

The Admissions Service, up and running

The FJD continues renovating its facilities



■ Also with newly-completed improvements are the Gynecology consultation area, the Rehabilitation Service, and waiting areas

■ Continuous assessment in medical education: the FJD-UAM Teaching Unit's goal

■ Proposal for administrative streamlining in the FJD's clinical trials



FROM THE HOSPITAL MANAGER

Improvement through renewal

Is it possible for there to be renewal without change? I am afraid not. I know that change, refurbishment, and construction can be uncomfortable both for patients as well as those of us who work here each day.

In recent months, many services and departments have had to move their work spaces and put up with noise and construction. Once again, I thank all the patients who have withstood these inconveniences; also, I would like to express my gratitude to our professionals for continuing to provide

the finest health service in spite of the circumstances.

The new Admissions Service is now open in the Plaza de Cristo Rey, providing a more spacious and comfortable area for patients and professionals. Also showing off its new facelift are the Gynecology and In-Vitro Fertilization Services, which are located at the entry to the Private Sector Building. This summer, the Rehabilitation Service was also upgraded and is now operating at full capacity so that its patients can enjoy speedy recovery. The new

Pharmacy Service now occupies a large part of the basement located near the Plaza de Cristo Rey. Soon, the department will manage all pharmaceutical dispensation that the hospital requires.

The improvements we are seeking for the Fundación are both external as well as internal, impacting the physical plant and the organization itself. We are working hard to make ours a hospital for the 21st century: modern, technologically advanced, and with comfortable spaces accessible to all. This is how we

plan to meet the needs of new patients.

In the coming months we will continue putting in motion the investments planned for our facilities, equipment, and technological capacity. We will also be increasing our staff. Together, our effort and work will make the Fundación Jiménez Díaz successful.



Juan Antonio Alvaro de la Parra
FJD Manager

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Correction

In Issue 10 of our bulletin ImPULSO, the article dedicated to Emilia Colomer (p. 10) mistakenly referred to Dr. "Panadero" rather than Dr. Paredero, the former Head of Vascular Surgery.

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THE FJD CONTINUES THE RENOVATION OF ITS FACILITIES AND PREPARES FOR NEW PATIENTS

In addition to moving the Admissions Service to its new location close to the main hospital entrance, the Fundación Jiménez Díaz is continuing the renovation process that has been going on in the last few years. Recently, construction work has been completed on the new Gynecology Consultation Area located next to the entrance at Calle Jiménez Díaz. This totally refurbished area now also houses the new In-vitro Fertilization Laboratory.

Currently open to patients, this new space devoted to gynecology examinations showcases a spacious and comfortable general waiting area.

The Rehabilitation Service has also just completed its renovation and is now open for business. Patients receiving care in this service enjoy large, open areas with all the equipment needed to help them get (and stay) healthy.

Currently, work on the new Pharmacy Service is nearing completion, and once it reopens, the Service will be located on the ground level of the Reyes Católicos building. The wholesale renovation that the Pharmacy Department is now undergoing will create separate areas for such activities as the preparation of medication cartridges to be sent to each floor, a safe environment for creating cytostatic agents and magistral formulas, and a space for direct service for patients.

Below: Pictures of the new areas that have come out of the refurbishment effort in the Rehabilitation Service. Also, one of the new consultation rooms.



The team from the Admissions Service has moved to their new location right near the entrance at the Plaza de Cristo Rey. There, staff and patients alike now enjoy more space and greater comfort.

New Admissions Service

A person's right to health protection is a logical consequence of their right to life and to physical well-being. The General Health Care Act is based fundamentally on the legal imperative set forth by the Spanish Constitution proclaiming a principle known as "the right to health protection."

In order to implement the contents of the General Health Care Act, a measure was passed to regulate the structure, organization, and functioning of the hospitals managed by the National Institute of Health (Royal Decree 521/1987 of 15th April) under which the admissions service in a hospital is considered to be the responsibility of the hospital management.

In keeping with the organization's drive to increase employee and patient satisfaction, this past June the FJD-Capio Admissions Service was

moved to a new location at the main entrance at Plaza de Cristo Rey. This change allows for easy, direct access from outside and a comfortable, spacious, well-indicated area where foot traffic can flow in harmony with the other parts of the hospital such as the inpatient ward, the ER, and outpatient consultations.

A KEY SERVICE

Despite its recent incorporation into hospital systems, the admissions service is perfectly integrated within our health care system. It was created in response to the need to control, organize, and manage the flow of patients coming in to the hospital, providing standardized and well-organized information about the services performed within. While not participating directly in the care process, the service guides medical activity, lending

order to operations and perfecting resource-planning so that both the hospital's and its patients' goals can be met.

TECHNOLOGICAL UPGRADE

Aside from the physical and human resources needed, the new FJD-Capio Admissions Service is supported by an electronic infrastructure designed according to the needs of the service. Some of the activities made possible by this system are automatic management of outpatient movement, inpatient tracking, waiting list management, patient-flow management, and coordination of medical transportation.

Achieving excellent results is, without a doubt, the product of teamwork among excellent professionals whose primary goal is to improve the quality of care we give our patients. All of our staff members work each day to fulfill the expectations of those they serve.

M^a Luisa Sánchez Noriega

Admissions Coordinator

Retirement dinner for Juan Rodríguez Gil

On April 13th, over 80 people gathered in the Hotel Tryp Ambassador to celebrate the retirement of Juan Rodríguez Gil.

Juan Rodríguez began running administrative errands in the Fundación Jiménez Díaz on November 14th, 1957. On April 15th of this year, he retired from his position as Head of the Accounts Receivable Department, a post which he held after serving as the hospital's Director of Finance.



It was a touching dinner. "Emi" delighted and moved everyone in attendance with an account of Juan Rodríguez's arrival and his first years in the Fundación. Then, Mr. Rodríguez was given some commemorative gifts in thanks for his tenure at the institution.

This was followed by some words of thanks from the Hospital Manager, Juan Antonio Álvaro de la Parra, who recognized Mr. Rodríguez's many years of work and loyalty. Álvaro then handed the newly-retired Rodríguez a plaque honoring his 50 years of service.

Lastly, Juan Rodríguez took the podium to thank the guests for coming. He rendered a fine speech in gratitude to his colleagues and all those who had helped and taught him, encouraging everyone to continue working for the good of the Fundación, saying:

"A rolling stone gathers no moss and no one knows what tomorrow may bring....This is why I ask that you fly high, so that apathy and disillusionment may never weigh you down and so that the Fundación may keep moving forward."

FJD Volunteer Service

A volunteer is someone who disinterestedly, generously, and consistently devotes part of his or her free time to others to help them overcome difficult times and improve their quality of life.

There have been volunteers since the earliest of times. Volunteerism is as old as poverty, illness, marginalization, loneliness, or any other type of human misery.

There have always been people who have stepped forward to overcome these problems, and these people are called volunteers.

Volunteers' methods have varied historically according to time and place. Nowadays, their role in society has gained increasing recognition and structure.

The central objective of a volunteer is for people to feel more and more capable and useful so that they may one day gain a dignified place in their community.

STRUCTURE AND MANNER OF FUNCTIONING

The FJD Volunteer Program is a vital part of the services carried out in the hospital. It is a necessary component in the effort to provide more complete and all-inclusive care.

Volunteers are effective inasmuch as those they help take on a participating role, and this is achieved when volunteers situate themselves "by people's side rather than in their place."

The Volunteer Coordinator ensures the continuity of services by guaranteeing that those in need are covered, which is achieved by setting guide-lines in agreement with those established by the FJD.

1.- Volunteer recruitment

Prospective volunteers must have an interview with the Coordinator in which they express their availability and their qualities, and in which they are informed of the services that they may be asked to provide. The interview process is designed to screen applicants according to their appropriateness for the position.

2.- Assignment

Based on the candidate's profile, the Coordinator selects the tasks that are most fitting for him or her.

In keeping with Article 10 of the General Health Care Act (Act 14/1986 of April 25th), selected volunteers must sign a confidentiality commitment.

3.- Training

Volunteers should be adequately trained so as to provide proper care, and their skills should be updated periodically through training.

4.- Teamwork

Coordinated teamwork is important. This means being attentive to the ideas of others, accepting majority decisions, and moving forward with agreed-upon issues.

CONCRETE OBJECTIVES

1.- *Make hospital stays as easy and enjoyable as possible.*

Here it is worthwhile to mention some possible issues and tasks that help make this happen:

- Always, with the appropriate level of respect, show affection, know how to listen before speaking, and put oneself in the other's shoes.

- Pay support visits and foster human relationships.

- Bring people books, newspapers and magazines, games, and other general sources of entertainment.

- Provide all patients with necessary clothing including underclothes and outer garments, as well as hygiene products for use both during their hospital stay and once they are discharged.

2.- *Relate to patients in a more human, individualized manner.*

Some ways of achieving this are:

- Accompanying patients as they move from one part of the hospital to another.



Volunteer Service: From left to right, Carmen Lima, José Miguel Serrano, Pedro Galindo, Merche Montero, María Luisa Erro, Elena Mayor, Katia Sánchez, Paloma Bellido, Elvira Osuna, Antonio García, and Marisa Nieto.

- Arranging a porter for patients who require a stretcher or wheelchair.
- Providing information about the services offered by the hospital.

MISCELLANEOUS GUIDELINES

Volunteers should honor their commitments. Punctuality is important; if, for any reason, a volunteer is unable to be present, then they must advise accordingly.

Patients should not be forced to participate in any conversations or activities; rather, they should be free to choose what they wish to speak about and which activities they would like to engage in.

Volunteers must be aware not only of what they themselves say but also what the patient is trying to get across. For this, they should work toward understanding not only words but also the gestures conveyed by the patient's eyes and hands. Volunteers must learn how to read a given situation and recognize when the other person needs support, when they need to be listened to, when they need to go over something, when they need space, or when the best thing to do is just wait. Discretion and reserve should be applied

to everything volunteers hear or see in the patient's room.

Before going to the service assigned to them, volunteers should report first to the Coordinator's office to check in. The same should be done upon leaving. Volunteers should inform the Coordinator of all incidents they are involved in. All members of the medical team are very busy. Therefore, conversations with health-care personnel should be limited to issues having to do with patients. Volunteers should not request professional opinions regarding patients. Should a volunteer ever be reprimanded, he or she must be aware that the task they carry out is important for the hospital as a whole, which is why it is necessary to avoid mistakes. It is not appropriate to perform personal services for patients such as making their bed, washing or feeding them. All of these responsibilities are handled by the center's personnel. When volunteers join the collective effort of the hospital, the organization provides them with a special credential; however, they should always keep in mind that the most important badge of all is their kindness, welcoming attitude, and dedication.

■ PARTNERSHIP AGREEMENT BETWEEN THE FJD AND THE FUNDACIÓN IBEROAMERICANA DE OFTALMOLOGÍA (IBERO-AMERICAN OPHTHALMOLOGICAL FOUNDATION)

On July 9th, 2007, the Manager of the FJD, Juan Antonio Álvaro de la Parra, and Fabio Bartucci, President of the Fundación Iberoamericana de Oftalmología, signed a partnership agreement on behalf of their respective organizations to collaborate in ophthalmological research, teaching, training, and hands-on experience.

The program lays the groundwork for professional exchanges between the two institutions so that doctors may obtain graduate training, share knowledge, and remain on the cutting edge of scientific advances.



■ DR. DÍAZ CURIEL AWARDED

During the most recent conference held by the Osteoporosis Work Group of the Spanish Society of Internal Medicine, the organization bestowed its award for best presentation to Dr. Díaz Curiel for his work entitled "Prevalencia de fracturas vertebrales a través del software Morphoexpress® en mujeres posmenopáusicas asistidas en consultas de patología ósea (Estudio Vertxpress) (Prevalence of Vertebrae Fracture using Morphoexpress® software in Post-menopausal Women treated in Osteopathy Outpatient Centers (Vertxpress Study))." The copresenters of the study alongside Dr. Díaz Curiel were Drs. L. Arboleya, J. Blanch, A. Díez, P. Peris, J.M. Quesada, M. Sosa, X. Cortés, and E. Ramírez (on behalf of the researchers who participated in the Vertxpress Study). Dr. Manuel Díaz Curiel holds the Universidad Autónoma de Madrid Sponsored Professorship in Bone Metabolism Diseases. He is also the Director of the FJD Bone-Metabolism-Disease Unit.

■ PHARMACY SERVICE CREATES A CHART WITH GUIDELINES FOR ADMINISTERING MEDICATION

A chart is now available in the Pharmacy Portal-located under "Shared Documents"—which explains how to reconstitute, dilute, and administer medication parenterally. The document also contains information on the stability of these drugs. It will be reviewed and updated periodically.

AGUSTÍN ALONSO, OF THE FJD, WAS A MEMBER OF THE GROUP

The contingent visiting the UK takes first prize in the 2007 HOPE program

The 2007 HOPE Exchange Program of the Standing Committee of Hospitals of the European Union held this year's annual International Conference in Madrid. The event marked the final meeting between all of this year's

participants. The theme for the 2007 edition was "Social Determinants and Health Inequalities."

Evidence is growing regarding the impact of social and economic determinants on health. There is no doubt that the socially underprivileged have less access to basic health care resources and to health systems as a whole. This fact is very evident in comparative analyses among rich and poor countries. However, health inequalities due

to social determinants also occur within the same country or region with a common health system.

Representing the Fundación Jiménez Díaz in this year's program were Lorenza Berna in Le Mans (France) and Agustín Alonso Moreno, a nurse in the Hemodynamics Unit, who took part in the program in London.

During the International Conference, participants make group presentations on their host country's health system. This year, the prize for outstanding presentation went to the group that travelled to the United Kingdom, with Agustín Alonso Moreno

among its members. The runner-up prize went to the contingent that went to Lithuania, and the group that was in Hungary took third place. "Winning first prize has been the icing on the cake in what has been a very interesting exchange program. It was a unique experience in which we got to know what the United Kingdom's health care system is like, and we saw for ourselves that Spain leads the pack in health services," says Agustín, elated with the program.

The winning presentation given by the group visiting the United Kingdom is original and highly informative. It analyzes the relationship between social determinants and health inequalities in the United Kingdom.

We extend to you our most sincere congratulations.

M^a Carmen Fuente
HOPE Program
Coordinator. Capiro-FJD



Agustín Alonso alongside the members of the UK group in the HOPE Exchange Program.

RECENT APPOINTMENTS AND NEW ADDITIONS TO OUR TEAM

RECENT APPOINTMENTS

■ DR. OSCAR CABALLERO DÍAZ, HEAD OF THE PLASTIC AND REPARATIVE SURGERY SERVICE

Dr. Caballero obtained his degree in medicine from the Universidad Complutense de Madrid in 1987, receiving an award for academic excellence from the institution. He later specialized in plastic, reparative, and esthetic surgery. In 1993, Dr. Caballero was a Fellow in Facial Plastic Surgery at Jackson Memorial Hospital (University of Miami, U.S.A.).

■ DR. ADELA ROVIRA LOSCOS, HEAD OF THE ENDOCRINOLOGY AND NUTRITION SERVICE

A specialist in endocrinology and, since 1980, a nutritionist, Dr. Rovira Loscos received her doctorate in medicine and surgery from the Universidad Autónoma de Madrid in 1982. Dr. Rovira later served as an Assistant Physician in the Endocrinology and Nutrition Service beginning in 1982, and she became Assistant Head of the Service in 1992. She has been an assistant professor of medicine at the

Universidad Autónoma de Madrid since 1987. Some of her posts and distinctions include President of the Spanish Diabetes Federation (1995-2000), and from 2001 to 2003, the Vice President of the Sociedad de Endocrinología y Nutrición de la Comunidad de Madrid (Madrid Society of Endocrinology and Nutrition). Since 2004, Dr. Rovira has been the Deputy Vice President of the Spanish Diabetes Society. She has directed eight dissertations in her years as an educator. In addition, Rovira has published papers and participated in

research projects on the molecular action mechanisms of insulin in diabetes and in cases of insulin resistance.

NEW ADDITIONS

■ DR. CARMEN CÁRCAMO HERMOSO, ASSISTANT PHYSICIAN IN THE PLASTIC AND REPARATIVE SURGERY SERVICE

Before landing at the FJD, Dr. Carmen Cárcamo was a specialist in plastic, reparative, and esthetic surgery, and was an Assistant Physician in the Severe Burns Unit of the Hospital Universitario de Getafe.



The group of doctors who participated in the 1st Course on Tropical Pathology. First from the right on the bottom, Dr. Miguel de Górgolas, the course director.

A PARTNERSHIP BETWEEN THE FJD AND THE GAMBO RURAL HOSPITAL IN ETHIOPIA

The 1st Course on Tropical Pathology comes out a success

The inaugural Course on Tropical Pathology held in the Fundación Jiménez Díaz-Capio in Madrid and the Gambo General Rural Hospital in Ethiopia drew to a close on June 30th. The first of its kind in Spain and one of just a few being held in the world, the program combines theory and hands-on training in a medical center located in this tropical area. The 15 medical students who attended the course had a variety of medical backgrounds, from primary care physicians to internists, microbiologists, and endocrinologists. Also making the journey were six professors, comprised of three internists, a pediatrician, a parasitologist, and a pathologist. The Gambo Hospital is located in the heart of Ethiopia, 300 kilometers

south of Addis Abeba. There, 80,000 inhabitants receive their medical care in a 120-bed facility. Only two doctors staff the hospital: one Ethiopian and a member of the Consolata Fathers and Sisters religious order, who serves as medical director and surgeon.

FOUR INTENSE WEEKS

The group endured four intense weeks of work, studying theory in Madrid and applying their learning in Ethiopia. Participants worked on-site in outpatient consultations and both adult and pediatric inpatient wards. They also used their knowledge in the leprosy and tuberculosis rooms, visited mothers and their infants living in the settlements surrounding the hospital—arriving either on foot, horseback, or in all-terrain vehicles—and

got practical laboratory experience in anatomical pathology and parasitology. During the time they spent in Gambo, the students gained familiarity with the most common tropical diseases: tuberculosis, malaria, intestinal parasites, cutaneous infections, child malnutrition, respiratory infections, bilharziasis, leprosy, and the like. In all, participants received over 120 hours of clinical training in tropical medicine.

While in Gambo, students enjoyed comfort and all the amenities they needed. The group ate all its meals in the mission's cafeteria together with other volunteers and missionaries. Participants stayed in houses adjoining the hospital, where they each had beds and hot water for showers.

On the weekend, the

group travelled to one of the Rift Valley lakes, where they enjoyed lunch by the water surrounded by monkeys and exotic birds.

At the course's end, the students succeeded in passing their exams on theory and practice. The students thought very highly of the professors and the course as a whole. It was a very positive experience both in educational and in human terms. Profits from the course were donated to the Gambo Hospital.

The theoretical content imparted in the Fundación Jiménez Díaz has been recognized for 5.2 credits by the Laín Entralgo Agency. The course was funded by the Spanish Society of Infectious Diseases and Clinical Microbiology (SEIMC).

CONTINUED COLLABORATION

The next course will take place in 2008. In addition to the recognition we have already received from the Laín Entralgo Agency and the support of the SEIMC, we would like for future programs to involve the Department of Medicine of the Universidad Autónoma de Madrid and the Spanish Society of Tropical Medicine and International Health (SEM-TSI). We hope that the course can help create stronger ties between Fundación Jiménez Díaz-Capio and the Gambo Hospital, because doing so will certainly be an enriching experience both professionally and personally.

Dr. Miguel de Górgolas Hernández-Mora
Course Director Infectious Diseases. Capio-FJD

Once the topic or problem to be addressed by a research paper is defined, one of the first steps in each phase of the project should be to compile and review the bibliography. Indeed, researchers should perform this task periodically throughout the process, because scientific advancement is ongoing, and new relevant data may be published during the time an author is at work on a project that cannot, in good faith, be ignored. Gathering a bibliography means searching, organizing, managing, and assimilating the available information; reviewing a bibliography is a process of reading to extract the ideas that are central to a researcher's purposes.

The purpose of reviewing an already-compiled bibliography is to obtain a full perspective on the body of knowledge regarding a certain subject; to acquire all this knowledge, one must employ an efficient strategy, in other words, one that provides the largest number of essential documents related to the research.

INFORMATION SOURCES

The documents that may be used to obtain information for research are categorized as primary, secondary, or tertiary. Primary documents are original publications which transmit information directly. These can be monographs, periodicals, doctoral theses, or the like. Secondary documents are those that make reference to primary ones. Some examples of secondary documents are databases, systematic reviews, and summaries. Tertiary documents synthesize

Compiling and reviewing bibliographies

primary and secondary documents in order to fulfill a specific need. One example of these are database directories and bibliographies on health sciences.

THE VIRTUAL LIBRARY

To compile a bibliography, a researcher must manually go over monographs and periodicals involving his or her subject matter. He or she must also gather computerized bibliographical references contained within databases, consult with experts in the field, and make use of the resources to be found on the Internet.

Manuals can be of assistance when searching for bibliographies by offering us a profile or a strategy for database searches. Researchers must keep in mind that the most cutting-edge material can be found in scientific journals. By using databases, we can locate information in two ways: through the words used by the author or authors, known as "key words" (these appear mainly in the title and give a great deal of information about the article); and also through "subject headings" appearing in a specific dictionary of terms called a thesaurus, which organizes entries by index in order to classify articles.

Medline, the largest biomedical database, published by the National Library of Medicine of the United States, has offered free, instant access for the entire sci-

entific world since 1999. The project is the work of the National Center for Biotechnology Information (NCBI) and the National Library for Medicine (NLM).

The Medline thesaurus, called MeSH (Medical Subject Headings), has a hierarchical tree structure: broader descriptors are connected in tree-like fashion to increasingly more specific ones or are indexed in a highly specific fashion. Medline has two types of descriptors: primary descriptors, which reflect an article's main subject (e.g., "breast neoplasms" [Mesh Major Topic]); and secondary descriptors, or those that appear in a given document though without being part of its topic. In addition to "subject headings," we can also use "subheadings" such as etiology, classification, treatment, diagnosis, etc. to specify our search or make it more concrete.

Some examples of limiters which can allow us to narrow our search are: years, journal, type of publication, language, etc.

One of the most helpful tools available when reviewing bibliographies is the Biblioteca Virtual Agencia Laín Entralgo (Virtual Library of the Laín Entralgo Agency), a unified access portal providing access to electronic information resources and library services; this has proven to be a highly useful tool when searching for bibliographies and obtaining

documents. Its Web site is www.bvaleurario.sanidad-madrid.org, and it is open only to registered health care professionals in the Madrid Regional Health Service who have a username and password provided by the Laín Entralgo Agency.

The virtual library has a five-part structure:

- Identification (to enter username and center)
- News (basically, a summary of recent developments)
- Resources of interest: Evidence-Based Medicine, Cochrane Library, Joanna Briggs Institute; or, platforms such as Biomed, Blackwell, BMJ, and the like. Some of the most widely used databases are Images.MD and PubMed. Also, libraries and catalogues can be of great assistance.
- Information resources: Catalogue of journals in electronic format (e-zines), full-text articles in .pdf format (digitally-rendered articles), access to bibliographical databases, directory of libraries that participate in the Laín Entralgo virtual library, manuals, etc.
- Library services: 1.- Review of journals. This link allows researchers to locate specific titles within the collective catalogue or within the center's catalogue. 2.- Document retrieval service, allowing people to request an article from the center's library, consult pending requests, and access the article in electronic format. 3.- Web resources 4.- User services. 5.- Help center.

DIFFICULTIES WITH REVIEWING

When we read the works that come out of our search, we are actually doing two things:

●We are trying to define the issue we are researching by searching for discrepancies or deficiencies in the material that we find, questioning these findings, attempting to lend continuity to previous research studies, etc.

●We are also attempting to read each important work that comes into our hands regarding our topic or research problem.

Until we are able to define that which we want to find an answer for, we will see that there is an infinite amount of information that appears to be important. Nonetheless, we cannot define the problem until we have read and researched enough on our topic. But do not fret, because as we read we will gradually define our problem, which will certainly allow us to decide more easily what we should read and what we can skip over.

The following are some of the questions that should be answered by a quality bibliographical review: What do we know about the field that has piqued our interest? What has been published on this issue? Which of the works found are really important? What is the underlying theory? What are the limits of the study we are reviewing? These limitations can be a cause for study in our research, thus bringing us to ask, What drives us to go deeper into the matter?

WRITING THE LITERATURE REVIEW REPORT

When drafting the document on bibliographical review, it is not enough to

simply summarize the findings that one has encountered. It is crucial to critically evaluate these works and demonstrate the relationship—be they similar, complementary, or contradicting—that this other research has with the matter with which we are dealing.

KEYS FOR WRITING A QUALITY LITERATURE REVIEW

Keep the objective in mind, read with a purpose, and write toward an end. The objective should be to show why, based on the literature that has been reviewed, one's research is necessary; why a certain methodology has been chosen or why some theories make up the basis of the project's research; and, lastly, how the new research paper complements the pre-existing body of work. A good researcher should state the purpose behind his or her reading of the literature and the goal for creating the report; provide a summary of relevant literature which emphasizes the important ideas for his or her specific topic; identify the underlying concepts, theories, arguments, and conclusions; and search for and include the similarities and differences that may exist between the work and the rest of the literature.

COMMON ERRORS

Trying to read everything: The idea is not to summarize all the findings in the literature, but rather to highlight the most significant works published in the last 5-7 years. Resorting to

publications from 15-20 years ago is only justified in a limited number of circumstances.

Reading without taking notes: The majority of us would rather read one article after another than have to sit down and write about what we have read. Nonetheless, writing helps us understand and find relationships between what we have read.

Failure to keep track of bibliographical information: Writing bibliographical references can be a nightmare if we did not write down the necessary information when we had the chance. We should collect the following from each source we use: authors, title, journal, issue, year, pages, and exact page (if we are to use an exact quote). The method for referencing other works is determined by the guidelines set by the journal in which the paper will be published.

BIBLIOGRAPHY

-Using the Literature. Writing up Research. Language Center. Online publication (accessed on May 15th, 2007). URL:

www.languages.ait.ac.th/E121LIT.HTM

-Polit, D. F. & Hungler, B.P. (2000). Investigación científica en ciencias de la salud (Scientific Research in Health Sciences). 6th edition. Mexico: Interamericana-McGraw-Hill.

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IN BRIEF

■ **Conference on IT for Nursing (Inforenf)** Asunción Andrés (ER) and Ruth Expósito (Unit 66) attended this conference, during which they had the opportunity to note the common difficulties experienced in the FJD IT-system implementation and other centers going through the same process.

■ **National Conference on Nursing in Cardiology** María del Mar González Marco and Victoria Pérez Gómez, both nurses in the Coronary Unit, along with Iciar Martínez de Villa Carpio, Sonia Cano García, and Teresa Castillo Sánchez of the Cardiac Surgery Inpatient section (Unit 33), participated in the event. Those in attendance had the opportunity to receive three continuous training courses accredited by the General Board of Nursing and the International Board of Nursing.

■ **National Conference on Supervision in Nursing** Juana Sáez (ER), Emilio González (Blood Bank), Olga Martín (Surgical Inpatients), Carmen Trillo (Medical Inpatients), and Susana Pedreira (ER), participated in this meeting, during which they made two presentations.

■ **Conference on Pressure Ulcers/Chronic Wounds** Five nurses from Unit 66 along with María Jimeno of Unit 36 attended this conference, during which a series of statistics was presented on vascular and pressure ulcers. The conference clearly demonstrated how positive the results from multidisciplinary units are.

For more information:
www.capioenfermeria.com

Clinical trials are a basic element of the research that goes on in the Fundación Jiménez Díaz, since they are a fundamental tool toward developing new treatments. Also, controlled, randomized clinical studies provide researchers with the best method possible for measuring the efficacy and safety of new treatment measures.

It is the duty of the Fundación Jiménez Díaz Institutional Review Board (FJD-IRB) to evaluate the methodological, ethical, and legal aspects behind protocols for clinical trials that aim to be carried out in the hospital. The group, whose work focuses on projects in the hospital, also gauges the benefit-risk balance associated with these initiatives.

The responsibilities of IRBs are regulated by current legislation on pharmaceuticals, such as the Medicines Act 25/1990, Decree 39/1994 of the Governing Council of the Community of Madrid, and Royal Decree 223/2004 regulating clinical trials.

The FJD-IRB follows a set of normalized work procedures which guarantee proper functioning. It is a body that fulfills all legal requirements and has all the means necessary for its activities.

The group currently has 18 members, 12 of whom are physicians: one, a clinical pharmacologist; another, a primary care physician; and three members of the Research Committee. There are also two pharmacists, a health care technician, a professional with a law degree, and two external non-medical members. In order to speed up administrative processes for clinical trials, the Fundación Jiménez Díaz takes the following measures:

- 1. Our IRB puts into practice the concept of "mutual recognition," accepting the opinions handed down by Reference IRBs.*
- 2. At the same time the group assesses the merit of the protocols proposed, it also reviews the financial information and the contract. (These last two are available on the Web.)*

For more information, consult:
www.capiosanidad.es/fjd



FJD's proposal for administrative streamlining in clinical trials

The European Directive on Clinical Trials and its transposition into Spanish national legislation, in the form of a Royal Decree, came into effect on May 1st, 2004. One of the objectives behind the measure is to promote clinical research in the European Union and to simplify and harmonize the administrative regulations involved in the clinical-trial process.

In Spain, Royal Decree 223/2004 sets a 60-day deadline for the approval of clinical trials, but in reality this timeframe is not up-

held. We are well aware of the problems that Spain is experiencing with regard to the time necessary to conclude the procedures involving ethical and administrative standards for clinical trials.

We know that it takes 60 days for the reference committee to hand down its single opinion and that the Spanish Agency for Medicines and Medical Devices (AEMPS) needs another 10 days to transmit its approval to the trial sponsor, this on top of the 10 days that sometimes elapse before the AEMPS even allows an

application to enter the process at all. If, to these 80-100 days that go by before a trial gains approval, we add the average 30 days more that it takes for there to be a contract signed between the sponsor and the center, we are now talking about twice the time set by the Decree. Therefore, Spanish legislation is not complying with the deadlines set by the European directive.

LIMIT RED TAPE

All sides are aware of the need to reduce wait times for clinical-trials management so as to

avoid the risk of these studies being moved to other more competitive countries. We know that the sponsors of multi-center clinical trials have to carefully calculate lead times in the ethical and administrative processes that precede studies; for these organizations, even the slightest reduction in delays can make a substantial difference in their decision to conduct a trial in one country or another. In most cases, the shorter the time needed to complete ethical and administrative processes, the longer a study has to recruit patients.

The Fundación Jiménez Díaz has an independent Institutional Review Board that, in situations in which it acts as an involved committee, accepts the decisions of the reference committees, reserving comments to purely local aspects of the trial. What this means is, our Institutional Review Board puts into practice the idea of “mutual recognition.”

PROPOSALS FROM THE MANAGEMENT

For its part, the FJD Management is committed to improving the expeditiousness of the clinical-trial approval process. To this end, it has come up with the following proposals:

1. Manage each study's financial report and contract at the same time; therefore, the FJD Institutional Review Board would handle both processes when it decides on a given

clinical trial. This way, the documents could be ready for signing at the same time that the FJD-IRB submits its report of approval, namely between the 20th and 30th of each month. With a view to this, we have altered the clinical trial contract model to include a clause to be agreed upon by each party and under which, even in cases where a contract is signed, no trial could begin until all the pertinent authorizations are obtained.

2. Get all signatories—e.g., hospital, sponsor, and researchers—on board in the effort to get contracts signed in the shortest amount of time possible.

3. Constant updating of the FJD Institutional Review Board Web site as a means of providing information quickly on the requirements of the Committee.

In order for this commitment to be effectively put in place, we encourage the pharmaceutical industry to fulfill its own commitment to:



Web page of the FJD Clinical Trials Committee.

number of patients, costs included in per-patient payments—for the hospital, researchers, direct and indirect costs—payments to be made to the services involved in the trial, etc.

- Adapt to the FJD contract model without modifications.

- In cases where a contract research organization signs on behalf of a sponsor, the CRO must provide power of attorney with Apostille certification

along with the other documentation concerning the study.

This same documentation will be requested for the drafting of contracts for observational studies, both when approved by the FJD-IRB as well as those that have successfully gone through other IRBs.

If these steps can help us strengthen clinical research in the FJD (e.g., clinical trials and observational studies) and raise the bar for the agents involved in the approval procedures for clinical trials (IRBs, sponsors, Spanish Agency for Medicines and Medical Devices, and hospital management teams) so that they may become active proponents of improved ethical-administrative management, then we will have made Spain a more competitive country where more clinical trials can be held. This will be especially worthwhile if the kind of studies that we allow for in our country are those that contribute to medical know-how and that benefit patients.

“ WE AT THE FUNDACIÓN JIMÉNEZ DÍAZ HAVE AN INDEPENDENT INSTITUTIONAL REVIEW BOARD THAT, IN SITUATIONS IN WHICH IT ACTS AS AN INVOLVED COMMITTEE IN ASSESSING PROTOCOLS, ACCEPTS THE DECISIONS OF THE REFERENCE COMMITTEES, RESERVING COMMENTS TO PURELY LOCAL ASPECTS OF THE STUDY. WHAT THIS MEANS IS, OUR INSTITUTIONAL REVIEW BOARD PUTS INTO PRACTICE THE IDEA OF ‘MUTUAL RECOGNITION’.”

- Supply the IRB not only with the documents relevant to the trial, but also remit detailed financial information on the study, such as

Continuous assessment in medical education: a goal set by the FJD-UAM Teaching Unit

During the 2006-7 academic year, the Fundación Jiménez Díaz brought ambitious change to its education programs for students and specialists. Originally conceived in 2004, the Office of the Assistant Manager for Education has been working on the plan for the last three years in order to modernize the way in which people teach and learn in the hospital. The goal is to establish a system of continuous assessment that functions according to educational objectives and end skills and that is capable of detecting strengths and weaknesses in the teaching process. Once a weakness is detected, steps are taken to remedy the system and bring it to its optimum level of excellence.

This innovation in methodology has been received enthusiastically by students, mentors, and medical specialists (residents) alike. In spite of the additional effort required to get the program off the ground, all of these groups are working together to perfect the edu-

cational process under the guidelines of the new initiative. The first change seen in the system was the new organizational structure of the education department (see figure). The new plan created a hands-on Office of the Assistant Manager geared toward synergies and made up of people excited about teaching. These professionals are convinced that it is only natural for the scientific method to be put to work to progressively improve education by making better use of resources and, therefore, achieving maximum final competence and autonomy.

QUANTITATIVE RESULTS

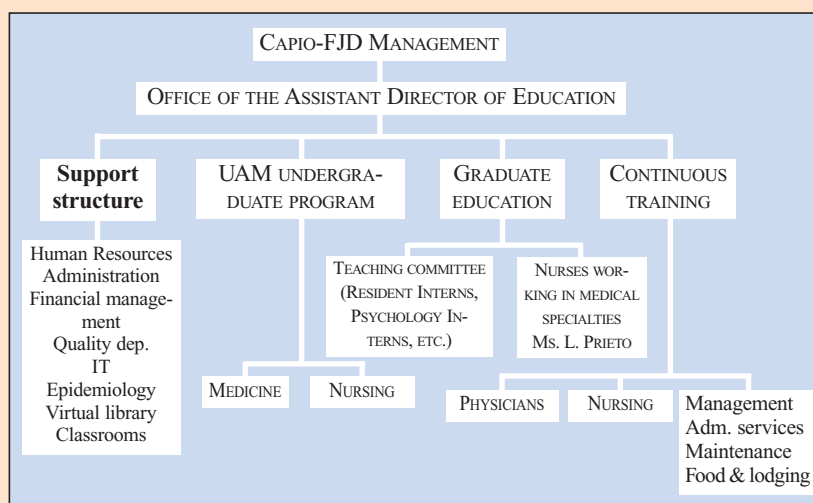
In spite of the excitement surrounding the measure, quantitative results in

teaching appear after a much longer period of time than other scientific procedures. Often, it is the almost-inexplicable tenacity shown by these professionals that keeps the project of educational innovation moving forward. A magnificent group of leadership-minded and devoted collaborators has been formed, working passionately and dynamically together with the other professionals. However, the effort must be assumed by all who are involved in the teaching process, so that the same dedication that our center gives to medical care and, to a lesser extent, to research, is brought to bear on teaching.

Students in the Universidad Autónoma Medical

School that come to the FJD for their undergraduate classroom and practical work do so with a great sense of optimism. By way of their student representatives, they all participate actively in their own education. About each month or two, the Teaching Unit Committee brings together students, their class coordinators, the Secretary of the Teaching Unit, the Assistant Dean of Coordination and Quality, associate-faculty representatives, and the FJD-UAM Assistant Director of Education. The Committee analyzes in detail the advances and shortcomings in classroom teaching, the accuracy with which programs are followed up, the quality of practices in scheduling, and any possible lack in the acquisition of certain skills. This way, students gradually become aware of what should be their goal: to make appropriate use of the tools available and become fully prepared to join their profession, something which goes beyond a mere aptitude for rote learning.

This year, the students in the FJD-UAM Teaching Unit have posted a major quantifiable breakthrough, with 5 of them ranking in the top 80 students who took the residency examination. This makes the Fundación Jiménez Díaz-UAM a solid option for students wish-



FJD-UAM Teaching Unit

ing to study medicine. 10 of the top 100 residents were trained in one of the 5 hospitals associated with the UAM, and 10 others studied at the Universidad de Barcelona.

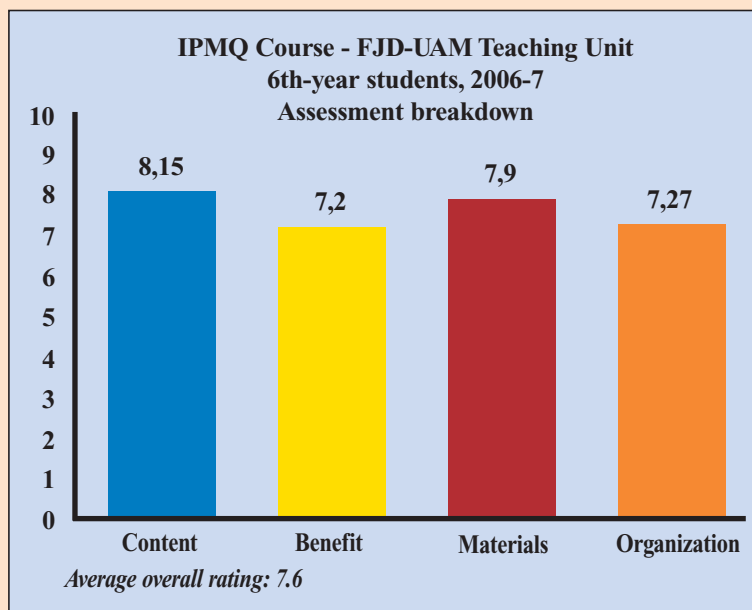
CHANGES TO THE RESIDENCY SYSTEM

Though it will surely change in the near future, Spanish resident doctors' fate nowadays is at the mercy of an educational system that is excessively reliant on memorization. Such a system fails to effectively transfer students' training to clinical skills, professional attitudes, or even an analytical perspective toward theoretical material. Once in their sixth year of undergraduate study, UAM medical students, having gone through an astutely engineered educational program that fosters critical learning along with practical know-how, frantically begin studying with one sole objective: passing the residency test in one year's time. For this, they study with the same attitude that others employ when taking a competitive exam for public service. In large part, what this institutional demand of national authorities does is waste students' opportunity to gain the knowledge that should be imparted in their final year as undergraduates.

The 2005-6 Student Committee picked up on the need to provide students with practical skills for invasive procedures, since under the old system students were unable to be-

come acquainted with the material in their sixth year because of how difficult it is to get experience with actual sick people who require these kinds of procedures. As in other university hospitals, the FJD-UAM designed an extracurricular course on initiation to medical-surgical practice using virtual patients and mannequins. All the 6th-year students in our teaching department took the course and learned a great deal. On the heels of such an unmitigated success, the 2006-7 academic year used the same model; in December, 6th-year students had the privilege of attending an even more highly-structured course which included a very interesting innovation that benefitted students greatly. Next month, the second edition of the

“ THIS YEAR, THE STUDENTS IN THE FJD-UAM TEACHING UNIT HAVE POSTED A MAJOR QUANTIFIABLE BREAKTHROUGH, WITH 5 OF THEM RANKING IN THE TOP 80 STUDENTS WHO TOOK THE RESIDENCY EXAMINATION. ”



course will be offered for 5th-year students.

ANONYMOUS EVALUATION

Anonymous evaluations of the different aspects of the course illustrate the quality of the educational synergies mentioned above. This is due to the professors' being almost all residents from previous courses who work in the disciplines involved. Also, such positive feedback serves as a testament to the excellence of this novel approach of systematically bringing in residents into the teaching system. Two objectives have been achieved at once: on the one hand, the final anonymous survey shows that students have taken to the measure splendidly (see figure); and on the other hand, we have seen residents get involved as students of the educational system, which has boosted their self-esteem and provided them with recognition for the work they do as

Teaching Assistants.

Another positive result has come in the form of a conference held in November of 2006 for students wishing to learn about accessing the virtual library and the data bank. The event was organized by the Library Department of the UAM Medical School.

In June, 6th-year students attended a mini-conference on free communication systems. Those who attended earned academic credit, and the four winners chosen by the jury for best project quality and presentation walked away with a cash prize. These were handed out at the end of theoretical and practical training during the diploma ceremony. Among those invited were academic figures, graduates and their families, students from other classes, and the entire faculty.

Mercedes Ruiz Moreno
Assistant Director of
Education Capio-FJD

Botulinum Toxin Treatment Unit

The Fundación Jiménez Díaz has its own specialized unit offering treatment with botulinum toxin. The department focuses on two clinical applications:

- Neurological disorders
- Oromandibular disorders and esthetic issues

Type A botulinum toxin is a natural, purified protein extracted from bacteria in controlled laboratory conditions. The method used is much like that of penicillin synthesis using fungus.

Under normal conditions, the brain sends messages to muscles through the nervous system so that they may contract and move. These messages travel from nerves to muscles by way of a substance called acetylcholine.

If the messages sent by the central nervous system are inaccurate and too much acetylcholine is released, the muscles become hyperactive, causing spasms and rigidity. For these cases, the application of type A botulinum toxin temporarily blocks the release of acetylcholine, reducing muscle contraction. This brings about a decrease in muscle spasms and a relief from symptoms.

The toxin begins to take effect in a matter of a few days. However, in some cases, it takes up to two weeks for its properties to be fully felt.

INDICATIONS

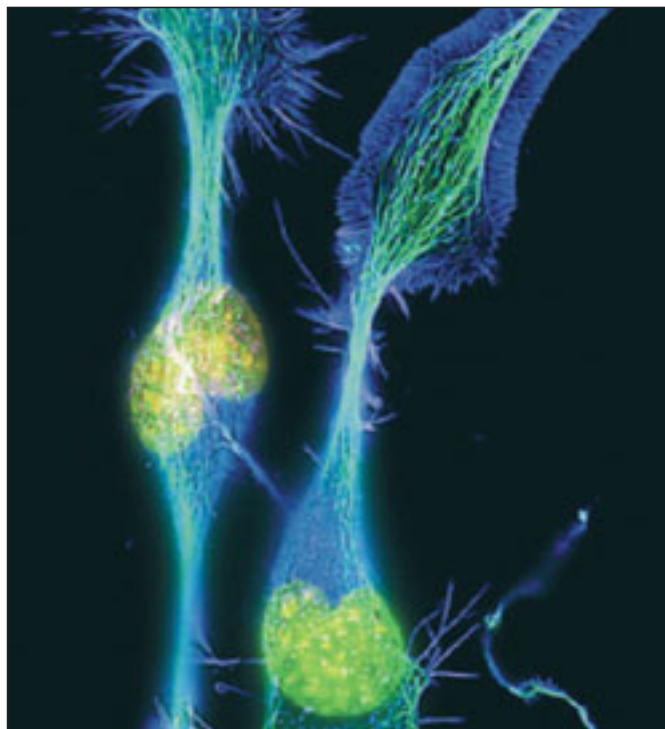
Treatment with type A botulinum toxin is indicated for the following conditions:

- Focal dystonias (blepharospasm, oromandibular dystonia, and writer's cramp)
- Hemifacial spasm
- Spasticity (acquired, in association with stroke and cerebral palsy), which may or may not be painful
- Treatment of expression lines
- Hyperhidrosis (excessive sweating)

DURATION OF THE EFFECTS

Depending on the amount injected into the muscle, benefits can last from 1 to 4 months. Most people obtain an effective response that lasts between 3 and 4 months.

While most patients treated with type A botulinum toxin continue to respond well to the drug, some experience a decreased impact in their



treatment as time goes on. This can be brought upon if their condition worsens or if other muscles become affected as well. When faced with this, doctors may need to modify the dosis or inject the substance into other muscles.

SIDE EFFECTS

Like all medications, type A botulinum toxin may have side effects.

These may present themselves during the first week of injection, may be mild or moderate, and their duration tends to be about 2 weeks. The side effects listed below have been observed in isolated cases of patients treated with type A botulinum toxin.

Some people experience discomfort or hematomas in the place of injection. Some documented side effects are difficulty swallowing—when infiltration occurs in the areas surround-

ing the esophagous—weakness in the neck and, less frequently, general weakness, discomfort, and nausea.

BOTULINUM TOXIN TREATMENT UNIT

Consultation area located in the private sector building - 7th floor

• Neurological disorders

-Dr. García Ruiz Espiga
-Vicenta Sánchez Bernardos

• Oromandibular Disorders and Esthetic Issues

-Dr. Martínez Pérez
-María de los Angeles Rebaque Saavedra

Information and appointments
902 11 11 52

Capiro Hospital Valdemoro



Digital recreation of what the mural will look like.

14 meter mural to decorate the hospital

The illustrator Tito Baztán and his collaborators have recently put the finishing touches on the Capiro Hospital Valdemoro decoration project. The artist has painted a large mural which evokes a forest, and that measures 14 meters high and 28 meters wide.

In previous projects, Baztán has worked as an illustrator for advertising, first using artisanal techniques such as pencil, paintbrush, aniline dyes, oils and acrylics, later specializing in aerography. As his career progressed, he turned to computer techniques, which allowed him to begin combining classic forms with infographics. Some of his most noteworthy works are the mural he created for the Provincial Government Building in Ciudad Real, the Nursing Home in Palma de Mallorca, and the Pediatric Emergency Room of the Hospital Fundación de Alcorcón.

Drawing contest to decorate the Pediatrics Ward

The Valdemoro Hospital is running a children's drawing contest whose theme is "What do hospitals mean to you?" The contest is designed for school-children between the ages of 4 and 8. All grammar schools in the hospital's area of influence are participating (i.e., Valdemoro, Ciempozuelos, San Martín de la Vega, and Titulcia). The goal of the contest is to use the drawings to decorate the Pediatrics Ward, adding brightness and a human touch to the hospital.



Capiro

Capiro acquires the Swiss clinical laboratory group Unilabs
The Swiss clinical laboratory group Unilabs recently accepted a takeover bid from Capiro which will create one of the strongest groups providing laboratory services in all of Europe.

Capiro Hospital General de Catalunya

Exhibit by Doctors without Borders

The medical humanitarian organization Doctors Without Borders recently decided to bring one of its travelling exhibitions to the Capiro Hospital General de Catalunya.

According to a DWB spokesperson, the exhibit aims to show the reality behind the group's work to two demographics that are highly important for the organization: those who use Capiro HGC services (i.e., the general public), and also the health care professionals "without whose support it would be impossible to be present alongside the world's most vulnerable people."

DWB is a medical-action humanitarian organization that works throughout the globe to save lives and alleviate suffering for people who live in precarious conditions. To achieve its objectives, DWB carries out both direct action campaigns and also bears witness publicly to the situations of the people they assist.

Capiro Clínica Albacete

Experimental employment program

The City Council of Albacete—represented by the city's mayor, Manel Pérez Castell, and the Council Member for Employment, Ramón Sotos—and Gerardo Gutiérrez, the Provincial Coordinator for the Employment Service of the Castile-La Mancha, recently awarded certificates of gratitude to the companies who participated in the Gea Experimental Employment Program by training one hundred women who took part in the initiative. Capiro Clínica de Albacete was one of these firms recognized by government authorities.

Capiro Clideba

New Vascular Surgery Unit

Capiro Clideba's new Vascular Surgery Unit offers patients diagnosis and treatment of all circulatory afflictions, either of the arteries, the veins, or the lymphatic system. The Unit gives special attention to manifestations of vein insufficiency such as varicose veins, telangiectasis, spider veins, lymphedema, and thrombophlebitis.

At Capiro Clideba, once patients have been examined, they can also receive diagnostic testing using color Doppler examination. The Clideba clinic also uses cutting-edge minimally invasive techniques such as esthetic phlebectomy for varicose veins. The unit offers foam sclerotherapy for spider veins (blue, red, and violet), telangiectasis, and other complications such as thrombophlebitis of the venous system.

When a person gets sick or at least believes to be sick, he or she becomes fragile, turning to our medical center in search of help. In these moments, patients seek a rapid, quality response so that they may regain the strength they have lost. It is not always possible to bring someone back to health with the speed or the physical results that they are looking for, and oftentimes this discrepancy between a patient's expectations and the reality that they endure leaves them dissatisfied, especially when their state of weakness is prolonged more than they would like. Therefore, our basic aim as an institution is to satisfy these needs.

Patients and their families express both their satisfaction and their displeasure to the organization in two ways: through satisfaction surveys, and through the Patient Help Center.

The latter is the topic at hand. Currently located on the ground floor, the Patient Help Center works in two major areas: helping patients and social work. In this article, we will focus on the role the service plays in helping patients.

PERSONAL TREATMENT

The Patient Help Center's mission is to provide personalized care to each person who comes in. We listen to people's needs, try to inform them, handle their requests, guide them throughout our center, and process their demands. All of this is geared toward offering patients appropriate solutions and formulating proposals to improve the organization in its medical services.



Back, from left to right: Mariano Martín (social work), Mercedes Holguín (administration), Gloria Herías (Assistant Manager), and Rosa de la Fuente (administration). Front, from left to right: Maria del Carmen Rosignol (nurse), Ana Lobato (administration) y Ana Martin (administration).

What we want from a patient help center

The professionals who directly field the public's questions and manage any demands that come in are highly human in their personalities; born listeners, they show kindness and understanding.

The patience, kindness, and enthusiasm with which these professionals carry themselves each day never cease to amaze me. I have no doubt that they are a great team. When it comes time to put our collective nose to the grindstone, everyone shows willingness, from administrative employees to social workers.

We know that respect for people's dignity, liberty, and privacy is fundamental, and when presented with a choice, we always try to create a climate of closeness, warmth, and hospitality. We are aware of people's rights and duties, so when patients have mistaken perceptions, we try to redirect their displeasure with the matter.

Many come back just to tell us how thankful they are for the treatment they received in the hospital. On other occasions, we receive

“ THE CAPIO-FUNDACIÓN JIMÉNEZ DÍAZ IS DEDICATED TO PLACING PATIENTS AT THE CENTER OF OUR OPERATIONS, PROVIDING THEM WITH HIGHLY-QUALIFIED, PROFESSIONAL CARE USING THE PROPER TECHNOLOGICAL MEANS ”

complaints, mostly because of a lack of information, because wait times are long, because at times our organization is faulty, or because the people are ill and feel insecure.

When patients present complaints, we attempt to engage them in dialogue and solve the problem; however, when we are unsuccessful in this, we look at the issue as an opportunity to improve and never as something to be held against us. We analyze these claims, proposing ac-

tions that lead to improvements in the quality of care we provide.

Complaints must be answered within a maximum of 30 days, though over half of them receive a response in under 15. Those are good results that have been made possible by the professionals working in this service and by the hospital's staff as a whole, that is, medical services, nursing, and general services. All these people react swiftly to the complaints that we receive.

CENTER OF REFERENCE

Are there a lot of complaints or just a few? These statistics must be contextualized within the volume of activity we perform. In general, taking into account the amount of work done in the hospital, there really aren't very many. Thanks to our follow-up work, we quickly detect when a service, unit, or department sees an increase in the number of complaints. At that point, we evaluate what improvements can be made.

Capio-FJD will soon become a general hospital of reference for a health-care area in the Community of Madrid. It is going to require a sizeable effort from its team if we are to assimilate the entire population with the same level of quality that we have upheld until now...or higher. Our effort and the effort of all the FJD professionals must be geared toward making ours the number-one hospital for both our patients and the population at large.

Gloria Herías Corral
Assistant Manager for the Patient Help Center.
Capio-FJD