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HEALTH MANAGEMENT

[Abstract:0062]

ANALYSIS OF THE IMPACT OF CO-WORKING WITH AN INTERNIST IN A HIGH-SPECIALITY CARDIOVASCULAR DIVISION IN A THIRD-LEVEL CENTRE. A SINGLE-CENTRE OBSERVATIONAL STUDY OF A NEW ORGANIZATION MODEL

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Purpose: Hyper-specialized divisions, managed by highly specialized professionals, risk not appropriately addressing comprehensive care. We aimed to verify the impact on care delivery of the cooperation of an internist with cardiologists in a high-speciality academic cardiology division.

Design and results: We compared the mean length of in-hospital stay, and the modality of discharge of patients admitted to the cardiology division of a third-level centre from January 2019 to November 2021, divided into three Groups. Group A (pre-pandemic, from January 2019 to December 2019), Group B (during the pandemic, from January 2020 to May 2021), Group C (during the pandemic, after introducing an internist in the cardiology division, from June 2021 to November 2021). Patients of Group C presented a significantly shorter duration of in-hospital stay, were more often discharged home and less frequently transferred to a long-term care structure.

Conclusions: High-speciality divisions benefit from the comprehensive point of view of an internist to increase the efficiency of care delivery.

Keywords: internal medicine, high-speciality division, care delivery

[Abstract:0826]

THE IMPORTANT CONTRIBUTION OF INTERNAL MEDICINE IN THE ASSESSMENT AND CARE OF PATIENTS FROM ALL SPECIALTIES

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Purpose: Despite the increasing number of medical specialties and a trend for over-specialization, internists are often called upon to assess patients from other departments. In this study, we aimed to demonstrate the role of internists in consulting other specialities for diagnosis and treatment.

Methods: We recorded all the medical assessments referred to our department and the reason for referral in the period from October 2022 to September 2023.

Findings: In total, we responded to 892 referrals from 15 different departments (500 patients, median age 70.5 years), 392 of which were re-evaluations. At the same period of time, 1583 patients were hospitalized in our department. Most of the referrals (61.8%) were addressed from the medical ward. We recorded at least 18 different reasons for referral. Most common reasons were fever (26.6%), evaluation of blood cultures and antimicrobial administration (13%), elevated inflammatory markers without fever (9.4%) and COVID-19 infection (8.2%). Notably, in 9% of the cases there was no specific reason for referral.

Given a required average time for a complete clinical assessment of 30 minutes, referrals accounted for 37 working hours per month.

Conclusions: Greece is one of the fastest aging countries. In such a population with multiple comorbidities, internists, with their critical thinking and training, play a crucial role in guiding decision-making and treating patients holistically. Internists devote a significant portion of their already burdened schedule to

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evaluate patients from other departments, indicating the need for actions towards the reinforcement of internal medicine as a core speciality.

Keywords: *internal medicine, core specialty, consultation*

[Abstract:1359]

THE SIGNIFICANCE OF NON-SURGICAL MANAGEMENT IN COMPLEX PRESSURE ULCERS

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Clinical Case: 84-year-old patient with spastic paraplegia resulting from spinal cord damage following suspected but subsequently ruled out spinal tumour extraction. Subsequently, the patient developed neurogenic bladder (requiring permanent catheterization), a sacral pressure ulcer, and needed a baclofen pump. Later complications urine superinfection by multi-resistant microorganisms and bacterial meningitis. Hospitalization occurred due to complications from the sacral pressure ulcer, leading to septic shock and necrotizing fasciitis, necessitating surgical debridement and intensive care treatment using vasoactive drugs. During this period, *C. ramosum*, *P. vulgaris*, *E. faecalis*, and *P. aeruginosa* were isolated, and treatment involved meropenem and linezolid. Initial assessment by Internal Medicine revealed malnutrition, hypokalemia/hyponatremia (managed with fluid therapy and total parenteral nutrition), a tendency toward hypertension (medication adjusted), acute anaemia (2 red blood-cell concentrates), and high glucose levels (initiation of insulin therapy). Torpid evolution with over 20 surgical interventions. Additionally, acute generalized exanthematous pustulosis associated with antibiotic administration and new microbiological isolations of *S. epidermidis*, *P. distasonis*, and *C. albicans* led to modified therapy using daptomycin and fluconazole. Finally, the patient was discharged with follow-up in General Surgery and Internal Medicine.

Discussion: Advanced pressure ulcer management requires debridement to prevent tissue superinfection, with surgical intervention for severe cases. These scenarios demand close monitoring of complications, avoidance of comorbidity decompensation, and coordination between surgical assessment and patient preparation. Therefore, collaborative care with surgical specialties is vital for a comprehensive approach.

Conclusions: Complicated pressure ulcers require multidisciplinary medical-surgical care. Internal Medicine's role is critical in monitoring complications and preventing comorbidity decompensation.

Keywords: *pressure ulcer, internal medicine, necrotizing fasciitis*

[Abstract:1548]

USE OF PERIPHERAL INTRAVENOUS CATHETERS IN AN INTERNAL MEDICINE UNIT: A DESCRIPTIVE STUDY

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Purpose: To analyse the duration between admission and insertion of peripherally inserted venous catheters [PVC] (PICC or Midline) and the duration of catheter usage in hospitalized adult patients, comparing these times between the Internal Medicine department and other specialities.

Methods: PVC from 01/03/2023 to 31/05/2023 were collected. Adult hospitalized patients were included, excluding specific groups like under 18, pregnant women, or those with pre-existing catheters. Data on functional unit, days from admission to catheter insertion, catheter type, withdrawal date, and catheter duration were collected.

Findings: 228 PVC were included, 66 PICC and 162 Midline. 104 were placed in surgical units and 124 in medical units, specifically 47 in the Internal Medicine service. Among the catheters, mean days from admission to insertion were 6.36 for PICC and 8.40 for Midline. The mean duration from insertion to removal was 10.33 days for PICC and 10.84 days for Midline. Statistical analysis showed no significant differences in days to insertion (p=0.76) or catheter dwell time (p=0.329) between PICC and Midline. Comparing medical and surgical specialities, no significant differences were observed in days to catheter insertion (8.03 vs. 7.54, p=0.351) or dwell time (11.05 vs. 10.31, p=0.235). Internal Medicine showed mean insertion days of 6.77 and dwell time of 10.79 days, slightly different but not statistically significant from other specialities (8.08 p=0.205 and 10.68 p=0.464, respectively).

Conclusions: Our centre presents an excessive delay in PVC placement. However, the Internal Medicine service corresponded well with the average catheter use of 10 days recommended by MAGIC guidelines.

Keywords: *peripheral venous catheterization, internal medicine, specialties*

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[Abstract:1621]

FIRST YEAR OF EXPERIENCE IN NON-FACE-TO-FACE INTERCONSULTATIONS TO INTERNAL MEDICINE

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Purpose: To describe the general characteristics of the non-face-to-face inter consultations made to the Internal Medicine Service by Primary Care Physicians in one year.

Methods: Retrospective descriptive study analysing demographic variables, reason for consultation, previous knowledge of the patient, affected system and final destination.

Findings: 86 non-face-to-face inter consultations were received. Mean age 70 years (16-101). 58.1% women. The reasons for consultation were doubts about medical pathology (25.6%), pathological findings in complementary tests (19.8%), prescription of nutritional supplements (18.6%), request for treatment adjustment (14%), prescription of medication for hospital use (9.3%); request for new complementary tests (4.7%); request for management of home oxygen therapy (3.5%), missed appointment (2.3%) and request for orthoprosthetic services (2.3%). 80.2% patients were unknown; the remaining 19.8% were under follow-up by Internal Medicine. The systems involved were: endocrine-nutrition (33.7%), neurological (15.1%); respiratory (12.8%); digestive (8.1%); infectious (8.1%); rheumatological (8.1%); hematological (5.8%); cardiovascular (3.5%); nephrological (2.3%) and general pathology (2.3%). After consultation, 30.2% of the patients returned to primary care, 44.2% continued follow-up in internal medicine and 25.6% were referred to other specialties.

Conclusions: Non-face-to-face consultations are a fast, simple and effective system, especially for multi-pathological and elderly patients, which avoids unnecessary travel and delays in health care, promotes coordination and communication between the different levels of care and is cost-effective. They contribute effectively to reduce the burden of care in outpatient internal medicine consultations.

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Keywords: non face-to-face, inter consultations, effective

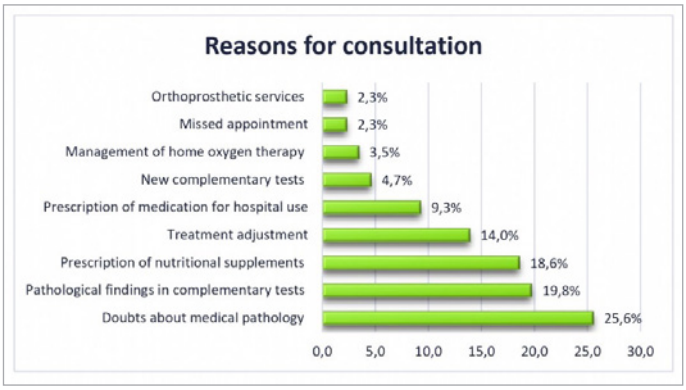

Figure 1.

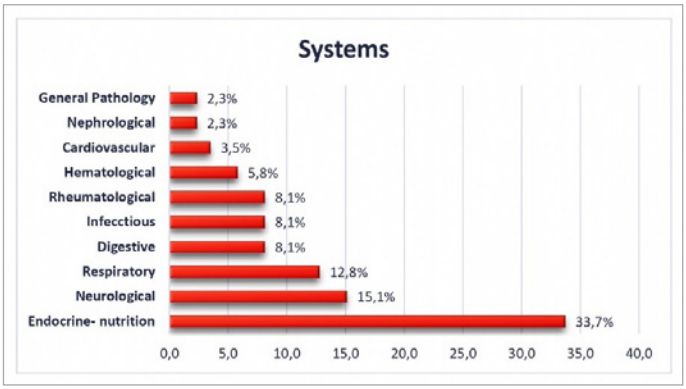

Figure 2.

[Abstract:2080]

FACTORS ASSOCIATED WITH SURVIVAL IN THE CLINICAL MANAGEMENT OF PATIENTS WITH COLORECTAL CANCER IN AN INTEGRATED HEALTHCARE AREA OF GALICIA

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Introduction: Colorectal cancer (CRC) is the second leading cause of cancer death in Spain. Rapid diagnostic pathways (RDPs) are healthcare management programs based on the "2-week wait" strategy developed by the NHS. In this study, a cohort of patients diagnosed with CRC through biopsy was analysed, to identify factors associated with their survival.

Methods: We conducted a historical cohort study that included all individuals diagnosed with CRC in the Pontevedra-Salnés healthcare area (Galicia, Spain) between January 2016 and

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December 2017. Cox regression was used to analyse the hypothetical association between RDP inclusion and survival time. Variables such as urgent or scheduled surgery, and time from colonoscopy request to colonoscopy were also included as possible confounding variables.
Results: Among 317 patients diagnosed with CRC, colonoscopy was performed within the first 11 days from the request in 66.9% of cases, and 70.3% of patients were not included in an RDP. Survival analysis showed that urgent surgery was a determining factor for increased mortality (HR 15.3; CI95% 4.4-53.4). There was no significant association between inclusion in a RDP and survival (HR 1.016; CI95% 0.36-2.82).
Conclusions: The need for urgent surgery during the healthcare process of patients diagnosed with CRC is the determining factor for mortality. Inclusion in an RDP is not significantly associated with higher survival. These findings raise doubts about the effectiveness of RDPs for these patients. Larger sample size studies and longer follow-up times are necessary to properly evaluate the effectiveness of this clinical pathway.

Keywords: *colorectal cancer, rapid diagnostic pathway, survival, urgent surgery, Cox regression, healthcare management*

[Abstract:2148]

PATIENT-CENTERED APPROACH TO DEFINITION TREATMENT STRATEGY IN THE CLINIC OF INTERNAL DISEASES

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Background and Aims: The concept of studying the quality of life makes significant contribution to ensuring of the principles and approaches of patient-cantered medicine. The aim of this study was to investigate the possibilities of a patient-cantered approach in the studying quality of life in urban and rural populations.
Methods: The population sample included 1648 residents (940 (57%) females, mean age 42.5±18.2 years). The sample included 56.2% of urban residents and 43.7% rural residents. Quality of life was appreciated using the SF-36 questionnaire, individual questioning and interviewing.
Results: Quality of life standards in a representative sample of the SF-36 questionnaire range from 54.4 points (life activity scale) to 73.0 points (physical functioning scale). Differences were observed on five out of eight questionnaire scales between urban and rural residents (p<0.05). The indicators of the quality of life of the urban population were higher than the indicators of the quality of life of rural residents in terms of quality-of-life parameters that make up the physical component of health and on the scale of role functioning determined by the emotional state. Rural residents had significantly reduced indicators of role activity - role functioning due to physical condition (48.4 points) and role functioning due to emotional state (51.71 points), general health (51.3 points).
Conclusions: When implementing a patient-cantered approach in providing medical care to the rural population, an additional emphasis on the emotional state of patients is required, which significantly reduces their quality of life, interferes with work or other daily activities.

Keywords: *patient-cantered approach, quality of life, rural population, urban population*

[Abstract:2603]

DIAGNOSING DIABETES AND ASSESSING ITS PREVALENCE IN PATIENTS ATTENDING A&E IN AN ACUTE HOSPITAL IN ENGLAND

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Background: Type 2 diabetes (T2D) and pre-diabetes are associated with higher risk for cardiovascular disease and mortality. The aim of this study was to screen people attending an Accident and Emergency (A&E) department not known to have diabetes.
Methods: 1388 individuals were screened for glucose intolerance using HbA1c at presentation to A&E. Patients demographics were recorded. Pre-diabetes defined as HbA1c 39-47; diabetes ≥48 mmol/mol. Finnish diabetes risk score (FINDRISC) was calculated for all patients, with scores of >20 very high risk of developing diabetes and 12-20 as moderate to high risk.
Results: Normal glucose tolerance was seen in 848 subjects (61.1%), pre-diabetes in 420 (30.2%) and diabetes in 120 (8.6%). Mean (SE) age of the 3 groups: 51.1 (0.49), 56.9 (0.71) and 56.0 (1.32) years, respectively (P<0.0001). Mean (SE) HbA1c in the 3 groups: 34.2 (0.2), 41.3 (0.3), 51.2 (0.5) mmol/mol, respectively (p<0.001). Mean (SE) weight and BMI for the 3 groups were: 80.8 (0.78), 81.6 (1.1) and 94.0 (2.2) kgs respectively (p<0.0001) and 28.4 (0.2), 28.6 (0.32) and 31.2 (0.7) respectively (p=0.0003). Using FINDRISC score, OR (95% CI) for pre-diabetes was 1.09 (1.06, 1.11) and for diabetes 1.16 (1.11, 1.21). After adjusting for age and sex, OR was 1.07 (1.04, 1.10) and 1.15 (1.10, 1.2) for pre-diabetes and diabetes, respectively (p<0.001). South Asian and other ethnic minorities had higher incidence of glucose intolerance (pre-diabetes and diabetes) compared to Caucasians (42.65% vs 37.8%).
Conclusions: Individuals attending A&E have a high incidence of unknown glucose intolerance. The FINDRISC will identify those at high risk. Using HbA1c can be a simple test to identify those with unknown diabetes.

Keywords: *glucose intolerance, HbA1c, type 2 diabetes, prediabetes*

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