

Pilot implementation of CHRODIS Integrated Care Model in a tertiary referral hospital in Italy



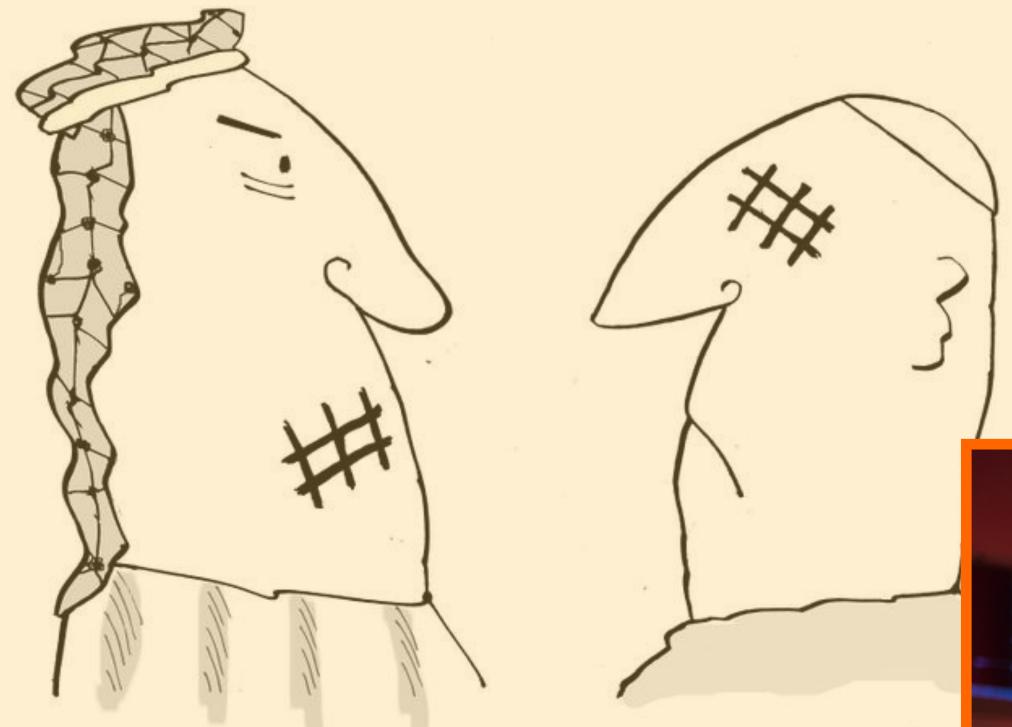
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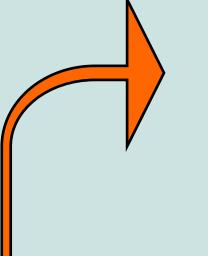


Improve communication and coordination of care among members of the health care team and patients.





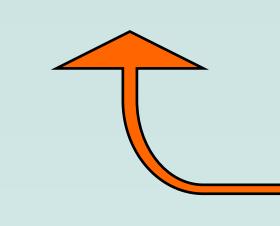
FAR. The case manager is successfully coordinating health care team members and patients



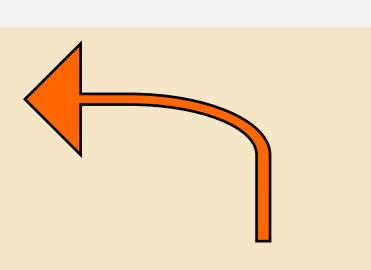
115 Patients with AD and DS have been re-assessed with the CGA tool provided by the InterRAI network



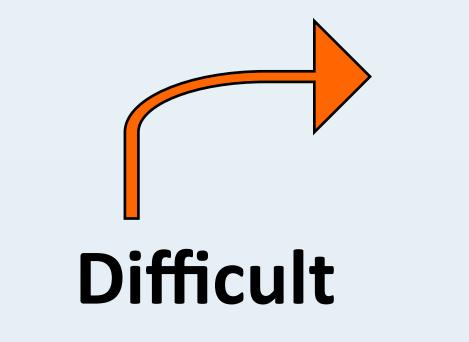
HOW. Comprehensive geriatric assessment tools



GOAL. Assess patients with a comprehensively including all clinically relevant domains and possibly spotting undetected care needs.



Poor care coordination



Patients don't have a In a big urban context reference care provipatients are exposed to long trips to the hospital care

accessibility

Adults with Down syndrome and Alzheimers' disease

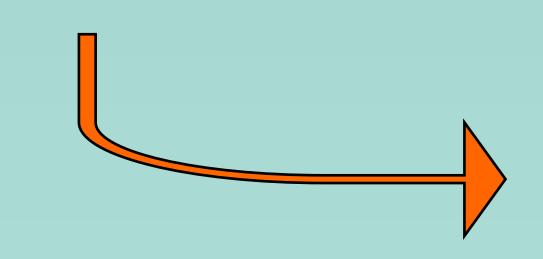


COMPLEXITY Is their common feature

trigger useless and even harmful cares and miss important health needs

Fragmentation Disempowerment

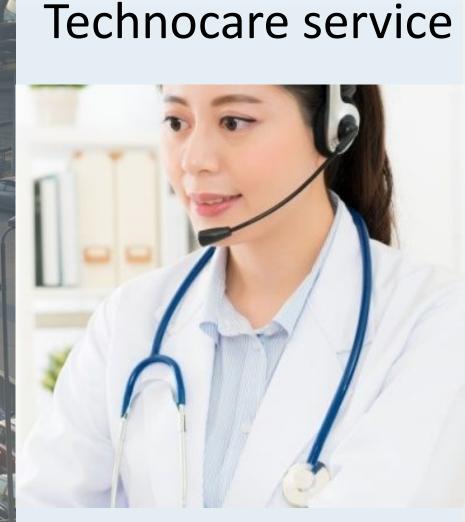
Specialized care could Patients and caregivers feel harmless in many medical and non-medical areas such as social life, mood, communication, self care.



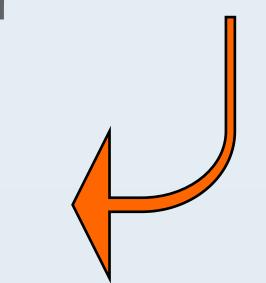
GOAL. Make services more readily available or convenient for people with limited mobility, time or transportation options.



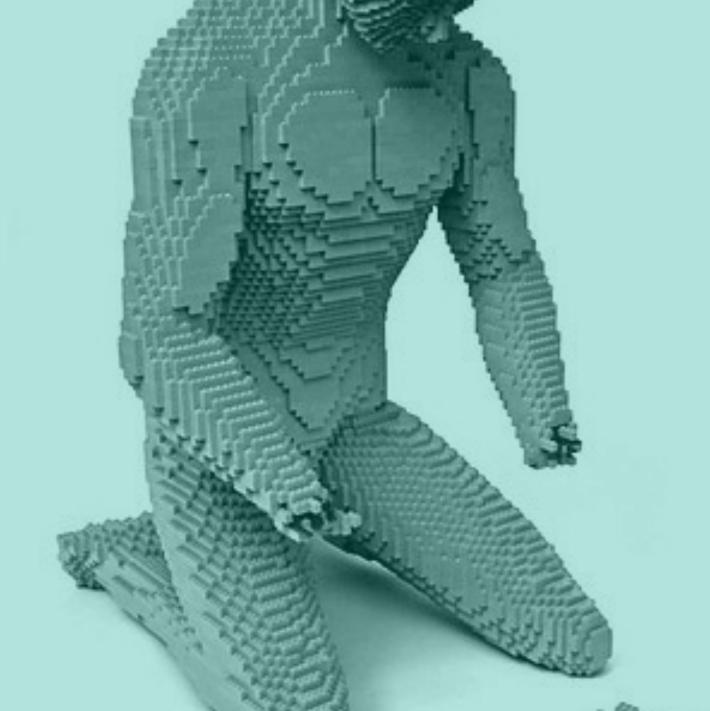
HOW.



34 techno care visits with patients living far from the hospital were carried out



FAR. Two sessions of focus group meetings with patients and their family members were completed



GOAL. Improve patient self -management

HOW. Group meetraining courses for patients and family members.



