the scope of the SUS, including access to hospital beds. This process is conducted by public managers through the regulatory complex and its operational units. This dimension includes medical regulation, which exercises health authority to guarantee access based on protocols, risk classification and other prioritization criteria. Based on this, the presence and proper functioning of regulating access to beds is essential⁶.

For the correct access to beds, it is necessary to recognize health establishments by checking the services available, ensuring that the contract and rules proposed by the government are adequate. Furthermore, complete and reliable registration is necessary, ensuring that the entire Unified Health System network has full and secure access⁷.

Furthermore, investments in basic care, specialized outpatient complexes, urgent and emergency establishments also become necessary for the regulation of care. Therefore, following these steps, it is believed that it is possible to provide a quality health service⁷.

In Brazil, the precariousness of the system can lead to several problems in the universalization of health services. Among them, when demand exceeds supply, there are long waiting lines with postponement of service and overcrowding of beds, which can have a negative impact on the lives of patients in need⁴.

However, there are several measures and projects that aim to improve the quality of the service provided⁴. For example, during

the Covid-19 pandemic, countless hospital beds were built in an attempt to mitigate the impacts caused by it³. There was also greater supervision of laboratory and imaging tests, in addition to an expansion of the clinical staff⁴.

The number of hospital beds has always been one of the main indicators for evaluating the health resources available to the population and, consequently, the capacity to provide care in highly complex cases, even before the coronavirus pandemic. Covid-19. Today, more than ever, it is essential to map this data. Therefore, it is of fundamental importance to keep the positive aspects growing so that total efficiency of access to beds can be guaranteed and collapse is avoided. Therefore, the objective of this study is to analyze the flow of access to beds in the city of Pelotas, Rio Grande do Sul, in the year 2022.

METHODOLOGY

A qualitative exploratory case study was carried out in Pelotas, collecting information through interviews with the Specialized and Hospital Care sector, with Numesc and together with the Regulation Center. The interview was carried out via the Google Meet platform in two moments, with professionals from different positions.

The topic of access to beds was addressed with questions regarding bed management in Pelotas and their operation. To analyze the data collected, a literature review was carried out based on scientific articles collected by Google Scholar with the keywords: "access", "beds", "management", "regulation" and "internment".

RESULTS

Based on the analysis of data collected with the Specialized and Hospital Care Sector, with Numesc and together with the Regulation Center, there are four municipalities that have full management, that is, that do not depend

on state management, they are: Pelotas, Canoas, Caxias do Sul and Porto Alegre.

According to the table below, it can be seen that the city of Pelotas is a reference for twenty-two municipalities in the region and in certain specialties it covers twenty-eight municipalities, including Bagé.

At the moment, Pelotas is a reference for these municipalities in these specialties and agreements are made between the municipalities and the Municipal Health Department to analyze population, qualification and financial resources aspects.

Access to beds, based on the state rule for implementing the system, is parameterized by ordinances from the Ministry of Health and must be enabled. Consequently, each specialty follows a standard in the number of beds.

In terms of beds, the city has 819 beds registered by the SUS, including the ``Hospital Espírita``. The table shown below shows the number of beds in the public network for each specialty.

Bed type	Quantity	Bed type	Quantity
Surgical	128	pediatric	46
Obstetric	69	neonatal ICU	17
Clinical	260	pediatric ICU	8
Isolation	13	psychiatric	160
Adult ICU	75	other specialties	43
Total SUS beds	819		

Table 1: Number of SUS (unified health system) beds for each medical specialty.

Source: CNES SUS. Table updated on 03/10/2022.

Access to beds in Pelotas depends on communication between doctors at the Emergency Room and the Regulation Center, which is made up of five pediatricians and seven general practitioners. The gateway to obtaining a bed in the municipality is the Pelotas Emergency Room (PSP), which is responsible for assessing the patient's clinical situation and, if necessary, requesting a bed, at

which time the patient must present the SUS Card. It is worth noting that, during the intense period of the COVID-19 pandemic, the route of entry for patients with flu syndromes was the UPA Areal and the CASG of Bento Gonçalves, and the Pelotas Emergency Room was responsible for handling other complaints. However, with the reduction in cases, the demand for places normalized and the PSP once again became solely responsible for requesting beds.

The request takes place by telephone and the system used is still AGHOS, however the plan for 2022, by state order, is to completely implement the Gerint system, which follows a pattern of questions and provides more information about the patient.

From the moment the regulatory system is fully installed in Pelotas and the construction of the Emergency Hospital is completed, access to beds will become easier and more agile. With Gerint, all patient information will be contained in the system and this will facilitate patient care as a whole, regardless of their location in the State. However, while this system is not 100% implemented and the only entry route is the PSP, the regulatory process becomes difficult due to bureaucracies and small physical space.

The team involved in regulating beds is the Specialized Care and Hospital Network Directorate, and the Emergency Care Network (RAU). The PSP, the Emergency Care Unit (UPA) and SAMU are part of the RAU. Hospitals and Emergency Rooms in other municipalities that have Pelotas as a reference are also linked to the bed center to refer patients, in which case it is necessary for the attending doctor to inform the PS doctor about the patient's condition and movement. It must be noted that the PSP doctor has no influence on access to beds, this decision is made solely by the center. Another important fact related to communication is that both hospitals A and B,

Specialties	Counties
High-risk maternity	Amaral Ferrador, Arroio do Padre, Arroio Grande, Canguçu, Capão do Leão, Cerrito, Cristal, Herval, Jaguarão, Morro Redondo, Pedras Altas, Piratini, Pedro Osório, Pelotas, Pinheiro Machado, São Lourenço, Santana da Boa Vista and Turuçu.
Low-risk motherhood	Pelotas
Traumatology	Pelotas
General surgery	Pelotas
Ophthalmology	Pelotas, Canguçu and Turuçu.
Oncology	Amaral Ferrador, Arroio do Padre, Arroio Grande, Canguçu, Capão do Leão, Cerrito, Cristal, Herval, Jaguarão, Morro Redondo, Pedras Altas, Piratini, Pedro Osório, Pelotas, Pinheiro Machado, São Lourenço, Santana da Boa Vista and Turuçu.
Urology	Pelotas
Medium complexity cardiology (Santa Casa de Pelotas and Benciência Portuguesa)	Pelotas
High complexity cardiology	Amaral Ferrador, Arroio do Padre, Arroio Grande, Canguçu, Capão do Leão, Cerrito, Cristal, Herval, Jaguarão, Morro Redondo, Pedras Altas, Piratini, Pedro Osório, Pelotas, Pinheiro Machado, São Lourenço, Santana da Boa Vista and Turuçu.
Nephrology	Amaral Ferrador, Arroio do Padre, Arroio Grande, Canguçu, Capão do Leão, Cerrito, Cristal, Herval, Jaguarão, Morro Redondo, Pedras Altas, Piratini, Pedro Osório, Pelotas, Pinheiro Machado, São Lourenço, Santana da Boa Vista and Turuçu.
Neurology	Amaral Ferrador, Arroio do Padre, Arroio Grande, Canguçu, Capão do Leão, Cerrito, Cristal, Herval, Jaguarão, Morro Redondo, Pedras Altas, Piratini, Pedro Osório, Pelotas, Pinheiro Machado, São Lourenço, Santana da Boa Vista, Turuçu and Seventh Health Coordination (Bagé, Candiota, Lavras do Sul, Hulha Negra, Dom Pedrito and Aceguá)
Angiology	Amaral Ferrador, Arroio do Padre, Arroio Grande, Canguçu, Capão do Leão, Cerrito, Cristal, Herval, Jaguarão, Morro Redondo, Pedras Altas, Piratini, Pedro Osório, Pelotas, Pinheiro Machado, São Lourenço, Santana da Boa Vista and Turuçu.
Endovascular	Amaral Ferrador, Arroio do Padre, Arroio Grande, Canguçu, Capão do Leão, Cerrito, Chui, Cristal, Herval, Jaguarão, Morro Redondo, Pedras Altas, Piratini, Pedro Osório, Pelotas, Pinheiro Machado, Rio Grande, São José do Norte, São Lourenço, Santa Vitória, Santana da Boa Vista, Turuçu and Sétima Coordenadoria de Saúde (Bagé, Candiota, Lavras do Sul, Hulha Negra, Dom Pedrito, Aceguá).

Table 1: Specialties and municipalities for which Pelotas is a reference.

Source: Directorate of Specialized and Hospital Care of Pelotas.

in Pelotas, work with a direct channel known as NIR (Internal Regulation Center) which facilitates the exchange of information between hospital doctors and doctors from Central.

The doctors responsible for the center are chosen based on contracts and the vast majority have been in this position since its creation. However, there are some professionals who work in outpatient regulation, carrying out consultations and analyzing exams. The integration between doctors at the Center and the PSP generally works properly, however, due to complications, such as changing shifts, there may be failures in this communication.

This way, regulation works so that the

patient can find a bed as quickly as possible within the system's difficulties. This regulation is only responsible for the hospitals, the outpatient clinics operate through the Department of Health. Every year, the hospitals make a regulation agreement and from there, they become responsible for passing the information to the doctors at the Center. Therefore, in the absence of the responsible doctor, the hospital is required to present a replacement doctor.

To direct patients from the gateway to the bed, the doctor responsible for regulation assesses the clinical condition of each patient and then refers them to a specific hospital,

which must have specialized support for this situation. In the absence of a specific bed in the city for the complaint, the patient is transferred to the city that references Pelotas.

The demand for beds after the most critical period of the pandemic increased significantly, especially in the areas of Cardiology and Neurology, where waiting lists grew simultaneously. However, in Oncology, despite there being a large increase in the search for beds, this demand is met due to high turnover, as well as in the pediatric ICU, in which a child's recovery is faster compared to the treatment response of an adult. With the presence of the pandemic, many patients were afraid to seek outpatient care within this specialty and, consequently, only sought hospital help when the pathology was already more aggravated. Currently, ICU beds are more overcrowded, even with the conversion of 20 beds from the COVID ICU to a clinical ICU.

If a SUS (unified health system) patient needs a private bed, due to overcrowding in public hospitals, the municipality purchases this bed through an agreement. However, this system generally only works for the Neonatal ICU and not for the clinical ICU, as the demand is very high and the municipality is unable to expand services due to a lack of technical staff. This way, the attending doctors contact the state center to check the availability of beds in other municipalities and if there is a vacancy, transport is carried out by their own ambulance.

Patients who require an Intensive Care Unit are classified according to the Manchester protocol, which differentiates patients into emergent patients who need immediate care, very urgent patients who need almost immediate care, urgent patients who need quick care, but can wait, non-urgent, which can await care or be referred to other health services, and non-urgent, which can await care or be referred to other health services.

The defined colors are red, orange, yellow, green and blue respectively.

In this case, patients with the highest level of severity are prioritized, while stable patients are classified on a first-come, first-served basis and depend on the availability of the necessary bed. The system responsible for monitoring the beds of the four SUS hospitals in Pelotas is Vigileito, made up of nurses who work with daily hospitalization reports and who personally monitor hospital occupancy on alternate days of the week.

Regarding bed reservation, it only works for patients who have undergone highly complex procedures and require intensive support for their stabilization. In cases of discharge from the ICU, the hospital communicates to Central informing that the patient is being sent to the ward. Furthermore, no type of reservation is permitted.

DISCUSSION

According to what was observed in the articles and understood from the interviews, bed management is organized by a Call Center, which receives a request for a vacancy from the PS doctor, classifies the risk and sees whether beds are available. As assessed, Pelotas is adapting to what is recommended by the State Department of Health, in Rio Grande do Sul ².

It is worth noting that the gateway to access beds in Pelotas is only through the PSP and due to the great demand, it ends up generating overcrowding in the System. In other municipalities and states, the requesting units correspond to several other health establishments, such as: Basic Health Units, Specialized Centers and hospitals that are not necessarily urgent and emergency ⁸. Therefore, in Pelotas, if there were more access roads, there would be a significant reduction in waiting lines, making access easier and quicker.

As discussed in the article, after evaluating the patient's clinical condition, he or she needs to be referred to a specific hospital that has specialized technical support for this situation. Therefore, in the absence of a specific bed in Pelotas, the patient is transferred to the city that references Pelotas. Therefore, it is known that the majority of referrals from Pelotas are to Porto Alegre, which ends up overloading service in the capital. In view of this, the service in Pelotas must be qualified and invested in specialties with less technical support so that the population can be served in their own region without overcrowding services in Porto Alegre ⁵.

In relation to the pandemic, the demand for beds increased considerably, causing the State to authorize the opening of more private and public beds for municipalities ³. In Pelotas, field hospitals were opened to meet the need for beds for patients with Covid-19 and two entry routes were implemented to access beds: the UPA Areal and the CASG of Bento Gonçalves. It turns out that the expansion of beds during the critical period of the pandemic was temporary ³, which was momentarily essential to guarantee the health of individuals, but after this period these establishments returned to operating as before the pandemic. This fact caused queues to build up again at the PSP, in addition to increasing the demand for outpatient care, since during

the pandemic people were afraid to go to hospitals. Therefore, as previously mentioned, there must be more availability for access to beds and also more beds available for the population, just like at the peak of Covid-19.

CONCLUSION

The Pelotas Health System, together with the Bed Center, has been adjusting to the regulation of access to beds as proposed by the State Department of Health, so that citizens can have full, safe and quality access. However, it is necessary to continue investing in these services to improve the healthcare offering and avoid overcrowding of beds and long waiting lines.

Therefore, the city of Pelotas must form a commission, with representatives from hospitals, Basic Health Units and the Department of Health, to permanently evaluate how access to beds is working and how to improve it. Furthermore, this commission could visit other municipalities to observe how their beds are regulated.

Therefore, the Regulation Center in Pelotas aims to organize and provide effective and quality services to the population in need and with the implementation of the Gerint System and the completion of the construction of the HPS, the flow of access to beds will generate an improvement in availability and access to beds.

REFERENCES

1. **Artigo 196 da Constituição Federal de 1988.** Jus Brasil. Presidência da República. Disponível em: (<https://www.jusbrasil.com.br/topicos/920107/artigo-196-da-constituicao-federal-de-1988>) Acesso em 23/03/2022.
2. **Como funciona a regulação hospitalar.** Governo do Estado do Rio Grande do Sul. Disponível em: (<https://saude.rs.gov.br/regulacao-hospitalar>) Acesso em 23/03/2022.
3. COTRIM JUNIOR, Dorival Fagundes; CABRAL, Lucas Manoel da Silva. **Crescimento dos leitos de UTI no país durante a pandemia de Covid-19: desigualdades entre o público x privado e iniquidades regionais.** *Physis: Revista de Saúde Coletiva*, v. 30, 2020.
4. GOLDWASSER, Rosane Sonia et al. Difficulties in access and estimates of public beds in intensive care units in the state of Rio de Janeiro. *Revista de saúde publica*, v. 50, 2016.
5. Leitos hospitalares. Governo do Estado do Rio Grande do Sul. Disponível em: (<https://saude.rs.gov.br/leit-os-hospitalares>) Acesso em 23/03/2022.
6. Ministério da Saúde. Portaria nº 1.559, de 1º de agosto de 2008. Institui a **Política Nacional de Regulação do Sistema Único de Saúde - SUS**. Diário Oficial da União, Brasília, DF, 1º de agosto de 2008.
7. NESC, Núcleo de Estudos em Saúde Coletiva. **REGULAÇÃO DO ACESSO.** Universidade Federal de Goiás. Disponível em: (https://files.cercomp.ufg.br/weby/up/19/o/A_REGULA____O_DO_ACESSO.docx) Acesso em 23/03/2022.
8. RAMOS, Uêbem; RAMOS, Wilson. FUNÇÃO DA CENTRAL DE REGULAÇÃO DE LEITOS DO SISTEMA ÚNICO DE SAÚDE (SUS) NO ACESSO AO SERVIÇO DE INTERNAÇÃO HOSPITALAR NO MUNICÍPIO DE BELÉM, ESTADO DO PARÁ. *ENCICLOPÉDIA BIOSFERA*, v. 14, n. 25, 2017.