OPINION ARTICLE

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Requirements for a good management of a nephrology service

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In a recent evaluation of the Portuguese economy, the International Monetary Fund (IMF) stated that Portugal needs "better managers to increase workers productivity"[1]. In fact, increased competitiveness and productivity of the Portuguese economy depends more on the skills of the management team than in the abilities of lower-skilled workers. This view also applies to the management of the Health Services – the productivity and the quality of the results of a Hospital or even a Service (such as a Nephrology Department) depends mostly on the leader's skills to manage human resources than on the quality of the individual component in the team. A good leader needs a vision and should be aware of the mission to accomplish. Choosing a leader is a great responsibility of the politicians, or the shareholders, as the leader is intimately associated with the results. As a consequence of their own specificity, a leader in health services is, in most cases, an experienced doctor or clinician. Nevertheless, a good clinician is not necessarily a great leader whereas choosing a wrong leader is a source of major inefficacy of the systems.

A good management of the Health Care System should be aware that the building of the National Health Service (NHS) is supported by two major pillars – Primary Care (PC) in the frontline, near the population, and Internal Medicine (IM) in the hospital. While PC provides basic health services in an ambulatory setting, assuming a leadership within a community of healthcare providers, from nurses to social workers, Internists should drive all the care for adult patients in the hospital as they have a bird vision of the care of the patient admitted to the ward. This pivotal place of IM in the hospital implicates that other specialties have the mission to accomplish specific tasks that are associated with techniques and procedures inherent to those specialties that have emerged from Internal Medicine. Of course this means a very integrative model of care that is focused on the patient's well-being instead of a doctor or specialty focus where the appropriate care is a matter of fair discussion between the specialties and the Internists.

Besides this new internist-centred model, several other tools should be available for the management of individual department and services ranging from the model of organization, the information technology (IT), auditing capabilities and, importantly, the ability to congregate and adequately motivate the human resources.

ORGANIZATIONAL AND ADMINISTRATIVE ISSUES

As the result of its intrinsic nature Internal Medicine has a holistic view of the patients and their needs. Internal Medicine is the mother of the Medical Specialties and should lead all aspects of the Clinical

Governance in a Hospital. Consequently, the team of Internist needs to be adequately sized to cope with the large amount of work that results from this model. Conversely, the size of the other specialties teams will necessarily shrink to fit in with the demands of the techniques and procedures.

In this model, a Nephrology Service should be a part of the Medical Department as well as any other specialty that derived from Internal Medicine, such as Cardiology, Pulmonology or Endocrinology. Coordinating care demands a frequent multidisciplinary discussion looking for what is better for the patient in a fair and cooperating way under the leadership of Internists.

The benefits of a departmental mode of organization are well established[1] and were recently acknowledged even in Portugal[2]. They depend on an affirmative leadership and reasonable and equal distribution of the workload in an integrative and patient-centred care. The vast majority of the patients' care tasks in the ward will necessarily be undertaken by the Internist, but an everyday discussion of the diagnostic and therapeutic plan of the patient with the specialist is determinant for the quality of the care. A departmental mode of organization will also translate into the logistic aspects of the care, such as the availability of beds, duration of stay and better case-mix index.

The management plan

In a public hospital, the yearly objectives of the hospital are defined by the Health Authorities, which, desirably, are in line with the needs of the population that is served by the hospital. Unfortunately, economic constraints influence decisively the amount of services that is required to the hospital by the Health Authorities giving the chronic impression that the hospital does not accomplish its mission adequately.

Defining the Mission of a Kidney Service is a crucial step to elaborate the management plan[2] as this should be designed to accomplish what was prioritized. Traditionally, a Nephrology Department was expected to provide dialysis and pre-dialysis care. However, the expansion of the pool of patients on dialysis treatment associated with the loss of quality of life and major burden to the society led us to consider new missions for the Nephrology Department which means an effort to reduce the progression of chronic kidney disease and the initiation of dialysis involving better interaction with primary care.

A major focus on the interaction with the primary care is expected to be translated into actions intended to carry on this mission, such as meetings and post-graduate training of Primary Care physicians. A rapid communication pathway between primary care and the Nephrology Department in the hospital involves several systems ranging from direct/personal contact (via electronic mail or phone) to internet-based platforms. One of the powerful tools that can help to achieve this goal and is already working in some hospitals (such as the Hospital Beatriz Ângelo, in Loures) is named *Consulta a Tempo e Horas* [On Time Appointments (OTA)]. The OTA is an online platform[3] that facilitates a rapid and efficient referral of patients from the primary care to the hospital. Analysis of the data from the OTA platform is an important way to evaluate if the Nephrology Department is giving the adequate response to the solicitations of the Primary Care, and can also be used to evaluate the major source and adequacy of referrals that can be discussed in future training actions.

Besides these conceptual goals connected to the Mission of a Nephrology Department, it is usually included in the management plan several concrete targets to achieve ranging from the number of outpatient appointments or patients in peritoneal dialysis to the case-mix index or the length-of-stay. These targets should be discussed yearly taking into account the availability of the resources and the benchmarking with similar level Hospitals, providing that the input of data to the system is done in a fair and unbiased way.

Electronic process

Although an evaluation of the management plan can be performed in a hospital using paper records, this process is increasingly simplified with an electronic health record (EHR). The advantages of an EHR such as facilitating the auditing process or reducing the duplication of analyses or exams, clearly exceed some potential risks as privacy issues,

dependence on power supply or unavailability of the systems because it became slow or overloaded. Moreover, using an EHR has been associated with better clinical outcomes when compared to traditional paper-based processes[4].

An electronic health record tracks all medical activity making it suitable for an auditing process, which is crucial for a good clinical management at the Department level. Clinical audits of medical records are important tools for evaluating the quality of human resources and of patient care.

Clinical auditing

Clinical auditing is a process of reviewing the data from medical records and is a powerful tool for the management plan. Audits will help to ascertain if the data was correctly and adequately introduced. Chart audits are important means of measuring medical performance as they can help to measure the quality of care and can be used for planning a strategy to improve it. If something is found to be wrong during the auditing process, it is important to record the finding, identify the fault in the process and resolve it. Although clinical auditing can be done with paper files, the process is awkward and subject to errors. Therefore, an electronic health process facilitates enormously the ability to perform an adequate audit.

A commonly used mode for clinical auditing is the designated *tracer* audit. In this mode a clinical process of a patient is tracked since admission to discharge looking for the whole process and several departments can be audited with a single patient – from the Emergency Room to the Intensive Care Unit or the Ward. Tracer audits are a powerful tool to assess the quality of the entire hospital and of the single department.

Medical audits can be performed to ascertain if a policy is adequately implemented, for instance, if a post-biopsy evaluation is correctly performed. The results of the audits can be used to adjust the safety of the procedure. On the other hand medical audits can be performed to evaluate the performance of a single human resource (physicians or other) and contribute to self-evaluation and to improve performance according to the needs of the institution.

Auditing is a powerful management tool that is far from being adequately used in Portugal, but the auditing process should be well oriented and with clear criteria by a senior member of the medical staff (desirably the leader) to provide a fair comparison of the team members.

Nephrology, Emergency Room (ER) and the Intensive Care Unit (ICU)

Nephrologists are especially trained to evaluate volemia and haemodynamic status and to deal with electrolyte/acid-base disorders or overloaded/dehydrated patients commonly seen at the ER or in the ICU. Therefore, it is advisable that the management plan should address how the nephrology team will face the need for nephrological referral in this context.

Coordination with the ER department and the ICU is imperative but may be advisable that nephrologists should integrate the very intrinsic team of each of these departments, particularly the ICU where a spectrum of nephrological procedures ranging from continuous dialysis to plasmapheresis or haemoperfusion are commonly performed. Integrating a nephrologist in these teams will eliminate the need for overnight presence of a nephrologist in the hospital, which will result in fewer nephrologists in the Nephrology Department.

HUMAN RESOURCES

Performance of the Nephrology Department depends on the quality of human resources. However, even with highly qualified personnel the results can be far from expected if they are not aware of the Missions of the Department or the production targets that were proposed by the Board of Administration.

Discussions of these issues are important within the group, as each person can contribute with an idea or a way to accomplish the Mission. Each member of the team should be aware of the Missions and should participate in yearly discussion with the leader of his personal targets and the needs to accomplish what was proposed. Similarly, concrete individual targets should be assigned in order to establish what is expected from each member of the group.

Motivating the team

As important as the quality of the members is the motivation. Motivation depends on several aspects ranging from career planning to economic issues. The leader should be aware of the individual motivation in order to provide the means to achieve the individual goals. Conversely, individual goals and results should be reviewed regularly in order to adjust to the opportunities and difficulties that emerge from everyday practice.

Privileges to perform techniques and procedures

A distinct aspect that is important to take into account when planning a team in a specialty like Nephrology is related to the ability to perform techniques and procedures that are often dependent on the amount of experience that can only be acquired with large exposure to these procedures and techniques. Although a basic technique for the nephrologist is haemodialysis and its variants that are performed everyday, other, such as a renal biopsy or a catheter placement, require a minimum number of procedures per year and this should be evaluated regularly. At the admission of the nephrologist to the team a privilege to perform these techniques should be required by the candidate and may be attributed according to his *Curriculum vitae*, but thereafter the privileges should be renewed in face of the number of procedures and the rate of complications and other safety issues.

The process of attribution of privileges is an additional guarantee to the patients that a procedure that involves risks will always be performed by an experienced physician.

CONCLUSION

In the era of economic constraints, management skills are decisive for producing better results with the same resources or less. The importance of management skills for physicians who assume the leadership of a team is increasingly recognized, whereas defining a Mission is a fundamental step to set up a Public Service that is ultimately designed to accomplish the needs of the population.

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