

Resistance to the digital transition, the COVID-19 factor

Sergio Pillon, Italian National Institute of Health expert group member,
co-author of Italian Telemedicine Guidelines, co-author of Chilean
Telemedicine and Telehealth Guidelines, former coordinator of Italian
National Telemedicine Governance committee, Ministry of Health

Lesson learned from COVID, expensive....

The first lesson, the most obvious

- Not always going “physically” to the doctor is the “smartest” solution, in the true sense of the term. Smart means also “intelligent” and the lack of understanding of “smart” working, intelligent work, has cost lives for nurses, for doctors and patients.

Lesson learned from COVID, expensive....

The second, a consequence of the first

- If you don't go to the doctor, your condition worsens and sometimes you die, and the fact of not being able to go to the doctor, or to the emergency room when necessary, or the fact that it has made much more difficult means lives of patients, the most frail. All of us, health professionals, in these times have seen patients with these conditions.

Lesson learned from COVID, expensive....

The third lesson, on resilience

- Our NHS is not a resilient system. We have the right, “counted”, resources, they are saturated and go into crisis with great ease. Angela Merkel's lesson was hard: “we have 25,000 beds available in intensive care”; in Italy we had just over 4,000 and unfortunately, we paid for this too. Overloaded hospitals and health systems were probably one of the contributing causes of the very high mortality rate, especially in the early stages of the disease.

Lesson learned from COVID, expensive....

The fourth lesson, on digital

- After all, digital is not so bad, difficult, far from the possibilities of the citizens, who liked it, even the mayor of Milan has to spend itself on "go back to the office" otherwise the restaurants, shops, public transport and the entire Milan "street" economy could end up in crisis. Smart working, smart work, often means greater productivity, good satisfaction of workers and their bosses.

Scenario Assessment, patients

Drug Management...

= PANTOPRAZOL = (N.B. NUOVA TERAPIA DEL 16/7/18)
 1-COMP. PRIMA DELLA COLAZIONE
 = DELTACORTENE = CORTISONE = 1/4 ORE 8 (N.B. A GIORNI ALTERNI)
 = BISOPROLOLO = 1 ORE 8
 = FURESEMIDE = 3 ORE 8
 = BE-TOTAL = 1 LA LINGUA = 1 ORE 10
 = POTASSIO = VITAMINE = 1 ORE 10
 (N.B. A GIORNI ALTERNI - (BE-TOTAL) - (POTASSIO))
 = FUROSEMIDE = 1 ORE 16 (N.B. GIORNI ALTERNI)
 = ESIDREX = 1 ORE 10 (N.B. GIORNI ALTERNI)
 = COMADIN - SEQUE DOSE TAO = 1 ORE 10
 ((N.B. 2 DOSE PASTO =))
 = PLAVIX - 16mg = 1 COMP. ORE 13
 = BISOPROLOLO = 1/2 ORE 20

Lilly Partnership in Diabetes

MATTINO

- 1/2 DILATAZEM 120 (CUORE)
- 1 PLAUMAC 10 (PRESSIONE)
- 1 OMEPRAZEN 20 (STOMACO)
- 1 METAFORMINA 500
- 1 DOLOXETINA 30 (DOLOR)


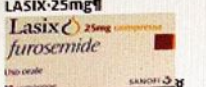
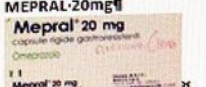


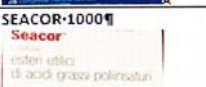



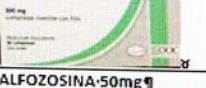
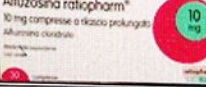
PRANZO

- 1 CARELTO 20 (SANGUE)
- 1 CARDIOASPIRINA
- 1 METAFORMINA 1000 (DIABETE)
- 1/2 LAUXIN 120 (CUORE)


SERA




- 1 METAFORMINA 500 (DIABETE)
- 1 AVODART
- 1/2 SIMVASTATINA (DIABETE)
- 1 DILATAZEN 120

Drug Management...

MEDICINE [REDACTED] FRANCESCO MARIA 				
1x	LASIX-25mg 	1-compressa-al-giorno	Ore-6x	2-voite-la-settimana
2x	MEPRAL-20mg 	1-compressa-al-giorno	Mattino-a-digiuno	Tutti-giorni
3x	LOSARTAN-50mg 	1-compressa-al-giorno	Ore-8x	Tutti-giorni
4x	DUOPLAVIN-75 	1-compressa-al-giorno	Dopo-pranzo	Tutti-giorni
5x	SEACOR-1000 	2-compresse-al-giorno	Durante-pranzo	Tutti-giorni
6x	CRESTOR 	1-compressa-(colesterolo)	Sera	Tutti-i-giorni
7x	GLICONORM 	3-compresse-al-giorno	Mattina, Pranzo, Sera	Tutti-giorni
8x	METFORMINA-500mg 	1-compressa-al-giorno	Sera	Tutti-giorni
9x	ALFOZOSINA-50mg 	1-compressa-al-giorno	Ore-21x	Tutti-i-giorni
10x	GABAPENTIN-300mg 	1-compressa-al-giorno-la-sera-solo-fino-al-24/11x	Dal-1-Febraro •→ 1-mattino •→ 2-sera	Tutti-i-giorni

Aggiornamento: 30/04/2019



Bonifacio [REDACTED]

MERCOLEDÌ

I messaggi che invii in questa chat e le chiamate sono protetti con la crittografia end-to-end.


Inoltrato




Per la sua slide...
A presto.
Bonifacio [REDACTED]

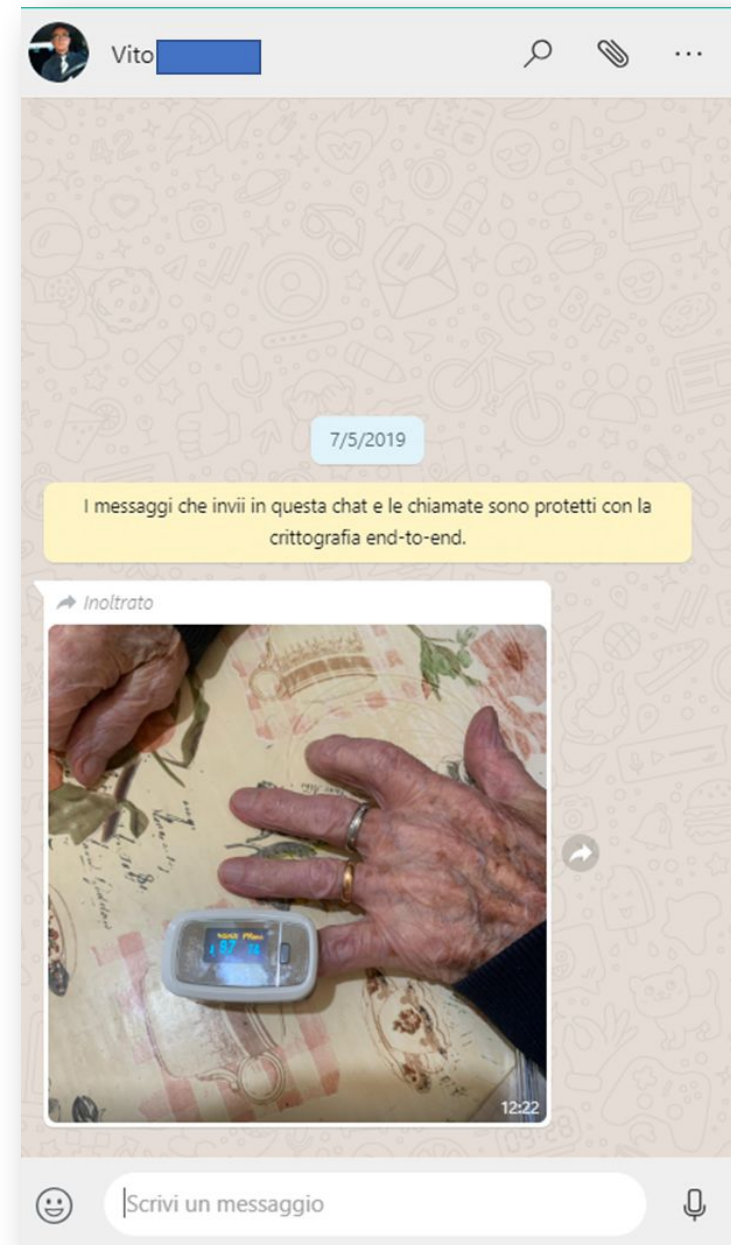
GIOVEDÌ

Grazie! 08:38 ✓✓





Telemedicine



WhatsApp Group



Terapie Chiara

Gaetano, Giovanni, Mario, Mario, +39 347 260 2...



15:43

Gaetano Contravulnera



15:43

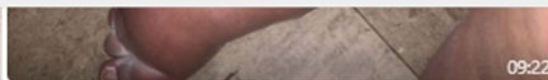
Signori buonasera, adesso si tratta della gamba sinistra, ferita meno impegnativa dell'altra fortunatamente, stimolato il fondo, ho medicato con alginato all'argento e bendaggio leggermente compressivo per migliorare il microcircolo, prox

Non puoi inviare messaggi a questo gruppo perché non sei più un partecipante.

«Badante»



Ajit Badante



09:22



09:22



Scrivi un messaggio



Phisioteraphist



Massimo Fisioterapista



18:29

Il nipote non ha il suo telefono posso darglielo? Oppure mi dica lei come fare

18:32

Dia pure il mio numero...

18:32

Ok ma adesso può chiamarla

18:32

SI

18:36

30/4/2019



Questa la situazione odierna dopo il massaggio. Anche se lui è molto nervoso però bilancia bene con le gambe direi .
Buon primo Maggio

15:09



Scrivi un messaggio



Scenario Assessment, public
HMO..

Digital means still FAX...



IL PRINCIPE
DI NICOLO MACHIAVELLI
AL MAGNIFICO LORENZO
DI PIERO DE MEDICI.

LA VITA
DI CASTRUCCIO CASTRACANI
DA LVCCA.

IL MODO CHE TENNE
IL DVCA VALENTINO
PER AMMAZZARE VITELLOZZO VITELLI,
OLIVEROTTO DA FERMO, IL SIGNOR PAGOLO,
ET IL DVCA DI GRAVINA.

I RITRATTI
DELLE COSE DELLA FRANCIA
ET DELL' ALAMAGNA.



m. m. i. 6

Lessons from
the past...

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IL MODO, CHE TENNE IL DUCA Valentino per ammazzare Vitellozzo Vitelli, Oliverotto da Fermo, il S. Paulo, & il Duca di Gravina.
I RITRATTI DELLE COSE della Francia, & dell'Alamagna.

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Niccolò Machiavelli

1540

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ad introdurre **nuovi ordini**, pche l'introduttore ha p ne
 mici tutti coloro, che de gli **ordini** uecchi fanno bene, a
 tepidi difensori tutti qlli, di che gli **ordini** nuoui farebbo
 no bene, laqual tepidezza nasce, parte per paura de gli
 auuersarij, che hāno le leggi in beneficio loro, parte della
 incredulità de gli huomini, i quali nō credono in uerità
 una cosa noua, se nō ne ueggono nata esperiēza ferma.
 Dōde nasce, che qualūche uolta qlli che sono nemici, hāno
 occasione d'assaltare, lo fanno partialmēte, & quegli al
 tri difendono tepidamēte, in modo che insieme cō loro si
 periclita. È necessario p tato, uolēdo discorrere bene qsta
 parte, essaminare; se questi innouatori stāno p lor medesi
 mi, o se dipēdano da altri, cioè se p cōdurre l'opera loro
 bisogna che preghino, ouero possono forzare. Nel primo
 caso capitano sempre male, & nō cōducono cosa alcuna,
 ma quādo depēdono da loro proprij, & possono forza
 re, allhora è, che rare uolte periclitano. Di quì nacq; che
 tutti gli Profeti armati uinsono, et gli disarmati roinaro
 no; pche oltra le cose dette, la natura de' popoli è uaria;
 & è facile a psuadere loro una cosa: ma è difficile fer
 marli in qlla psuasione. Et però cōuiene essere ordinato
 in modo, che quādo nō credono più, si possa far lor crede
 re p forza. Moise, Ciro, Teseo, & Romulo nō harebbono
 possuto fare osseruare lungamente le loro constitutioni; se
 fusseno stati disarmati; come ne' nostri tēpi interuēne a
 frate Girolamo Sauonarola: ilquali roinò ne' suoi ordi

The Prince by Niccolò Machiavelli,
 translated by Ninian Hill Thomson
Chapter VI: Of New Princedoms
Which a Prince Acquires With His
Own Arms and by Merit

And let it be noted that there is no more delicate matter to take in hand, nor more dangerous to conduct, nor more doubtful in its success, than to set up as a leader in the introduction of changes. For he who innovates will have for his enemies all those who are well off under the existing order of things, and only lukewarm supporters in those who might be better off under the new.

ad introdurre **nuovi ordini**, pche l'introduttore ha p ne
mici tutti coloro, che de gli **ordini** uecchi fanno bene, &
tepidi difensori tutti qlli, di che gli **ordini** nuoui farebbo
no bene, laqual tepidezza nasce, parte per paura de gli
auuersarij, che hāno le leggi in beneficio loro, parte della
incredulità de gli huomini, i quali nō credono in uerità
una cosa noua, se nō ne ueggono nata esperiēza ferma.
Dōde nasce, che qualūche uolta qlli che sono nemici, hāno
occasione d'assaltare, lo fanno partialmēte, & quegli al
tri difendono tepidamēte, in modo che insieme cō loro si
periclitā. È necessario p tātō, uolēdo discorrere bene qsta
parte, essaminare; se questi innouatori stāno p lor medesi
mi, o se dipēdano da altri, cioè se p cōdurre l'opera loro
bisogna che preghino, ouero possono forzare. Nel primo
caso capitano sempre male, & nō cōducono cosa alcuna,
ma quādo depēdono da loro proprij, & possono forza
re, allhora è, che rare uolte periclitano. Di quì nacq; che
tutti gli Profeti armati uinsono, et gli disarmati roinaro
no; pche oltra le cose dette, la natura de' popoli è uaria;
& è facile a psuadere loro una cosa: ma è difficile fer
marli in qlla psuasione. Et però cōuiene essere ordinato
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fusseno stati disarmati; come ne' nostri tēpi interuēne a
frate Girolamo Sauonarola: ilquali roinò ne' suoi ordi

This lukewarm temper arises partly from the fear of adversaries who have the laws on their side, and partly from the incredulity of mankind, who will never admit the merit of anything new, until they have seen it proved by the event. The result, however, is that whenever the enemies of change make an attack, they do so with all the zeal of partisans, while the others defend themselves so feebly as to endanger both themselves and their cause.

ad introdurre **nuoui ordini**, pche l'introduttore ha p ne
 mici tutti coloro, che de gli **ordini** uecchi fanno bene, a
 tepidi difensori tutti qlli, di che gli **ordini** nuoui farebbo
 no bene, laqual tepidezza nasce, parte per paura de gli
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 incredulità de gli huomini, i quali nō credono in uerità
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 Dōde nasce, che qualūche uolta qlli che sono nemici, hāno
 occasione d'assaltare, lo fanno partialmēte, & quegli al
 tri difendono tepidamēte, in modo che insieme cō loro si
 periclita. È necessario p tato, uolēdo discorrere bene qsta
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 mi, o se dipēdano da altri, cioè se p cōdurre l'opera loro
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 re, allhora è, che rare uolte periclitano. Di quì nacq; che
 tutti gli Profeti armati uinsono, et gli disarmati roinaro
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 frate Girolamo Sauonarola: ilquali roinò ne' suoi ordi

But to get a clearer understanding of this part of our subject, we must look whether these innovators can stand alone, or whether they depend for aid upon others; in other words, whether to carry out their ends they must resort to entreaty or can prevail by force. In the former case they always fare badly and bring nothing to a successful issue; but when they depend upon their own resources and can employ force, they seldom fail. Hence it comes that all armed Prophets have been victorious, and all unarmed Prophets have been destroyed.

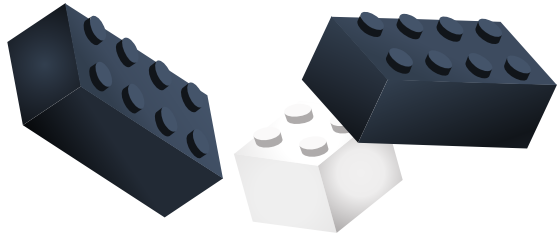
Solutions:

- I have been facing these resistances for about 20 years and there is no single, simple solution, but there are certainly strategies to accomplish the task, according to Machiavelli and my personal experience. The most important of these, the understanding of being in a critical situation, has received a great help from COVID-19, in fact no one wants to be helped unless they understand they have a problem.



Solutions: “Houston, we have a problem”

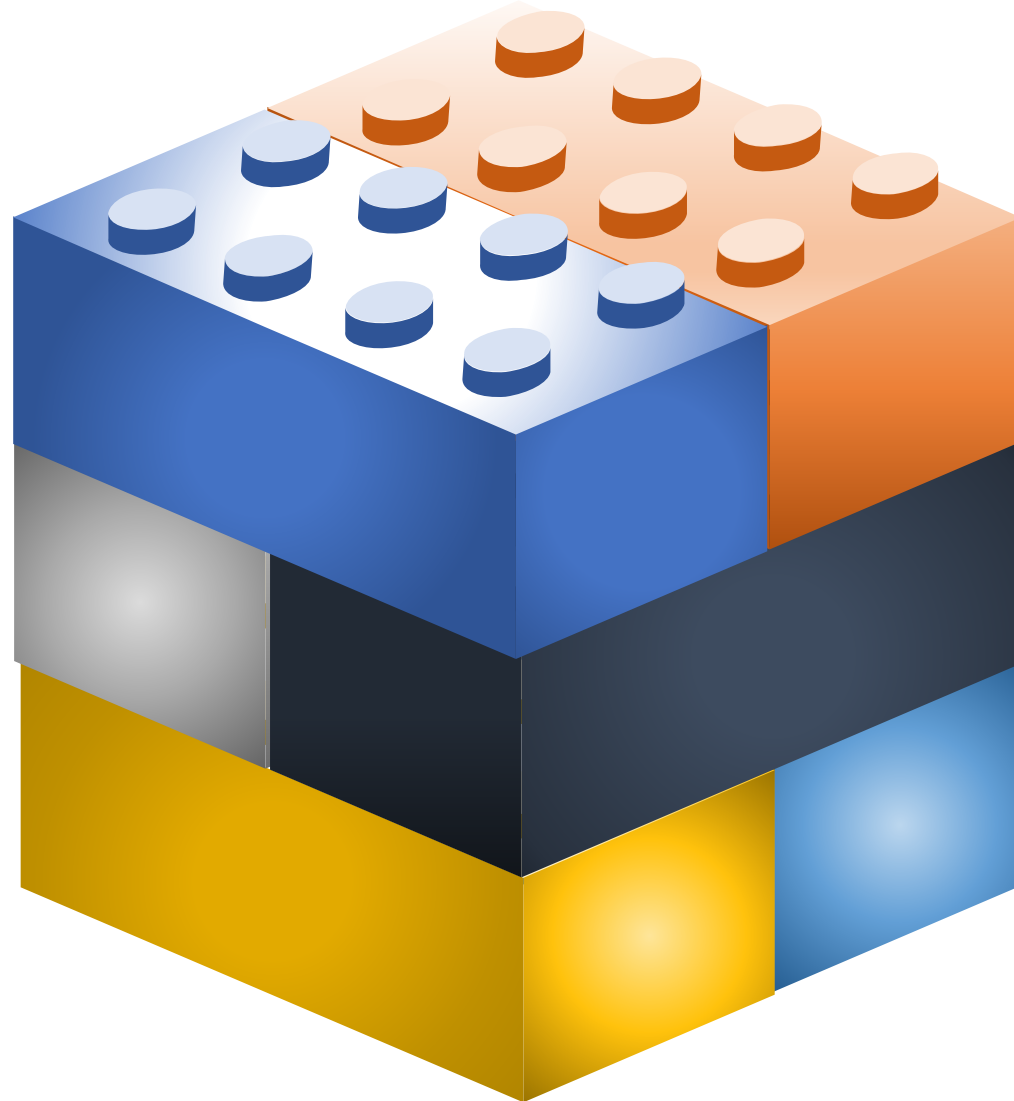
- If we are stopped smoking a cigarette in a lay-by on the highway, we send away a tow truck that stops behind us if we have not noticed that we have a flat tire. Covi-19 highlighted the presence of a punctured wheel and the tow truck was the digital innovation..

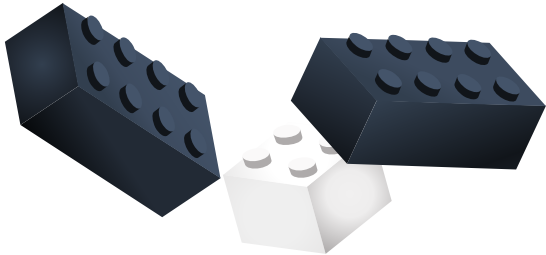


Strong Shoulders

A good Idea isn't enough...

- 1. Budget,**
- 2. Clinical Governance**
- 3. Quality Control**
- 4. Social impact evaluation**
- 5. Training**
- 6. Check points and external evaluations**
- 7. Strategy**





Clinical Governance

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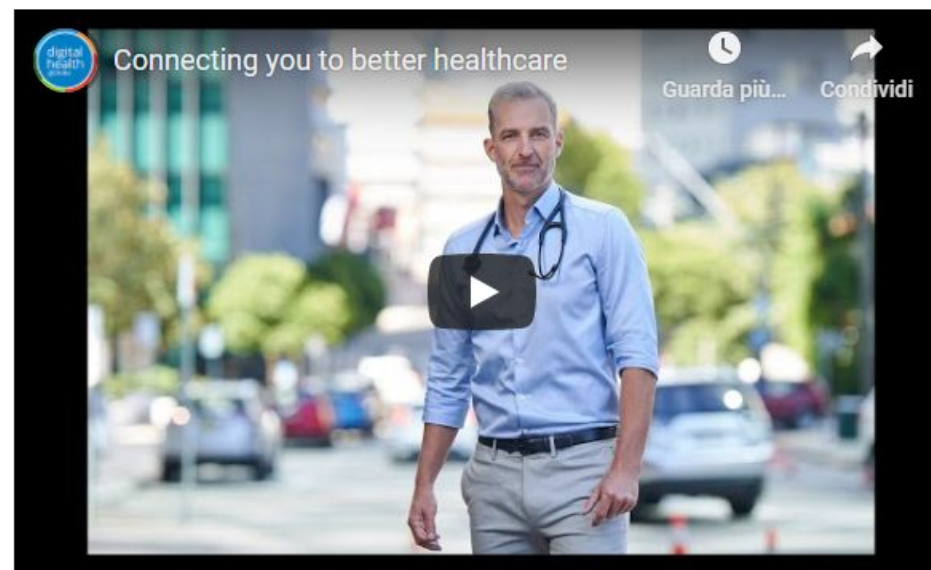
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Make sure your health information is available to you and your doctors when and where it is needed.



COVID-19

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The delivery of electronic prescribing has been accelerated to allow you to receive vital healthcare services while maintaining physical distancing.



The Strategy

The path to achieving a safe, seamless and secure connected healthcare system in Australia.





Clinical Governance Framework



Clinical governance principles

- This Clinical Governance Framework outlines 11 guiding principles that have been tailored to the context of the role and accountabilities of the Agency, its work activities and the receivers and providers of health care it supports. The principles are not hierarchical and are interconnected, as illustrated in Figure 1 below. These principles focus on the consumer experience as central. They aim to foster a safety culture for the organisation and embed this culture in the broader corporate and delivery governance structures of the Agency.

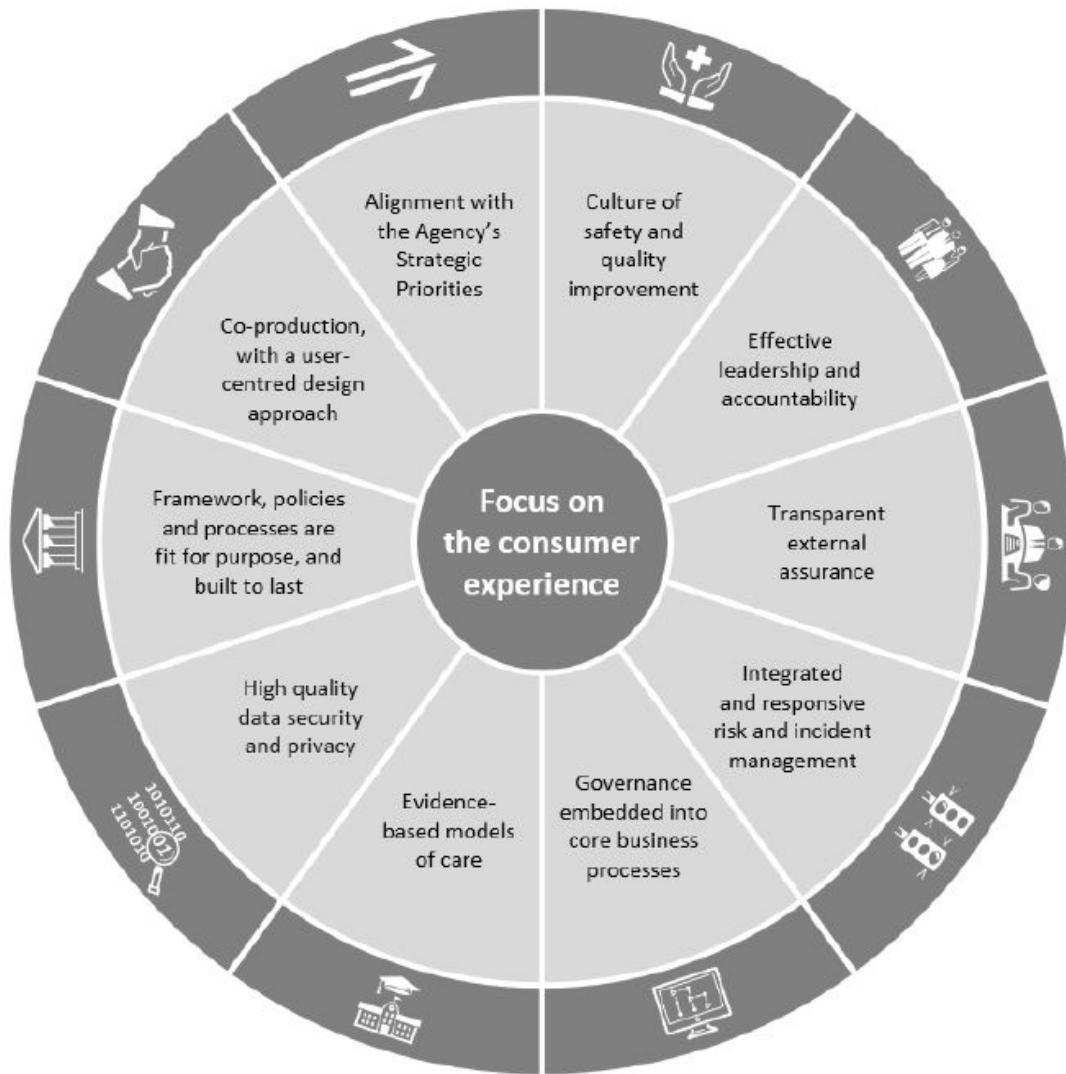
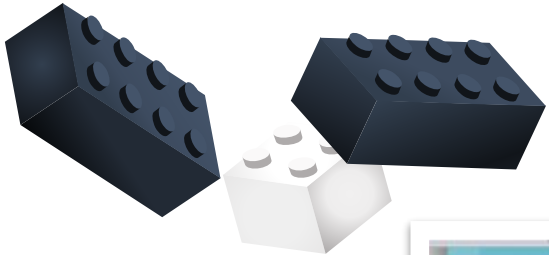


Figure 1 - Clinical governance principles



Social Impact

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Azienda Ospedaliera San Camillo Forlanini

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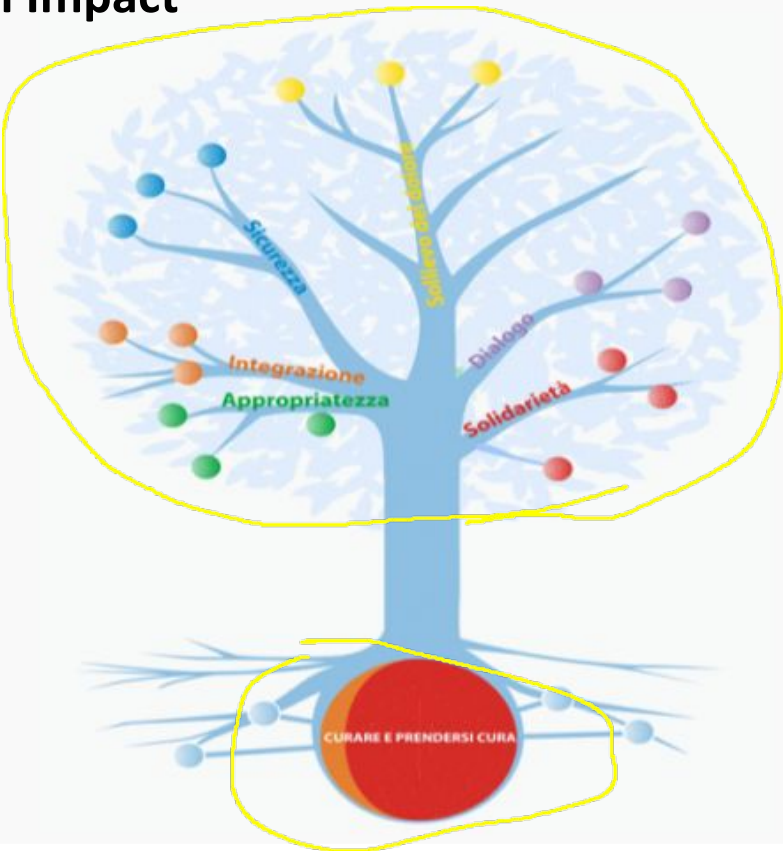
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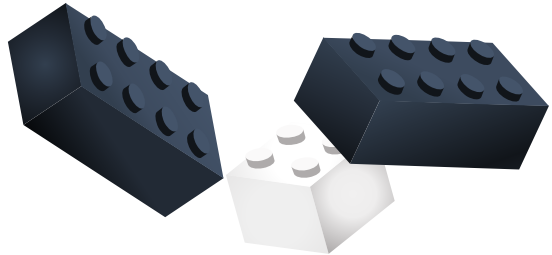
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Social Impact





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Titolo:

LA TELEMEDICINA E LE FERITE DIFFICILI

Problema:

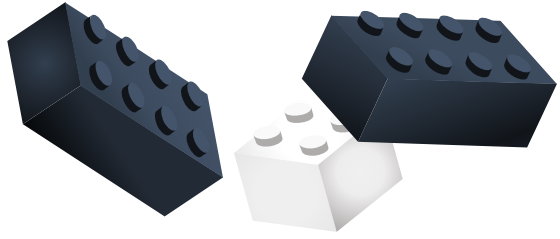
L'arrivo di internet, della telefonia cellulare e della posta elettronica, non solo sta modificando profondamente l'interazione tra le persone e le istituzioni, ma sta portando cambiamenti anche nel nursing.

L'avvio, nell'ambito della telemedicina, del progetto sulle lesioni difficili, ha evidenziato la necessità che gli operatori coinvolti acquisiscano ulteriori competenze professionali che supportino la capacità di assumere autonomamente la responsabilità del processo assistenziale e che consentano di rispondere adeguatamente ai bisogni degli utenti.

Destinatari:

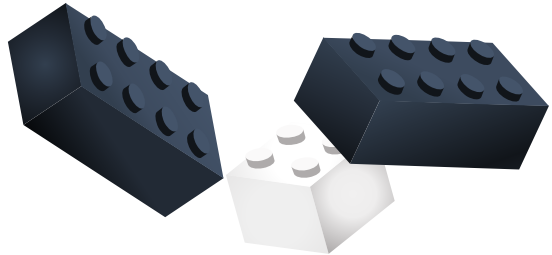
il corso è rivolto agli infermieri del DH (n° 2) e dell'Ambulatorio Angiologico (n°2), della Chirurgia Vascolare (n°2), del Day Surgery (n°2), della Diabetologia (n°1), della Chirurgia Plastica (n°1), della Reumatologia (n°1) e della Dermatologia (n° 1) per un totale di circa 24 operatori.





Facing scientific community





A1 National Classification



Osservatorio Nazionale
per la valutazione e il monitoraggio delle reti e-Care
e-Care

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Ministero del Lavoro, della Salute e delle Politiche Sociali - Settore Salute

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Il progetto In sintesi Soggetti coinvolti Verso gli utenti Il centro servizi I servizi e la rete **Classificazione**

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LE FERITE DIFFICILI

Classificazione
A1
Già operativa, con una gestione a regime di almeno tre mesi, che coinvolga almeno:

- un Ente pubblico, oppure
- una struttura assistenziale sanitaria pubblica, o privata accreditata, oppure
- una struttura socio assistenziale pubblica o privata

rivolta ad un target (tipologia già indicata nel documento - vedi Parte Prima) inferiore a 100 utenti presenti sul territorio
Ultimo aggiornamento: 07-11-2008
[Versione stampabile](#)

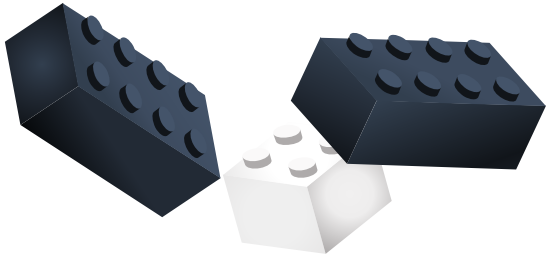


veronica.esposito

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[telemedicina](#)
[teleconsulto](#)

Territori
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Four Stars on ePractice.eu Portal

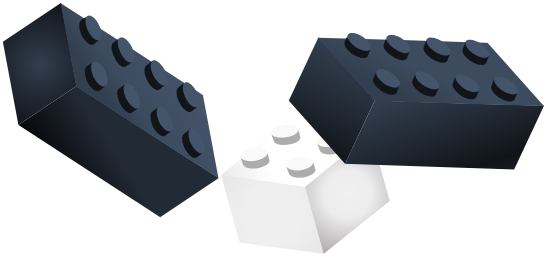
The screenshot displays the epractice.eu website interface. At the top, there is a search bar and navigation links for 'Login' and 'Register'. Below the header, a blue navigation bar contains links for 'Home', 'Cases', 'News', 'Events', 'Library', 'Factsheets', 'People', 'Workshops', 'TV', 'Blog', and 'Communities'. The 'Cases' link is highlighted in orange.

The main content area shows the breadcrumb path: 'Home > Cases > Email for Problematic Wound Care Management'. The case title is 'Email for Problematic Wound Care Management', accompanied by a small icon of a clipboard and a photo of Sergio Pillon. The case details include: 'Web address of the case: http://scf.gosp.it/twiki/bin/view/GovernoCin...', 'Country of the case: Italy', 'City/region: Rome, Lazio', 'Wound Management | e-mail | telemedicine services', 'Posting Date: 22 February 2010', 'Last Edited Date: 01 March 2010', '251 Visits', and a 4-star rating (four yellow stars and one empty star). The author is listed as 'Italy Author: Sergio Pillon (Azienda Ospedaliera San Camillo-Forlanini - CIRM)'.

Below the case details, there is a section for 'Type of Initiative' with a radio button selected for 'Project or service'. A 'Case Abstract' section follows, containing two paragraphs of text. The first paragraph discusses the challenges of wound care, and the second paragraph emphasizes the importance of regular wound assessment and measurement.

On the right side of the page, there is a sidebar with two sections. The top section, '4th European eGovernment Awards WINNERS', mentions the '5th Ministerial eGovernment Conference' held on 19-20 November 2009 in Malmö (SE). Below this is a 'Comments' section stating that the item has not yet been commented on. The bottom section, 'See Related Content', lists related initiatives with dates and country tags (Germany, Italy, Netherlands, Slovakia, Spain, and Other european countries).





International appreciation

14-16 APRIL 2010
Med@Tel
LUXEMBOURG

ISiTeH
International Society for
Telemedicine & eHealth

LUXEXPO
LUXEMBOURG

22 January, 2010

Sergio Pillon
Director of Telemedicine
San Camillo-Forlanini Hospital
Rome
Italy
spillon@scamilloforlanini.rm.it

Dear Mr. Sergio Pillon,

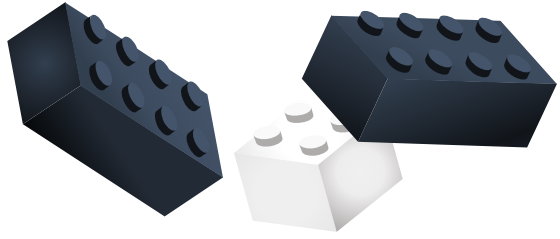
We hereby confirm the receipt of your contribution **“Email for Wound Care Management Service in the Italian Public Healthcare System. Specialist, Nurse, Caregiver Connection. Two Years Checkpoint: Lessons Learned, Indicators, Budgeting, Quality Control”** and its acceptance by the Selection Committee for oral presentation at the Educational and Information Program of Med-e-Tel 2010, Luxembourg, G.D. of Luxembourg, April 14-16, 2010. Please be so kind and inform your co-authors.

Your abstract will be included in the Med-e-Tel 2010 Exhibition Guide and will be loaded on Med-e-Tel 2010 website.

List of presentations and names of speakers as well as a preliminary program will be added to the website in the next few weeks. We'll inform you about the final schedule of your presentation soon.

Acceptance of your contribution carries with it the **OBLIGATION** for you to actually present it at Med-e-Tel



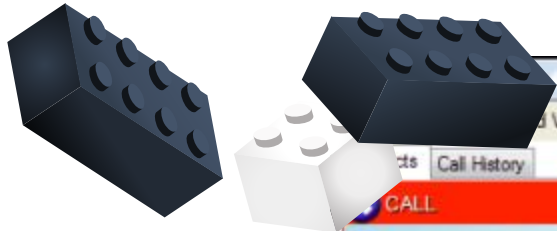


Evolution

General Practitioners and second opinion for Nurses

Video Camera with Macro and Zoom feature, remotely controlled, smartphone APP, videoconference





3.36.1 - Sergio Pillon (CPM) [Available]

Video Options

ts Call History

CALL [00:01:59]

- 1 Sergio Pillon
- 2 ulcereSimone

Patient2

ulcereSimone

ulcereSimone

Operator2

Operator1

Patient1

GP's OFFICE

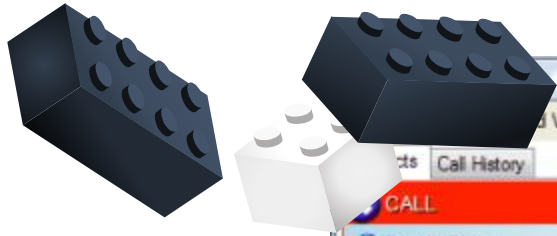
Filter by Name

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2

1

34



3.36.1 - Sergio Pillon (CPM) [Available]

Video Options

ts Call History

CALL [00:12:48]

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- 2 ulcereSimone

Patient2

ulcereSimone

ulcereSimone

Operator2

Operator1

Patient1

GP's OFFICE

Filter by Name

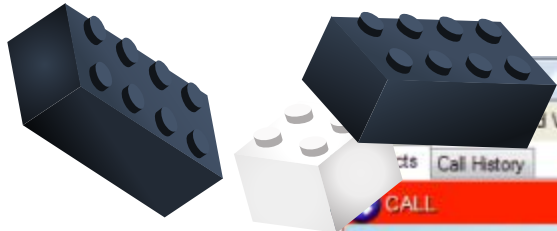
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[OUT][ulcereSimone][00:12:48]

2

1





3.36.1 - Sergio Pillon (CPM) [Available]

Video Options

ts Call History

CALL [00:25:17]

- 1 Sergio Pillon
- 2 ulcereSimone

Patient2

ulcereSimone

ulcereSimone

Operator2

Operator1

Patient1

GP's OFFICE

Filter by Name

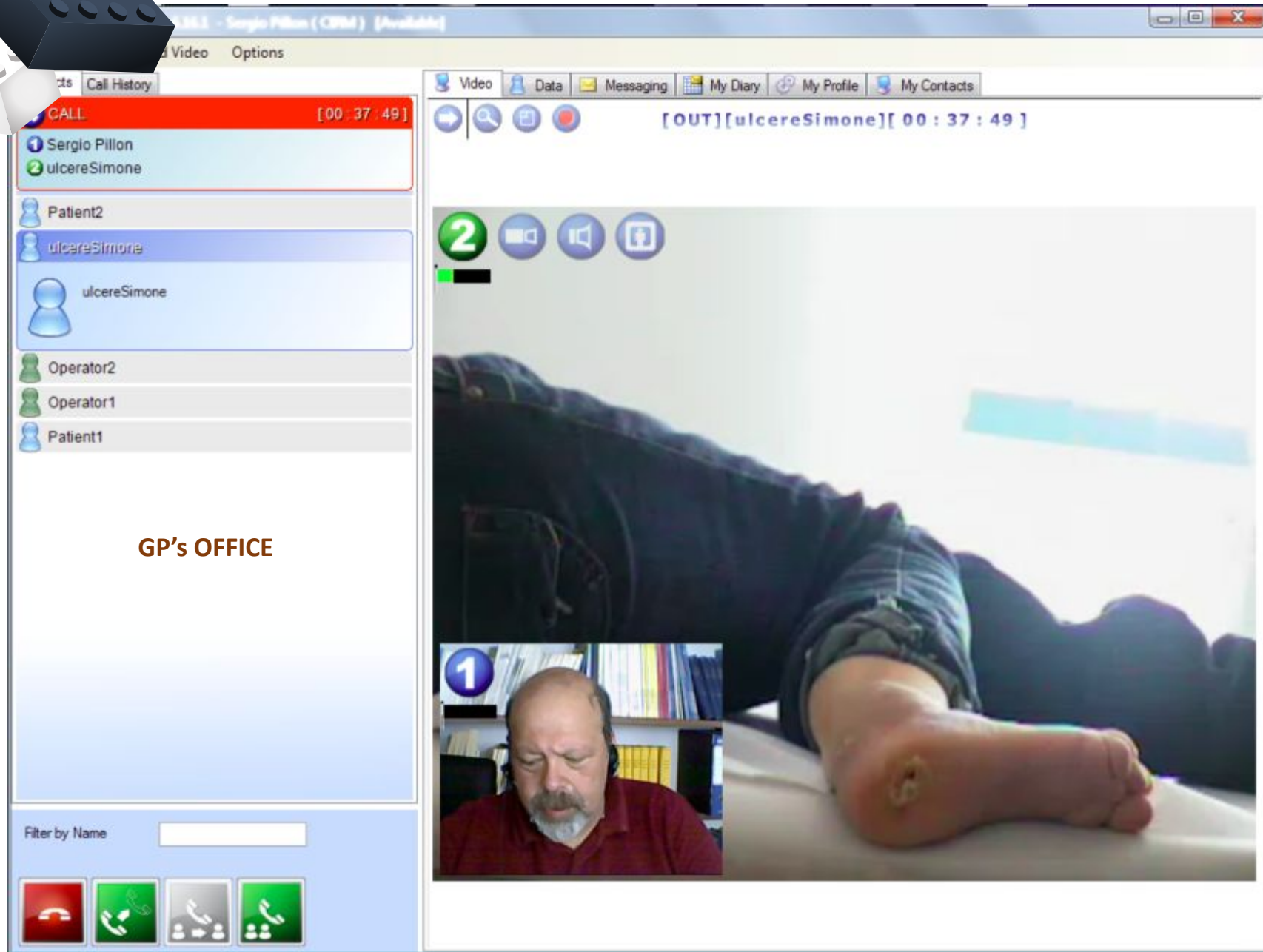
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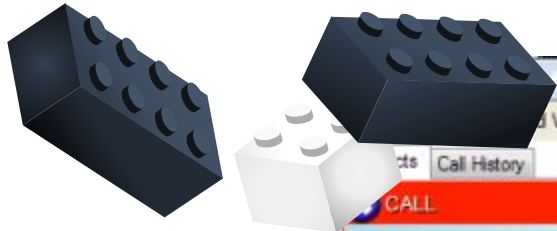
[OUT][ulcereSimone][00:25:17]

2

1







3.36.1 - Sergio Pillon (CPM) [Available]

Video Options

ts Call History

CALL [00:43:38]

1 Sergio Pillon

2 ulcereSimone

Patient2

ulcereSimone

ulcereSimone

Operator2

Operator1

Patient1

GP's OFFICE

Filter by Name

Video Data Messaging My Diary My Profile My Contacts

[OUT][ulcereSimone][00:43:38]

2

1

38

Strategy

A milestone, learning from the past....

Original Paper

Beyond Adoption: A New Framework for Theorizing and Evaluating Nonadoption, Abandonment, and Challenges to the Scale-Up, Spread, and Sustainability of Health and Care Technologies

Trisha Greenhalgh¹, FMedSci; Joseph Wherton¹, PhD; Chrysanthi Papoutsis¹, PhD; Jennifer Lynch², PhD; Gemma Hughes¹, MSc; Christine A'Court¹, FRCGP (UK); Susan Hinder³, PhD; Nick Fahy¹, BA, BSc; Rob Procter⁴, PhD; Sara Shaw¹, PhD

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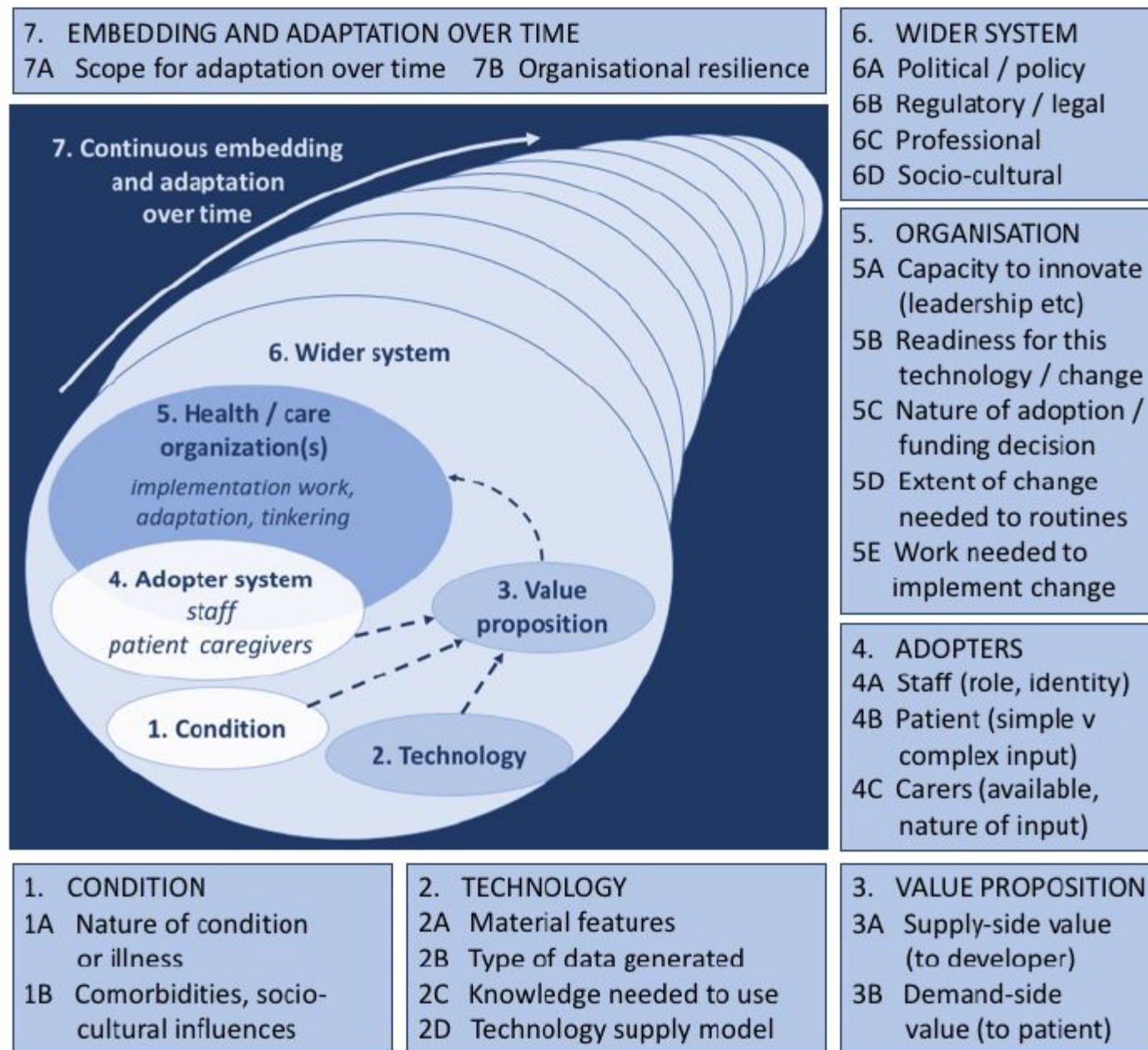


Figure 2. The NASSS framework for considering influences on the adoption, nonadoption, abandonment, spread, scale-up, and sustainability of patient-facing health and care technologies.

Table 2. Domains and questions in the nonadoption, abandonment, scale-up, spread, and sustainability (NASSS) framework.

Domain/question	Simple	Complicated	Complex
Domain 1: The condition or illness			
1A. What is the nature of the condition or illness?	Well-characterized, well-understood, predictable	Not fully characterized, understood, or predictable	Poorly characterized, poorly understood, unpredictable, or high risk
1B. What are the relevant sociocultural factors and comorbidities?	Unlikely to affect care significantly	Must be factored into care plan and service model	Pose significant challenges to care planning and service provision
Domain 2: The technology			
2A. What are the key features of the technology?	Off-the-shelf or already installed, freestanding, dependable	Not yet developed or fully interoperable; not 100% dependable	Requires close embedding in complex technical systems; significant dependability issues
2B. What kind of knowledge does the technology bring into play?	Directly and transparently measures [changes in] the condition	Partially and indirectly measures [changes in] the condition	Link between data generated and [changes in] the condition is currently unpredictable or contested
2C. What knowledge and/or support is required to use the technology?	None or a simple set of instructions	Detailed instruction and training needed, perhaps with ongoing helpdesk support	Effective use of technology requires advanced training and/or support to adjust to new identity or organizational role
2D. What is the technology supply model?	Generic, “plug and play,” or COTS ^a solutions requiring minimal customization; easily substitutable if supplier withdraws	COTS solutions requiring significant customization or bespoke solutions; substitution difficult if supplier withdraws	Solutions requiring significant organizational reconfiguration or medium- to large scale-bespoke solutions; highly vulnerable to supplier withdrawal

Table 2. Domains and questions in the nonadoption, abandonment, scale-up, spread, and sustainability (NASSS) framework.

Domain/question	Simple	Complicated	Complex
Domain 3: The value proposition			
3A. What is the developer's business case for the technology (supply-side value)?	Clear business case with strong chance of return on investment	Business case underdeveloped; potential risk to investors	Business case implausible; significant risk to investors
3B. What is its desirability, efficacy, safety, and cost effectiveness (demand-side value)?	Technology is desirable for patients, effective, safe, and cost effective	Technology's desirability, efficacy, safety, or cost effectiveness is unknown or contested	Significant possibility that technology is undesirable, unsafe, ineffective, or unaffordable
Domain 4: The adopter system			
4A. What changes in staff roles, practices, and identities are implied?	None	Existing staff must learn new skills and/or new staff be appointed	Threat to professional identity, values, or scope of practice; risk of job loss
4B. What is expected of the patient (and/or immediate caregiver)—and is this achievable by, and acceptable to, them?	Nothing	Routine tasks, eg, log on, enter data, converse	Complex tasks, eg, initiate changes in therapy, make judgments, organize
4C. What is assumed about the extended network of lay caregivers?	None	Assumes a caregiver will be available when needed	Assumes a network of caregivers with ability to coordinate their input

Table 2. Domains and questions in the nonadoption, abandonment, scale-up, spread, and sustainability (NASSS) framework.

Domain/question	Simple	Complicated	Complex
Domain 5: The organization			
5A. What is the organization's capacity to innovate?	Well-led organization with slack resources and good managerial relations; risk taking encouraged	Limited slack resources; suboptimal leadership and managerial relations; risk taking not encouraged	Severe resource pressures (eg, frozen posts); weak leadership and managerial relations; risk taking may be punished
5B. How ready is the organization for this technology-supported change?	High tension for change, good innovation-system fit, widespread support	Little tension for change; moderate innovation-system fit; some powerful opponents	No tension for change; poor innovation-system fit; many opponents, some with wrecking power
5C. How easy will the adoption and funding decision be?	Single organization with sufficient resources; anticipated cost savings; no new infrastructure or recurrent costs required	Multiple organizations with partnership relationship; cost-benefit balance favorable or neutral; new infrastructure (eg, staff roles, training, kit) can mostly be found from repurposing	Multiple organizations with no formal links and/or conflicting agendas; funding depends on cost savings across system; costs and benefits unclear; new infrastructure conflicts with existing; significant budget implications
5D. What changes will be needed in team interactions and routines?	No new team routines or care pathways needed	New team routines or care pathways that align readily with established ones	New team routines or care pathways that conflict with established ones
5E. What work is involved in implementation and who will do it?	Established shared vision; few simple tasks, uncontested and easily monitored	Some work needed to build shared vision, engage staff, enact new practices, and monitor impact	Significant work needed to build shared vision, engage staff, enact new practices, and monitor impact

Table 2. Domains and questions in the nonadoption, abandonment, scale-up, spread, and sustainability (NASSS) framework.

Domain/question	Simple	Complicated	Complex
Domain 6: The wider context			
6A. What is the political, economic, regulatory, professional (eg, medical), and sociocultural context for program rollout?	Financial and regulatory requirements already in place nationally; professional bodies and civil society supportive	Financial and regulatory requirements being negotiated nationally; professional and lay stakeholders not yet committed	Financial and regulatory requirements raise tricky legal or other challenges; professional bodies and lay stakeholders unsupportive or opposed
Domain 7: Embedding and adaptation over time			
7A. How much scope is there for adapting and coevolving the technology and the service over time?	Strong scope for adapting and embedding the technology as local need or context changes	Potential for adapting and coevolving the technology and service is limited or uncertain	Significant barriers to further adaptation and/or coevolution of the technology or service
7B. How resilient is the organization to handling critical events and adapting to unforeseen eventualities?	Sense making, collective reflection, and adaptive action are ongoing and encouraged	Sense making, collective reflection, and adaptive action are difficult and viewed as low priority	Sense making, collective reflection, and adaptive action are discouraged in a rigid, inflexible implementation model



Thanks!

Sergio Pillon

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LinkedIn : www.linkedin.com/in/pillon

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