

- ASL BRINDISI
- «TELEHOMECARE» Project
- Doct. Francesco Galasso
Direttore Distretto Socio-Sanitario n.3

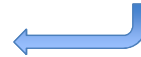
RATIONAL

Demographic dynamics and modification of health needs



Structural and organizational redesign of the network of welfare services

Technological innovation
TELEMEDICINE



Functional to sanitary applications distributed throughout the territory, with the need for integration of activities, in a logic of continuity

TELEHOMECARE to support home care activities



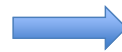
Impact of the technologies of Telemedicine within the PDTA for the management of chronicity

TARGETS

- To improve the provision of health services in community hospitals and at the patients' homes
- Ensuring fairness in the use of territorial care
- Support chronicity management, ensure greater accessibility, better continuity of care and greater effectiveness of interventions
- Encourage multidisciplinary comparison and integration between professionals

TIMING

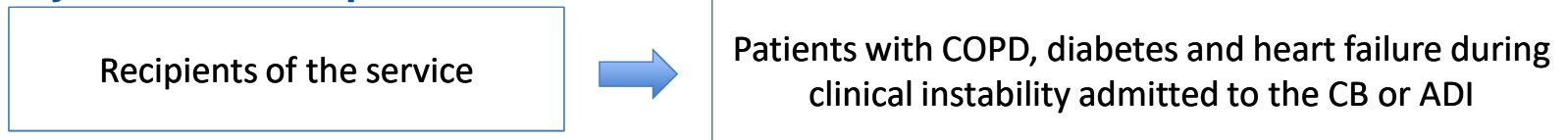
Project completed 30/10/2018 (3 years of experimentation)



Project extension on the entire territory of the ASL Brindisi



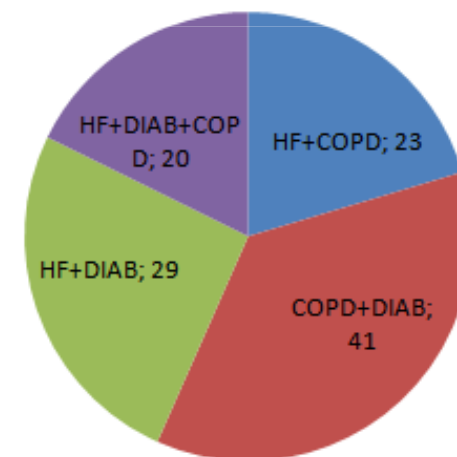
Synthetic Description



Vital parameters monitoring: PA, ECG, Body temperature, Heart rate, Respiratory rate, SpO2; Videocommunication module; Administration of Oxygen by concentrator and pharyngo-tracheo-bronchial aspiration



Activity data – 33 Months	
Total number of patients 282 (266 pz > 65 years old)	
BPCO	67 (18 with CM)
Heart Failure	85 (46 with CM)
Diabetes	130 (48 with CM)



Professional target involved

MMG, Specialists of reference for pathology, ADI nurses, Caregivers

**TOTAL PATIENT COST IN
TELEMEDICINE
€ 30,50 /day**

Strengths

1. Presence in the territory of reference (Municipality of Ceglie M.ca) of complex associative forms of General Medicine (Group and Super Group)
2. Reconversion of the S.O. of Ceglie M.ca in PTA with activation within a Community Hospital (1. Presence in the territory of reference (Municipality of Ceglie M.ca) of complex associative forms of General Medicine (Group and Super Group)
3. Experimentation of a Regional Project to take care of chronic patients (Progetto Nardino)
4. Activation in the PTA of the District Domiciliary Assistance Service and of the PUA
5. Use of ERDF Funds 2007-2013 «Investing in your future»



Generated benefits

1. **greater fairness of access:** availability of qualified health care even in decentralized areas;
2. **greater quality and continuity of care,** through constant monitoring of the evolution of chronic disease and greater integration between the various services involved
3. **greater effectiveness and appropriateness,** through an optimization of the available resources and the facilitation of a continuous communication between the different actors, aimed at reducing the risks of complications, the use of hospitalization, the length of hospital stay, the reduction of health costs, also in terms of freed resources
4. **greater efficiency and containment of expenses** (eg early hospitalization and less hospitalization of chronic patients, less movement of doctors and patients, etc.)



Criticality encountered

- Actions Realized To Overcome Criticality

CRITICITY ENCOUNTERED	ACTIONS IMPLEMENTED TO OVERCOME CRITICALITY
Possible errors in the use of devices and in the transmission and / or evaluation of data	Clear definition of responsibilities and roles of the various actors involved in the project, including through theoretical and practical training
Government of the numerous technical aspects related to the installation, management and maintenance of the devices	Definition of codified procedures of intervention by a technical-operational group for the management of possible technical unforeseen events to guarantee the regular operation of the devices
Distrust by the patient, due to "weakening" of the doctor-patient relationship	Overcoming the initial sense of "abandonment" on the part of the patient, with clear and effective communication that involved both the patient and the caregiver, determining in the short term a greater involvement of the patient and family members in care with an increased sense of trust and of protection





Achieved Results - Indicatori di risultato

ORGANIZATIONAL IMPROVEMENT

- Facilitating and collaborative attitudes of the staff involved with a greater perception of well-being and work effectiveness
- Consolidation of collaborative relationships between different professional figures who have facilitated relationships and the sharing of project actions

CLINICAL RESULTS

- Improved control of the disease by monitoring the vital parameters that allowed for timely therapeutic intervention and optimization of the patient's clinical stabilization times

COST BENEFITS ANALYSIS

- Number of hospitalizations avoided (15 in the years 2016 and 2017) for related DRG pathologies in the patients followed in telemedicine compared to the patients followed in a conventional way ; savings / economic valorization € 26.655,00
- Number of inpatient days (year 2016 and 2017) for related DRG in patients followed by telemedicine compared to patients followed in a conventional way □ savings / economic valorization € 46.222,00

INDICATORS

- **Size:** % users followed / n. total number of users affected by the pathology subject of the service in the territory of interest
- **Efficiency:** total annual cost of maintaining the service (personnel, equipment handling, etc.) / number of users followed
- **Effectiveness and appropriateness:**
 - Ratio between average length of stay for DRG due to chronic diseases of patients followed in telemedicine and that of patients followed in conventional mode
 - Relationship between n. admissions for DRG due to chronic conditions of patients followed in telemedicine and that of patients followed in conventional mode
- **Rating:**
 - - Approval questionnaire for patients and caregivers
 - - Drop-out: n. users who exit by choice from the telemedicine / 12 months / n path. users followed

Evolution initiative / developed planned



2017

2017 - Definition of a project for the extension and the "system" mass in the four districts of the ASL of Telemedicine through the use of European funds (2014-2020)

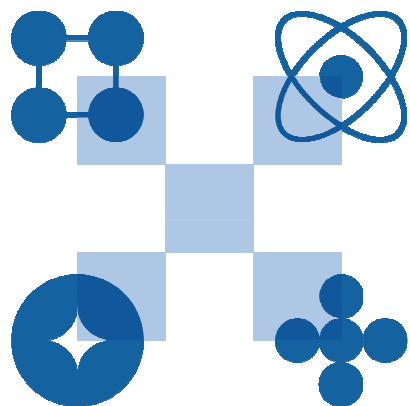
2018

2018 - Procedure for the awarding and signing of the Contract

- Schedule of activities
- Delivery of devices (41 wheeled and 96 laptops)
- Activation at the PTA in Ceglie of the Telemedicine Service Center
- Training of operators (GPs, branch specialists, nurses) and definition of operational protocols

2019

2019 - The implementation path with the "system" implementation of a technologically innovative service, widely diffused and contextualised in the different territorial realities, represents an opportunity for the development of accessible, usable and effective territorial services able to guarantee complex patients (chronic with co-morbidities, not self-sufficient and fragile), an authentic alternative to the Hospital



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