ORGANIZZAZIONE SANITARIA, PROFESSIONALE E METODOLOGIA DELLA RICERCA (ITO324)

1. language

Italian.

2. course contents

Coordinatore: Prof. Dario Faggiano

Year Course: 3

Semester: 1

UFC: 5

Modules and lecturers:

- ECONOMIA ORGANIZZAZIONE SANITARIA ITO12C (SECS-P/06) (1 CFU)
  prof. Giorgio Martiny
- STATISTICA PER LA RICERCA ITO13C (SECS-S/02) (1CFU)
  Prof. Claudio Plazzotta
- ORGANIZZAZIONE PROFESSIONALE E VALUTAZIONE QUALITÀ DELL'ASSISTENZA ITO14C (MED/45) (2 CFU)
  Prof. Dario Faggiano
- INFERMIERISTICA BASATA SU PROVE DI EFFICACIA ITO15C (MED/45) (1 CFU)
  Prof. Alexandra Do Nascimento

3. bibliography

Economia/organizzazione sanitaria

Zanella R. Manuale di economia sanitaria. Santarcangelo di Romagna: Maggioli Editore; 2011.

Levaggi R, Capri S. Economia sanitaria. Roma: Franco Angeli; 2003.

ISTAT report : il sistema dei conti della sanità per l'italia anni 2012-2017.

In: https://www.istat.it/it/archivio/201944 (ultimo accesso il 26/07/2018).

Statistica per la ricerca

Dancey C, Reidy J, Rowe R. Statistica per le scienze mediche. Un approccio non – matematico. Padova: Piccin, 2016.

Organizzazione professionale e valutazione della qualità dell'assistenza

Barelli P, Pallaoro G, Perli S, Strimmer S, Zattoni ML. Modelli di organizzazione dell'assistenza: sono efficaci? Assist InfermRic 2006; 25: 35-41.

Germini F, Vellone E, Venturini G, Alvaro R. Gli outcomes del nursing: strumenti per rendere visibile l'efficacia dell'assistenza infermieristica. Professioni Infermieristiche 2010; 4: 205-210.

Ministero della salute. Sicurezza dei pazienti e gestione del rischio clinico: Manuale per la formazione degli operatori sanitari. In: https://www.salute.gov.it/imgs/C_17_pubblicazioni_640_allegato.pdf (verificato il

22/06/2022)

Ministero della Salute. Risk Management in sanità. Il problema degli errori. In
: https://ww
w.salute.gov.it/imgs/C_17_pubblicazioni_583_allegato.pdf (verificato il 22/06/2022)
Calamandrei C Manuale di management per le professioni sanitarie. Milano: Mc Graw Hill
2015. (Capitoli 10, 11, 34, 35, 36).

Infermieristica basata sulle prove di efficacia

Palese A, Ambrosi E, Guarnier A, Barelli P, Zambiasi P, Allegrini E, Bazoli L, Casson P,
Marin M, Padovan M, Picogna M, Taddia P, Salmaso D, Chiari C, Frison T, Marognolli O,
Canzan F, Grassetti L, Saiani L, per il gruppo ESAMED. Esiti dell'assistenza infermieristica
in medicina: risultati di uno studio longitudinale multicentrico (studio ESAMED). Assist
InfermRic 2020; 39: 35-46.

Barbieri A, Milan E, Cattaneo MG, Faggiano F, Panella E. I percorsi assistenziali migliorano
gli outcome dei soggetti con scompenso cardiaco? Ig San Pubbl 2011; 67: 591-606.

Ricci E, ChatenoudL ,Parazzini F. Revisione sistematica e metanalisi: la metodologia e
l'interpretazione Systematic Review and Metaanalysis: Methodology and Interpretation.
GIMSeR2005;12:24-36.

Rytter L, Jakobsen HN, RonholtF, Hamer AV, Andreasen AH, Nissen A &Kjellberg J.
Comprehensive discharge follow-up in patients' homes by GPs and district nurses of
elderlypatients. Scand J Prim Health Care.2010; 28(3): 146–153.

Polit DF, Beck CT, Palese A(curatore).Fondamenti di ricerca infermieristica. Milano:
McGraw-Hill Education, 2018

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4. learning objectives

Knowledge and understanding - (Dublin 1)
**At the end of the course, the student will be able to assign appropriate meanings to the
teaching contents related to:**

models of health protection.

Institutional levels of the Italian health system and the management of economic resources
in support of health spending and drive for the redefinition of objectives.

elements of descriptive and inferential statistics.

models and organizational tools of assistance

principles, methods and tools for clinical risk identification, analysis and management

questionnaires and databases for data analysis.

Applied knowledge and understanding - (Dublin 2).
**At the end of the course the student will be able to interpret and argue, based on
appropriate knowledge and rigorous reasoning:**

articles of scientific research and meta-analysis.

elements influencing operators' responsibility for the quality, effectiveness and efficiency of

health expenditure management and control activities.

elements to consider when reading an organization from a systemic point of view.

Independent judgment - (Dublin 3)

At the end of the course the student will be able to critically analyze and evaluate, with rigorous method, with up-to-date knowledge, appropriate information and valid interpretative criteria, topics and problematic situations with particular reference to:

situations that characterize the professional practice of a nurse in terms of legal, ethical, bioethical, ethical responsibility in the organizational area and clinical risk.

Communication skills - (Dublin 4)

At the end of the course the student will be able to answer specific questions and discuss emblematic topics and cases:

using, in both written and oral form, the correct terminology and syntax;

through the presentation of research results;

expressing itself in a clear, understandable and adapted to the type of interlocutor and his receptive and interpretative abilities.

Ability to Learn - (Dublin 5)

At the end of the course, the student will be able to self-evaluate their learning skills in relation to teaching topics:

identifying, on the basis of its intellectual performance and the feedback provided by the teachers, any need for cognitive or methodological compensation/integration;

independently using available information sources to address these needs.

5. PREREQUISITES

They are defined in the Student Guide.

6. teaching methods

Residential and possibly blended teaching through the integrated use of institutional platforms. The teaching of the course, in relation to the educational objectives linked according to the Dublin descriptors, is divided into: theoretical lessons with moments of comparison and discussion, group and individual work on mandates aimed at statistical calculations (and their interpretation)interpretation of meta-analysis studies and deepening of organizational problems. Group work is carried out interactively by the teachers.

Teachers are available for information on teaching and clarification of lessons by appointment.

There will be a final written exam with multiple choice questions and/or open questions and subsequent oral examination. Students with an assessment equal to or greater than 18/30 for each individual module will be admitted to the oral exam. Students with one or two minor deficiencies (16 or 17/30) may be admitted to the oral test sub condicione (the passing of the exam is conditioned by the positivity of the oral test). Students with one or more deficiencies (15/30) will not be admitted to the oral exam. The final assessment of the exam will be expressed in thirtieth; the grade results from the weighted average between the written and oral test. Passing the exam requires a minimum vote of 18/30. The student will be able to get the maximum score of 30/30 if the weighted average is at least 29.5/30. The exam can be conducted in presence, in e-learning or blended mode.

Health economics/organisation

models of health protection,

concepts of efficiency, economy, effectiveness and equity. The evolution of the Italian health system and the main regulatory measures. The institutional levels of the Italian health system: SSN and SSR, National Health Plan and Regional Health Plans, The State-Regions Conference.

Relationship between public expenditure and health expenditure. Provisions aimed at containing health expenditure.

Essential Levels of Care (LEA), Funding of Benefits. Capital Fee. I D.R.G. and Outpatient Services.

Management control as a tool for monitoring health expenditure and a driving force for redefining objectives. The budget of structure.

The empowerment of operators aimed at the quality, effectiveness and efficiency of the activities developed.

Statistics for research

Health statistics: population and sample, type of variables, construction of a dataset, frequency tables, univariate indices of position and variability, graphs.

Exploratory statistical analysis: identification of missing values and outliers, testing of distributive normality.

Bivariate descriptive statistics: contingency tables, linear correlation index, dispersion graph.

Introduction to inferential statistics: hints of probability, normal distribution and t of Student.

Construction and interpretation of confidence intervals and hypothesis testing.

Simple linear regression model.

Professional organisation and assessment of the quality of care

Systemic approach to the organization. Elements to consider in order to read an organization from the systemic point of view.

Definition of organizational problem. Path of analysis of a problem from the organizational point of view.

Organisational models of care: needs, characteristics and responsibilities of the nurse.

Continuity of care hospital territory.

Organisational integration tools: organisation chart, work plan and business plan.

Nursing and quality assessment of care.

Operational Mechanisms that support the standardization, effectiveness and appropriateness of care: Guidelines, Protocols, Procedures, Standard Plans.

Principles, methods and tools for the identification, analysis and management of clinical risk.

Nursing based on evidence of efficacy

Critical analysis of scientific research papers.

Meta-analysis: definition, database research, reading and interpretation.

Qualitative analysis: definition, methods and examples

Research tools for data collection: Questionnaires/focus groups/interviews: definition, literature research.

Database for data analysis.