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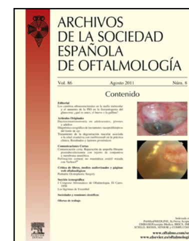

Original article

Effect of co-management with Internal Medicine on hospital stay in Ophthalmology☆

E. Montero Ruiz[a,*], A. Rebollar Merino[a], M.A. Castejón Cervero[b], J.M. Barbero Allende[a], A. Culebras López[a], M. García Sánchez[a]

[a] Servicio de Medicina Interna, Hospital Universitario Príncipe de Asturias, Alcalá de Henares, Madrid, Spain
[b] Servicio de Oftalmología, Hospital Universitario Príncipe de Asturias, Alcalá de Henares, Madrid, Spain

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ABSTRACT

Objective: Patients admitted to the Department of Ophthalmology (OPH) are of increasing age, comorbidity and complexity, leading to increased consultations/referrals to Internal Medicine (IM). An alternative to consultations/referrals is co-management. The effect of co-management on length of hospital stay was studied in patients admitted to OPH.

Methods: Retrospective observational study was performed that included patients ≥14 years old discharged from OPH between 1 January 2009 and 30 June 2013, who were co-managed from May 2011. An analysis was made including age, sex, type of admission, whether it was operated on, administrative weight associated with GRD, total number of discharge diagnoses, Charlson comorbidity index (CCI), mortality, readmissions, and LoS.

Results: There were statistically significant differences between the groups in operated patients (odds ratio [OR] 2.3, 95% confidence interval [95% CI] 1.5 to 3.6), administrative weight (0.1160; 95% CI 0.0738 to 0.1583), and number of diagnoses (0.9, 95% CI 0.5 to 1.3). On adjustment, co-management reduced LoS in OPH by 27.8%, 0.5 days (95% CI 0.1 to 1).

Conclusions: Patients admitted to OPH have increasing comorbidity and complexity. Co-management is associated with a reduced LoS and costs in OPH, similar to that observed in other surgical services.

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* *Corresponding author.*
E-mail address: eduardo.montero@salud.madrid.org (E. Montero Ruiz).

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Efecto de la asistencia compartida (*comanagement*) con Medicina Interna sobre la estancia hospitalaria de los pacientes ingresados en el servicio de Oftalmología

RESUMEN

Objetivo: Los pacientes ingresados en el Servicio de Oftalmología (OFT) están aumentando su edad, comorbilidad y complejidad, induciendo un incremento de interconsultas a Medicina Interna (MI). Una alternativa a las interconsultas es la asistencia compartida (AC). Estudiamos el efecto de la AC con MI sobre la estancia hospitalaria de los enfermos ingresados en OFT.

Métodos: Estudio observacional retrospectivo de los pacientes ≥ 14 años ingresados desde el 1/1/2009 al 30/06/2013 en OFT; desde mayo de 2011 con AC con MI. Analizamos edad, sexo, tipo de ingreso, si fue operado, peso administrativo asociado a GRD, número total de diagnósticos al alta, índice de comorbilidad de Charlson (ICh), fallecimiento, reingresos y estancia hospitalaria.

Resultados: Entre ambos grupos, hubo diferencias estadísticamente significativas en el porcentaje de pacientes operados (odds ratio [OR] 2,3, intervalo de confianza del 95% [IC 95%]: 1,5 a 3,6), peso administrativo (0,1160; IC 95%: 0,0738 a 0,1583) y número de diagnósticos (0,9; IC 95%: 0,5 a 1,3). Al ajustar, observamos que la AC redujo el 27,8% la estancia en OFT, 0,5 días (IC 95%: 0,1 a 1).

Conclusiones: Los enfermos ingresados en OFT están aumentando su comorbilidad y complejidad. La AC se asocia a una disminución de la estancia y costes en OFT, similares a los observados en otros servicios quirúrgicos.

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Introduction

Improvements in anesthetic and surgical techniques and procedures are enabling surgery services to increase operations on older patients and those exhibiting comorbidity.[1] On the other hand, the development of outpatient and short-stay surgery enables many patients to return home a few hours after an operation or to remain in hospital for very brief periods. As a result, patients remaining in hospital after surgery are of increasing age, comorbidity and complexity, making the surgeons work more difficult. This difficulty gives rise to greater cooperation between medical departments to attend surgery patients with the ensuing increase of inter-department consultations with Internal Medicine[1] (IM), which is not the most efficient method.[2]

Even though there is very little information on this issue, the Ophthalmology Dept. (OPH) is also involved in the situation as it is a specialty which performs most of its surgical interventions on an outpatient basis, in addition on patients with very low overall morbidity and mortality considered to be of low risk.[3,4] Accordingly, our specialty has very little weight in hospitalization (low number of admissions and intra-department consultations) and virtually no information about patients admitted in OPH. However, the low number of ophthalmological patients who remain in hospital is definitely not within the low risk group, as they are admitted due to their disease and comorbidity as well as to complications. In fact, their mean age and comorbidity is higher than that of the majority of hospital departments[5] and over 70% exhibited significant medical comorbidity.[6]

An alternative to inter-department consultations is comanagement (CM) with IM, a practice that is gradually extending, particularly in large hospitals, and has demonstrated a significant efficiency in our environment.[7] In May 2011, comanagement was initiated with the OPH department, which is very different to other surgical services due to its characteristics and type of patients. We have not found in the literature any type of cooperation between IM and OPH comparable to that described in this article.

The objective is to analyze the effect of CM with IM on the hospital stay of patients admitted in OPH.

Material and method

At present, our hospital has 450 beds and covers an almost exclusively urban population of 250,000 inhabitants. It includes pre-and post-graduate teaching and is accredited for training medical and surgical residents. The study included all patients ≥14 years of age released from January 1, 2009 up to June 30, 2013 from the OPH service. During this period the activity of this department did not undergo significant organizational changes with the sole exception of CM with IM, which was initiated on May 1, 2011.

CM is implemented according to established criteria.[7] Briefly, it involves internists providing attention to all patients throughout their stay in hospital, as provided in the IM department, i.e., obtaining clinical history and physical examinations, requesting supplementary tests and prescribing treatments with freedom of criteria but in coordination with ophthalmologists. Internists do not participate in the

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