

# RECage Qualitative study: First results coming from comparison between Gazzaniga (SCU-B) and Mantova experiences

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# Introduction



- ❖ *A qualitative study on care services for managing and contrast the behavioural crisis in person with dementia: Lessons from five Italian experiences.*
- ❖ *The cases involved are: special SCUB– unit in Gazzaniga (BG), Mantova Hospital, special SCU–B unit in Modena, Perugia hospital and Humanitas hospital in Gavazzeni (BG).*
- ❖ *The qualitative analysis will be developed by 16 expert interviews and 8 focus groups. At least of 70 experts and stakeholders will be involved by specific invitation. A short context analysis, based on secondary data analysis, for each case, will support the results coming from the qualitative analysis*

# The aims are



- ▶ To provide context and needs analysis for each case, underlining strengths, weakness, opportunities and threats (SWOT analysis);
- ▶ To identify the (social) innovations promoted by SCU-B experiences, and eventually also by other cases analysed.
- ▶ To identify the replicability characteristics SCU-B's, to support of the implementation of it in different context.

***In September and October 2019 the data collection has done in Gazzaniga and Mantova.***

# Comparison between Gazzaniga ( SCU-B) Mantova (NO SCU-B)

## *Qualitative methods applied and participants*

<i>Methods: typologies and n.</i>			
	<i>Expert interviews</i>	<i>Unit's FG</i>	<i>Stakeholders FG</i>
<i>Gazzaniga</i>	3	1	1
<i>Mantova</i>	4	1	1
<b><i>Total</i></b>	<b>7</b>	<b>2</b>	<b>2</b>
<i>n. Participants involved</i>			
	<i>Expert interviews</i>	<i>Unit's FG</i>	<i>Stakeholders FG</i>
<i>Gazzaniga</i>	3	10	9
<i>Mantova</i>	4	5	9
<b><i>Total</i></b>	<b>7</b>	<b>15</b>	<b>18</b>

40 experts or stakeholders involved!!!

# Who has been attended to FG?



	<i>Unit's FG</i>	<i>Stakeholders FG</i>
	<i>Who?</i>	<i>Who?</i>
<b>Gazzaniga</b>	<b>10 participants:</b> <ul style="list-style-type: none"> <li>• Physician</li> <li>• Physiotherapist</li> <li>• Phycologist</li> <li>• Educator</li> <li>• Occupational therapist</li> <li>• Nursing assistants</li> <li>• Nurse</li> </ul>	<b>9 participants:</b> <ul style="list-style-type: none"> <li>✓ Residential care unit (2)</li> <li>✓ Volunteers Local NGO (2)</li> <li>✓ Home Care provider</li> <li>✓ General practitioner</li> <li>✓ Local institution social services (Municipality)</li> <li>✓ Informal caregiver (2)</li> </ul>
<b>Mantova</b>	<b>5 participants:</b> <ul style="list-style-type: none"> <li>• Neurophicologist (4)</li> <li>• Front office operator</li> </ul>	<b>9 participants:</b> <ul style="list-style-type: none"> <li>✓ Local health unit – front office</li> <li>✓ Local health unit coordinator – frailty unit.</li> <li>✓ Local health unit- home care nurse,</li> <li>✓ Local health unit- Phycologist – supporting group for informal caregivers.</li> <li>✓ Social workers -local health unit.</li> <li>✓ Volunteers Local NGO/ informal caregivers (4)</li> </ul>
<b>Total</b>	<b>15</b>	<b>18</b>

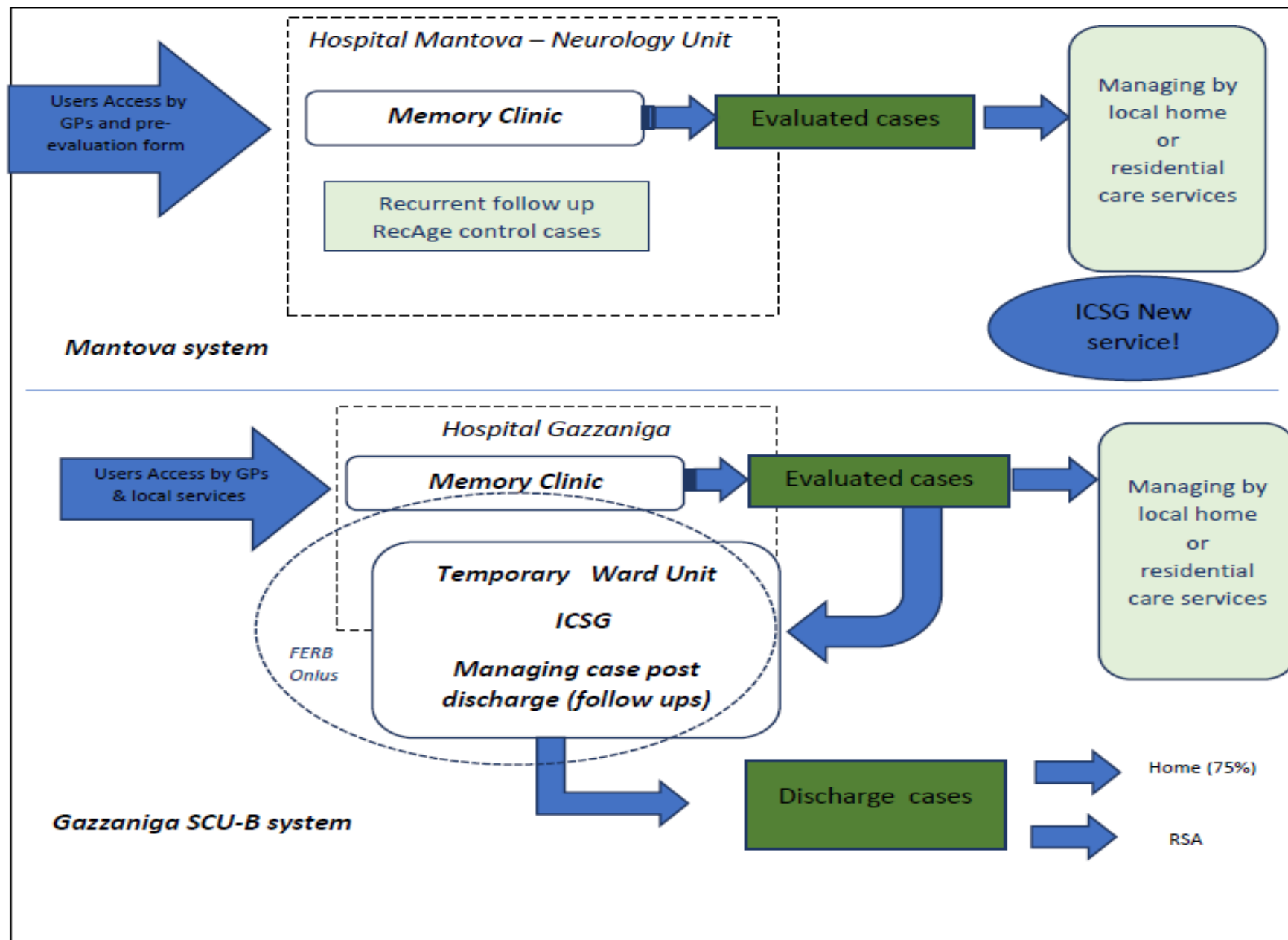
# First findings

*What Service has been studied?*



<i>characteristics</i>	<i>Gazzaniga</i>	<i>Mantova</i>
Memory clinic	x	X
Ward special unit	X	
Informal caregivers support group (ICSG)	X	X* external
Follow up (each 6 months)	X	X* for Recage cases
Case-Managing at home after discharge (also by phone)	X	
Personalised care	X	
Phyco-social intervention (Kitwood)	X	
Rehabilitation intervention	X	
Multidisciplinary team	X	X

Graphic 1 - The Mantova and Gazzaniga systems





## Gazzaniga SCU-B: Strengths, Weaknesses



Strengths	Weaknesses
<p>Psycho-social intervention; Flexibility of care; Person-centered care approach; Specialist rehabilitation centre; Specific and detailed beneficiary target; multidisciplinary team; Free service ; Acceptance and availability of team; The manager of the unit manages directly the contacts with local network; Informal caregivers and families are beneficiaries of service; Onlus manages the services</p>	<p>Lack of architectural spaces and partial adequacy of them to rehabilitation person-centred care; Lack of specific space for family members; Low formalisation processing of methods and procedures between team ; Long waiting list; Lack of research unit to joint research and clinic care.</p>



## Gazzaniga SCU-B: Opportunities, Threats



Opportunities	Threats
<p>Active local context against stigma: two municipalities close to SCU-B are Dementia Friendly communities;</p> <p>Presence of many specialised services and units potentially available to new collaborations;</p> <p>The large catchment area includes all Bergamo county</p>	<p>Lack of new financial resources and public investments</p> <p>SCU-B is little known by people and stakeholders external of his active collaboration network</p> <p>Position of SCU-B : It is not in central side of town and too far by many parts of Bergamo county</p>

## Mantova experience: Strengths, Weaknesses



Strengths	weaknesses
Multidisciplinary team;  Clinic expertise;  Improvement of the team by external collaboration; High formalisation of service path;  Inclusion of Memory clinic in the main Hospital of Mantova;  The dedicated phone line to manage emergency. (manage by health local institution).	Partially involvement of Informal caregivers as beneficiaries of services;  Lack of widespread of clear information on service offered;  Working to respond to emergency more than to manage of cases.  Fragmentation of services and units;

## Mantova experience: Opportunities, Threats.



Opportunities	Threats
<p>Wish to improve the local networks between stakeholders;</p> <p>Local experiences to support families;</p> <p>Preliminary easy evaluation form in use by GPs</p>	<p>Memory clinic is little known by GPs;</p> <p>Large catchment area: the hospital is far away from many parts of county of Mantova;</p> <p>Difficulty in reaching the location of service;</p> <p>Fear of stigma;</p>

*What innovations  
are there in both experiences?*



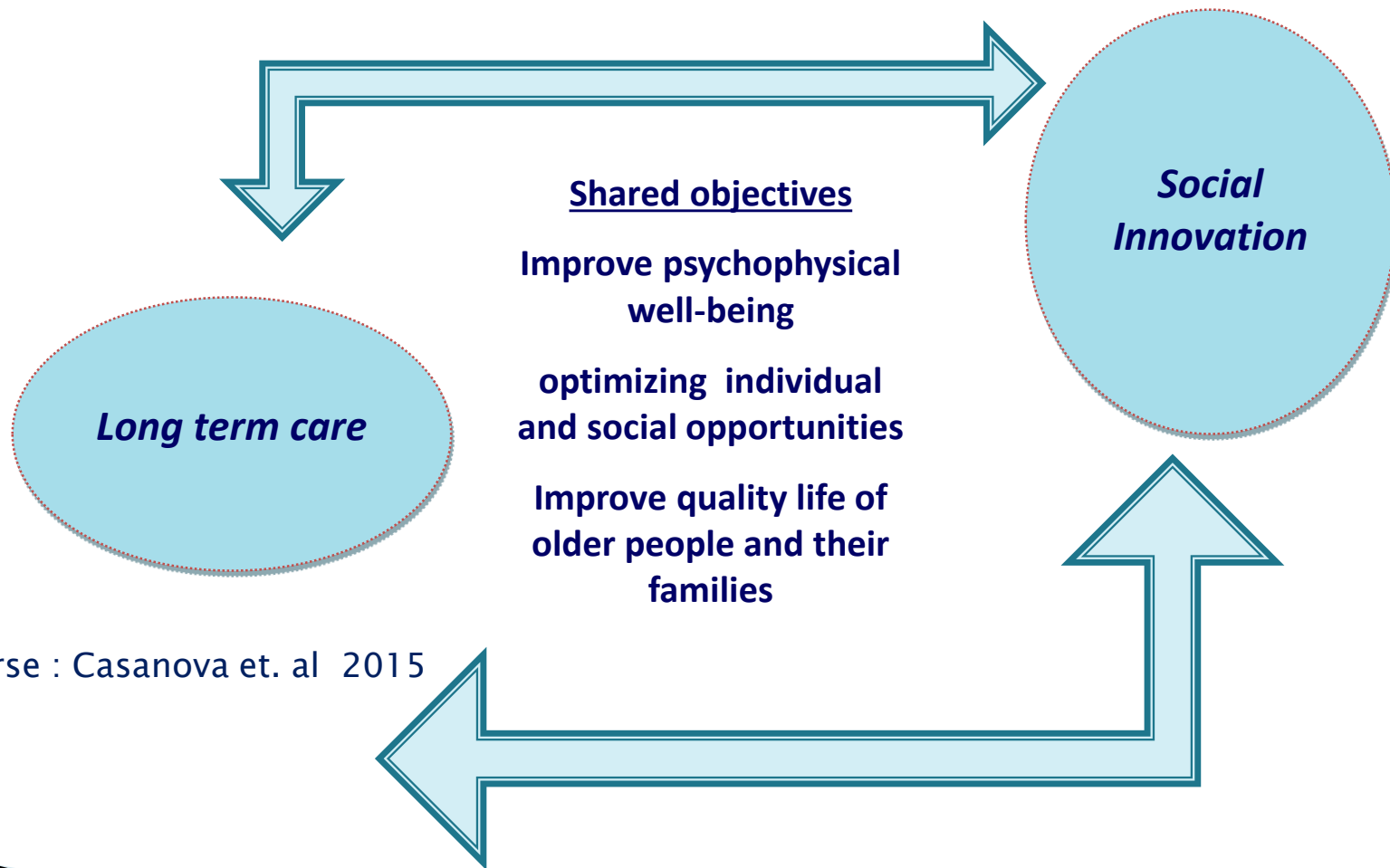
Gazzaniga SCU-B	Mantova
Specialized unit for managing behaviors disorder; Voluntary hospitalization of patients; Managing of families by multidisciplinary team; Families and informal caregivers are beneficiaries of services; Training of team;	Training for informal caregivers; Preliminary easy evaluation form in use by GPs;

## Definition of Social Innovation (SI)

“Social Innovation” is defined as **any new idea** (including products, services and models) that simultaneously **meets social needs** (more effectively than alternatives) and **creates new social relationships or collaborations**, i.e. it is both good for society and enhances society’s capacity to act (European Commission, 2013).

### Does SCU-B promote Social innovation?

# The flowing positive relationship between SI and LTC:



Source : Casanova et. al 2015

***"YES: SCU-B MEETS ALL THREE AIMS"***

*to be innovation it would be...*

*“A park where people do not realize they are in a hospital and where there is at the same time medical, psychological and nursing support.”;*

*“ Full managing of cases: all the problems are treatable, maybe they are not solvable but treatable yes.”*

*“A well-directed orchestra”;*

*“a Perfect machine”*

*“a virtuous circle;*

*“Flowing stream making energy turbines move”;*



# What is SCU-B replicability ?



<i>characteristics</i>	<i>By Gazzaniga expert and stakeholders</i>	<i>By Mantova experts and stakeholders</i>
Ward special unit	Low	Low
Informal caregivers support group (ICSG)	High	High
Follow up (each 6 months)	High	High
Case-Managing at home after discharge (also by phone)	High	High
Personalised care	Medium	Medium
Phyco-social intervention (Kitwood)	Medium	Medium
Rehabilitation intervention	Low	Medium
Open Multidisciplinary team	High	High
Active Local network	High	High
<b>All system</b>	Low	Low

# Conclusions

The qualitative analysis underlines as :

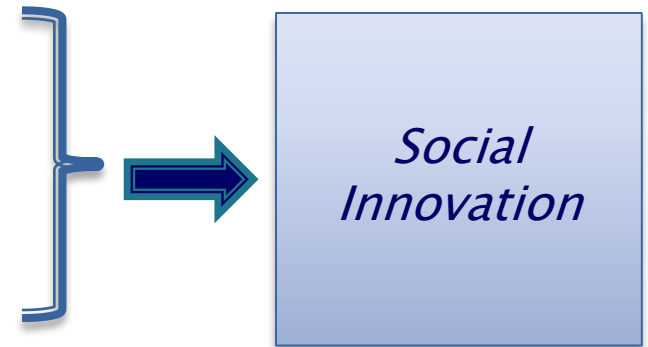
The SCU-B promotes social innovation.

In Mantova there are opportunities to promote SI and to build SCU-B.

Currently, the complete system seems less replicable than some specific part of it.

The startups should be:

- The services oriented to support caregivers and families (support groups );
- The “Managing case at home”
- an “active local network of stakeholders”



*Condition sine qua non:*

The high specialization of multidisciplinary team on person-centred care

# What about... Ward special unit?



- ▶ *It was perceived as low replicable now mainly for the investment that it would need.*
- ▶ *Many stakeholders wish the widespread of specific ward units oriented to manage of behaviors disorders because:*
  - *it manage a very important issue in the dementia care system;*
  - *it promote a person- centred approach of care*
- ▶ *To born “excellence unit” was lucky: because it had to push and to break the traditional system promoting innovations.*

... to be continued (These last issues should be depth in the next case analysis)



*The main conclusion is..... to  
must be brave to change !*



RECage

## *THE SCU-B IS like as ...*

*safe harbor;*

*An hand coming from up;*

*A benchmark;*

*A lighthouse for families ;*

*A rainbow with many colors that sometime shining and other time not;*

*A boat goes on the sea;*

*A mountain retreat to rest*

# GRAZIE !

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*To them: "Many thanks for supporting and help me"*

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