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Acute complex care model: An organizational approach for the medical care of hospitalized acute complex patients

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Background: Chronic diseases are the major cause of death (59%) and disability, (46%) of global disease burden. According to the Future Hospital Commission of the Royal College of Physicians, Medical Division (MD) will be responsible for all hospital medical services from emergency to specialist wards focusing on the management of acute medical patients.

Methods: To better manage polypathological patients requiring hospitalization, we propose the hospital counterpart of Chronic Care Model (CCM), the Acute Complex Care Model (ACCM). Target population is acutely ill complex and poly-pathological patients (AICPPs), admitted to hospital and requiring continuous monitoring and high technology resources. The mission is to improve the AICPPs management through pre-defined intra-hospital tracks and a global, multidisciplinary, patient centered approach. The ACCM leader is internal medicine specialist (IMS) who summarizes health problems, establishes priorities and restores health balance in AICPPs. Admitted patients, evaluated according to validated criteria, should be allocated in High Dependency Areas (HDAs) to receive more frequent clinical and nursing monitoring than in ordinary wards, even if less than in Intensive Care Unit. ACCM advantage is patient safety, thanks to a more favorable nurse/patients ratio, quicker responses to changes in clinical conditions and more functional allocation of resources.

Results: Preliminary data collected in two Rome MD (50 patients) showed: Mean age 73 years, more than 4 active comorbidities, need of continuous monitoring, high technology resources, an average of 4 urgent investigations and 2 specialists consultations performed during the first 72 hours from admission.

Conclusions: Epidemiological transition leading to a progressive increase in "chronically unstable" patients needing frequent hospitalizations, enhances the role of hospital IMS. ACCM represents a practical response to this epochal change of roles.

Biography

Filomena Pietrantonio has completed her Medical degree from Catholic University of the Sacred Heart of Rome and she has completed Residencies in Internal Medicine (Catholic University of Sacred Heart, Rome), Clinical Psychology (University "Sapienza" of Rome) and Cardiology (Torvergata University of Rome). She is the Co-Director in Internal Medicine Department in Sant'Eugenio Hospital in San Francisco, USA. She has published 28 papers in reputed journals and has been serving as an Editorial Board Member of *International Journal of Community & Family Medicine*.

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