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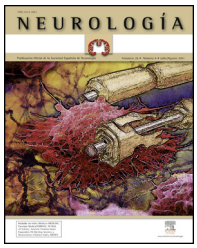

REVIEW ARTICLE

Clinical management departments for the neurosciences☆

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Abstract
Introduction: Neuroscience-related clinical management departments (UGC in Spanish) represent a means of organising hospitals to deliver patient-centred care as well as specific clinical and administrative management models.
Development: The authors review the different UGC models in Spain and their implementation processes as well as any functional problems. We pay special attention to departments treating neurological patients.
Conclusions: Neuroscience-related specialties may offer a good framework for the units that they contain. This may be due to the inherent variability and costs associated with neurological patients, the vital level of coordination that must be present between units providing care, and probably to the dynamic nature of the neurosciences as well. Difficulties associated with implementing and gaining acceptance for the new model have limited such UGCs until now.

PALABRAS CLAVE
Gestión clínica;
Neurociencias;
Hospital;
Unidades de gestión clínica;
Atención centrada en el paciente

Unidades de gestión clínica en Neurociencias

Resumen
Introducción: Las unidades de gestión clínica de Neurociencias (UGC) representan una fórmula de organización de los hospitales basadas en la atención centrada en el pacientes y las fórmulas de gestión clínica y administración.
Desarrollo: Los autores revisan la puesta en marcha y los distintos modelos de UGC en España, así como sus problemas de desarrollo, con especial mención a aquellas que tratan al paciente neurológico.

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Conclusiones: Las neurociencias, por la propia variabilidad y el coste del paciente neurológico, por la necesaria coordinación que debe existir en los servicios que lo asisten y, probablemente, por el propio dinamismo que tiene esta área de conocimiento, posiblemente ofrecen un marco conveniente para unidades que los integren. Las dificultades de implantación como de aceptación del nuevo modelo lo han limitado hasta la actualidad.

Introduction

Hospitals have undergone substantial changes since the first half of the 20th century. In those years and in earlier times, their academic and scientific functions may well have taken precedence over all others. The departmental structure in clinical hospitals was an accurate reflection of an organisational structure based on major academic disciplines that primarily focused on diagnosing illness, with patient care and comfort being a secondary concern. The development of medical specialities would later give rise to an administrative system divided into services and sections; even today, the organisation of most clinical hospitals does not differ substantially from the table of contents of a good medical textbook. The emergence of new models of clinical management has paved the way for novel care strategies seeking to understand care quality and operations from the patient's perspective, and how these factors affect staff and costs.[1] The same process has also accentuated the need for good coordination among all care levels.[2]

The proposal to organise clinical management units (CMUs) arose in the late 1990s within the framework of INSALUD (the authority preceding the current Spanish National Health System). This new organisational system for hospitals was promoted by the government itself. José Manuel Romay Beccaría was serving as the Minister of Health when this possibility came to light. These CMUs (known as 'institutes' or UGCs in Spain) were conceived as groups of services and specialties within a single management area. They were structured according to homogeneous care criteria and focused on specific types of pathological processes.[3] The proposal was advanced on the grounds that it would grant greater self-management capacity to these units, which would thus be able to specify the exact resources they would need to carry out their functions. Therefore, these units were the result of what was supposedly a fundamental decentralisation campaign within the hospital; they would remain bound to that hospital by a management contract and exchange the necessary accounting and administrative information.

It is clear that the implementation of clinical management units was limited in 2 areas. First of all, it lacked a specific legal basis. Although Royal Decree 521/87 opened doors and granted permission for more integrative methods, there was no specific legislative support apart from publications issued by the Ministry of Health to establish the format and outline of proposals and approvals.[3] Second of all, these documents provided the framework for a new organisational system whose sole purpose was to implement clinical management procedures, while minimising or overlooking routine aspects of hospital procedure that may have been more important.

The overarching ideology

The ideological basis on which CMUs were implemented is the concept of 'patient-focused care' or 'patient-centred care'.[4–8] This position is an obvious one; hospitals should be organised to meet the needs of the patients being cared for, rather than for those providing care. The philosophy is not a new one, although it was only recently that it received a specific name. The concept of closeness to the patient, which was dominant in the 1980s and led to the formation of a care system made up of health districts, drew from the same argument: the healthcare system must seek out its patients, rather than vice versa.[9] In conclusion, the vision behind the care model at the end of the 20th century was not a new one. According to Asenjo et al., the main purpose of the patient-centred care model was to gain significant improvements in the cost-effectiveness ratio and the quality of services provided to patients[10]; the same could be said of any public service, and not just those offered by the healthcare field. In fact, the Spanish government used the same argument in stating the purpose of this model, as we see in the legislation.[11] However, improving the quality of healthcare is not the exclusive province of a single concept or a specific model of care. Asenjo et al. felt that the practical result of introducing the concept of patient-centred care was 'the need for staff to learn to work in multidisciplinary teams able to adapt to different tasks and guided by the needs of the patients they serve, with a view to continually improving service'.[10] These authors specify that the definition of basic essential activities would have to be established by elaborating clinical guidelines and healthcare protocols or profiles, and by identifying, defining, and managing care processes, understood here to mean the array of related activities that are designed for a specific service.

This ideological concept can be applied in various ways. To cite an example, Abelardo Román, the managing director of Hospital Central de Asturias which uses the patient-centred care model, applies the concept as follows[12]: (*1*) structuring care areas to best meet the needs of both patients and professionals; (*2*) grouping patients according to their common needs and characteristics, which in turn provide the criteria for grouping services so as to form multidisciplinary CMUs; (*3*) measuring, comparing, and improving care quality by using other similar units or