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OVERLOAD IN EMERGENCY DEPARTMENTS: A SIGNIFICANT DETERMINANT OF HEALTHCARE-ASSOCIATED INFECTIONS

SOBRECARGA EN LOS SERVICIOS DE URGENCIAS: UN FACTOR DETERMINANTE DE LAS INFECCIONES RELACIONADAS CON LA ASISTENCIA SANITARIA

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## **EDITORIAL**

## OVERLOAD IN EMERGENCY DEPARTMENTS: A SIGNIFICANT DETERMINANT OF HEALTHCARE-ASSOCIATED INFECTIONS

We are witnessing a reorganization of health services to adequately respond to the population's healthcare needs. This reorganization is based on a shortage of resources, essentially human resources.

The news tells us that it's difficult to maintain care activity, especially in the emergency services, in some of the most sensitive and needy areas, such as obstetrics, the coronary green lane, the stroke green lane, etc. This means that people sometimes travel hundreds of kilometers to receive the necessary healthcare.

In addition to the risk that care may be delayed, it also means that users end up converging on a smaller number of hospitals, which means that their emergency services have to receive far more people than they are equipped for, both physically and in terms of human resources, which increases the risk to patient safety, as well as that of health professionals.

The National Plan for Patient Safety defines a set of objectives and practices for developing a culture of safety in healthcare, namely training healthcare professionals, evaluating a culture of safety, and improving user and family literacy on this issue, to improve the quality of care provided. These include preventing healthcare-associated infections (HCAIs) (Portugal, 2021).

HCAIs are an increasingly topical epidemiological problem not only in wealthier, industrialized societies but also in developing countries, and the hospital infection rate is an indicator of the quality of care provided. Most of the time, HAIs are associated with bad practices and have social and economic consequences for people and institutions, as well as for society in general.

Some of the factors that promote the spread of bacteria in hospitals may be poor hand hygiene; transfer of patients between hospitals with the import of multi-resistant strains; repeated transfers of colonized and/or infected patients between the hospital and residential facilities for the elderly; transfer of environmental strains to patients as well as non-compliance with distancing between patients in the various services (Geadas et al., 2017).

Hospital emergency departments are currently facing critical overcrowding of patients, which considerably worsens safety conditions in healthcare. With the accumulation of patients in limited spaces, it becomes impractical to maintain the recommended physical distancing, which increases the risk of infection. This risk is not limited to diseases caused by respiratory viruses but to all infections caused by other microorganisms, such as bacteria, which are enhanced by the proximity between patients, an environment favorable to the spread of pathogens.

Difficulty properly managing the flow of patients in emergency departments compromises the quality of care provided and increases the likelihood of adverse events, particularly HCAIs. In addition, the need to prioritize more serious cases often means that patients with less urgent conditions must wait for long periods, further exposing them to the risk of infection.

Thus, the combination of a lack of adequate management and the overload of services reinforces the need for urgent and structured intervention in health units to guarantee a more efficient and safer response. It is essential to implement effective measures to improve the management of health services, particularly in emergency services, by reinforcing hospital capacity in terms of creating more physical spaces, increasing the supply of equipment, allocating more human resources, and creating differentiated circuits for patients with suspected infections. In this way, it will be possible to minimize the risk of healthcare-associated infections and guarantee safer and more efficient care for everyone.

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