



Original Article

Model of Excellence in Rheumatology Day Hospitals in Spain: The HD-Reumatolex Project[☆]

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ARTICLE INFO

Article history:

Received 23 May 2012

Accepted 26 July 2012

Available online 8 December 2012

Keywords:

Rheumatoid arthritis

Day Hospital

Biologics

ABSTRACT

Objectives: Biologics have shown greater efficacy than traditional treatments in patients with rheumatoid arthritis, although some cannot be administered on an outpatient basis. Day hospitalization requires the patient to attend the hospital for a few hours to receive those treatments that cannot be administered on an outpatient basis or that do not justify admission to hospital. Few studies have analyzed the situation of Rheumatology Day Hospitals (RDH) in Spain. The HD-Reumatolex project aims to evaluate the situation of Spanish RDHs in terms of strategy, training, management, and quality of care.

Material and methods: The project was based on a “model of excellence in RDH” design, which made it possible to perform a comparative analysis (benchmarking) of 21 Rheumatology Departments. The 19 criteria evaluated were divided into 3 categories: Strategic processes, Key processes, and Support processes.

Results: The lowest mean scores were recorded for follow-up of clinical practice guidelines/recommendations and existence of a quality plan (Strategic processes), criteria for training among RDH professionals (Support processes), and admission and discharge (Key processes). Five RDH achieved the benchmark when the position obtained by the RDH in Key processes was plotted against the one obtained in Strategic processes and Support processes. One RDH emerged as a clear leader in the comparison.

Conclusions: None of the RDH obtained the total maximum score at the category level or at the total results level, thus revealing room for improvement in the attainment of excellence for all the participating centers.

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Modelo de excelencia en el Hospital de Día de Reumatología en España: proyecto HD-Reumatolex

RESUMEN

Objetivos: Los tratamientos biológicos han superado en eficacia a los tratamientos tradicionales de la artritis reumatoide, aunque algunos no pueden administrarse de forma ambulatoria. La hospitalización de día supone la asistencia hospitalaria durante unas horas para aquellos tratamientos que no pueden realizarse en la consulta externa ni justifican el ingreso del paciente. Existen pocos estudios que analicen la situación de los Hospitales de Día de Reumatología (HDR) en España. El proyecto HD-Reumatolex tiene como objeto evaluar la situación de distintos HDR españoles desde una óptica estratégica, formativa, de gestión y de calidad asistencial.

Material y métodos: Se diseñó un «Modelo de excelencia en HDR» que sirvió como base para realizar un análisis comparativo y anónimo (*benchmarking*) entre 21 Servicios de Reumatología. Se valoraron 19 criterios, clasificados en 3 categorías: Procesos estratégicos, Procesos clave y Procesos de soporte.

Palabras clave:

Artritis reumatoide

Hospital de Día

Tratamiento biológico

[☆] Please cite this article as: Román Ivorra JA, et al. Modelo de excelencia en el Hospital de Día de Reumatología en España: proyecto HD-Reumatolex. Reumatol Clin. 2012. <http://dx.doi.org/10.1016/j.reuma.2012.07.001>

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Resultados: Los aspectos con peor puntuación media fueron los de seguimiento de guías de práctica clínica y existencia de un plan de calidad (Procesos estratégicos), formación de los profesionales del HDR (Procesos de soporte), y admisión de pacientes y procedimiento de alta (Procesos clave). Cinco HDR alcanzaron el *benchmark* al representar gráficamente su posición en los Procesos clave frente a los estratégicos y a los de soporte. Un HDR se posicionó como líder indiscutible en el análisis comparativo.

Conclusiones: Ninguno de los HDR consiguió la puntuación máxima total, ni a nivel de categoría ni de resultados totales. Esto significa que existen oportunidades de mejora hacia la excelencia para todos los HDR participantes.

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Introduction

The appearance of biologics has been a major therapeutic advance and a remarkable improvement in the prognosis of inflammatory rheumatic diseases such as rheumatoid arthritis (RA), psoriatic arthritis and spondyloarthropathies, as well as an improvement in the quality of life of patients who have these diseases.¹ These drugs have a clinical efficacy that has surpassed traditional treatments and, in the case of RA, have allowed a delay in structural² damage. The drugs come in subcutaneous and intravenous presentations, and some of them cannot be administered on an outpatient basis.

It is understood that “Day Hospital” (DH) accounts for hospital care lasting a few hours, either for diagnostic, clinical or multiple tests or treatments that cannot be performed as an outpatient or justify hospitalization.^{3,4} Thus, the patient receives treatment with biological drugs and receives the same service as if hospitalized, but without being so, thereby reducing the associated risks and costs.⁴ For this reason, in recent years there has been an increase in the number of day hospitals in Spain, some of which are dedicated to a single specialty or some of which are polyvalent, i.e., jointly attending patients of different specialties.^{3,4} Also, Rheumatology Day Hospital (RDH) may allow for other tasks, such as informing and educating the patient, giving psychosocial support or running clinical⁴ trials, thus favoring the scientific production of Rheumatology.

The Ministry of Health, through the Task Force for the preparation of “Standards and Recommendations of Day Hospitals”, published in 2009 standards and recommendations for the DH.³ These are not normative, but rather seek to make available to the government, managers and caregivers, common criteria for such units to improve safety and the quality of their practice. These recommendations include issues relating to the rights and guarantees of the patient, their safety, organization and management of the Day Hospital, its structure, material and human resources, as well as the quality of care provided.

As other publications have manifested,^{3,4} there are few studies analyzing the situation of Day Hospitals in Spain. Some have described the situation in certain Autonomous Communities⁵ RDH, with interesting results that could serve as a point of comparison for other regions. Further analysis is therefore needed to help plan strategies to optimize the use of RDH in our country.

Objectives

The objective of the DH-Reumatolex project is to evaluate the current status of various Spanish RDH's from a strategic, training, management and quality of care perspective, in order to design action plans that focus on the RDH and the rheumatologist's role within it.

Materials and Methods

The HD-Reumatolex project was carried out between 2008 and 2009 and involved the design of a “model of excellence in HDR”

Table 1

Participating Rheumatology Departments in the DH Reumatolex Project, Listed Alphabetically.

Corporació Sanitària Clínic, Barcelona
Hospital General Universitario de Alicante
Hospital de Basurto, Bilbao
Hospital Universitario Bellvitge, Barcelona
Hospital Universitario de Canarias, Tenerife
Hospital Universitario 12 de Octubre, Madrid
Hospital Doctor Peset, Valencia
Hospital General Universitario Gregorio Marañón, Madrid
Hospital Universitario Juan Canalejo, La Coruña
Hospital Universitario La Paz, Madrid
Hospital Universitario La Princesa, Madrid
Hospital del Mar, Barcelona
Hospital Universitario Puerta de Hierro, Madrid
Hospital Universitario Reina Sofía, Córdoba
Hospital de la Santa Creu i Sant Pau, Barcelona
Hospital Universitario Clínico de Santiago de Compostela
Hospital Universitario Vall d'Hebron, Barcelona
Hospital Universitario Virgen de la Arrixaca, Murcia
Hospital Universitario Virgen de la Macarena, Sevilla
Hospital Universitario Virgen de las Nieves, Granada
Hospital Universitario Virgen del Rocío, Sevilla

which served as a basis for anonymous comparative analysis and benchmarking among the 21 Spanish Rheumatology departments listed in Table 1. These 21 centers with a RDH were available and agreed to join the initiative, with 8 corresponding to autonomous regions. In the case of participating hospitals, 86% (n=18) were large hospitals (>601 beds) and 43% (n=9) counted over 10 rheumatologists in their departments. Most of the RDH (66%, n=14) presented a polyvalent model of DH, 29% (n=6) responded to an Rheumatology model and 5% (n=1) to a model limited to the administration of biologic therapies. Each participant was randomly assigned a number to perform a comparative analysis anonymously.

The project consisted of the following phases: (1) design of a “model of excellence in RDH” self-assessment questionnaire. This is not based on any previous model. Its definition was elaborated by three rheumatologists and subsequently validated by another 18 other rheumatologists using an IDEFO process methodology, (2) commitment to the initiative and elaboration of the questionnaire, and (3) analysis of the benchmarking results. The self-assessment questionnaire, based on a map process is detailed in Fig. 1, was completed by participants RDH to know in detail their situation in that context.

In order to define the basis of the project and the questionnaires, previously there was a meeting with three expert clinical rheumatologists who preliminarily evaluated biological management in RDH.

Criteria Evaluated

We evaluated a total of 19 criteria, ranked in three categories: “Strategic Processes”, “Key Processes” and “Support processes”, which were assigned different weights depending on their importance (Table 2). Thus, the category ‘key processes’ had greater

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