

SMARTCARE: Friuli Venezia Giulia

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General findings

- 246 Patients assessed for eligibility in 14 months; 201 Randomized patients (100 Intervention vs 101 Usual)
- 182 Patients followed (88 Intervention vs 94 Usual care)
- Follow-up 119 patient-year: Short-term post-discharge vs Long-term chronic: 4.1 ± 1.3 months vs 9.9 ± 3.3 months
- Events (16 deaths; 126 Hospital/Health Care facility admissions; 1758 days of stay)
- Home Nursing Healthcare: 3053 total contacts (2.14 pt-month); 2417 (79.2%) Home Care, 160 (6.6%) unplanned; 536 (20.8%) Phone calls.

Which the main challenge?

- **To promote and support the integration and multi-professional communication in real time through the Monitoring and Support Operations Center (COMES) and the ICT platform.**
Goal partially achieved, because the training of professionals to manage remote clinical problems is a complex issue and it must take into account several variables such as competence, experience, responsibility, the role of the case manager.
- **To adapt as much as possible professional practices to the technological and instrumental innovation envisaged by the project.**
Where present major difficulties, the support has been more constant and continuous.
- **The interaction with end users and caregivers.**
For clinical and care characteristics of the clients enrolled in the project, in order to reach an adequate ability to self-care and self-management, it was necessary to provide more time for health education and device/platform utilization.



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