



REORGANIZATION OF AIDS INFORMATION CENTER “APPROPRIATE TECHNOLOGY AND INNOVATION” (SAMPLE SURVEY OF A TERRITORY IN THE MONTESARCHIO ASL BN DISTRICT)

Michele Cuozzo^{1*};

1. AORN “A. Cardarelli” (NA), Italy

*Corresponding author michelecuozzo2015@gmail.com

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Abstract

The standardized supply procedure, according to the Ministerial Decree. n. 332 of 29 August 1999, does not make it possible for people with disabilities to try any type of aid.

Precisely for this reason, the problem of non-use of the aid by patients is often encountered at home provided by the Local Health Authority. Aim and tools: the objective is to create an “Auxiliary Information Centre” called C.I.A. in the local health authority to which it belongs, this must be organized with specific professional people of in the sector (occupational therapists, physiotherapists, orthopedic technicians, etc.), making use of suitable spaces, to offer different opportunities for choice before prescribing the ‘aid; and a standardized tool to measure the person’s degree of satisfaction with the aid such as the QUEST (Québec user assessment of satisfaction with assistive technologies). Results: with this type of reorganization the results will be optimised, the final effect will be a reduction in waiting lists, greater appropriateness of the aid, thanks to the collaboration of a real multi-professional team. The use of standardized tools will analyze the needs of the person with disabilities by attributing a universal language. Conclusions: almost all regions of Italy adopt the C.I.A. (Auxiliary Information Center) within the Healthcare Company Local, improving rehabilitation services and reducing public spending.

INTRODUCTION

The Prosthetic Assistance sector, regulated by the Ministerial Decree. Health n. 332 of 29 August 1999, provides rehabilitation aids for adults and minors with physical, cognitive and sensorial impairments, playing a role of considerable economic commitment for the NHS. The project was born from the territorial need of the ASL-BN, from almost more than ten years of experience, gained in theory and daily practice, a reality is highlighted that highlights some critical elements in the current delivery process.

The aim of the proposal is to coordinate and integrate all concession activities by creating, within the ASL-BN, disbursement paths based on criteria of unity, timeliness, effectiveness and appropriateness. The analysis of the procedures leads to the formulation of some suggestions in order to make the prescriptions appropriate, to initiate an action to contain expenditure, with the aim of optimizing economic and human resources and providing a core of specialist skills capable of disseminate information, standardize interventions by reducing bureaucracy.

Finally, as part of these interventions, the establishment of a provincial reference “Auxiliary Information Center” is proposed, which aims above all at the centrality of the person with disabilities.

The organization of this service requires expert staff in the sector, dedicated spaces and the pos-

sibility of having various aid solutions available to carry out tests and evaluations, aimed primarily at people with disabilities, general practitioners and prescribers of the ASL, families, support teachers, trade associations for overcoming architectural barriers, with the aim of having a common language, becoming a model to follow throughout the Campania Region.

OBJECTIVE OF THE STUDY

This project aims to reorganize the provision of prosthetic assistance services within the territory of the ASL of Benevento (Campania Region), in such a way as to be a clinical evaluation reference to integrate the current Prosthetic Assistance service.

The aim is therefore to coordinate and integrate all activities, agreeing on virtuous paths. Within the services offered by the U.O. of Rehabilitation of the ASL-BN, the Ausili Information Center (C.I.A.), will play a qualitative role of guarantee and reference for the relevant users as the analysis of the needs reported by the person with disabilities and the global taking charge will be the basis of the (P.R.I.) Individual Rehabilitation Project, created on the specific individual needs in relation to the context and the analysis of the person’s territorial rehabilitation need.

Reorganizing the “Aid Information Center” (CIA) allows us to increase the quality of the rehabilita-

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tion process, with a multidisciplinary team in order to give greater appropriateness to the process of supplying aids by reducing and adapting the phenomenon of abandonment and the social reintegration of the person with disabilities. Aspects that can characterize the quality of the interventions are: the organization and collection of data relating to the disabilities of the population for dynamic analysis of the real needs of the users. It is necessary to create a working group made up of different professional figures who, despite having different training, adopt a working method and act in close collaboration following a training process.

The presence of "assistive information centres" in Italy.

Research on Italian territory revealed that aid information centers are scattered across all regions, there are some that are specialized only in IT and electronic aids for people with disabilities (tablets, communicators, educational software, special keyboards, trackballs, adaptable mice, etc.), others are specialized for mobility, transfers, daily life, customized aids (super-light wheelchairs, modular posture systems, electronic wheelchairs, multifunctional high chairs, etc...), both centers are specialized in offering maximum competence and professionalism to the person who requests it. Since 1996, around twenty Italian reference centers in the sector of IT and electronic aids for the disabled have collaborated in an interregional working group G.L.I.C. (Interregional Working Group of Reference Centers on IT and electronic aids).

The objective of the Centers participating in the G.L.I.C. is to make mutual knowledge available to develop tools and proposals in favor of a real development of the entire sector of IT and electronic aids, in the face of the increase in expectations and service requests of disabled people.

Then we have the SIVA Portal, - the Italian portal for information, guidance and orientation on technical aids for the autonomy, quality of life and participation of people with disabilities. A complete, systematic, updated overview of the "assistive technologies" available in Italy and Europe.

By carrying out a national research for each region, on the type of information centres, both technical and IT, it emerged that: as can be seen from the research, Valle D'Aosta, Molise, Abruzzo, Campania and Basilicata Regions do not adopt any type of correct information for the appropriateness of the aid; the Basilicata and Campania Regions adopt the C.T.S. (Support Center for pupils with BES) and the C.A.A.C. (Centre for Autonomy Ausilioteca Campana) for an educational strategy aimed at people with disabilities in developmental age, only for IT technological aids aimed at preventing learning disorders, but do not offer 360 degree information on aids for mobility and participation to daily life activities aimed at promoting school, home, work and social inclusion, based on the skills acquired during school and rehabilitation courses.

Aim of the WHO (World Health Organization) regulations regarding assistive devices. In my work

experience I have focused on the laws regarding assistive devices, both regional, national and international. In fact, taking inspiration from the "Guidelines for Rehabilitation Activities in the Campania Region" published first in 1999 and then in 2003 (Official Bulletin of the Campania Region) where in point 6.1 it describes the "Auxiliary Information Center" (CIA), it clearly describes the creation of at least one, for each Local Health Authority, offering citizens the appropriateness of the aid:

- Consultancy on the most suitable aids based on the type of disability to achieve self-sufficiency;
- Consultancy for the removal of architectural barriers and for social and work integration;
- Advice from prescribers on the most suitable aids in relation to the pathology;
- Information on the regulations in force in favor of disabled citizens and the specialized centers existing in the community territory.

At an international level, the WHO (World Health Organization) estimates that today, more than 1 billion people need one or more assistance products. With a global aging population and increase in non-communicable diseases, this number will rise above 2 billion by 2050, with only 1 in 10 people in need currently having access. This results in many missed opportunities for people to participate in society - for younger people to access education and work, and for older people to continue to live healthy, independent lives in their own homes. Access to assistive technologies offers a public health solution to meet the needs of 21st century populations, many older people who need two or more products as they age. "Assistive technology" enables people to live healthy, productive, independent, dignified lives and to participate in education, the labor market and civic life. Manual wheelchairs increase access to education and work, reducing healthcare costs due to a reduction in the risk of bedsores and contractures. Assistive technology can allow seniors to continue living at home and delay or prevent the need for long-term care.

MATERIALS AND METHODOLOGY

Sample survey on the Montesarchio District (BN)

The sample survey was born from an increasingly growing need in the area, my experience with assistive devices began in 2010 on the appropriateness of the aid through the I.C.F. (International Classification of Functioning, Disability and Health), then through my occupational therapy rehabilitation services, carried out mainly at home, I asked myself many questions with a series of critical issues in the area. Through training on "Technologies for the Autonomy and Participation of People with Disabilities" at the Don Gnocchi Onlus Foundation in Milan, I explored some concepts on the appropriateness of aids and the terms of satisfaction. The correlation between aids and autonomy is ratified by the I.C.F. model, which highlights the importance of aids as tools which, in certain situations,

prove to be facilitators with regard to participation in activities towards autonomy, acting on the variables of capacity and performance of the individual (WHO 2001).

Work tools and standardized scales

Study design

In drafting this project I included two standardized tools that are very useful for the efficiency, effectiveness and usefulness of the reorganization of an aid information centre, they are: the Q.U.E.S.T. (Québec user satisfaction rating with assistive technologies) measures user satisfaction with the aid and the service through which the aid was provided and the C.O.P.M. (Canadian Occupational Performance Measure) is a questionnaire designed to evaluate patient outcomes in the areas of self-care, productivity and leisure. Obviously, in addition to the tools just indicated, informed consent was requested and the questionnaires were filled out directly at the person’s home. Participants were informed that the data provided would be managed anonymously for research purposes and archived in accordance with current regulatory requirements. The sample survey was carried out on a population of 55,000 inhabitants, having as a critical issue reaching people’s homes for the administration of the stairs, in fact, demographically the users are highly spread out over the territory, being a vast territory. The work began in January 2017 and ended in November 2017 with a duration of eleven months.

Administration of the quest

From the bibliographic research on the scientific literature regarding the above-mentioned project, (PubMed, Medlin, Cochrane Ebm and Cimbe), to date nothing has been published for the (C.I.A.) “Aid Information Centre”, such as: “AUSILI CENTER - AUSILI INFORMATION - ASSESSMENT OF AIDS - QUEST AIDS - COPM AIDS - APPROPRIATENESS OF AIDS - AIDS CENTER SATISFACTION”, forwarding each word described

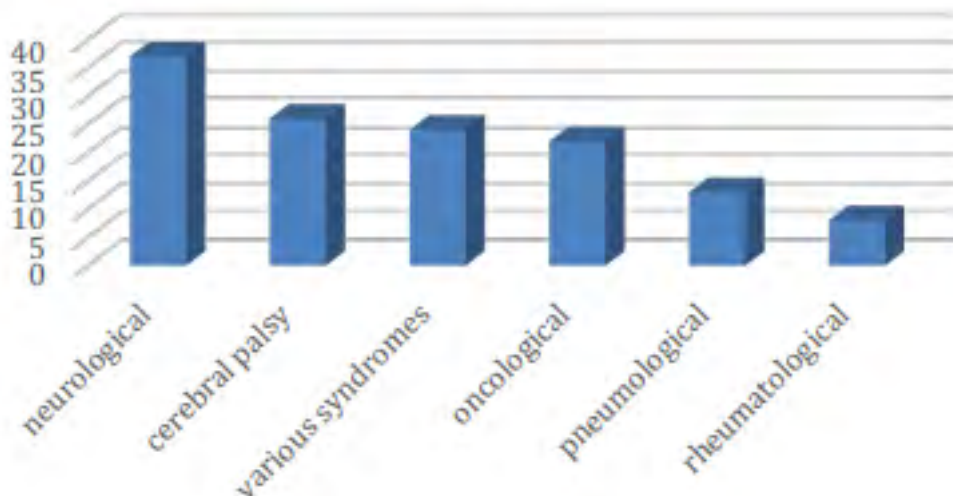
on various search engines in scientific literature, listed only three items, in fact, only the first study talks about “Costeffectiveness of motorized wheelchairs: results of a study”, nothing to do with the CIA. The administration of the Quest scale (Quebec users’ assessment of satisfaction with assistive technologies) was submitted on paper after the first follow-up of the delivery of the aid itself. While the COPM (Canadian Occupational Performance Measure) scale was submitted before the process of requesting help at the local health authority (District of Montesarchio BN), using a semi-structured interview, the COPM measures the problematic activities identified by the person with disabilities within the three areas (self-care, productivity and free time) it is a semistructured interview which aims to help people identify, evaluate and give priority to occupational problems that are encountered by them in everyday life. With the COPM, the areas of intervention were identified, with regard to the analysis of the needs of the person with disabilities and their caregiver. The majority of patients (90%) were interviewed at home during the rehabilitation process.

The inclusion criteria were:

- Age group, (aimed at everyone) adults, elderly and developmental age;
- sex, males and females;
- the number established for the administration of the QUEST and COPM is one hundred and forty-four (144) people with various pathologies (figure A), of which fourteen people did not want to participate;
- aids are commonly used and the most expensive ones (super-light wheelchairs, modular posture systems, electronic wheelchairs, multi-functional high chairs, etc..) figure B;
- territory District of Montesarchio (BN) 14 Municipalities;
- the administration was carried out 3 months after delivery of the aid.

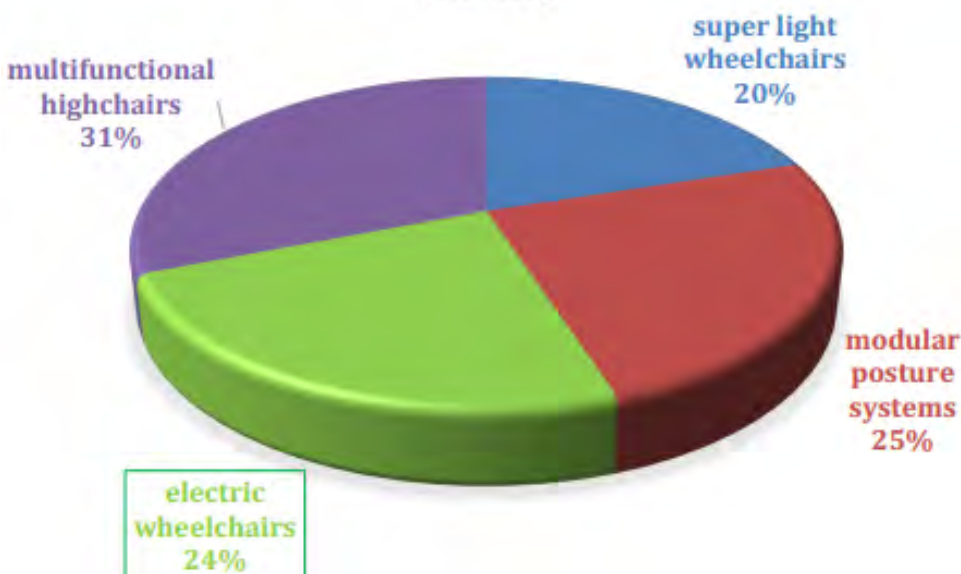
DIFFERENT PATHOLOGIES

(figure A)



AIDS DELIVERED

(FIGURE B)



RESULTS

In the statistical analyses, descriptive statistics (mean or standard deviation) were applied, the administration was aimed at 130 people out of 144 where the difference of people with disabilities did not accept the interview.

From the administration relating to the product supplied, it is clear that the "Satisfaction with the Aid" was not adequate especially for the Effectiveness, Durability and Ease of Adjustment of the aid (figure C).

From the administration relating to "How satisfied are you with the Service", especially in the Verification Service, Professional Service, Repair and assistance there is a strong dissatisfaction with the service offered. The results achieved so far can constitute a basis for an initial critical reasoning regarding the scope of the "REORGANIZATION OF AN AIDS INFORMATION CENTER" in the life paths of people with disabilities.

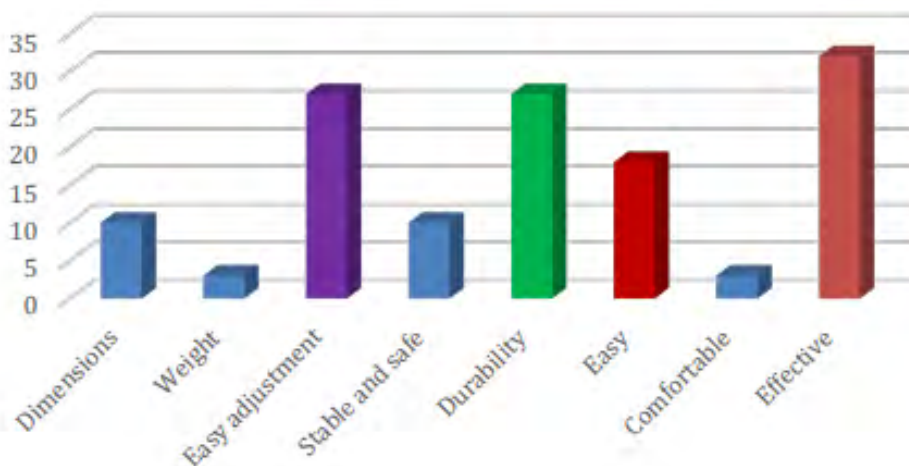
CONCLUSIONS

In recent years, the world of rehabilitation has experienced an intense evolution pervaded by rich ferments of scientific and cultural growth. The deepening of medical research, the development and enrichment of rehabilitation techniques, the technological improvement of prosthetic devices and the diffusion on the market of aids that allow the possibility of autonomy for the disabled person, are the sign of the evolution of a new culture. This culture aims, with all the tools at its disposal, at the inclusion of the disabled person in society and from this perspective, awareness of the importance of technical aids in the vast and complex process of rehabilitation and social inclusion has been growing. The aid must be considered a fundamental tool included in the rehabilitation project that allows the right balance between the individual's aspirations and the possibility of realizing them, therefore the aid is configured as a tool for perso-

Satisfaction with the aid

(figure C)

The four items (not at all satisfied)



nal autonomy in one's home, in personal care, in mobility, in communication, in job placement, in participation in school life, in social relationships, in sporting and free time activities. The Information Center aims to carry out information dissemination activities in the aids sector, to give professional and personalized support to the person with disabilities, their family members, support teachers, caregivers, who at that moment have the task of addressing the prospects of autonomy or the improvement of one's independence, through use appropriate to the person. Only through excellent corporate organization, defining roles, skills, spaces and times (on the basis of a regional nomenclature begun in 1999 and confirmed in 2003) can the maximum contribution be achieved through a multi-professional team, with professional people specialized in the sector (Occupational therapists, physiotherapists, orthopedic technicians) together we can give different opportunities to people with disabilities.

The aim of this project is to simplify and implement the aid-prosthesis path, based on the principle that all members of the team collaborate, according to their respective skills, in the overall taking charge in which the clinical moment of evaluation is aimed at reintegration of the disabled person in his home environment, guaranteeing the evaluation of the maximum achievable autonomy, contributing to the improvement of the quality of life of the disabled person and his cohabitants (Pusic, 2005). An expected result which therefore becomes "the humanization and qualification of prosthetic assistance services by tracing a path built with the disabled person himself who becomes the protagonist, primarily responsible for choices for his own

autonomy" (Pusic, 2005). Promoting knowledge means developing empowerment, that is, valuing and promoting the person, with all their potential. In the process that leads to obtaining aids, knowledge is one of the key factors: the more trained users are, the greater the influence they will be able to exercise in the process of acquiring aids and the greater their competence in turning to a public system of provision of aids.

The quality of the prescription is supported by its effectiveness, evaluated over time, i.e. the aid proves to be effective if the person with disability has achieved, over time, improvement and maintenance in the daily routine. On the contrary, if, as sometimes happens, an aid (e.g. folding wheelchair, stabilizer, electronic wheelchair, posture system, multifunctional high chair, tricycle, electronic scooter, etc.), lies unused in a corner of the parent's house, the user and the user, although the time established for the verification has expired, demonstrates that he has not improved his initial clinical conditions, on the contrary, he has seen them worsen, it means that something did not work and the prescription was ineffective. The organization of a CIA (Auxiliary Information Centre) within the territorial scope of the Local Health Authority offers the opportunity of a qualitative service to the disabled person and to all those who revolve around them, but also a way to optimize the resources themselves. This is possible by reorganizing the strategies that go from prescription to supply, offering a pre-evaluation before proceeding with the prescription of the nomenclature codes, making the user the protagonist of his desires for social awakening, thanks to a fast, competent and effective service also in terms cheap.

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