

# Programma Ospedale Territorio nella rete socio-sanitaria milanese



UNIVERSITÀ  
DEGLI STUDI  
DI MILANO

**VENERDÌ 9 GIUGNO 2023**

**ORE 9:00 | 13:00**

**SALA RAPPRESENTANZA DEL RETTORATO IN VIA FESTA  
DEL PERDONO IN PRESENZA E DA REMOTO CON TEAMS**

**Discussione con i  
referenti di alcune  
U.O. del  
Programma  
ospedale territorio**

*Il contributo di*



# Bisogni emergenti: *clinici e sociali*



# Complessità in CP

Hodiamont et al.  
2019

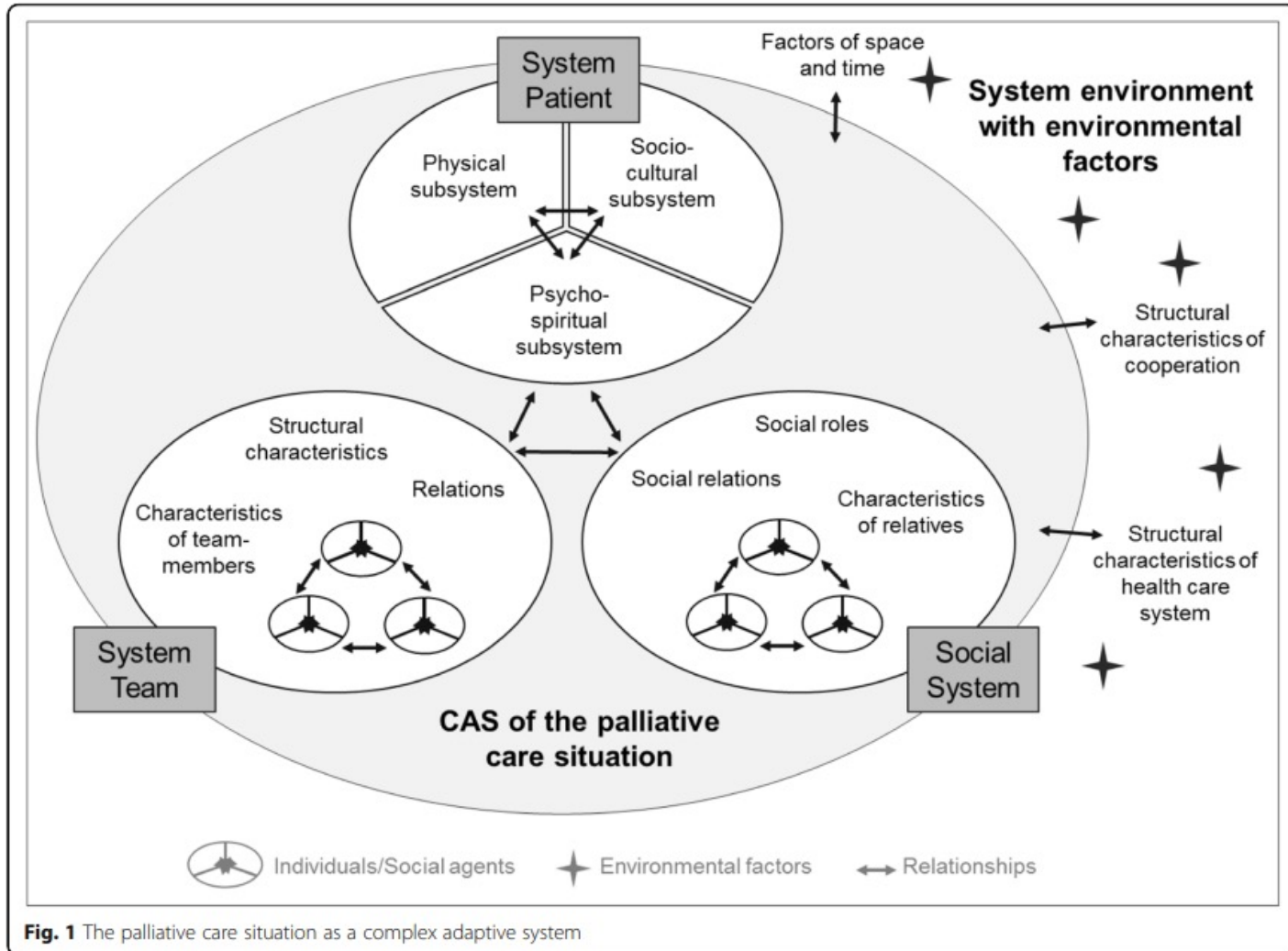


Fig. 1 The palliative care situation as a complex adaptive system

Tabella 2. Item dello strumento IDC-Pal per la classificazione della complessità in cure palliative (da Martin-Rosello ML, et al. 2018<sup>23</sup>, riproduzione autorizzata).

1. Patients	Complexity level
<b>History</b>	
The patient is a child or adolescent	HC
The patient is a healthcare professional	C
Social-family role performed by patient	C
Previous physical, psychological or sensorial disability	C
Recent and/or active addiction problems	C
Previous mental illness	C
<b>Clinical situation</b>	
Symptoms difficult to control	HC
Refractory symptoms	HC
Urgent situations in the terminal cancer patient	HC
Last hours/days of life difficult to control	HC
Clinical situations due to cancer progression difficult to control	HC
Acute decompensated organ insufficiency in non-oncological terminal patients	C
Severe cognitive failure	C
Abrupt change in level of functional autonomy	C
Presence of comorbidity difficult to control	C
Severe constitutional syndrome	C
Clinical management difficult due to repeated non-compliance with therapy	C
<b>Psycho-Emotional</b>	
Risk of patient committing suicide	HC
Patient is asking to hasten the process of death	HC
Patient presents existential anguish and/or spiritual suffering	HC
Communication conflicts between patient and family	C
Communication conflicts between patient and healthcare team	C
Inadequate emotional coping by patient	C
<b>2. Family and environment</b>	
Absent or insufficient family support and/or caregivers	HC
Family members and/or caregivers not competent to give care	HC
Dysfunctional family	HC
Family and/or caregiver burden	HC
Complex bereavement	C
Structural limitations of environment for the patient	HC
<b>3. Healthcare organization</b>	
Professionals/Team	
Application of palliative sedation difficult to manage	HC
Difficulty in the indication and/or management of medication	C
Difficulty in the indication and/or management of interventions	C
Limitations of professional competence to address situations	C
<b>Resources</b>	
Difficulty managing or acquiring instrumental techniques and/or specific material at home	C
Difficulty managing coordination and logistic needs	C

C: Complex; HC: Highly Complex

Score:

Highly complex	at least 1 HC item	specialized palliative care is highly recommended
Complex	at least 1 C item	specialized palliative care might constitute a benefit
Non-complex	none of the items	specialized palliative care is not recommended

# La risposta del territorio



**carezza delle risorse**

**assenza di una figura di  
sintesi per il paziente**

**impreparazione dei professionisti**

**scarsa competenza specialistica**

**limiti delle reti di cura e assistenza**

# Grazie

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