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ORIGINAL ARTICLE

Analysis of in-hospital consultations with the department of internal medicine[☆]



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KEYWORDS

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Abstract

Objective: An important but understudied activity of the departments of internal medicine (IM) is the in-hospital consultations. We analyzed the requests for in-hospital consultation with IM and the potential differences between the consultations of medical and surgical departments. **Patients and methods:** This was an 8-month observational prospective study that analyzed demographic variables related to the origin of the interconsultation, comorbidity, length of stay and hospital mortality, emergency, admission-consultation request delay, appropriateness (not appropriate if another department was consulted for the same reason or if the pathology behind the consultation was that of the requesting service) and, for patients who underwent surgery, whether it was requested before or after the surgery.

Results: During the study, 215 in-hospital consultations were conducted (27 consultations/month). The mean age of the patients was 69.8 years (women, 50%). Some 30.7% were requested by medical departments and 69.3% by surgical departments. Thirteen percent of the in-hospital consultations were duplicated. The department of IM was not the appropriate department consulted in 23.3% of cases (13.0% of the cases requested consultations for the same reason with another department; in 14.3% of the cases, the pathology was that of requesting department). More in-hospital consultations were conducted on Mondays and Fridays than on Thursdays (25.1% and 23.7% versus 15.3%, respectively; $p = .03$). The delay between admission and the request for interconsultation was of 12.6 days. Some 90.7% of the in-hospital consultations for patients undergoing surgery were requested after the intervention. There were no differences in the characteristics of the in-hospital consultations between the medical and surgical departments.

Conclusions: In-hospital consultations directed at IM are frequently duplicate, are not well directed at the appropriate department and their urgency is incorrectly assessed. These characteristics are similar for the consultations with medical and surgical departments.

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PALABRAS CLAVE

Remisión y consulta;
Pacientes ingresados;
Medicina interna;
Departamento de
cirugía

Análisis de las interconsultas hospitalarias al servicio de medicina interna**Resumen**

Objetivo: Una actividad importante y poco estudiada de los servicios de medicina interna (MI) son las interconsultas. Hemos analizado las solicitudes de interconsulta a MI y posibles diferencias entre las consultas de los servicios médicos y quirúrgicos.

Pacientes y métodos: Estudio observacional prospectivo de 8 meses de duración. Se analizaron variables demográficas, relacionadas con la procedencia de la interconsulta, comorbilidad, estancia y mortalidad hospitalaria, urgencia, demora ingreso-solicitud, adecuación (no adecuado si otro servicio había sido consultado por el mismo motivo o porque la enfermedad motivo de consulta era propia del servicio solicitante) y, en los pacientes intervenidos quirúrgicamente, si fue solicitada antes o después de la intervención.

Resultados: En el tiempo de estudio se recibieron 215 interconsultas (27 consultas/mes). La edad media fue de 69,8 años (mujeres 50%). El 30,7% fueron solicitadas por servicios médicos y el 69,3% por servicios quirúrgicos. Un 13% de las interconsultas estuvieron duplicadas. El servicio de MI no era el servicio consultado adecuado en el 23,3% (13,0% solicitadas por el mismo motivo a otro servicio y en el 14,3% la enfermedad era propia del servicio solicitante). Los lunes y viernes se formularon más interconsultas que los jueves (25,1 y 23,7% versus 15,3%; respectivamente, $p=0,03$). La demora entre el ingreso y la solicitud de interconsulta fue de 12,6 días. El 90,7% de las interconsultas solicitadas a pacientes intervenidos se emitieron después de la intervención. No hubo diferencias en las características de las interconsultas entre los servicios médicos y quirúrgicos.

Conclusiones: Las interconsultas dirigidas a MI con frecuencia son duplicadas, no están bien dirigidas al servicio adecuado y se aprecia una incorrecta valoración de su urgencia. Estas características son similares para las consultas de los servicios médicos y quirúrgicos.

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Background

Hospital departments request the collaboration of other departments using medical interconsultations. When expert help is required, a well-motivated interconsultation requested at the appropriate time is essential for providing good medical care to patients.¹ This activity represents a significant workload in hospitals. An approximate calculation estimated that the Spanish departments of internal medicine received more than 111,000 interconsultation requests from the surgical area alone in 2006.² Despite its importance, we have very little information on this system of collaboration among departments, especially on those aspects that interfere or impede its proper conduct and that often make interconsultations ineffective³ and economically costly.⁴

Interconsultations have numerous problems including the implementation mechanism,² the delimitation/transfer of responsibility² and defects in communication.⁵ Various aspects, most of which have been insufficiently studied, have also been reported that distort its development. Among them are the call/reject effect for both the consultant⁶ and the requester,⁷ the season,⁶ the repetitions,^{8,9} the urgency of the interconsultation,⁸ whether verbal contact is established,^{5,8,10,11} whether the request is delayed,^{9,10} the delay in the response⁸ and the quality of the communication during the interconsultation.^{5,12} Having information about these issues is essential to plan the work to be performed in the interconsultation and to correct those aspects that interfere with its correct implementation.

The aim of this study is to analyze, in the interconsultation requests, the causes of poor functioning of interconsultations, as well as

Materials and methods

Our center is a public university hospital equipped with approximately 500 beds and cares for a mostly urban population of 260,000 inhabitants. The observational and prospective study included all interconsultations received from September 1, 2011 to April 30, 2012 by the internal medicine department during work hours from Monday to Friday. Our department has a specific section in charge of providing medical support to various surgical departments and responding to interconsultations, each adjudicated on a rotating basis by each member of the department. Interconsultations are requested and answered by means of a computer application that stores patient demographic data, department and requesting physician data, data on the department and the physician who responds, the reason for the interconsultation (open text), date and time of the request for interconsultation, date and time of the response(s), date and time of the closure of the interconsultation and whether the request is of a normal or preferential nature. We defined an interconsultation as urgent if an immediate response was requested, preferentially if the response is expected in less than 24 h; otherwise, the interconsultation was defined as normal. Urgent interconsultations are requested directly using pagers.

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