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Original article

Spectrum of advice and curbside consultations of infectious diseases specialists

Activité transversale en infectiologie

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Abstract

Objectives. – Curbside consultation (CC) of infectious diseases specialists for advice is very frequent but the corresponding workload has rarely been assessed. This activity is mostly oral (phone or direct contact) and poorly quantifiable because it is not charged. We had for aim to evaluate this activity in a French teaching hospital.

Methods. – We recorded all CCs given during a 2.5-year period, from mid-2011 to the end of 2013.

Results. – During the study period, 6789 CCs were recorded (2715 per year), or slightly more than 10 per day. These CCs were divided in 676 travel recommendations and 6113 for other reasons. They were mostly given by phone (77.4%). Most demands came from our hospital (61.4%), followed by community family physicians and specialist (27.1%), other local hospitals (6.5%) and clinics (4.3%). All the departments in our hospital consulted us for advice at least once and answers were mainly given by phone (70.1%) and at bedside (30.5%). The answers were principally advice (50.8%), modification of antibiotic prescription (22.9%), initiation of antibiotic course (14.8%), maintaining the same treatment (6.2%), and stopping antibiotics (4.3%). CCs accounted for 20% of clinical work for 1 physician. If the CCs in our hospital had been paid, our department would have received an additional 77,000 € in revenue.

Conclusion. – This curbside activity is very important and time-consuming for infectious diseases specialists, but it is currently not acknowledged or rewarded.

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Keywords: Infectious diseases; Advice; Activity; Curbside

Résumé

Objectifs. – L'activité de conseils en infectiologie est importante, mais n'a pas beaucoup été étudiée dans sa globalité. C'est une activité peu visible car n'étant pas tarifée. Nous avons voulu évaluer notre activité de conseil au sein d'un CHU.

Méthodes. – Les avis donnés au cours d'une période de 2 ans et demi (mi-2011 à fin 2013) ont été répertoriés et analysés.

Résultats. – Sur cette période, 6789 avis ont été donnés, soit 2715 par an et 10,7 par jour ouvrable. Il s'agissait de 676 conseils aux voyageurs et 6113 avis pour d'autres raisons. Les avis sont principalement sollicités par téléphone (77,4 %). La part la plus importante des conseils, provient du CHU (61,4 %), puis de la ville (27,1 %), des autres hôpitaux (6,5 %) et des cliniques (4,3 %). Au sein du CHU tous les services ont eu recours au moins une fois à nos services. Les réponses étaient principalement données par téléphone (70,1 %), mais dans 30,5 % des cas nous nous déplaçons au sein du CHU. Les réponses étaient un conseil (50,8 %), maintien du traitement (6,2 %), modification du traitement (22,9 %), début de traitement (14,8 %). Cette activité représente pour un praticien environ 20 % de son activité. Si les autres services nous avaient remboursé notre activité de conseil dans le cadre de la T2A, environ 77 000 € par an seraient revenus au service.

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Conclusion. – Cette activité de conseil est très importante au sein d'un service de maladies infectieuses, mais n'est pas reconnue à sa juste valeur car ce type d'acte n'est pas valorisable à l'heure actuelle.

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Mots clés : Maladies infectieuses ; Transversalité ; Conseils ; Activité

1. Introduction

Infectious diseases specialists (IDS) manage hospitalized patients in the infectious diseases units, but they also have an important curbside activity because of the many pathologies covered by the specialty. But, contrary to their specific activity (hospitalized patients in the unit, ambulatory consultations) that is visible through fixed fees, giving advice cannot be charged and is invisible. This activity is nevertheless important and time-demanding. The authors of several studies have already tried to assess the time spent by an infectious diseases specialist giving advice. Some counted only the telephone calls without taking into account the intra-hospital activity dedicated to giving advice, as for example the study conducted by a Grenoble team [1,2]. Other teams reported this only for intra-hospital activity [3,4]. Finally some authors have conducted studies assessing both intra-hospital and outside activity [5,6]. We had for objective to assess the curbside activity (curbside consultation [CC]) of the specialty and the workload it added to the normal activity of a hospital infectious diseases specialist.

2. Material and methods

We conducted a prospective study during 2.5 years from mid-2011 to the end of 2013. The CCs given by the IDS in the Limoges teaching hospital (TH) were prospectively collected in a database. The documentation was simple: date, name of responding physician, name of asker, means of request (telephone or consultation form, directly in the infectious diseases unit, during a round in another unit [cf. infra], by mail, request from the pharmacy or bacteriology laboratory), modality of answer (telephone, directly in the hall, at the patient's bedside), type of answer (simple advice, modification, confirmation, interruption, or initiation of antibiotic therapy). Besides this activity, calls for advice to travellers, usually screened by the secretary for a delayed callback, were also included. The CCs answered during the weekend when on-call was not included.

The financial costs were calculated by considering that the CCs were specialized consultations requested by a colleague, or a type C2 consultation (charged 46 € in 2013). This type of fee was used for all CCs because there was no way to know whether it was a first consultation or a follow-up. It should be noted that all CCs given by a university medical professor (French acronym PU–PH) should have been considered as type C3 but were not. We considered that as a charged activity (T2A), any CC given outside of the unit or of the pole was to be “reimbursed” by the requester to the infectious diseases unit or pole.

An average of estimations made by each physician concerned for each type of answer was calculated for the time spent. It would have been difficult to record the real time spent. The following durations were considered: telephone calls: 4.5 min; patient's bedside round: 15 min; direct CC: 4 min; advice for travellers: 8 min.

We did not take into account the time spent in pluridisciplinary meetings in the reference center for complex osteo-articular infections, or during Continuous Medical Education or Post Graduate Teaching. The CCs given during interventions in private clinics (cf. infra) were not taken into account since the physicians were considered as physically present in the unit. But the CCs requested by clinics when physicians were not present there (telephone CC) were included.

3. Transversal infectious diseases specialized activity within the TH

There is a referent for antibiotics in the TH, but CCs are given by all senior IDS in the unit. The interns in training, who most of the time will not specialize in infectious diseases, do not give CCs. The transversal infectious diseases activity was implemented in 2000 and developed over time with the organization of weekly rounds in some units (orthopedics [2000], then recovery units, functional rehabilitation, and neurosurgery). The CCs were globally given after a phone call (either directly on internal network telephones, or after calling the secretary), when colleagues come to the unit, during systematic rounds. The pharmacy and the bacteriology unit contact us when prescriptions are incoherent, when microbiological results are unusual, or if the communication was inadequate between the laboratory and the physician or the unit's nurse. The CCs are not currently tracked systematically (i.e., no mail or fax for a telephone CC), except when in the IDS goes to other units where he usually leaves a word in the patient's health record.

4. Demography

The Limoges TH is the only TH of the Limousin region. It includes 1200 beds for medicine, surgery, and obstetrics (MCO) and 300 beds for post-acute care and rehabilitation. The region groups 750,000 inhabitants, and 900 family physicians. There are 5 general hospital centers, including 1 with an infectious diseases unit (Brive). There are several hospital centers for medium and long stays, as well as rehabilitation and recovery centers, and psychiatric centers. The TH infectious diseases unit team includes 5.4 full-time positions, and there are no attending physicians. The IDS manage hospitalized patients, and also the Center

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