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Background:
Covid 19 has recently been defined as a syndemia, because it combines the epidemic emergency of Sars Cov 2 with that of non-communicable diseases. This aspect is particularly known in internal medicine wards (IM), which have had to split up to support these new criticalities.
Methods:
Delphi method has been used to make the Ishikawa's diagram to analyze the reasons of the death in COVID ward. Each item was attributed a score according to a pros/cons and opportunities/threats system, derived from evidence in the literature. Scores were presented in a Cartesian graph showing the positioning according to the potential value and the perceived risk associated with the items. In the end, the performances of MC (Covid ward, split in I wave, II wave and overall) and MCF (internal medicine Covid-free ward) have been compared through the Barber's nomogram.
Results:
MCF hospitalized 790 patients (-23,90% compared to 2019), Overall-MC patients: 50% of the 2019 MCF. Main cause of mortality-risk: patients originating from local facilities (+7%) and comorbidities (58% Chronic renal failure, 41% cancer, 90% age, 70% COVID 19 WHO stage 3. >3 comorbidities: 100%, $\geq$5: 24,7%). Length of stay: 8-60 days (mean value, MV: 17) for MC, 2-12 (MV 8) for MCF. Turnover Index: 10 day for MC II, 8 MC I, 1 for MCF. 25% of patients in MC have been treated with Non Invasive Ventilation (NIV), with high cost hospitalization-related.
Conclusions:
Internal-Medicine ward model is a ward strictly tied to the community both before and after hospitalization. COVID 19 proposes a new model of IM, nearly subintensive ward, with NIV and continuous monitoring of vital signs, long length of stay and low turnover index. Is this the internal medicine ward for the future?
Key messages:
- COVID 19 proposes a new model of Internal Medicine ward, nearly subintensive ward, with Non Invasive Ventilation and continuous monitoring of vital signs, long length of stay and low turnover index.
- Covid 19 mortality is strictly connected with the origin from territorial health-assisted residences.

Is COVID 19 introducing a new model of internal medicine ward?

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