Acta Otorrinolaringol Esp. 2015;66(5):264–268

Acta Otorrinolaringológica Española

www.elsevier.es/otorrino

ORIGINAL ARTICLE

Effect of Comanagement With Internal Medicine on Hospital Stay of Patients Admitted to the Service of Otolaryngology☆

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Received 30 June 2014; accepted 24 September 2014

KEYWORDS
Referral and consultation;
Co-management;
Otolaryngology;
Internal medicine

Abstract
Introduction and objectives: Patients admitted to the Department of Otolaryngology (ENT) are increasing in age, comorbidity and complexity, leading to increased consultations/referrals to Internal Medicine (IM). An alternative to consultations/referrals is co-management. We studied the effect of co-management on length of stay (LoS) in hospital for patients admitted to ENT.
Methods: This was a retrospective observational study including patients ≥14 years old discharged from ENT between 1/1/2009 and 30/06/2013, with co-management from May/2011. We analysed age, sex, type of admission, whether the patient was operated, administrative weight associated with DRG, total number of discharge diagnoses, Charlson comorbidity index (CCI), deaths, readmissions and LoS.
Results: There were statistically significant differences between both groups in age (4.5 years; 95% confidence interval [95% CI] 2.8–6.3), emergency admissions (odds ratio [OR] 1.4; 95% CI 1.1–1.8), administrative weight (0.3637; 95% CI 0.0710–0.6564), number of diagnoses (1.3; 95% CI 1–1.6), CCI (0.4; 95% CI 0.2–0.6) and deaths (OR 4.1; 95% CI 1.1–15.7). On adjustment, co-management reduced ENT LoS in hospital by 28.6%, 0.8 days (95% CI 0.1%–1.6%; *P*=.038). This reduction represents an ENT savings of at least €165 893.
Conclusions: Co-management patients admitted to ENT are increasing in age, comorbidity and complexity. Co-management is associated with reduced LoS and costs in ENT, similar to those observed in other surgical services.

☆ Please cite this article as: Montero Ruiz E, Rebollar Merino Á, Rivera Rodríguez T, García Sánchez M, Agudo Alonso R, Barbero Allende JM. Efecto de la asistencia compartida con medicina interna sobre la estancia hospitalaria de los pacientes ingresados en el Servicio de Otorrinolaringología. Acta Otorrinolaringol Esp. 2015;66:264–268.

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PALABRAS CLAVE
Remisión y consulta;
Asistencia compartida;
Otorrinolaringología;
Medicina Interna

Efecto de la asistencia compartida con medicina interna sobre la estancia hospitalaria de los pacientes ingresados en el Servicio de Otorrinolaringología

Resumen
Introducción y objetivos: Los pacientes ingresados en el Servicio de Otorrinolaringología (ORL) están aumentando en 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 ORL.
Métodos: Estudio observacional retrospectivo de los pacientes ≥ 14 años ingresados desde el 1 de enero del 2009 hasta el 30 de junio del 2013 en ORL; desde mayo del 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), defunción, reingresos y estancia hospitalaria.
Resultados: Los pacientes con AC fueron de mayor edad (4,5 años, intervalo de confianza del 95% [IC del 95%], 2,8 a 6,3), con más ingresos urgentes *(odds ratio* [OR] 1,4; IC del 95%, 1,1 a 1,8), mayor peso administrativo (0,3637; IC del 95%, 0,0710 a 0,6564), mayor número de diagnósticos (1,3; IC del 95%, 1 a 1,6), ICh (0,4; IC del 95%, 0,2 a 0,6) y también de defunción (OR 4,1; IC del 95%, 1,1 a 15,7). Al ajustar, observamos que la AC redujo el 28,6% la estancia en ORL, 0,8 días (IC del 95%, 0,1 a 1,6; P = 0,038). Este descenso supone un ahorro, al menos, de 165.893 €.
Conclusiones: Los enfermos ingresados en ORL están aumentando su edad, comorbilidad y complejidad. La AC se asocia a una disminución de la estancia y los costes en ORL, similares a lo observado en otros servicios quirúrgicos.

Introduction

Improvements in anaesthesiological and surgical techniques and procedures are leading to an increased amount of surgical interventions being performed on patients of greater age and with comorbidities.[1] Furthermore, the development of outpatient surgery and short hospital stays means that many patients are not admitted to hospital for operations or are only admitted for a short period. As a result, the patients who are being hospitalised in surgical departments are increasing in age, comorbidity and complexity making the surgeons' job more difficult, particularly on the ward, due to medical pathologies and polymedication, among other factors. This difficulty makes greater cooperation necessary between medical departments in the care of patients who have undergone surgery and this in turn leads to an increase in requests for medical consultations/referrals, in particular to Internal Medicine[1] (IM); this is not an efficient way of functioning.[2]

Although there is very little available information on these issues with regards to the Otorhinolaryngology Department (ENT), this department is also experiencing increasing difficulties in managing its patients and making more requests for IM consultations/referrals. Up to 17.4% of consultations/referrals received by IM are from the area of ENT surgery.[3] According to the literature, alcohol y and tobacco are implicated in 75% of patients with head and neck cancer, with a high percentage of disease processes related to them.[4] 60%–75% of these patients have concomitant diseases,[5,6] 20% with serious comorbidity; these diseases increase with age[6] and are most commonly cardio-respiratory and metabolic.[5] Comorbidity is a clear prognostic factor of mortality in these patients[4–6]; the number of complications also increases, as does their severity, and hospital stay.[6]

An alternative to consultations/referrals is co-management (CM). This is gradually expanding, particularly in large surgical departments and has proven to be highly effective in our environment.[7] This health care model was recently proposed for patients with head and neck cancer.[8] In May 2011 we started to collaborate in this way with ENT, which is very different to other surgical departments in terms of characteristics and patient type. We have not been able to find any type of collaboration between IM and ENT comparable with that described in this article.

Our aim is to study the effect of CM with IM on the hospital stay of patients admitted to ENT departments.

Methods

There are currently 452 beds available in our hospital and we treat an almost exclusively urban population of 250 000 inhabitants. We teach at pre and post graduate level and the hospital is authorised to train medical and surgical resident doctors. The observational retrospective study included all patients ≥14 years of age, whether they had been operated on or not, who were admitted from 1st