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SPECIAL ARTICLE

The Internal Medicine of the 21st century: Organizational and operational standards[☆]

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Committee of Standards for Internal Medicine Units[◇]

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Abstract The Spanish Society of Internal Medicine has developed a consensus document on the standards and recommendations that they consider essential to the organization of internal medicine units for conducting their activities efficiently and with high quality. We defined 3 groups of key processes: the care of acutely ill adult patients, the comprehensive care of complex chronic patients and the examination of a patient with a difficult diagnosis and no organ-specific disease. As support processes, we identified the structure and operation of the Internal Medicine units. As strategic processes, we identified training and research. The main subprocesses are structured below, and we established the standards and recommendations for each of them. Lastly, we proposed resulting workloads. The prepared standards must be reviewed within a maximum of 4 years.

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[◇] The names of the members of the Committee of Standards for Internal Medicine Units are listed in the [Appendix](#).

PALABRAS CLAVE

Sociedad Española de Medicina Interna;
Unidades de Medicina Interna;
Procesos asistenciales;
Estándares

La Medicina Interna del siglo XXI: estándares de organización y funcionamiento

Resumen La Sociedad Española de Medicina Interna ha elaborado un documento de consenso sobre los estándares y recomendaciones que considera fundamentales en la organización de las unidades de Medicina Interna para desarrollar sus actividades con eficiencia y calidad. Se definieron 3 grupos de procesos clave: la atención al paciente adulto agudamente enfermo, el estudio del paciente con un diagnóstico difícil sin enfermedad específica de órgano y la asistencia integral del paciente crónico complejo. Como procesos de soporte se identificaron la estructura y el funcionamiento de las unidades de Medicina Interna, y como procesos estratégicos, la formación y la investigación. A continuación, se estructuraron los principales subprocesos y se establecieron los estándares y recomendaciones para cada uno de ellos. Por último, se proponen las cargas de trabajo derivadas. Los estándares elaborados deben ser revisados en el plazo máximo de 4 años.

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In 2014, internal medicine units (IMU) managed 19.8% of the discharged patients older than 14 years, admitted to hospitals of the Spanish National Health System (NHS).¹ If we consider other forms of healthcare, such as interconsultations, it is possible to estimate that more than 25% of patients admitted to Spanish NHS hospitals are treated by IMUs. These data should be interpreted in the context of radical and accelerated transformations that are occurring in our society and that require a redefinition of healthcare models.^{2,3}

The 2013 RECALMIN study⁴ showed the organizational and healthcare aspects of IMUs, as well as areas that needed improvement and the need to adapt to the new conditions.⁵ A number of internal medicine societies in developed countries have proposed new organizational models to adapt to the changes.⁶⁻⁹ However, these proposals are only partially exportable to the Spanish system. Therefore, The Spanish Society of Internal Medicine (SEMI) has developed the standards and recommendations that they consider essential in the organization and operation of IMUs in the Spanish NHS. This article covers the most relevant aspects of this task. We use the term “units” rather than the more common “departments” because the former is more comprehensive and includes units and areas of clinical management or other organizational forms of IM.

Objectives

The objectives of the IMU standards document are as follows:

- To define the role that an internal medicine department should play in the Spanish NHS.
- To identify the key healthcare processes.
- To define the standards of organization and operation for IMUs.
- To propose workloads resulting from the identified activities.

Methodology for preparing the consensus document

We prepared a framework document entitled “The Internal Medicine Departments in the Spanish National Health System of the 21st century”, which identifies the potential gaps in operation and quality regarding the immediate future needs and in what measure the standards could contribute to filling those gaps.¹⁰ Subsequently, we created a Standards Committee, designated by the Board of Directors of SEMI, consisting of 12 physician internists with broad experience and vision in IM. We established 4 levels of participation: Board of Directors, Standards Committee, consultation with partners (via the Web) and presentation and discussion with the Heads of the IM Departments and Units.

Once an agreement was reached within the Committee and the proposal was approved by the Board of Directors of SEMI, the proposal was posted on the SEMI website, and contributions from members were requested. Lastly, the proposal was presented on September 24, 2016, during the Meeting of IM Department and Unit Managers.

Healthcare processes

The proposed standards were organized by identifying the key, strategic and support processes of IMUs. The most common way of defining a department’s process map is to relate it to the healthcare modalities; i.e., with the “structure where it is performed” (hospitalization, outpatient consultation, etc.).⁸⁻¹² In this document, SEMI has, as much as possible, linked the standards to healthcare processes covered by IMUs. The advantages of this approach are found in the complex chronic patient care process, which requires a wide assortment of healthcare modalities.

Key processes map

We identified the following processes (Fig. 1):

1. Key healthcare processes

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