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IMPLEMENTATION OF HIGH CARE IN INTERNAL MEDICINE: IMPACT OF ADVANCED MULTIPARAMETRIC MONITORING AND THE NURSE SPECIALIST ROLE IN MANAGING CLINICAL COMPLEXITY

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Introduction. The implementation of the high-intensity care model (High Care), as per DGR Puglia 1710/2023, required a profound evolution of the nurse specialist role in medical area care processes, with advanced expertise in managing high-complexity patients.

Materials and Methods. This 8-month observational study (Feb 4–Sep 30, 2025) was conducted in the Internal Medicine ward of “L. Bonomo” Hospital – Andria – ASL BT. The sample included 149 patients. Four multiparametric devices were used for an average of 91h 33m. Module utilization rates were: SpO₂ 100%, ECG 94%, NIBP 91%, position 47%, temperature 19%. Nursing staff applied clinical governance strategies and quality improvement through calibration of monitoring tools and early warning systems, alongside specific on-field training.

Results. The population showed high frailty, frequent motor impairment, dysionies, arrhythmias, anemia, and respiratory support. Pre–post High Care comparison revealed improvements in early warning systems: Padua Score 4.9→2.2, qSOFA 3.3→1.1, NEWS2 4.8→2.4. Reduced mortality was documented in levels 2A–2; increased SDO complexity index, improved length-of-stay performance, and perceived quality >80% by patients and staff.

Conclusions. High Care implementation in Internal Medicine improved care safety and outcomes, highlighting the strategic role of nurses in advanced surveillance and proactive clinical instability management