

STORIES OF DISEASE AND TREATMENT: ORGANIZATIONAL MODELS FOR CONTINUITY OF CAREGIVING

*Qualitative, multi-prospective research
in two urban areas of northern Italy*

OCTOBER 2015 – AUGUST 2016

STUDIO APS Milano
INSTITUTE IPASVI Milano Monza and Brianza; INSTITUTE IPASVI Brescia
Colibrì CONSORTIUM Bologna

With the collaboration of APRIRE network and SITI Lombardia



WHO took part in the study?

The research team

Bertoletti Erik	<i>Colibrì Consortium – Santa Viola Hospital</i>	Neurologist
Bonetti Loris	<i>Collegio Ipasvi of Milan, Lodi, Monza -Brianza</i>	Nurse Leader, PhD, RN Nurse, Director of the Collegio Ipasvi
D'Angella Francesco	<i>Studio APS</i>	Sociologist, Organizational educator and consultant
Di Giaimo Angela	<i>Collegio Ipasvi of Brescia</i>	RN Nurse, Nursing Home Care Director
Lonati Fulvio	<i>Association APriRe</i>	Doctor
Magri Miriam	<i>Collegio Ipasvi of Milan, Lodi, Monza -Brianza</i>	RN Nurse, Director of the Collegio Ipasvi
Pedercini Chiara	<i>Collegio Ipasvi of Brescia</i>	Nurse, Hospital Coordinator
Peduzzi Paolo	<i>SITI Lombardia</i>	Doctor, Medical Director in a LHA
Sabatini Claudia	<i>Colibrì Consortium</i>	Engineer, President of the Consortium
Saltarelli Sara	<i>Colibrì Consortium – Coop, Società Dolce</i>	Social Work, Director of the non self-sufficiency sector
Ferretti Giovanna	<i>Studio APS (Project coordinator)</i>	Nurse, Organizational educator and consultant

External interventions by: Diletta Cicoletti; Claudia Marabini; Riccardo Peasso

WHERE *did the research take place?*

Territory ed Institutions

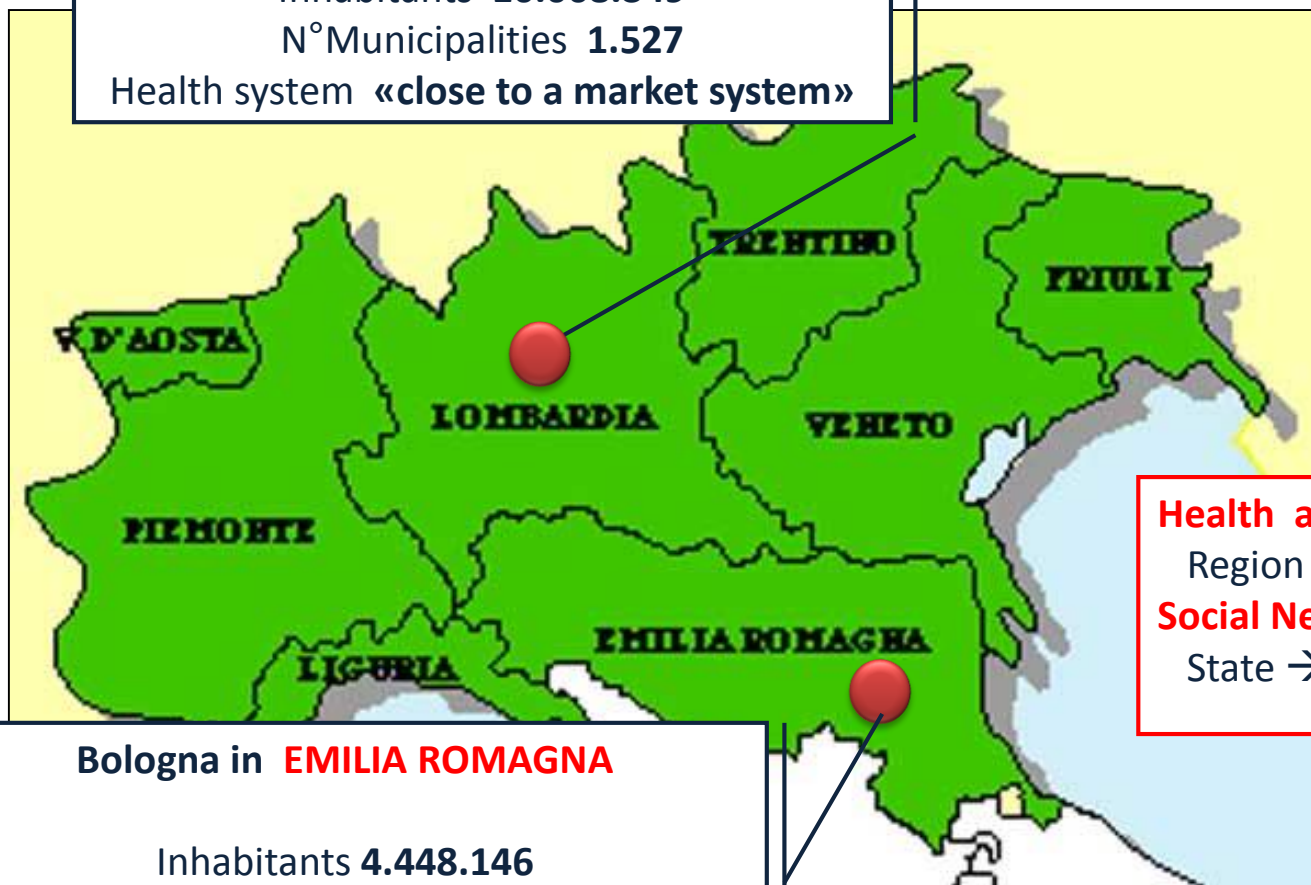


Milano in **LOMBARDIA**

Inhabitants **10.008.349**

N°Municipalities **1.527**

Health system «close to a market system»



Health and social care network

Region → Health authorities

Social Network

State → Municipalities

Bologna in **EMILIA ROMAGNA**

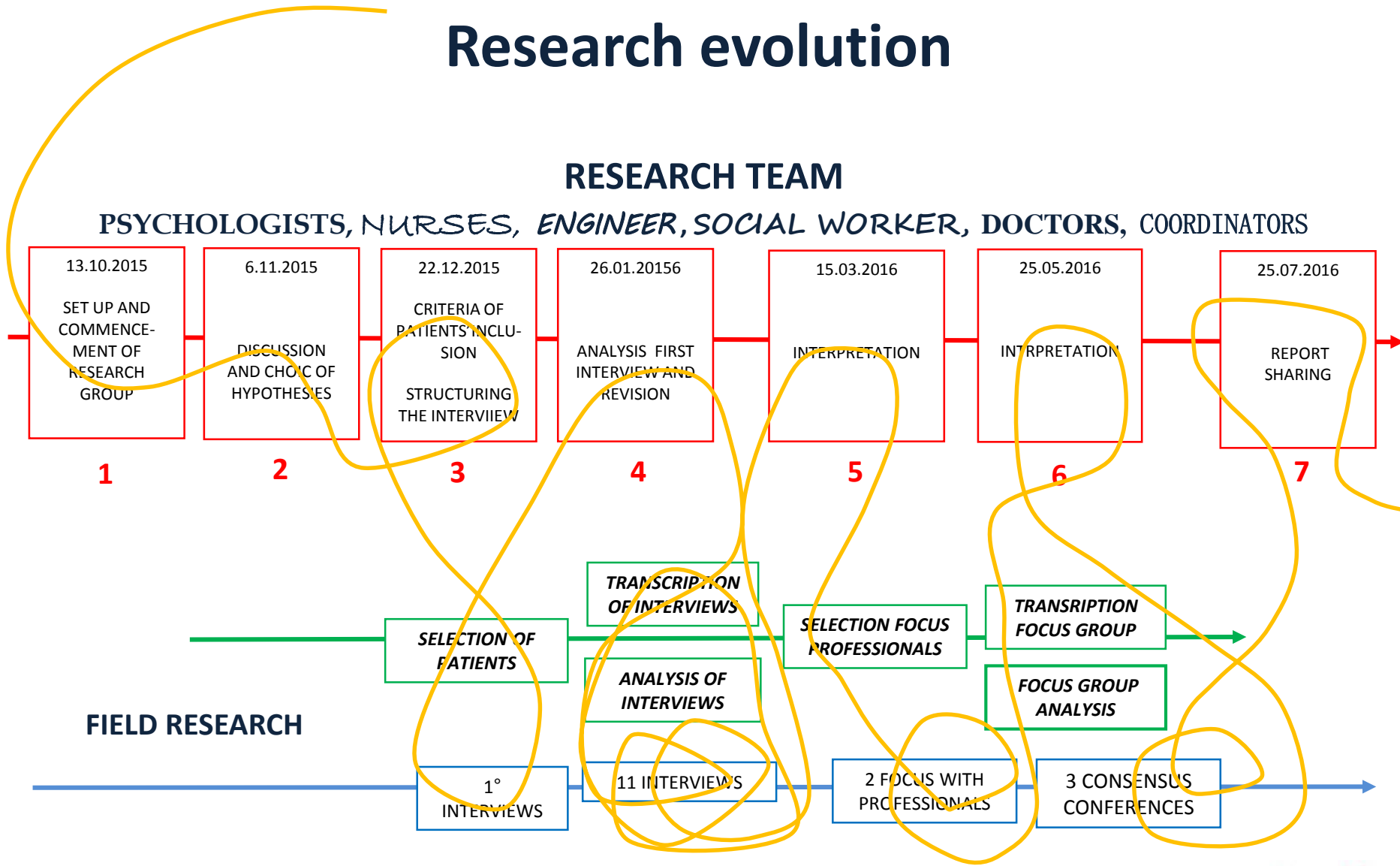
Inhabitants **4.448.146**

N° Municipalities **334**

Health system: **public director type of system**

HOW was the research carried out?

Research evolution



WHICH HYPOTHESES *drove the research?*

1°... it is necessary, during treatment, to find **a new way of relating**: to activate the **capacities of the patients** and their familial and social contextual environments

2°... cultural models are important ... **from the professional reference points to the problems of the patients**

3°... the direction of continuity must evolve towards **decision-making processes within a structurally changing framework**

RESULTS...

... the meaningful dimensions

DISEASE - what relation to the disease



FAMILY - What family?



COMMUNICATION



RELATIONSHIP

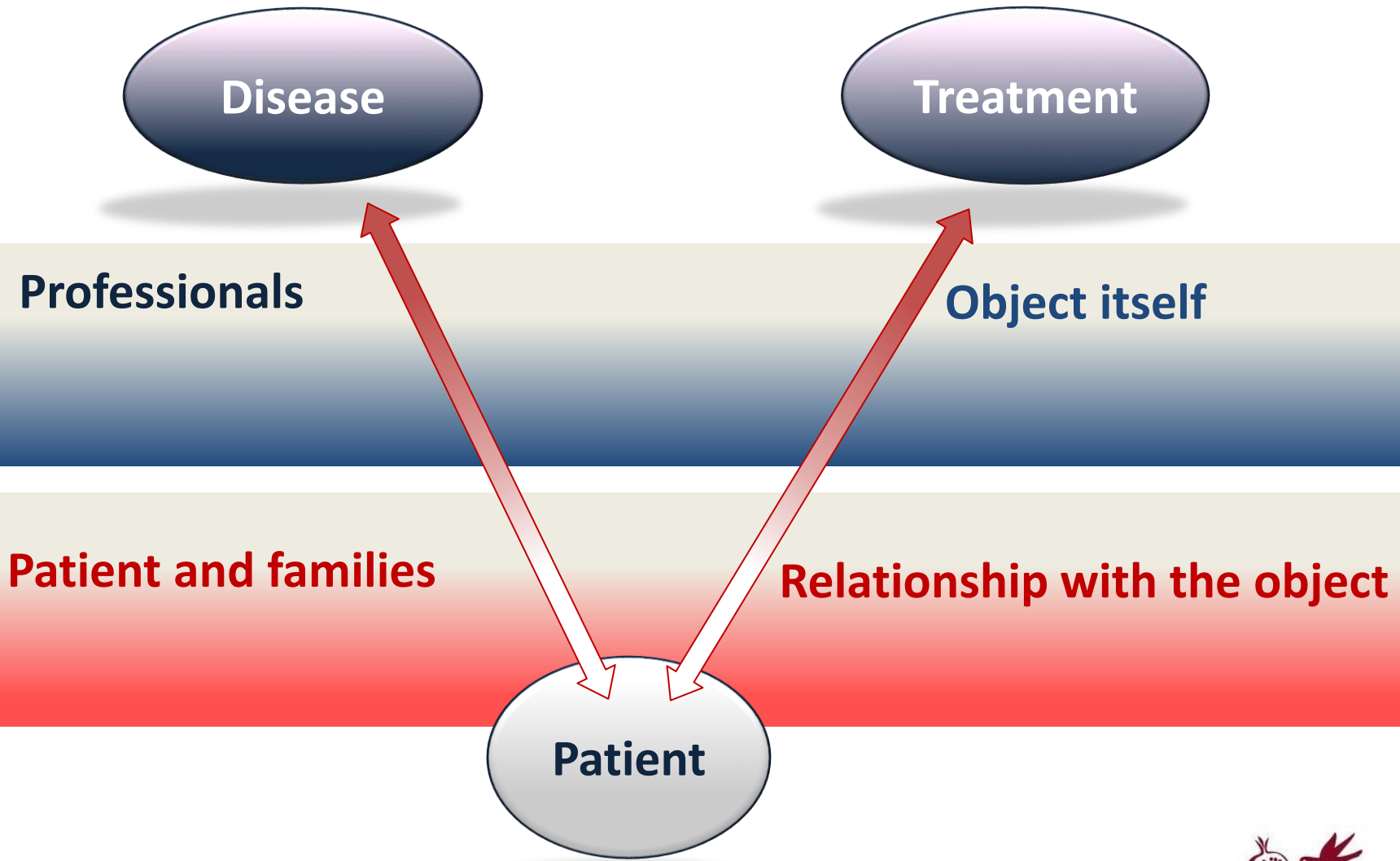


An interrupted interaction
PARADIGMS STRUGGLING TO MEET

ORGANIZATION → structure of work processes and relative coordination



PARADIGMS STRUGGLING TO MEET



WHAT ORGANIZATION? ...

What does it offer to the patient?

Who is the professional, what does he do?

What is the framework?

What type of direction does the system portray?

What are the problems handled?



COMPARTMENTALIZATION IN SEQUENCE TENDING TOWARDS INTEGRATION

WHAT ORGANIZATION?

← **COMPARTMENTALIZATION**

IN SEQUENCE

TENDING TOWARDS INTEGRATION →

COMPARTMENTALIZATION

PROFESSIONAL	oversees his field of expertise
HEALTH SERVICE	<i>'right there and then'</i>
CONTEXTS	<i>here and now</i>
DIRECTION	no directed management
PROBLEMS	the patients' problems are not the professionals' problem

WHAT ORGANIZATION?

← COMPARTMENTALIZATION

IN SEQUENCE

TENDING TOWARDS INTEGRATION →

COMPARTIMENTALIZATION

IN SEQUENCE

PROFESSIONAL	oversees his area of expertise, knows there are other professionals involved.
HEALTH SERVICE CONTEXTS	procedure ' <i>here and now</i> ' ... each specialist has his/her role and position
DIRECTION PROBLEMS	is planned, fixed and limited in time inside professional sphere.

WHAT ORGANIZATION?

← COMPARTMENTALIZATION

IN SEQUENCE

TENDING TOWARDS INTEGRATION →

COMPARTIMENTALIZATION

IN SEQUENCE

TENDING TOWARDS INTEGRATION

PROFESSIONAL	oversees not only the specialized input but also the treatment process
HEALTH SERVICE	project
CONTEXTS	“here and somewhere else”; now, past and future
DIRECTION	a structurally changing framework
PROBLEMS	the problems the professionals deal with are the patients’ ones

We have understood that ...

the structured system tends **to simplify things** or **defend itself** before different requests

... to overcome compartmentalizing,
... to break out of the sequential trend,
... to embrace an integrated approach.

**to keep in touch
with the
complexity**

Not only patients' disease ...
... **but also the relation of the
patients to their disease**

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THANK YUO!



The interviewees

**6 people interviewed in Bologna and 6 in Milan , 8 women and 4 men,
between 40 and 93 years**

- One hospitalization in 2015 and the following home care
- Low level of independence → Barthel <50
- Multi-pathological → CIRS >3 (Cumulative Illness Rating Scale)
- Some with social fragility