

Multidisciplinary training and teleconsultation in Long Term Care: from research to multi-professional integration between different levels of care

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• **Background and objectives:** Telemedicine offers great opportunities in dealing with the high complexity of clinical care of Long-term care facilities (LTCFs) residents, as highlighted by COVID-19 outbreaks. The objective of this work is to describe an organizational project that, by means of telemedicine platform, will create a community of practice among LTCFs health professionals and those of the public sector. The goal is to improve patient outcomes and to early manage symptoms and pathologies that may cause inappropriate access to Emergency Department (ED) and/or hospitalization from LTCFs.

• **Materials e methods:** 56 LTCFs (3,034 authorized-bed) in a medium-sized, partly mountainous metropolitan area in Northern Italy were assessed for ED and hospital admissions. Residents were frail, multipathological, medium- and/or highly-disabled elderly, usually not in need of hospital care. Out of 75 doctors working in those LTCFs,

general practitioners are 26.7%. A multi-professional working group (ranging from specialists in geriatrics, internal medicine, infectious disease, palliative care, etc, to nurses, to public hygiene and clinical governance experts, to social-health carer) performed a retrospective analysis of admissions to ER from LTCFs in 2019 and developed an experimental project based on remote cooperation and blended training using Health Meeting platform.

- **Results:** Of 4,892 LTCFs residents (42% aged 80-90 and 28% \geq 91), 1,509 (30.8%) were admitted to the ED at least once, leading to a total of 2373 admissions. In this group triage color code green represented 43.4%, yellow 42.6%. Those hospitalised were 970 (64%), hospitalizations were 1,268.

Trauma (368) were the most frequent cause of ER admission. Lung pathologies (300) and infectious diseases (311) were the most frequent cause of hospitalization. A remote cooperation and blended training project was developed: starting from October 2022, 12 structured two-hour monthly meetings were scheduled using Health Meeting platform.

A blended training is produced both from elements emerging by the analysis of ER admission and from discussion of clinical cases proposed by LTCFs professionals. During three months 8 meetings were conducted for the analysis of 14 clinical cases with the participation of 61 LTCF operators.

The ongoing project will be re-assessed after 3, 6 and 12 months, checking process and outcome indicators, performing a new analysis of other qualitative indicators, and ending with a final focus group to point out critical elements or additional needs.

- **Conclusions:** this study is aimed to confirm that telemedicine can be helpful in multi-professional patient-centered integration between different levels of care granting equality in remote territories, and supporting appropriate clinical choices to LTCF residents. It can also contribute in improving emergency network and ecological context, reducing avoidable, often useless transfers to ED.

- **Bibliografia:** 1) Potentially Avoidable Hospitalizations of Nursing Home Residents: Frequency, Causes, and Costs [See editorial comments by Drs. Jean F. Wyman and William R. Hazzard, pp760–761] Joseph G. Ouslander, MD, et al. JAGS 58:627–635,2010; 2) Cadute e ricoveri in ospedale: Il sistema di valutazione della performance in RSA in Regione Toscana Report 2019; 3) Department of Health and Human Services OFFICE OF INSPECTOR GENERAL- ADVERSE EVENTS IN SKILLED NURSING FACILITIES: NATIONAL INCIDENCE AMONG MEDICARE BENEFICIARIES Daniel R. Levinson Inspector General February 2014 OEI-06-11-00370