

Acute Complex Care Model: an organizational approach for the medical care of hospitalized acute complex patients. Implementing the model: preliminary data.

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Introduction

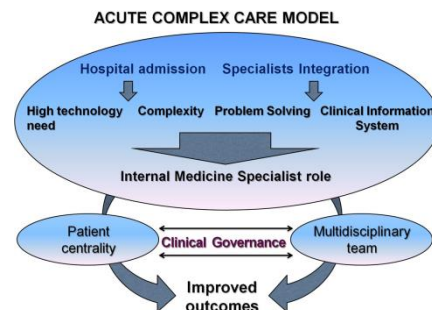
According to the Future Hospital Commission of the Royal College of Physicians, the Medical Division will be responsible for all hospital medical services, from emergency to specialist wards. Chronic Care Model (CCM) addresses the needs of chronic, frail, poly-pathological people at home or out of the hospital. The issue of the management of frail and complex patients in hospital still needs to be solved. We propose an innovative model, Acute Complex Care Model (ACCM), for the management of hospital's acute complex patients. It is the hospital counterpart of the CCM, in order to ensure continuity of care from the field to the hospital and vice versa. Target population: acutely ill patients with complex diseases admitted to hospital and requiring high technology resources. Mission: to improve the management of medical admissions. Methods: pre-defined intra-hospital tracks and global, multidisciplinary, patient-centered approach. ACCM leader is an Internal Medicine specialist who summarizes health problems, establishes priorities and restores health balance in acutely ill patients with complex diseases.

Objectives

To validate the ACCM model and to stratify the patients admitted to the Internal Medicine Department a Check List to be administered by 72 hours after admission was set up and used in 3 pilot centers in Italy 1. S. Eugenio Hospital Internal Medicine Department, ASL Roma 2, Rome; S. Giovanni-Addolorata Hospital Internal Medicine Department IV, Rome; 3. East Ligurian Hospital Internal Medicine department, ASL 5 Liguria, La Spezia.

Methods

The Checklist was administered to 100 consecutive patients admitted to the 3 Pilot Centers. 50 patients in S. Giovanni-Addolorata; 25 patients in S. Eugenio Hospital, 25 patients in East Ligurian Hospital. The checklist was composed by: 1. Personal data, 2. NEWS at admission, 3. CIRS at admission, 4. number and type of specialists' consultations; 5. number and type of exams performed, 6. type of technological support needed, 7. treatment.



Results

25% of the patients admitted in Internal Medicine Unit need:

1. High technological support
2. 24h/24h vital signs monitoring
3. At least 2 specialists' consultations
4. 4 urgent exams on average
5. Always they need infusion therapy

Major determinants of emergency admissions in Internal Medicine unit are old age and patients' complexity with at least one disease in acute phase.

Preliminary outcomes

Mean age	72,66 yrs
M/F	46/54
NEWS>7	24% of the sample
CIRS Severity	4,3 1,7

Conclusions

Preliminary results of ACCM checklist application are that 1 out of 4 Internal Medicine patients are acute and need high technological support and continuous monitoring of vital signs. A quick patient's evaluation administering ACCM checklist could be useful to stratify the patients according to intensity of care and to improve the management of medical admissions through pre-defined intra-hospital tracks.

Complex patients hospitalized for acute diseases need to be managed by the Internal Medicine specialist, able to establish patient's priorities and to integrate different specialties. An alliance with decision makers is proposed to allocate adequate resources for management of acute complex patients requiring hospitalization.

References

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