

Title

Telemedicine in (good) practice: a local sanitary unit experience from SARS-CoV2 pandemic.

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Abstract

Background

Repercussions of SARS-CoV2 pandemic on world's health, economics and politics are still ongoing to date and efforts to mitigate its transmission have caused unprecedented economic and social disruption¹. The related emergency situation has confronted the territorial health system with a social, human and health challenge, especially from an organizational point of view. In the meantime, the Health care system had the chance and the necessity to confront a totally new situation, by trying to trace new paths of good clinical practices, in compliance with the current law in force in Italy , called "Gelli-Bianco".

The aim of this study is to highlight results from a local health unit by analyzing the services provided in telemedicine and their adherence to the principle of safety of care.

The Local Sanitary Unit analyzed insists on a territory of 104 municipalities, followed by an organization in 12 districts and 6 hospitals with a population of approximately 923 000 inhabitants. It includes a very large territory, orographically complex and with different welfare needs.

From the very beginning of the pandemic, particular attention was paid not only to critical patients but also to persons suspected of being symptomatic at home and special sanitary multidisciplinary teams were created, called Team COVID.

Materials and methods

By codifying a method of taking rapidly charge the early symptomatic patient and carrying out the visit in telemedicine, an articulated system was

¹ Kirtipal N.; Bharadwaj S.; Kang S.G. From SARS to SARS-CoV-2, insights on structure, pathogenicity and immunity aspects of pandemic human coronaviruses. *Infect. Genet. Evol.* 2020, *85*, 104502.

implemented which aimed at a better clinical course and the adoption of good clinical practices. Data were directly derived from Team COVID and through SANIARP² platform (“Healthcare with centrality of the Patient and the Prescriptive Response”). Four categories of data were analyzed: epidemiological indicators, monitoring indicators, process and outcome indicators.

Results

Among all data obtained, the most relevant indicators show that the territorial take-over rate was 50,3%, with a median of 3 days between symptoms appearance and team takeover and a 10% of teleconsultation practiced. Among all different outcome indicators, the hospitalization rate of the patients in charge of the Team COVID was only 0.6%.

Conclusions

From the analysis of the results a greater control of the symptoms in the early stages, with an optimal home management due to telemedicine is derived. Consequently, a positive synergy between team specialists and general practitioners and the recovery of a relationship of trust with the territorial population is obtained, in the direction of greater safety of care: an organization applicable to other methods of home healthcare management.

² <https://www.saniarp.it/portale/Default.aspx>