



CAREWELL PILOT FACTSHEET VENETO, ITALY

Region Veneto, Italy

The Veneto Region is one of Italy's twenty one regions. It is situated in the north-eastern part of the country. The region is divided into seven provinces and 581 municipalities. Famous towns are Venice, Padua, Verona and Treviso, but most of the 4.9 million inhabitants live in small towns. Thus the region is densely populated apart from the mountainous north east where the Local Health and Social Authority nr.2 of Feltre is located.

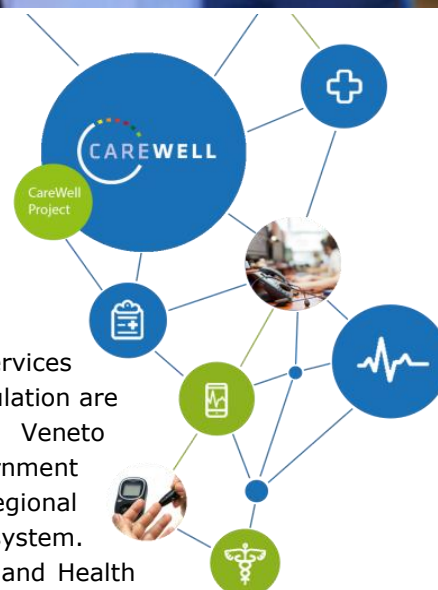
Partner	Regione Veneto - Azienda ULSS N.2
Main CareWell Innovation	Interconsultation via EHR, Action plan for nurse assisted monitoring, remote monitoring and education
Patient cohort(s)	160
Participating health professionals	GPs, home care nurses, social workers, specialists, other professionals.

HEALTHCARE SYSTEM

Health and social services for the resident population are provided by the Veneto Regional Government through the Regional Social and Health system.

The Regional Social and Health system consists of 21 Local Health and Social Authorities and two Hospital Trusts (HTs). One of the main features of Veneto Region's health model is the strong integration of health and social care which is guaranteed through a close cooperation between municipalities and the Local Health and Social Authorities.

ULSS N.2, the Local Health and Social Authority (LHSA) of Feltre, delivers health and social care through a secondary level hospital, a hospice, and a physical rehabilitation centre. In Feltre 14% of the population is older than 65 years of age. They receive assistance at home from professionals of the "Social and Health District", a structure focusing on the needs of primary health care, elderly and social care.



PATIENT EMPOWERMENT & HOME-SUPPORT PATHWAY

The following services are operational in Veneto as part of this CareWell pathway:

- Home-care nurses provide a monitoring service to patients; the information is shared with relevant healthcare practitioners via the Territorial ICT system.
- The home-care nurses will provide a telemonitoring service responding to patients entering their physiological measurements and symptom management questionnaire answers into the system.
- The home-care nurses' monitoring systems will include educational material to assist the patient to self-care and self-manage.
- In addition to the educational material available in the monitoring system, web based material will be available through the ULSS N.2 authority website.
- Patients will be able to access the interactive portal within the ULSS N.2 website, where they will be able to search for some information in their health, download results of tests and investigations and book appointments.

INTEGRATED CARE COORDINATION PATHWAY

The following services are operational in Veneto as part of this CareWell pathway:

- An online patient's dashboard brings together the relevant information from health and social care records, home-care service records, and hospital records.
- The dashboard is accessible to all care practitioners involved in a patient's care through a role-based access model.
- Hospital healthcare professionals have access to the patient dashboard as decision-making support in assessing and drawing up a patient's care plan.

- The Territorial ICT system will facilitate the sharing of information, care plans, patient monitoring measurements and self-management materials with all those in the care team via the EHR.
- The Territorial ICT system will allow the GP to ask for a teleconsultation with a specialist if necessary.

PATIENT RECRUITMENT AND SERVICE ROLLOUT

Veneto has been piloting from 2012 to 2014 a risk adjustment and stratification tool in order to assess the health status of the population. In 2014 the stratification tool has started the mainstream deployment of the tool in all the local health and social authorities. The Azienda ULSS N.2 Feltre was one of the early adopters of the tool in the piloting phase and has developed a specific competence in the use of the tool in case finding. In total, a cohort of 160 patients was recruited for the project. Patients suffer from two or more chronic conditions such as chronic obstructive pulmonary disease, heart failure or diabetes.

CONTACT

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