International Journal of Integrated Care ISSN 1568-4156

Volume 14, 01 October 2014
Publisher: Igitur publishing
URL: http://www.ijic.org
Cite this as: Int J Integr Care 2014; Annual Conf Suppl; URN:NBN:NL:UI:10-1-116209

Poster Abstract

Change management in Healthcare Public Services: home care models with e-health for the elderly or frail patients with chronic diseases.

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Abstract

Background: the elderly and frail citizens are increasing in our country. Many elderly people presenting themselves to Acute Medical Units of our Hospitals are discharged after only a short stay yet many return within 1-3 months, while small hospitals are closing and ward beds are being reduced.

Purpose: to evaluate feasibility, effectiveness of new healthcare model which provide specialized continuity of care at home with innovative multidisciplinary services, to allow the relevant health authorities to collect data to establish sustainable change management model for implementing e-health and Hospital at Home Care for patients with multi-morbidity.

Objectives: organization of meetings with: 1) nurses and physicians to improve staff attitudes, skills and competence in ICT and Integrated Care, 2) NHS administrations, local Authorities, citizens to improve the public acceptance, competence in management and leaderships.
Dissemination (also with papers, e-learning) of “new care model” during local and institutional congress to improve knowledge and culture of Home Care value.
Creation of multidisciplinary team: Hospital Physicians and Nurses provide healthcare through a Service Center during daily in-office or home visits, in collaboration with General Practitioners, through the use of new Instrumental and Communication Technologies-ICT and Multidimensional Assessment (transferring in real time the recorded data back to the receiving Hospital Station).
This pilot study started in July-August 2013: 33 patients were enrolled and cared (mean stay 36 days) from 2 nurses, 1 geriatrician, 2 specialists (1 hour/week) and 5 general practitioners, with 20.000 euro for ICT costs.

Conclusions: indicators measured: reduced access to specialist visits, improper Emergency Room admissions, reduced inpatient days, stress of caregivers. This study provided evidence that the healthcare change management is feasibility and effective if concrete multidisciplinary working team ensure continuative cares, with integrated ICT systems.

Keywords

advanced disease, alzheimer’s disease

Powerpoint presentation:

http://www.integratedcarefoundation.org/content/posters-oral-presentations-session-1