

responded adequately, 19 patients (27%) sufficiently adequate and 1 patient (1%) not at all adequate. When asked about the modalities of connection to the T for 54 patients (77%) they were found to be simple, for 13 patients (18%) a little complicated and for 3 patients (4%) difficult, very complicated. When asked what would be proposed to improve the service 7 patients (10%) answered the possible extension of hours also in the afternoon, 3 patients (4%) the provision by the ASL of electromedical devices, 14 patients (20%) the ability to directly request an appointment in T and 38 patients (54%) all options. In detail, 1 patient (1%) requested both the extension of the afternoon schedule and the provision of electromedicals, 4 patients (6%) requested both the extension of the afternoon schedule and the direct request for an appointment, 2 patients (2%) required both electromedical equipment and direct request for an appointment, 1 patient (1%) did not indicate any option. Finally, as regards the degree of satisfaction, 45 patients (64%) were considered totally satisfied, 22 patients (31%) partially satisfied and 3 patients (4%) dissatisfied.

**Conclusions:** The televisit in the setting of patients with chronic HF, despite the limitations of a limited series, was generally well accepted, easy to access and with some useful operational proposal for public administration.

#### **P338 PERCEPTION OF THE BENEFITS AND LIMITATIONS OF TELEVISIT IN A GROUP OF PATIENTS WITH CHRONIC HEART FAILURE**

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Telemedicine (T) has now become an indispensable operational tool for the management of patients with chronic conditions, in particular for patients with chronic heart failure (HF).

The current COVID 19 pandemic has accelerated the development and application of this method in daily clinical practice. Up to now, the evaluation of the advantage and disadvantage of televisit by cardiological patients have been very limited. In order to assess the satisfaction and criticalities of this method, we administered a satisfaction questionnaire to 74 patients (49 males and 25 females with an average of 75) followed in our clinic. Of the 74 questionnaire administered, 70 were received. When asked whether the inclusion of T had improved the quality of service 43 patients (61%) answered a lot, 24 patients (34%) sufficiently and 3 patients (4%) not at all. When asked if the organization of the T had been adequate, 50 patients (71%)