



ORIGINAL ARTICLE

Analysis of the activity of interconsultations conducted by the departments of internal medicine. REINA-SEMI study: Registry of Interconsultations and Shared Care of the Spanish Society of Internal Medicine[☆]



R. Monte-Secades^{a,*}, E. Montero-Ruiz^b, J. Feyjoo-Casero^c, M. González-Anglada^d, M. Freire-Romero^e, A. Gil-Díaz^f, A. Granados-Maturano^g, D. Rubal-Bran^a, R. Rabuñal-Rey^a, L. Nevado Lopez-Alegria^h, Working Group of Shared Assistance and Interconsultations of the Spanish Society of Internal Medicine (SEMI)[◇]

^a Servicio de Medicina Interna, Hospital Lucus Augusti, Lugo, Spain

^b Servicio de Medicina Interna, Hospital Universitario Príncipe de Asturias, Alcalá de Henares, Madrid, Spain

^c Servicio de Medicina Interna, Hospital de la Zarzuela, Madrid, Spain

^d Servicio de Medicina Interna, Hospital Universitario Fundación Alcorcón, Alcorcón, Madrid, Spain

^e Servicio de Medicina Interna, Hospital Clínico Universitario, Santiago de Compostela, La Coruña, Spain

^f Servicio de Medicina Interna, Hospital de Gran Canaria Dr. Negrín, Las Palmas de Gran Canaria, Spain

^g Servicio de Medicina Interna, Corporació Universitària Parc Taulí, Sabadell, Barcelona, Spain

^h Servicio de Medicina Interna, Hospital Infanta Cristina, Badajoz, Spain

Received 5 January 2018; accepted 17 March 2018

KEYWORDS

Internal medicine;
Interconsultation;
Hospitalized patients

Abstract

Objective: To analyze the activity of interconsultations conducted by internal medicine (IM) departments, their formal aspects and the profile of clinical care required and to quantify the workload they represent.

Material and method: A multicentre, observational prospective study was conducted with consecutive hospitalized patients treated by IM departments using interconsultations between May 15 and June 15, 2016. We estimated the workload related to this activity (1 time unit [TU] = 10 min).

[☆] Please cite this article as: Monte-Secades R, Montero-Ruiz E, Feyjoo-Casero J, González-Anglada M, Freire-Romero M, Gil-Díaz A, et al. Análisis de la actividad de interconsulta realizada por los servicios de medicina interna. Estudio REINA-SEMI: Registro de Interconsultas y Asistencia Compartida de la Sociedad Española de Medicina Interna. Rev Clin Esp. 2018;218:279–284.

* Corresponding author.

E-mail address: rafael.monte.secades@sergas.es (R. Monte-Secades).

[◇] The members of the Working Group of Shared Assistance and Interconsultations of the Spanish Society of Internal Medicine (SEMI) are given in [Appendix](#).

Results: We recorded 1141 interconsultations from 43 hospitals. The mean age of the patients involved was 69.4 years (SD: 16.2), and 51.2% were men. The mean Charlson index was 2.3 (SD: 2.2). The most common reasons for the consultations were general assessments (27.4%), fever (18.1%), dyspnea (13.6%), metabolic disorder (9.6%), arterial hypertension (6.3%) and delirium (5.3%). The duration of the first visit was 4 TUs (SD: 5.9) and 7.3 (SD: 21.5) for the sum of all subsequent visits. The surgical patients were older (70.6 [SD, 15.9] vs. 64.4 [SD, 16.3] years; $p = .0001$) and required more follow-up time (5 [SD, 7.3] vs. 3.5 [SD, 4.2] days; $p = .009$). The following issues were more common in the interconsultation format performed by medical services: number of regular interconsultations (response >24h), specification of the reason for the interconsultation, minimal data regarding the medical history and agreement on the appropriateness of the time spent with the consultant.

Conclusion: The patients treated through interconsultations by the IM departments represented a significant workload. The interconsultations from the medical departments were more in line with the request format.

© 2018 Elsevier España, S.L.U. and Sociedad Española de Medicina Interna (SEMI). All rights reserved.

PALABRAS CLAVE

Medicina interna;
Interconsulta;
Pacientes
hospitalizados

Análisis de la actividad de interconsulta realizada por los servicios de medicina interna. Estudio REINA-SEMI: Registro de Interconsultas y Asistencia Compartida de la Sociedad Española de Medicina Interna

Resumen

Objetivo: Analizar la actividad de interconsulta (IC) realizada por los servicios de medicina interna (MI), sus aspectos formales, el perfil de la atención clínica requerida y cuantificar la carga de trabajo que supone.

Material y método: Estudio multicéntrico, observacional, prospectivo, sobre enfermos consecutivos hospitalizados atendidos por servicios de MI mediante IC entre el 15 de mayo y el 15 de junio del año 2016. Se estimó la carga de trabajo relacionada con dicha actividad (1 UT = 10 min).

Resultados: Se registraron 1.141 IC procedentes de 43 hospitales, edad 69,4 (DE: 16,2) años, 51,2% hombres. El índice de Charlson fue 2,3 (DE: 2,2). Los motivos de consulta más frecuentes fueron: valoración general (27,4%), fiebre (18,1%), disnea (13,6%), trastorno metabólico (9,6%), HTA (6,3%) y síndrome confusional (5,3%). Las UT estimadas fueron 4 (DE: 5,9) para la primera visita y 7,3 (DE: 21,5) para la suma de las sucesivas. Los pacientes quirúrgicos fueron mayores (70,6 [DE: 15,9] vs 64,4 [DE: 16,3]; $p = 0,0001$) y precisaron más días de seguimiento (5 [DE: 7,3] vs 3,5 [DE: 4,2]; $p = 0,009$). Los siguientes aspectos fueron más frecuentes en el formato de las IC realizadas por servicios médicos: número de IC ordinarias (respuesta >24h), especificación del motivo de IC, datos mínimos referentes a la historia clínica y coincidencia de la adecuación en el tiempo con el consultor.

Conclusión: Los pacientes atendidos mediante IC por los servicios de MI representan una carga de trabajo importante. La adecuación al formato de solicitud de IC es mayor en las procedentes de servicios médicos.

© 2018 Elsevier España, S.L.U. y Sociedad Española de Medicina Interna (SEMI). Todos los derechos reservados.

Background

In recent years, there has been a significant change in hospital medicine toward poly pathological patients, elderly patients and those with a high burden of comorbidity, both in the medical and surgical areas.¹ The complexity of these patients' care, the progressive superspecialization and the organizational problems that hinder daily patient follow-up by the same physician have contributed to a progressive increase in the participation of internal medicine (IM) departments in the care of surgical patients.¹⁻³ Similar

issues are occurring in some medical departments for the same reasons.⁴

The classical interconsultation is the most typical organizational model and consists of requesting another physician to provide an opinion on the diagnosis and/or treatment or to assume direct responsibility for a specific patient problem.⁵ In recent years, the experiences of several Spanish IM departments regarding this activity have been published. There are data on the clinical characteristics of the treated patients,⁶ clinical management,⁷ protocolized care for specific healthcare processes,⁸ satisfaction

Download English Version:

<https://daneshyari.com/en/article/8767162>

Download Persian Version:

<https://daneshyari.com/article/8767162>

[Daneshyari.com](https://daneshyari.com)