
Covid-19 and hospitals: Colombo (Institute for Auxology) “Continuity of treatment for fragile and critical patients must be guaranteed even in emergency situations”

Fifteen branches in Lombardy and Piedmont, over 1.8 million healthcare services offered in 2019, a staff of 2,500 workers. These are the numbers of the Italian Institute for Auxology -IRCCS, partner of the Religious Association of Social and Healthcare Institutes (ARIS), on the front line against the coronavirus pandemic while simultaneously committed to ensuring quality healthcare and treatment. Hospitals throughout Italy are under strain and many are nearing full capacity. "In this second wave - explained Director General **Mario Colombo** - our hospitals remain important partners of the Lombardy Region and the Piedmont Region. We are once again prepared to renounce, temporarily and to a certain extent, our nature as specialized and research hospitals, with a view to resuming our full commitment in these areas as soon as possible."



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When the Lombardy Region "recorded a dramatic growth in ER visits and need for Hospital admissions - he said - all scheduled hospitalizations in medium-sized facilities were immediately suspended, while in healthcare hubs - i. e. large General Hospitals - all programmed activity was reduced to 70-80% of its full capacity." Moreover, "co-operation between the hospital network and temporary hospitalization structures, such as hotel-type structures for stabilized patients, is now more efficient in the region compared to the first phase of the epidemic." **The Institute for Auxology in Milan, Dr. Colombo said, created 120 new beds for coronavirus patients.** Its activities are carried out in collaboration with General Hospitals for the transfer of patients entering ERs: "Our beds are taken as soon as they become vacant." All scheduled surgery has been suspended, operating room nursing staff and the anaesthesia team are assigned to these wards and to ordinary wards. **A few days ago, the Association of Hospital Internists raised concerns on the risk of failing to ensure quality standards of care for all chronic patients and non-COVID patients in critical conditions, and on the risk of further challenges and delays in the area of disease prevention. What situation are you experiencing?** "The Lombardy Region - he replied – has interrupted outpatient activity in ATS - Health Protection Agencies - of Monza and Brianza, as well as in Varese, whose hospitals are under extreme strain. However, in the rest of the region, this activity continues, albeit with some limitations." *The greatest challenge is to ensure continuity of outpatient services, "in safety and with a major effort by all", so as to "guarantee urgent care, diagnosis and oncological monitoring, and to continue prevention activity through screening programs that may have been requested months in advance, in full compliance with safety regulations.*

In our structure, one of the leading ones in Milan's urban area in terms of outpatient services, some 80 thousand outpatient appointments were delayed in the first phase of the epidemic crisis. We are therefore working to ensure the provision of care programmed up to 6-8 months ago, along with recent ones.

This is a major effort to support the most fragile and critical patients".

Besides oncological patients, "people with eating disorders must continue rehabilitation and maintenance programs, nor can people with Chronic Heart Failure be abandoned." Research activity is also ongoing "since only through the knowledge obtained from research can we better address COVID-19 and the medical complications it will unfortunately have left." In the Piedmont region, "now facing greater difficulties than Lombardy, our hospital in the province of Verbania was equipped with 150 beds for coronavirus patients, with patients being transferred from distant Health Administration Units - ASL. The Piedmontese hospital system under increasing pressure is currently decentralizing patients to less crowded areas." How is the staff reacting? "The first phase of the epidemic was something unprecedented and everyone was eager to work hard for a goal, motivated by expectations that it would soon be over. Conversely, the present scenario is marked by the awareness that we will not be out of it in the short term, that the emergency situation is likely to continue until next summer." Unless it leads to resignation or depression,

"the staff is undoubtedly tired, physically, mentally and psychologically tested because they have an uncertain and distant temporal horizon ahead of them.

Each one of them, with specialized skills, would like to return to their normal work as soon as possible. However, our healthcare professionals are highly motivated and willing to contribute in the coronavirus wards." Moreover, the unification of a number of wards and the transfer, in the Milan district, of doctors and nurses from one hospital to another

"has led to the creation of an extended community marked by beautiful sharing: this is an encouraging aspect of the ongoing emergency."

In the province of Monza and Brianza, retired physicians are offering their services on a voluntary basis. "In emergency and understaffed scenarios - remarked the Director General of the Institute, who recruited medical residents in the first phase of the epidemic - we must definitely resort also to retired doctors, but I believe that through good organization, proper involvement of in-service health care workers, streamlining activities, our system will manage to meet the needs of patients even in the present emergency." Could strengthening family medicine relieve the burden on hospitals and visits to the ER? " In particular, patients transferred from General Hospital hubs to our hospitals require hospitalization because their treatment could not be provided at home, but in principle a reflection should be made by examining the numbers and conditions of these patients.

How many of these patients could avoid recourse to the emergency room if local healthcare were more efficient?

Yet it must be noted that many general practitioners are also sick."



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"We welcome the restrictive measures put in place so far - he replied - but this must be accompanied by increased testing efficiency, i.e. the possibility for patients - symptomatic and asymptomatic - and relatives of infected persons to get timely and easy access to testing - including nose-and-throat-swabs and serological tests. Last Saturday we inaugurated a drive-through testing site in Meda, in the province of Monza and Brianza, located in the parking lot facing our facility. Offering the opportunity of an easy and safe response within 12-18 hours certainly helps reduce the spread of the virus, or at least to delay it over time while waiting for a vaccine or effective treatment." But for Dr. Colombo it's vital to stop progressing randomly: *"There should be no more individual initiatives. It's advisable to follow uniform protocols across regions, including within the same region."*

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