

TELEMEDICINE AND WOUND CARE MANAGEMENT SERVICE IN THE ITALIAN PUBLIC HEALTHCARE SYSTEM. FOUR YEARS CHECKPOINT: LESSONS LEARNED, INDICATORS, BUDGETING, QUALITY CONTROL, DRESSING STRATEGY

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Aim: In Telemedicine we used those (off the shelf) technologies in our everyday activity to improve outcomes, without losing safety, simplicity, clinical relevance, patients contact. We believe this could be a model for telemedicine services in the public hospitals for every wound care unit.

Methods: 140 subject, (370 ulcers, about 17.000 medications) initially followed an outpatients, then using telemedicine (eMail). We tested many dressing strategies. «Non professional» caregivers, nurses and the patients itself are involved in the medications in the telemedicine stage. We provided the dressing materials. We used and adapted from SF12 health survey to assess the quality of life and a simple questionnaire about «customer satisfaction». The budgeting and quality control systems were «adapted» to telemedicine. Dressing strategy has to be the easiest and effective available.

Results: We have a global 90% healing rate, no hospitalization needed (only for reconstructive surgery if needed), 35% global cost reduction, big improvement of the quality of life, good satisfaction. The best outcomes were achieved with multifunctional polymeric membrane dressings.

Conclusions/Discussion: In our experience are needed: A clear and verified step by step strategy, continuous benchmarking, patients and nurse training. Telemedicine is a winning strategy to improve the healing rate but the dressing strategy has to be simple and effective to have the best results. Our model will be fully explained.