

Salute, centralità del cittadino
e percorsi integrati di cura

Sesto al Reghena (PN)
3 - 4 dicembre 2009

I PERCORSI ASSISTENZIALI: CRITERI DI SCELTA E IMPATTO SULLA SALUTE

dott. Giovanni Pilati
direttore sanitario
Azienda ULSS 18 - Rovigo

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PERCORSI ASSISTENZIALI

I percorsi assistenziali sono modalità organizzate di svolgimento dell'assistenza rivolta a specifici gruppi di pazienti durante un periodo di tempo stabilito.

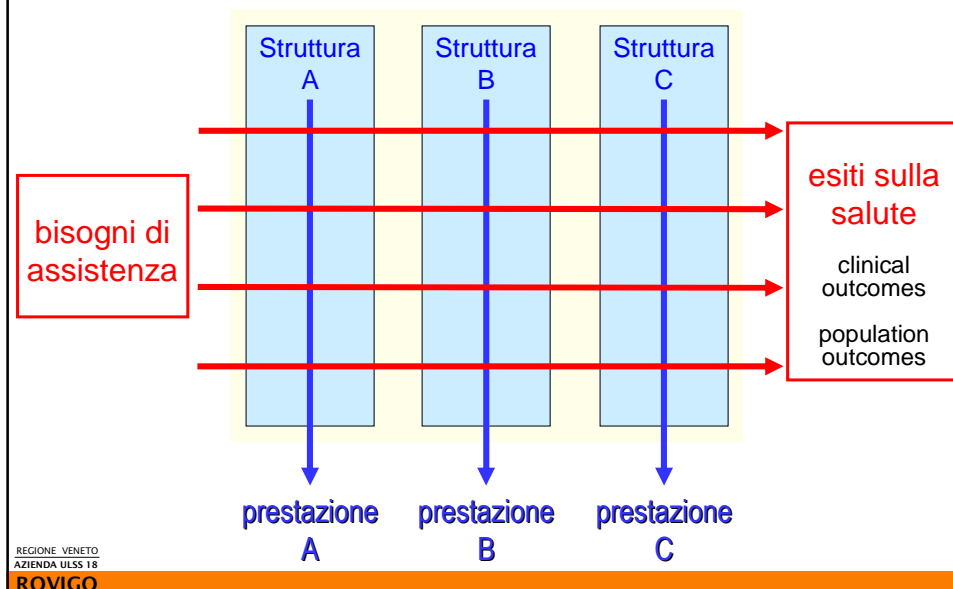
Sono il frutto di una metodologia e di un processo decisionale condiviso.

Lo scopo di un percorso assistenziale è di aumentare la qualità dell'assistenza, migliorando gli esiti, la sicurezza e la soddisfazione dei pazienti e ottimizzando l'uso delle risorse.

European Pathway Association, Slovenia Board Meeting, Dec 2005

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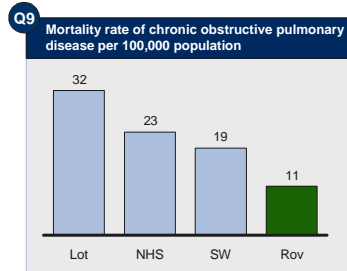
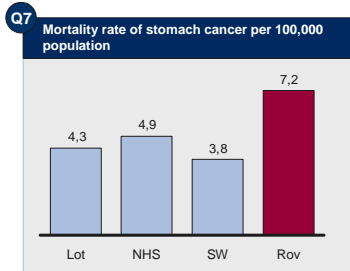
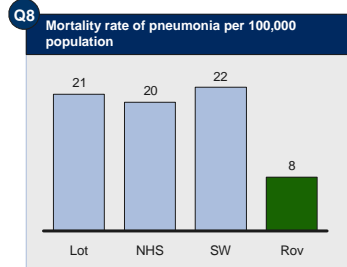
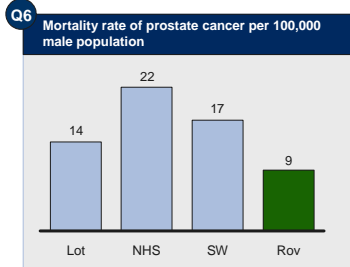
Prestazioni o percorsi assistenziali?



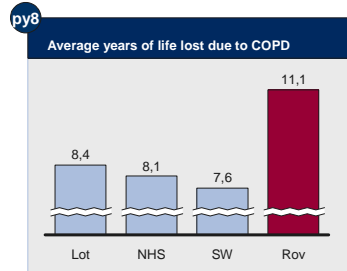
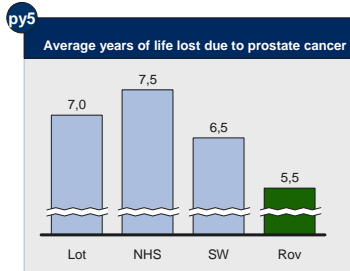
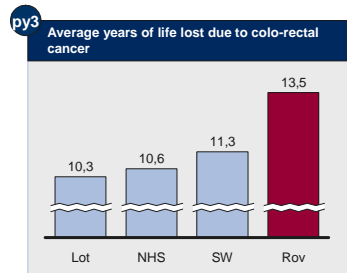
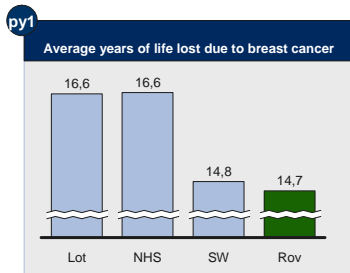
ULSS 18 progetto sperimentale



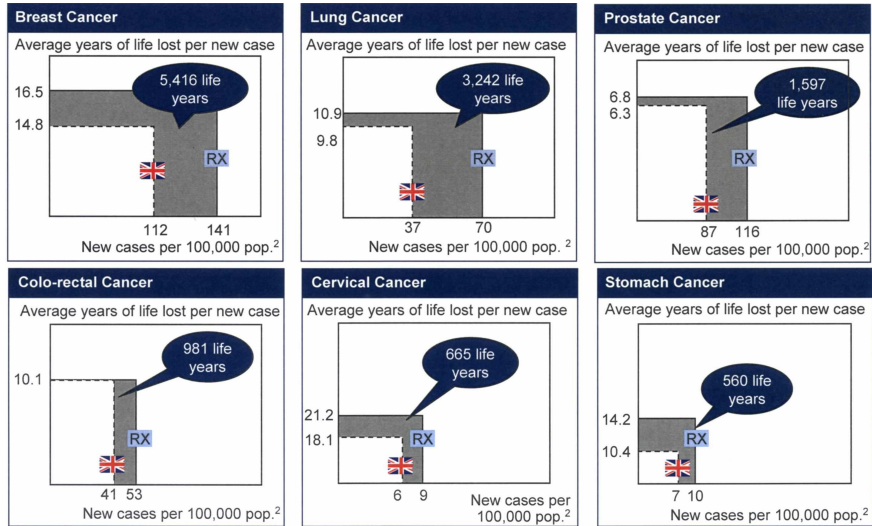
i criteri di scelta: tassi di mortalità?



i criteri di scelta: anni di vita persi?



i criteri di scelta: prevenzione e/o trattamento?

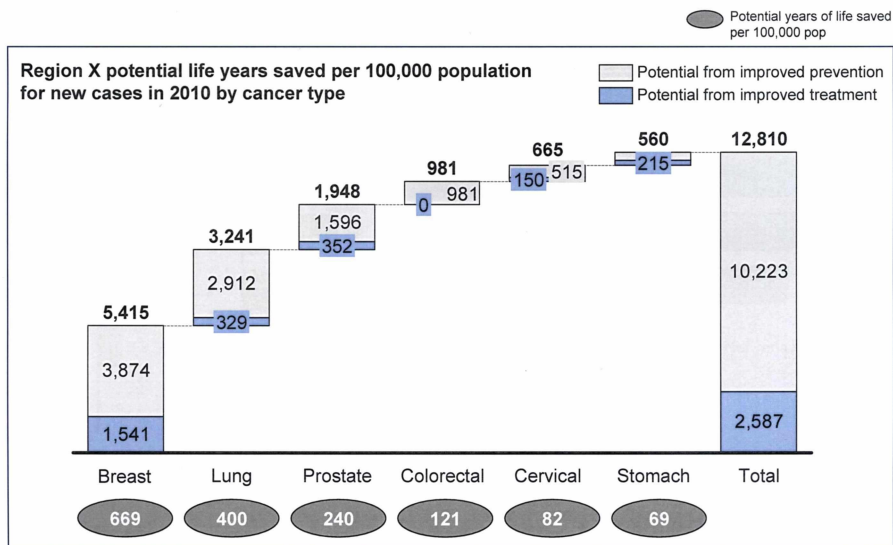


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SOURCE: HealthTracker members data collection, National Center for Health Outcomes Development, McKinsey Analysis

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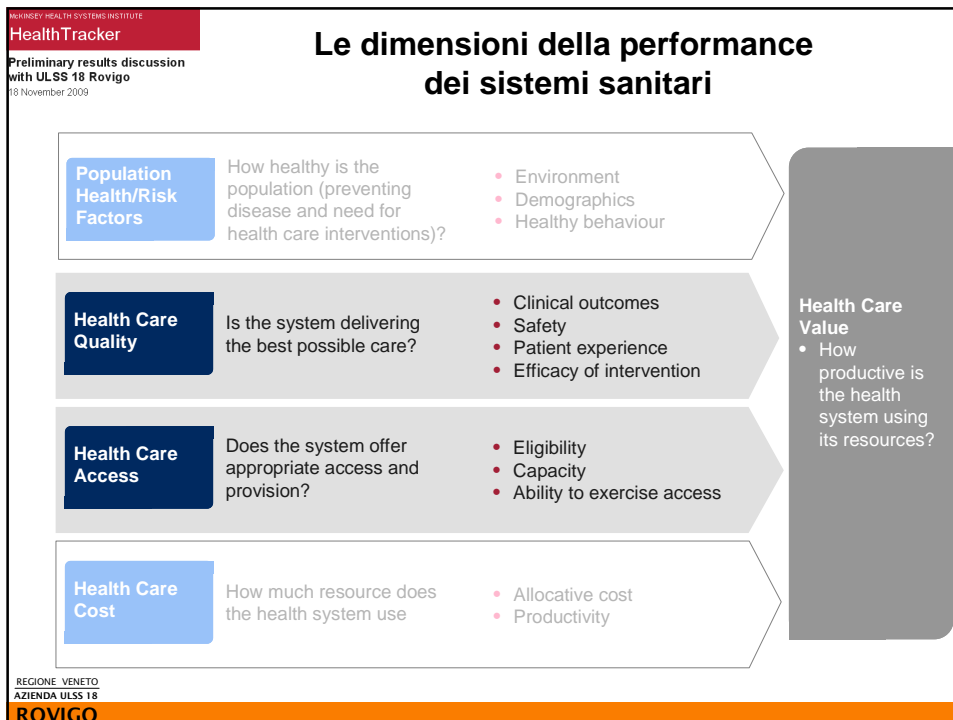
i criteri di scelta: prevenzione e/o trattamento?



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SOURCE: HealthTracker members data collection, National Center for Health Outcomes Development, McKinsey Analysis

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PERCORSI ASSISTENZIALI

Per definire un percorso assistenziale è necessario:

dichiarare in modo esplicito gli **obiettivi e gli elementi chiave dell'attività assistenziale**, a partire dalle prove di efficacia, dalle migliori pratiche e dalle aspettative dei pazienti;

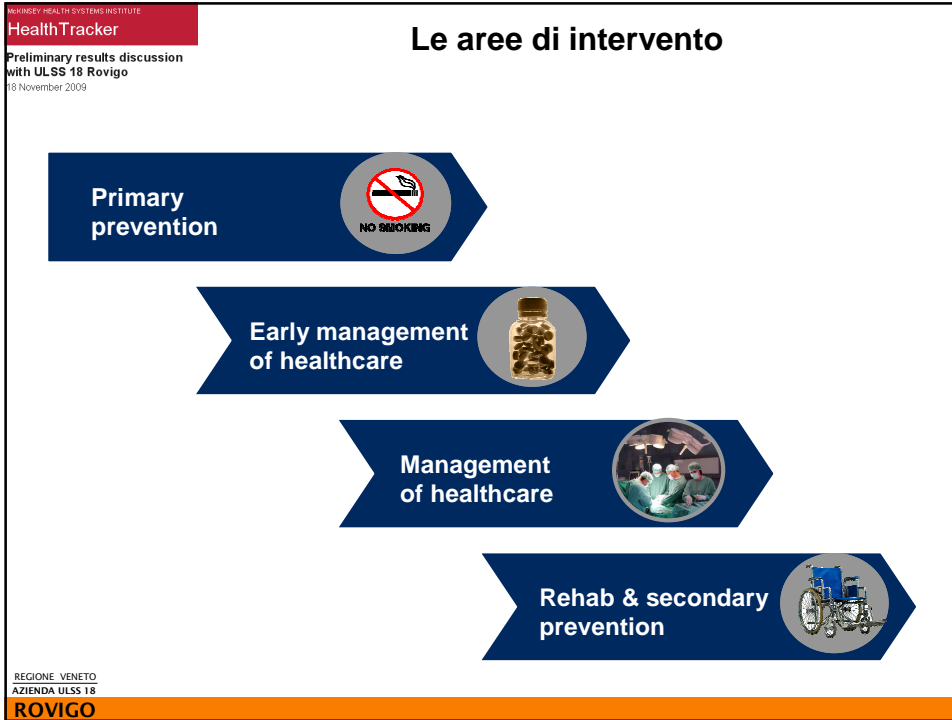
facilitare la comunicazione, il coordinamento dei ruoli e lo svolgimento delle attività da parte del team assistenziale multidisciplinare, dei pazienti e dei familiari;

documentare, monitorare e valutare i **risultati assistenziali** e la loro **variabilità**;

identificare le **risorse necessarie e compatibili**.

European Pathway Association, Slovenia Board Meeting, Dec 2005

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MINISEY HEALTH SYSTEMS INSTITUTE
HealthTracker
 Preliminary results discussion
 with ULSS 18 Rovigo
 18 November 2009

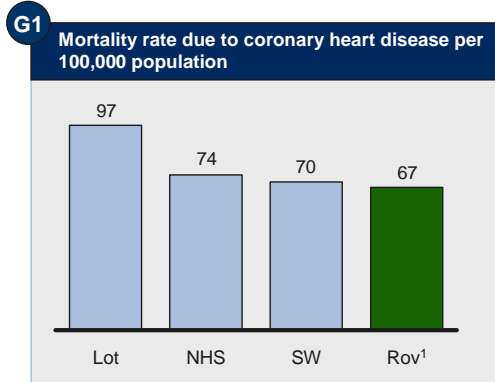
ULSS 18: Valutazione del percorso INFARTO MIOCARDICO

	Primary prevention	Early management of CHD	Management of AMI	Rehab & secondary prevention
Primary end point	● Mortality rate due to coronary heart disease per 100,000			
Secondary end points	● CHD prevalence rate	● Incidence of primary AMI	● AMI mortality ● Inpatient mortality rate of (AMI) ● Readmission rate of AMI within 30 days	● Incidence of recurrent AMI
Actionable outcomes	● % of adult population which have BMI > 30 ● % of adults who smoke daily ● Average alcohol consumption among population 16 years and over ● % of adults doing regular physical activity	● % of CHD patients who are currently treated with a beta blocker ● % of CHD patients taking aspirin, an alternative anti-platelet therapy or an anti-coagulant ● % of CHD patients with total cholesterol (CHO) ≤ 5 mmol/L ● % of patients with newly diagnosed angina who are referred for exercise testing and/or specialist assessment ● % of CHD patients with blood pressure (BP) ≤ 140/90 mmHg ● % of CHD patients receiving a flu vaccination	● % of AMI patients who receive Aspirin within 24 hours of symptom onset (before or after hospital arrival) ● % of AMI patients with primary PCI who receive it within 90 min of hospital arrival ● % of AMI patients eligible for primary PCI who receive primary PCI as a means of revascularisation ● % of STEMI patients receiving LMWH during the hospitalisation ● % of AMI patients who receive beta-blocker within 24 hours of symptom onset (before or after hospital arrival)	● % of AMI patients assessed for cardiac rehabilitation (CR) before discharge ● % of AMI patients with smoking history who receive smoking cessation advice or counselling during hospital stay ● % of AMI patients who are prescribed a beta-blocker at hospital discharge ● % of AMI patients who are prescribed lipid-lowering medication at discharge ● % of AMI patients who are prescribed aspirin at hospital discharge ● % of patients with AMI history who are currently treated with an ACEI or ARB
	● >50% above median ● 5-50% above median ● ± 5% around median		● 5-50% below median ● >50% below median ● Insufficient data	

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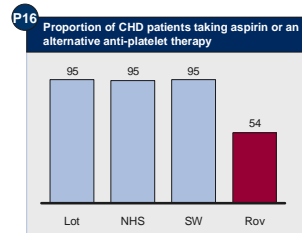
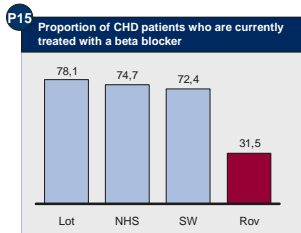
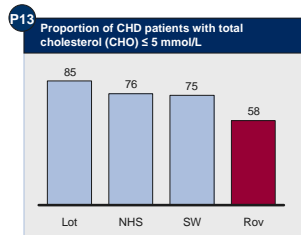
ULSS 18: Valutazione del percorso INFARTO MIOCARDICO

mortalità per malattia coronarica acuta



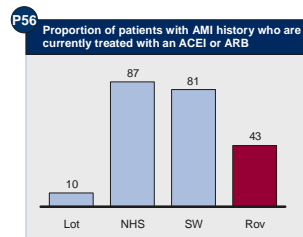
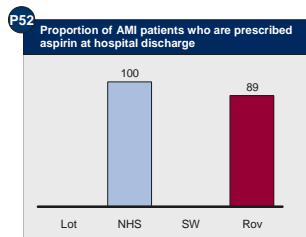
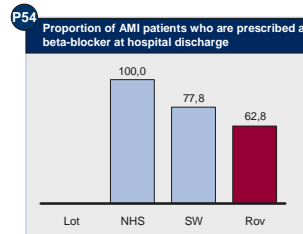
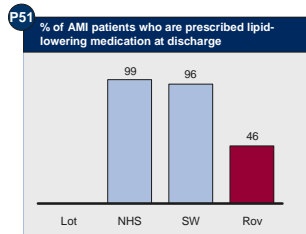
ULSS 18: Valutazione del percorso INFARTO MIOCARDICO

pazienti in trattamento



ULSS 18: Valutazione del percorso INFARTO MIOCARDICO

pazienti in trattamento alla dimissione



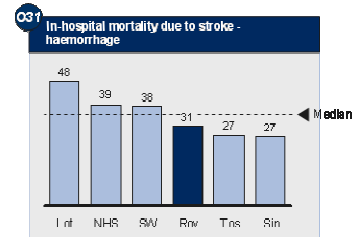
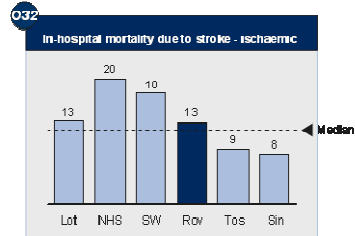
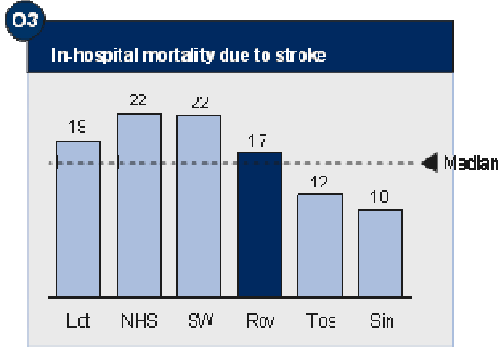
ULSS 18: Valutazione del percorso STROKE

- 50% greater than median
- 5% greater than median
- Within 5% range of median
- 5% lower than median
- Member data not provided

	Primary prevention of stroke	Acute management of stroke	Rehab & secondary prevention
Primary end point	Mortality rate due to stroke per 100,000 population		
Secondary end points	Annual incidence of first time stroke	In-hospital mortality due to stroke	Annual incidence of secondary stroke cases
Actionable outcomes	<ul style="list-style-type: none"> ○ Average alcohol consumption among population 16 years and over ○ % of adult daily smokers ○ % of adults with BMI > 30 ○ % of adults with regular physical activity ● % of patients with AF or atrial flutter at high risk for thrombo-embolism were prescribed warfarin ○ % of high risk TIA patients seen within 24 hours of referral ● % of patients with a history of TIA or stroke in whom the most recent blood pressure reading is 140/90 mmHg or less ● % of patients with a history of TIA or stroke in whom the most recent measured total cholesterol is 5 mmol/l or less 	<ul style="list-style-type: none"> ○ % of patients who die within 28 days after all strokes ○ % of stroke patients readmitted to inpatient care within 30 days after discharge ○ % of stroke patients treated at a special stroke unit during the year ○ % of patients with the diagnosis of ischemic stroke who reach hospital and have thrombolysis within 3 hours of symptom onset ○ % of patients with the diagnosis of ischemic stroke who receive thrombolysis ● % of suspected stroke patients receiving CT or MRI scans within 3 hours 	<ul style="list-style-type: none"> ○ % of stroke patients who smoke ● % of hospitalised ischemic stroke patients given aspirin within 48 hours of symptom onset ● % of patients with the diagnosis of ischemic stroke and TIA who were prescribed antiplatelet therapy at discharge ● % of patients with the diagnosis of any stroke for whom rehabilitation services are planned after discharge ● % of stroke patients prescribed physiotherapy within 74 hours of symptom onset
Resources	# of PCP/GP per 100,000	<ul style="list-style-type: none"> ○ # of stroke unit beds per 100,000 ○ # of stroke units per 100,000 ○ # of 24/7 CT scanners per 100,000 	# of rehab beds per 100,000

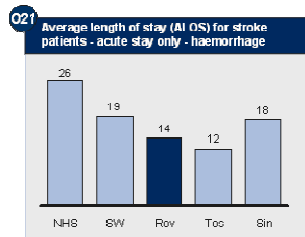
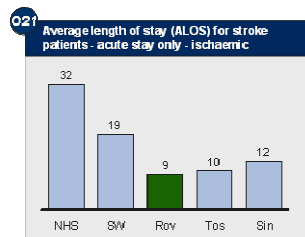
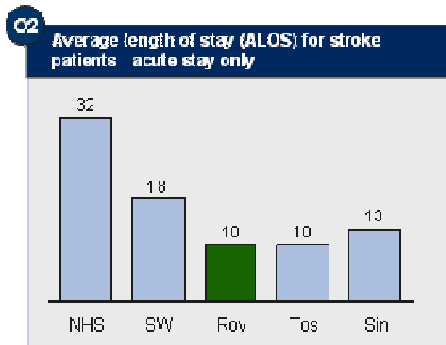
ULSS 18: Valutazione del percorso STROKE

mortalità intraospedaliera



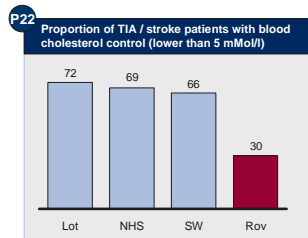
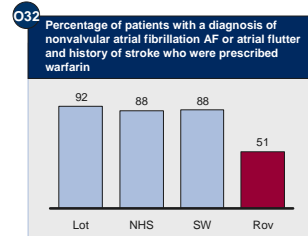
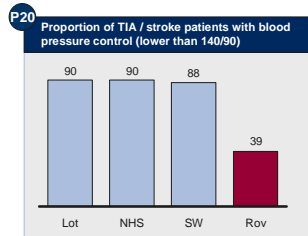
ULSS 18: Valutazione del percorso STROKE

durata della degenza



ULSS 18: Valutazione del percorso STROKE

trattamento dei pazienti a rischio



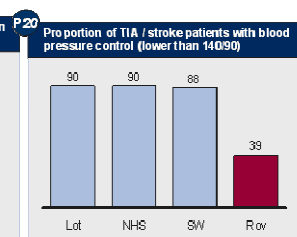
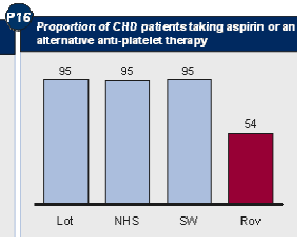
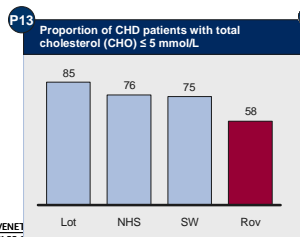
prestazioni ambulatoriali
 procapite/anno
ULSS 18 = 21,3
Veneto = 14,2

visite cardiologiche
 x 1000 abitanti/anno
ULSS 18 = 181
Veneto = 57

assistenza farmaceutica
 costo annuo procapite
ULSS 18 = 225 euro
Veneto = 194 euro

DDD antipertensivi
 1.000 abitanti die
ULSS 18 = +14,5%
rispetto alla media regionale

pazienti sottotrattati ?



la governance integrata

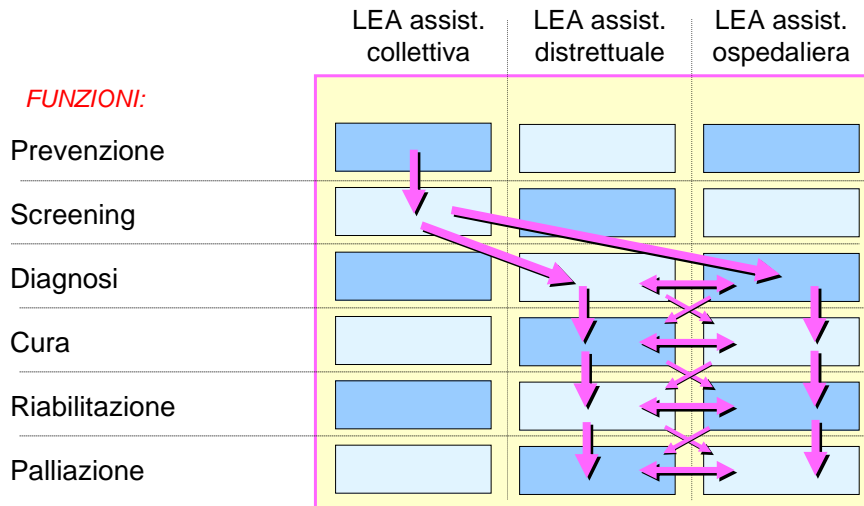
la governance integrata: **LE TECNOLOGIE**

L'assistenza sanitaria
basata sulle prove di efficacia

La valutazione delle tecnologie sanitarie

La misura degli esiti: gli indicatori clinici

la governance integrata: I PROCESSI ASSISTENZIALI



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la governance integrata: I PROFESSIONISTI



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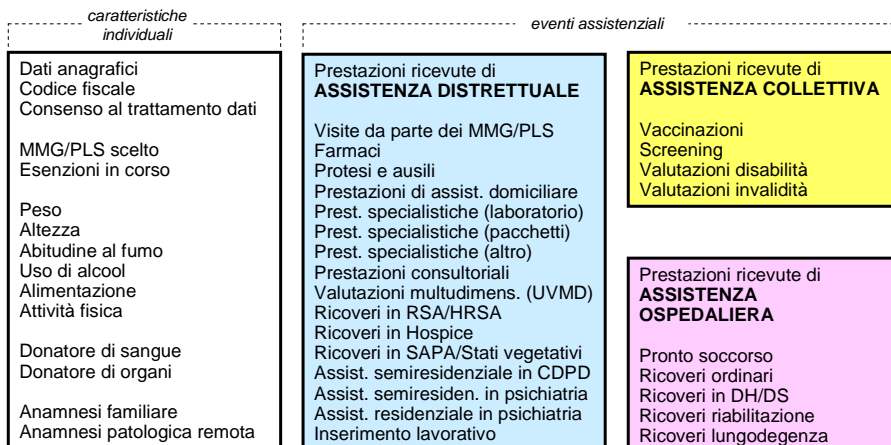
la governance integrata: LE INFORMAZIONI



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la governance integrata: LE INFORMAZIONI

il Fascicolo socio-sanitario del Cittadino



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la governance integrata: I SISTEMI DI GESTIONE



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