



# Fondazione “Elisabetta Germani”

Centro sanitario assistenziale – ONLUS

*125 years of care and assistance to the frailty and for the territory*



*General Director*

*Ivan Scaratti*

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## ***WHO WE ARE***

The Foundation, in the context of territorial planning, plays a key role within the network of personal services.

It is a structure open to the territorial community, designed to provide qualified and proactive solutions in the field of geriatrics and disability.



Our excellence: «*Dementia supply chain*»

- ◆ Providing support to people with Alzheimer and dementia
- ◆ Research and actions on Age-Friendly environments, innovative technologies, and daily activities of people





# MULTI-SERVICE STRUCTURE

**Fondazione Elisabetta Germani is a multi-service structure that provides a wide range of services for the elderly and disabled, of residential, semi-residential and outpatient nature**

125 years of care and assistance for frail people

355 people taken care of between the Health Residence and the Alzheimer's centre

280 employees and 20 collaborators

119 geriatric consultations

100 patients in intermediate care

4337 physiotherapy services

6657 home interventions

1866 hours of professional training



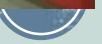




# RESIDENTIAL SERVICES

## Alzheimer's centre

In the Residential care home, there is the "Mother Fiordalisa" Alzheimer's centre with 34 beds dedicated to the care and assistance of people with neurocognitive and psycho-behavioural disorders, able to move in total or partial autonomy.







# *Nursing Home*

256 beds. Residential social and health facility for non-self-sufficient elderly people, who need full-time medical, nursing and rehabilitation assistance

## *Private Care*

16 beds are dedicated to the temporary reception under the private regime (at the total expense of the patient) of people who need a period of recovery and clinical stabilization, or respite assistance (in the absence of the family network)







# *RESIDENTIAL SERVICES*

## *Centre of Nursing Home for people with disabilities*

40 beds. The Nursing Home for the people with disabilities welcomes adults, under the age of sixty-five, who have conditions of physical, mental and/or sensory disability of any etiology and who are not adequately assisted at home.





## ***Intermediate care***

***A service of transition and continuity of care  
between hospital and territory***

20 beds dedicated to geriatric patients who do not have acute pathologies.

The main objective is the recovery of compromised functional skills, aimed at returning home and reintegration into the social/working environment in the best possible conditions of autonomy after a rehabilitation cycle.



## ***SEMI-RESIDENTIAL SERVICES***

### ***Day-care center «SerenaMENTE»***

40 seats. A daytime reception service for people over 65 years of age, with cognitive frailties and/or psychological-behavioral



*Dr. Ivan Scaratti*  
General director







## ***HOME SERVICES***

***6700 home interventions per year.***

People of all ages come to us if they need physiotherapy and rehabilitation, nursing care, specialist medical assistance with home support.

We manage a chain of services for the global care of the needs of the frail person and his or her family.

## ***OUTPATIENT SERVICES***

*Outpatient clinics of:*

**Psychiatry**  
**Occupational Therapy**  
**Neurosurgery**  
**Cardiology**  
**Speech therapy**  
**Pneumology**  
**Geriatrics**  
**Psychology**  
**Orthopaedics-physiatry**  
**Rehabilitation**



*Dr. Ivan Scaratti*  
*General director*







**AGING POPULATION**

**BIRTH RATE**

**FAMILY CHANGE**



**DEEP SYSTEM, CULTURAL  
AND ORGANIZATIONAL  
CHANGE**

**VALUE FOR  
THE  
TERRITORY**

**NEW PARADIGM**

Community  
Building

MULTI-SERVICE  
STRUCTURE

- 1) FROM “TRADITIONAL NURSING HOME” TO “PROXIMITY CENTER”, "networked" and proactive "point of reference" of the territory able to offer citizens a complete chain of territorial, residential and home services with a view to taking global charge of the needs of families, social and health integration and recomposition of the fragmentation of services in a logic of accompaniment in the modulation of the needs of people and family members that vary over time.

***Nursing home / N.H. for  
people with disability***





# SPECIALIZED DEMENTIA CENTER

2) To strengthen the vocation and experience **as a specialized center for taking care of people living with cognitive disorders and the needs of their families.** In addition to the presence of professionals with geriatric culture and specific training in the field of neuro-cognitive disorders, the Germani Foundation proposes an Alzheimer's unit in which a model of care that pays attention to psycho-social aspects is applied, along with the provision of semiresidential and home-based services dedicated to families living with cognitive disorders. In this way, the Foundation is configured as a recognized point of reference in the area, which proposes a chain of services starting from the geriatric outpatient clinic, up to the activation of home services (open nursing home, SAD, Home Care, home solvency with the «Sos dementia» project), Café Alzheimer, a day center dedicated to people with cognitive and psychological fragility, a unit in solvency for periods of relief and a specialized one for Alzheimer.







# Health and social care integration

M.M.G.

ASS. SOC. FOND e COMUNI

SPECIALISTI

AMBUL. GERIA

FAMILIARI

«**TAKING CHARGE**»/ACCESS GATE  
(NURSE.CASE MAN, SOCIAL ASS., AMMINISTR)

«**TAKING CHARGE**»  
• NEEDS ASSESSMENT  
• ORIENTATIONS  
• CARE PATH

HOME MEALS  
SAD

VOUCHER SOCIAL

BLOOD SAMPLING

DIM. PROT.  
FISIO

ADI

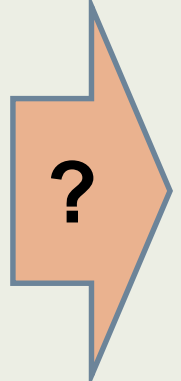
RSA APE

PRIVATE

C.D.I. ALZH

VOLUNTEERS

CLINICAL AMBULATORY  
TELEMEDICINE

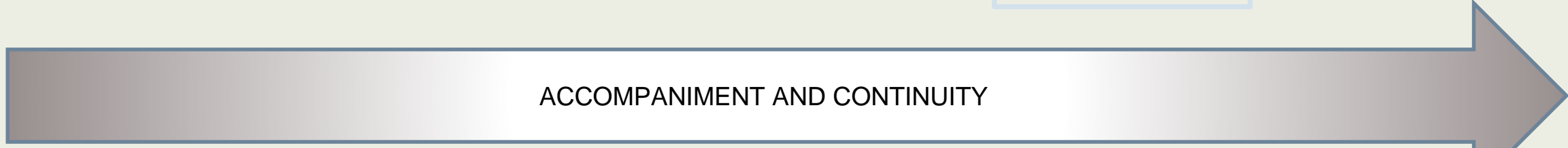


R.S.A./  
R.S.A.  
SOLV

N.A.

RIA

RSD



### 3) INNOVATION CENTER (CULTURAL, ORGANIZATIONAL AND TECHNOLOGICAL)

## TECHNOLOGY

## People Strategy

#### TECHNOLOGIES:

- PROCESS DIGITIZATION
- PHARMACEUTICAL CABINET
- ARTIFICIAL INTELLIGENCE
- **TELEMEDICINE**



The future will not only be technology (it does not replace humanity) but the future will pass through technology

**ANCELIA**  
L'intelligenza artificiale  
al servizio delle RSA

CARING FOR  
PROFESSIONALS/CAREGIVERS  
REMUNERATION  
MOTIVATION  
SENSE OF BELONGING  
ORGANIZATIONAL WELL-BEING

NEW  
ORGANIZATIONAL  
MODEL

CONTINUING  
EDUCATION

WHAT YOU DO DEPENDS ON WHAT YOU ARE (Arent)

These investments are not made to "accelerate time» ("Dehumanization"), but to "recover time" to do better and to devote to the core of care and assistance: the human relationship







# ***AFFIRMATION AS A PLACE OF FORMATION AND DISSEMINATION OF GERIATRIC CULTURE***

## **RELATIONS WITH UNIVERSITIES (RESEARCH) AND SCHOOLS**



## **INFORMATIVE AND EDUCATIONAL MEETINGS FOR CITIZENS:**

Meetings are organized in the various villages to provide tools for families to recognize the early symptoms of Alzheimer's disease and other important information about available services.





# INVESTMENT IN ENERGY SAVING AND RESPECT FOR THE ENVIRONMENT







# OPERATING MODEL

**Based  
Activity  
Daily  
Living**

## ACTIVITY

individual and in small group  
significant for residents  
(LIFE STORY)

**Interventions  
based on  
the Tailored  
Activity  
Program  
(TAP)**

## ENVIRONMENT: Livable, Usable, Safe

Introduction of everyday and domestic  
objects

**Creating** small themed corners

**Removal of possible obstacles** along  
the routes

**Lighting care**

## **PERSONE**

**Frontal staff training**

**Coaching in departments**

**Flexible Worktop**

**Presence of family members**

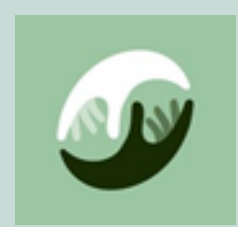
**Trained volunteers**

**Multidimensional Assessment**

## TECHNOLOGICAL INNOVATION

- **Digitalization**
- **Artificial intelligence**
- **Pharmaceutical cabinet**





## CENTRALITY OF THE PERSON

## CENTRALITY OF RELATIONSHIPS BETWEEN PEOPLE

quality of life



Total quality



### PERSON IS THE FOUNDATION MUST

TO GUARANTEE THE BEST POSSIBLE QUALITY OF LIFE FOR THE ELDERLY, DISABLED AND PATIENTS

Certain physical needs + Affections, desires, relationships, self-esteem, ability to adapt, perception of pain, awareness of one's condition, ability to read one's life story; SELF-DETERMINATION-FREEDOM-AUTONOMY

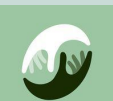
To restore as much as possible to the person his specificity, complexity, globality, I must look not at his condition but at his "behavior"

Have everyone's well-being at heart:

- Elderly, disabled, patients
- Workers and volunteers
- Family

Work environment that promotes psychological well-being and professional growth and a sense of belonging; family members are an integral part of the processes of care and assistance (therapeutic alliance)

“UBUNTO”: a person is a person through the eyes of another person. Seen and recognized







RESOURCES



OUTPUT

Regional law: N. falls, N. services; etc...



OUTCOME

quality of life

Work on expected results, effects of activities, work on projects

What is important for you??!

ValueBased HealthCare



Cultural change/  
Training for Middle Management



Dr. Ivan Scaratti  
General director





# Unit *Sant'Omobono* ground-floor: **PATIENTS CONDITION**

**Unit dedicated to residents with cognitive and psychological fragility**

- Number of residents: 39
- The most common and impacting pathologies in the patients of this unit are:
  1. **NEUROCOGNITIVE DISORDER**
  2. **DIABETES**

**Not all residents will be monitored, but some will be part of both groups**

Clinical pathway, even if shared by the whole team; then we will also develop it from an educational point of view to identify other more psychosocial variables to be measured as well-being of life





PATH

Training of operators on the VBHC model for the whole team  
(October)  
Outcome construction (November)  
Training educators on quality scales (now)  
Training on rating scales (occupational therapists)  
File creation for data collection

## Unit *Sant'Omobono* ground-floor: **OUTCOME SETTING**

**What is important for you?**

- From the person and/or family's point of view
- From the healthcare professionals' perspective







# Unit *Sant'Omobono* ground-floor: OUTCOME SETTING

## HOW DO I MEASURE THEM?

- Have I reached the outcome?
- How do I measure it?
- How do I measure myself?

COPERNICAN  
REVOLUTION



PARADIGM SHIFT

First I reason about where I want to go, then on how to get there

Several interventions are already underway, but the real novelty is the measurement.





# Quality dementia MMSE >19



TIER DI PORTER		OBIETTIVO	DOVE (nostre info)	CON COSA	MIN	MAX	PESO	OPERATORE
Tier 1.2: Health status	Patient reported outcome	1) PERCEPTION OF QUALITY AND HEALTH	TROVARE STRUMENTO O ADATTARE QUALCOSA	QUALYD SCALE FIT			6	educator
	Clinician reported outcome (da operatore)	2) CDR (DEMENTIA STAGE)	CUW4.0	CUW4.0 EVALUATION AREA	1	2	2	doctor
Tier 2.2: Short-term consequences	Patient reported outcome	3) BARTHEL (BADL)	CUW4.0	CUW4.0 AREA VALUTAZIONI	30	70	6	nurse
Tier 3.2: Long-term consequences	Clinician reported outcome	4) Major consequences of falls	CUW4.0	CUW4.0 - MEDICAL JOURNAL	0	1%	4	nurse
	Clinician reported outcome	Hospitalization	CUW4.0	CUW4.0 - INFERMIERISTIC JOURNAL	0	1%	3	diario infermieristico
Tier 2.2: Short-term consequences	Clinician reported outcome	5) VAS (dolore, pain)	CUW4.0	CUW4.0 EVALUTON AREA	0	4	6	nurse
Tier 3.2: Long-term consequences	Patient reported outcome	6) QUALITY VIA	CUW4.0	PAPERY			8	educator

WHEN?: DATA COLLECTION AND EVALUATION FOR EACH OPENING OF A NEW PAI OR IN THE CASE OF A TRANSFER.  
SEE WHEN TO REMAKE PAI.





# Quality dementia MMSE <19



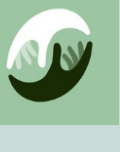
		OBIETTIVO	DOVE	CON COSA	MIN	MAX	PESO	CHE OPERATORE
Tier 1.2: Health status	Patient reported outcome	QUALYD (quality of life)	Paper (in progress!!)	PAPERY QUALYD			6	educator
Tier 2.2: Short-term consequences	Clinician reported outcome1	2) NPI - (24-144) <24 normal (sleep, agitation..)	CUW4.0	CUW4.0 EVALUATION AREA	0	23	9	doctor occupational therapist, educatore T1
Tier 3.2: Long-term consequences	Patient reported outcome	3) RASS (Delirium, nurse administers)	CUW4.0	CUW4.0 EVALUATION AREA	-1	1	3	nurse
Tier 2.2: Short-term consequences	Clinician reported outcome	Major consequences of falls	CUW4.0	CUW4.0 - MEDICAL JOURNAL	0	1%	4	Infermiere
Tier 2.2: Short-term consequences	Clinician reported outcome	Hospitalization	CUW4.0	CUW4.0 – NURSING JOURNAL	0	1%	3	Nursing journal
Tier 2.2: Short-term consequences	Patient reported outcome	4) PAINAD (pain/dolore)	CUW4.0	CUW4.0 EVALUATION AREA	0	4	6	nurse
Tier 3.2: Long-term consequences	Patient reported outcome	NPI FAMILY STRESS	CUW4.0	CUW4.0 EVALUATION AREA	0	24	8	educator
Tier 3.2: Long-term consequences	Patient reported outcome	5) Kane scale3 (sociality, int/ext relationships)	CUW4.0	CUW4.0 EVALUATION AREA			7	educator







# Interventions



1. TAKING CHARGE OF THE ENTRANCE
2. **METRO RECEPTION (New project from April)**
3. DRAFTING OF PAI WITHIN 15 DAYS
  - ENVIRONMENT: SAFETY, LIVABILITY, COMFORT,
  - PERSON: SOCIALISING WITH TUTOR-EDUCATOR, PRIMARY NURSE, EQUIPE, RESIDENTS, AND FAMILY/FRIENDS
  - ACTIVITIES: PLANNING OF HEALTH, REHABILITATIVE AND PSYCHO-EDUCATIONAL ASSISTANCE ACTIVITIES
  - IA: CUSTOMIZATION OF TECHNOLOGICAL TOOLS (ANCELIA, PHARMACEUTICAL WARDROBE...)
4. SHARING PAI WITH CAREGIVERS
5. IMPLEMENTATION OF INTERVENTIONS
6. **VERIFICATION OF ACHIEVEMENT OF OBJECTIVES THROUGH RE-EVALUATION AND SUBSEQUENT PAI DRAFTING IN THE CASE OF:**
  - EVERY 6 MONTHS
  - CLINICAL CHANGE WITH MODIFICATION OF AUTONOMY IN BADLS
  - FALLS WITH GREATER CONSEQUENCES
  - DELIRIUM O PSYCHO-BEHAVIOURAL DECOMPENSATION
  - HOSPITALIZATION
  - PAIN  $\geq 5$  WITHOUT OBJECTIVE ORGANIC CAUSE
  - TRANSFER TO ANOTHER MORE APPROPRIATE UNIT

Several interventions are already underway, but the real novelty is the measurement.





Fondazione  
E. Germani

www.fondazioneegermani.it

# Mappa della metropolitana: HOME TO HOME



<b>ESPERIENZA</b>		< dell'ansia; > comprensione e trasparenza; sentirsi accolti e sicuri nel nuovo ambiente abitativo circondati dal calore del personale della Fondazione.	> Riconoscimento, rispetto della Persona. > valore al rapporto garantendo sicurezza e riducendo l'ansia del nuovo utente	Fiducia e Conferma di quanto stabilito durante la presa in carico a domicilio/videochiamata. Accoglienza e senso di Calore.	Fiducia, serenità e tranquillità.	
<b>METRO</b>	VALUTAZIONE DELLA DOMANDA INSERIMENTO LISTA DI ATTESA	VISITA IN STRUTTURA (PRESENTAZIONE). CONSEGNA/INVIO VIDEO CLIP. VISITA VIRTUALE DELLA FONDAZIONE	PER CHI RISULTA ESSERE INSCRITTO AI VERTICI DELLA LISTA DI ATTESA RSA, VALUTAZIONE AL DOMICILIO (ENTRO IL RAGGIO DI 20 KM) O VIDEOCHIAMATA.	ARRIVO IN STRUTTURA (AMBIENTE DI INGRESSO) E ACCOMPAGNAMENTO IN NUCLEO (NUOVA RESIDENZA). PRESENTAZIONE DELL'AMBIENTE (CAMERA) ED EVENTUALE COINVOLGIMENTO. PRESENTAZIONE DELLE DIVERSE FIGURE DELL'EQUIPE	Colloquio con Medico di Nucleo e pianificazione incontro per informazioni sanitarie nel dettaglio. Dare la possibilità di condivisione degli spazi e momenti della giornata tipo qui in Fondazione al familiare OG.	Passaggio di presa in carico all'equipe del nucleo
<b>INFORMAZIONI</b>	VALUTAZIONE DELL'APPROPRIATEZZA DELLE DOMANDA DA PARTE DELLA DS E INSERIMENTO NELLE LISTA DI ATTESA IN CARICO ALLA ASSISTENTE SOCIALE	TUTOR (Figura Sanitaria/Educativa) & Assistente Sociale.	TUTOR (Figura Sanitaria/Educativa).	TUTOR (Figura Sanitaria/Educativa) CHE HA PRESO IN CARICO IL NUOVO UTENTE VIA CAVO O AL DOMICILIO	TUTOR (Figura Sanitaria/Educativa) CHE HA PRESO IN CARICO IL NUOVO UTENTE VIA CAVO O AL DOMICILIO	TUTOR (Figura Sanitaria/Educativa) CHE HA PRESO IN CARICO IL NUOVO UTENTE VIA CAVO O AL DOMICILIO
<b>CONTESTO</b>	GATE DI ACCESSO	Nucleo Fondazione o online tramite mail e realtà virtuale	Domicilio/WEB	INGRESSO STRUTTURA (RIVISITATO) E NUCLEO DELLA NUOVA RESIDENZA.	nucleo/camera/nuova residenza	<b>Nucleo/nuova Residenza</b>
<b>INDICATORI???</b>		SCALA DI ZARIT SCALA RSS SCALA DI KANE ?	SCALA DI ZARIT SCALA RSS SCALA DI KANE ?	SCALA DI ZARIT SCALA RSS SCALA DI KANE ?	SCALA DI ZARIT SCALA RSS SCALA DI KANE ?	? ? SCALA DI KANE ?





# Quality Diabetes

	GOALS	WHERE	INSTRUMENT	MI N	MAX	WEI GHT	OPERATOR
Patient reported outcome	Quality of life	paper	1) QUALITY VIA + SCALE CHOICE DS			7	educator
Clinician reported outcome	2) Glycemic control	CUW4.0	2) CUW4.0 GLUCOSE CONTROL/ HB GLYCATED	60	100	6	doctor
Patient reported outcome	3) Hypo/Hyperglycemia	CUW4.0	CUW4.0 GLYCEMIC CONTROL	>60	<180	5	nurse
Clinician reported outcome	Control of cardiovascular, ocular, renal, vascular, neurological complications	CUW4.0	CUW4.0 - MEDICAL JOURNAL	0	10%	5	nurse
Clinician reported outcome	Diabetic foot	CUW4.0	CUW4.0 - NURSING JOURNAL / MEDICATIONS	0	1%	5	nursing journal

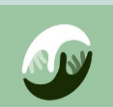






# Interventions

1. Centrality of the quality of life, avoid daily glucose tests
2. Nutrition: ensure equal treatment of others
3. Complications control
4. Diabetic foot: podiatrist, foot washing, avoiding cuts and skin > footwear lesions, welfare repercussions
5. Training, family awareness about the disease, evolution, impacts and therapeutic approach





# THE WORK CONTINUES....

**Year 2025: We will carry out the same work  
at the *S.Omobono* Unit (34+34 beds)**

**Year 2026: VBHC model throughout the  
Nursing Home**

***YOU CANNOT REFUSE CHANGE: EITHER YOU  
MANAGE IT, AND POSSIBLY YOU PREVENT IT.  
OTHERWISE IT WILL HAPPEN WITHOUT YOU  
M. PORTER***

**THANK YOU FOR THE OPPORTUNITY!!**

