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Letter to the Editor

Reorganizing Italian Internal Medicine wards for COVID 19



Dear Editor.

most of the Internal Medicine wards in the Lombardy hospitals, have beens almost completely reorganized to accommodate the management of patients with COVID-19. Analysis of the data coming from Lombardy is useful and necessary since this is the Region in Italy where there is the greatest spread of the SARS-CoV-2 [1]. For this reason, we carried out a survey with FADOI Lombardy (Federation of Associations of Hospital Internist Doctors of Lombardy), covering 22 Internal Medicine wards out of the approximately 110 in the Regional Hospitals. In the sample, COVID-19 inpatients in the Internal Medicine wards numbered 2,489. The patients managed by Internal Medicine with pulmonary non-invasive ventilation C-PAP (continuous positive airway pressure) were 385, where the patients admitted to Intensive Care Units for invasive ventilation were 339. From these sampled, but very representative numbers, it is clear that the majority of pneumonia from COVID-19, over 70-80% of the more than 10.000 patients hospitalized in Lombardy, are followed and treated in Internal Medicine departments, and approximately 18% of these patients are admitted in Internal Medicine for C-PAP. Within a week, Internal Medicine wards made necessary organizational changes, differentiated the levels of assistance, created departments dedicated to patients with respiratory failure requiring C-PAP. I do believe that this emergency well emphasizes the strategic role of Internal Medicine in the Italian Healthcare System, in managing clinical complexity, and in dealing with

unpredictable emergencies. Without the internists, today we would not have been able to face this great emergency, which luckily and thanks to the holistic management of complexity, allows us to send a residual number of patients out of the total to the management of intensive care [2]. If the system holds up, we'll owe it to them.

Declaration of Competing Interests

None to declare.

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none declared

References

- [1] Jacobsen K. Will Covid 19 generate global preparedness? The Lancet 2020;395:1013.
- [2] Grasselli G, Pesenti A, Cecconi M. Critical Care utilization for the COVID 19 outbreak in Lombardy, Italy: Early experience and forecast during an emergency response. JAMA 2020. https://doi.org/10.1001/jama.2020.4131.

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