

# Il progetto Intensiva 2.0: stato dell'arte



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Riva del Garda (TN)  
10 novembre 2017



# SIAARTI

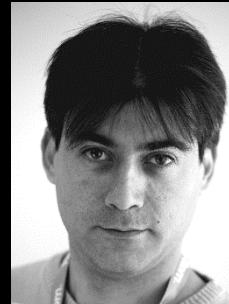
PRO VITA CONTRA DOLOREM SEMPER

Gruppo di Studio per la BIOETICA



# SIARED

SOCIETÀ ITALIANA DI ANESTESIA RIANIMAZIONE  
EMERGENZA E DOLORE





# SIAARTI

PRO VITA CONTRA DOLOREM SEMPER

Gruppo di Studio per la BIOETICA



# Tavolo di Lavoro InterSocietario:

# STLIS Intensiva 2.0



 AAROI EMAC  
Associazione Anestesiisti Rianimatori Ospedalieri Italiani  
Emergenza Area Critica

HOME

CHI SIAMO

PER CONOSCERE

PER CURARE

PER RICOMINCIARE

PER NON ESSERE SOLI

PER DONARE

Cerca...

Italiano English

Conoscere per non avere paura.  
Capire che si può fare molto, ma non tutto.  
Accudire con attenzione e rispetto.

## Il recupero in Terapia Intensiva

La Terapia Intensiva (o Rianimazione) è una realtà molto dura, difficile da accettare. Ma in certi casi è l'unica possibilità per poter continuare a vivere. Quando una persona ha un incidente, una grave malattia, una grossa operazione chirurgica... quando c'è un organo vitale che non funziona, si viene ricoverati qui. Ci sono macchinari e medicine molto potenti che hanno bisogno di un controllo continuo e di personale specializzato. Lo scopo è quello di dare tempo ad una persona gravemente malata, perché possa iniziare a guarire da una malattia acuta.

Avere un proprio caro in Rianimazione molto spesso cambia il modo di vivere, di considerare la vita. Naviga su questo sito per capire razionalmente cos'è la Rianimazione e ancora di più, per comprendere meglio le tue emozioni. E per non sentirsi solo.

Ultima revisione: 24 ottobre 2017 - GM

Modifica

### Perché questo sito



### Il reparto



Scopri come è fatta e come funziona la Terapia Intensiva

### Le storie



Leggi le esperienze dei pazienti e dei loro parenti o raccontaci la tua.

### Link veloci

- ✓ | Esplora l'unità paziente
- ✓ | La voce degli operatori
- ✓ | Dizionario dei termini
- ✓ | Cosa puoi fare tu
- ✓ | Raccontaci la tua storia
  
- ✗ | Sostieni la nostra ricerca (utenti)
- ✗ | Partecipa al progetto (operatori)
- ✗ | Formazione medici e infermieri

Questo progetto di comunicazione è coordinato da:



Terapie  
Intensive  
Partecipanti:



**aniarti** associazione nazionale infermieri di area critica

**EfCCNa** European Federation of Critical Care Nurses

**www.anicarti.it**

**36º Congresso Nazionale #anicarti2017**

Riva del Garda (Tn)  
8-9-10 novembre

**il nursing**  
**NELLA SOPRAVVIVENZA**

# Disclosure of interests:



... none !

Grant for independent research from Regione Lombardia:

DPR 13465, 22 Dec. 2010

Endorsement SIAARTI, ANIARTI, SIARED, AAROI-EMAC

No... interests... ?!?!?

# No... interests... ?!?!?



# No... interests... ?!?!?

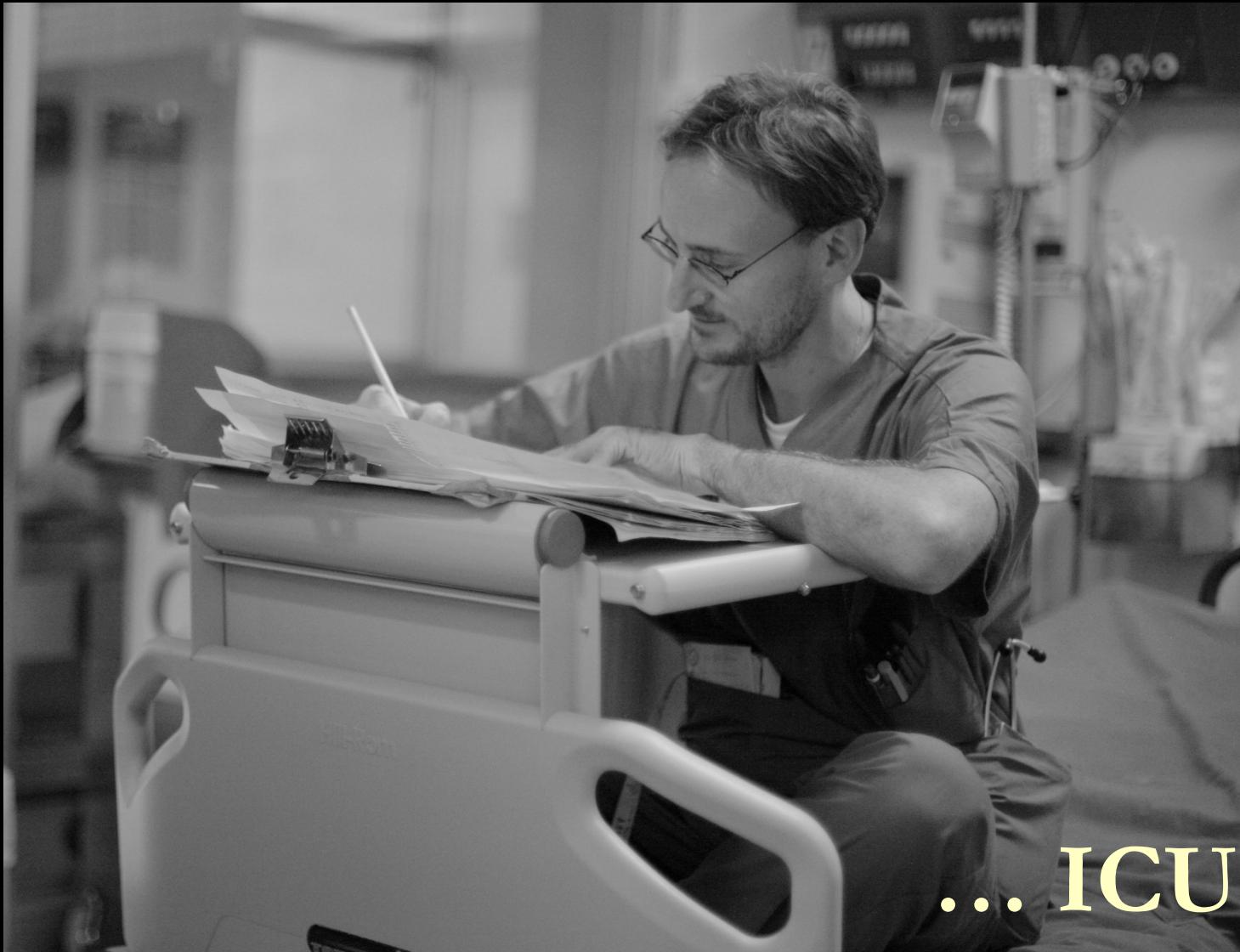


I'm a  
physician...

**... working in a general ICU...**



**... working in a general ICU...**



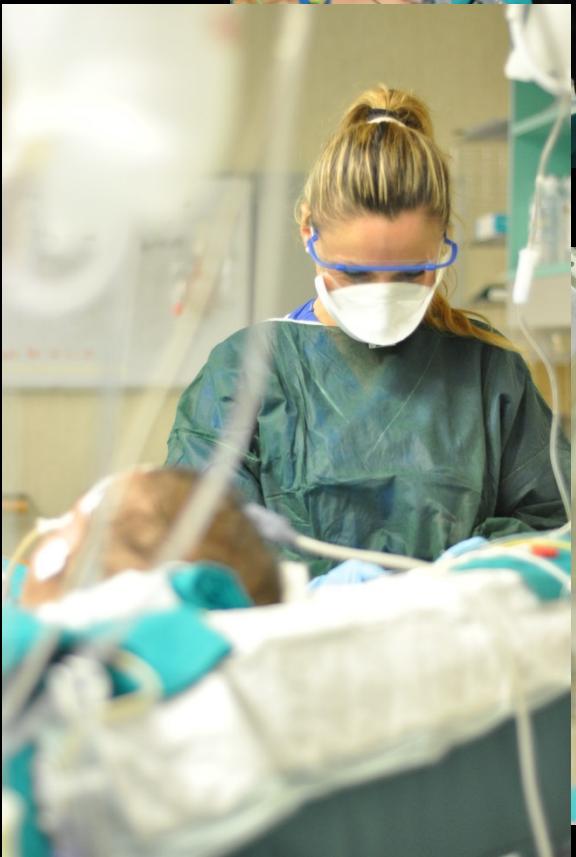
**... ICU ...**



**ICU** I see you



I  
see  
you



# Families of critically ill pts

Anxiety 80%

Depression 70%

PTSD 60%



# Good communication in ICU

Help families to...



silence,



stress.

# What they ask to improve ?

Intensive Care Med (2013) 39:1071–1079  
DOI 10.1007/s00134-013-2862-7

ORIGINAL

Daniel Schwarzkopf  
Susanne Behrend  
Helga Skupin  
Isabella Westermann  
Niels C. Riedemann  
Rüdiger Pfeifer  
Albrecht Günther  
Otto W. Witte  
Konrad Reinhart  
Christiane S. Hartog

## Family satisfaction in the intensive care unit: a quantitative and qualitative analysis

The following themes for possible improvement emerged from both quantitative and qualitative analyses: patient agitation—consistency, clarity and completeness of information—emotional support—respect and compassion towards families. Families were also dissatisfied with the waiting room, ICU atmosphere, and amenities for visiting relatives.

# Consistency, clarity, completeness...

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# Good communication in ICU

Help staff members to...



empathy,



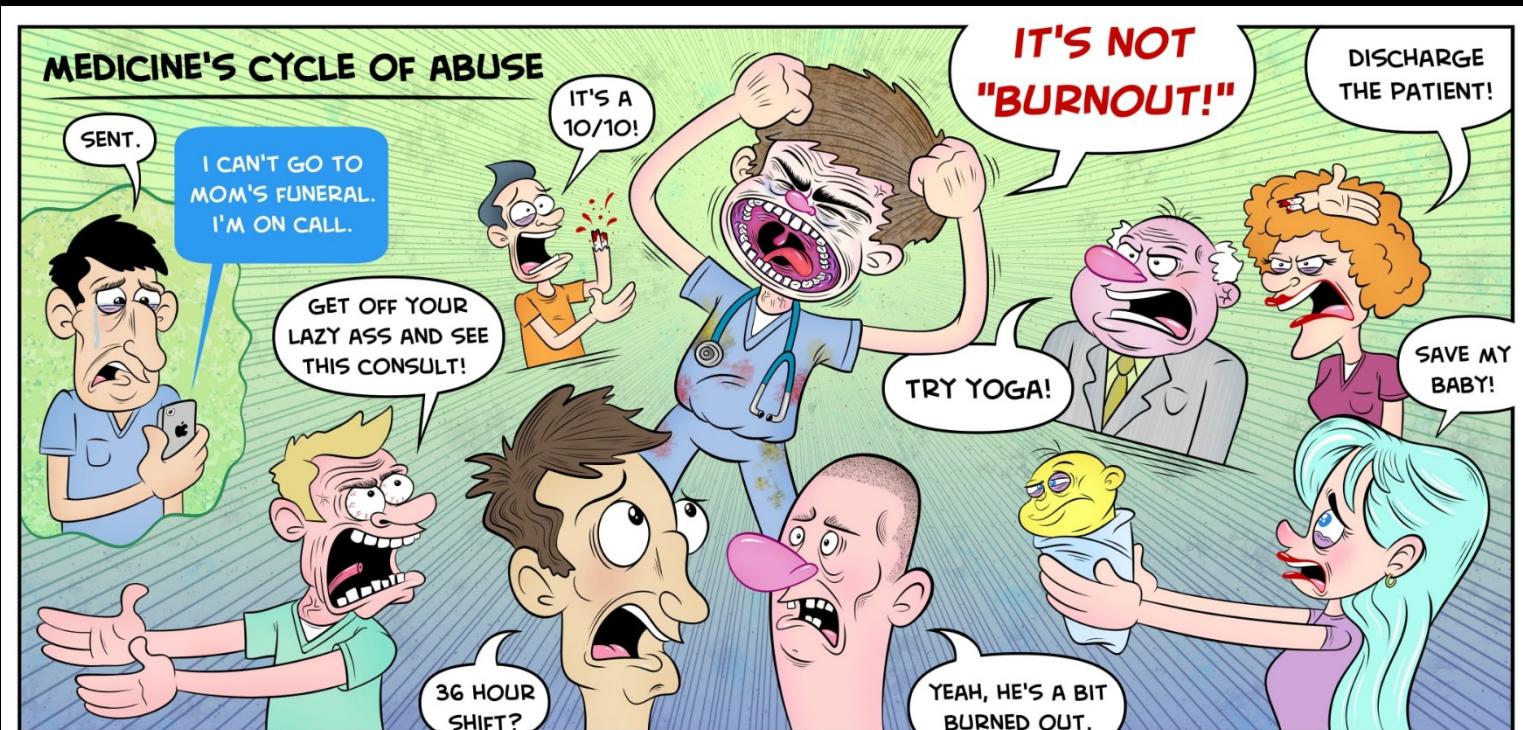
burnout.

# What is burnout?

Emotional exhaustion

Depersonalization

Reduced personal accomplishment





# Intensiva 2.0 project - Aims

## Main outcome

↑ Correctness of ICU families' comprehension

## Secondary outcomes

↓ PTSD in families at 6 months from ICU discharge

↓ anxiety and depression during ICU stay

↑ empathy and ↓ burnout among staff members

↑ in organ/tissue donation family acceptance

↓ legal-medical issues

Meeting 2100 Italian families

Will be an extraordinary

window on reality!

# Comunicare coniugando

## verità e rassicurazione

- ❖ Dare informazioni (componente cognitiva)
- ❖ Rassicurare e legittimare (componente affettiva)

# Increasing sensibility for quality of communication

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

## Family Presence during Cardiopulmonary Resuscitation

Patricia Jabre, M.D., Ph.D., Vanessa Belpomme, M.D., Elie Azoulay, M.D., Ph.D.,

Line Jacob, M.D., Lionel Bertrand, M.D., Fr

Karim Tazarorte, M.D., Ph.D., Guillem Bouill

Claire Broche, M.D., Domitille Normand, M.

Agnes Ricard-Hibon, M.D., Ph.D., Jacques Istria,

Armelle Alheritiere, M.D., Nathalie Asse

Benoit Vivien, M.D., Ph.D., Laurent Turi, N

Michel Desmaizieres, M.D., Stephen W. Borro

and Frederic Adnet, M

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

## A Communication Strategy and Brochure for Relatives of Patients Dying in the ICU

Alexandre Lautrette, M.D., Michael Darmon, M.D., Bruno Megarbane, M.D., Ph.D.,

Luc Marie Joly, M.D., Sylvie Chevret, M.D., Ph.D., Christophe Adrie, M.D., Ph.D.,

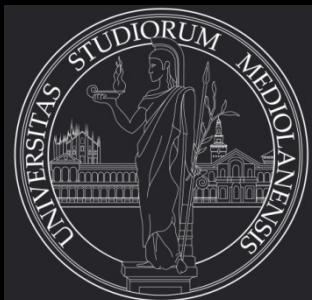
Didier Barnoud, M.D., Gérard Bleichner, M.D., Cédric Bruel, M.D.,

Gérald Choukroun, M.D., J. Randall Curtis, M.D., M.P.H., Fabienne Fieux, M.D.,

Richard Galliot, M.D., Maité Garrouste-Orgeas, M.D., Hugues Georges, M.D.,

# [www.intensiva.it](http://www.intensiva.it)

A path to follow together

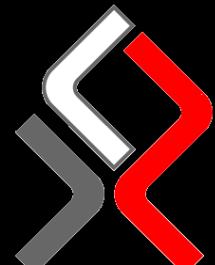


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Milano, Italy



# Website + brochure

➤ To inform rationally

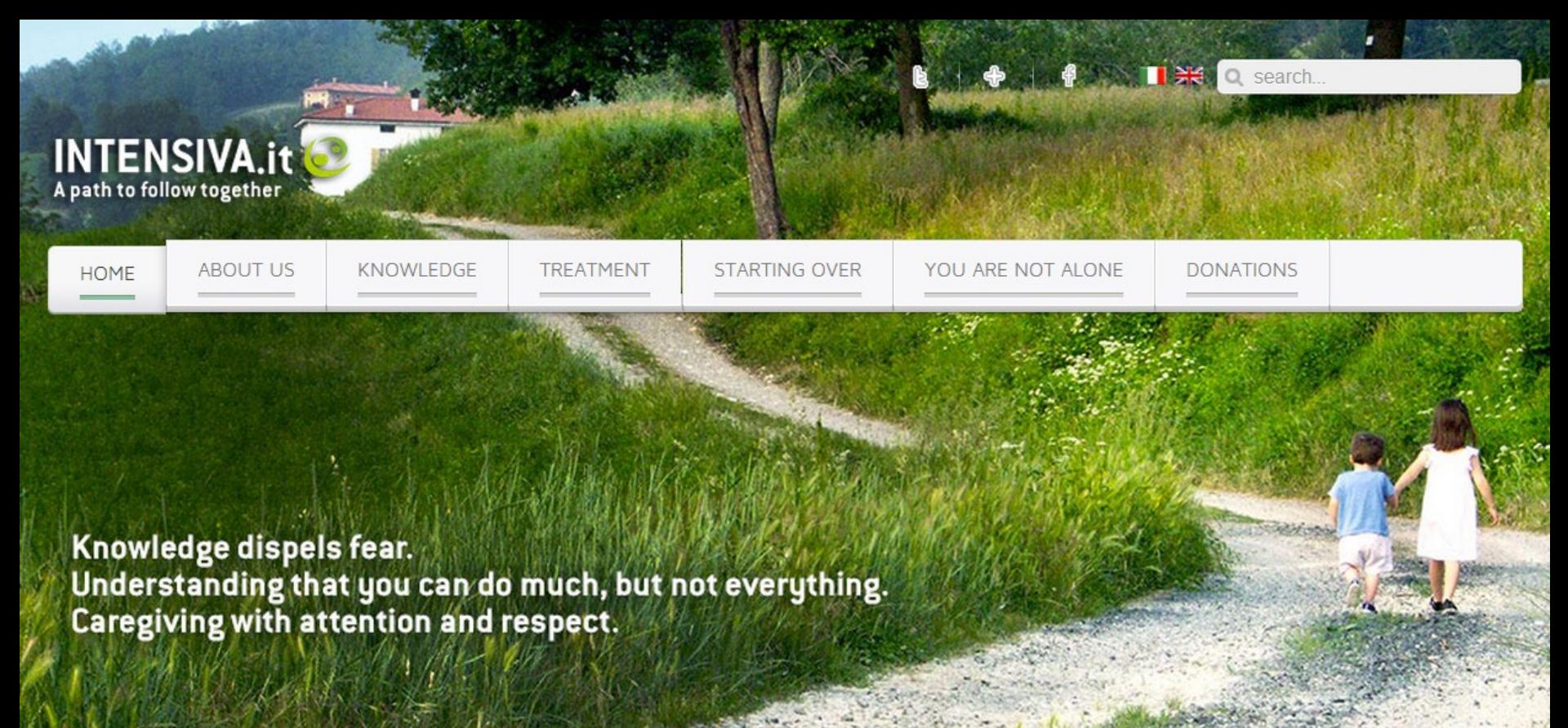


➤ To justify emotions



➤ To improve and lighten (NOT replace) the communication between families and ICU staff

➤ To decrease PTSD symptoms in families



**Knowledge dispels fear.  
Understanding that you can do much, but not everything.  
Caregiving with attention and respect.**

## ICU stay

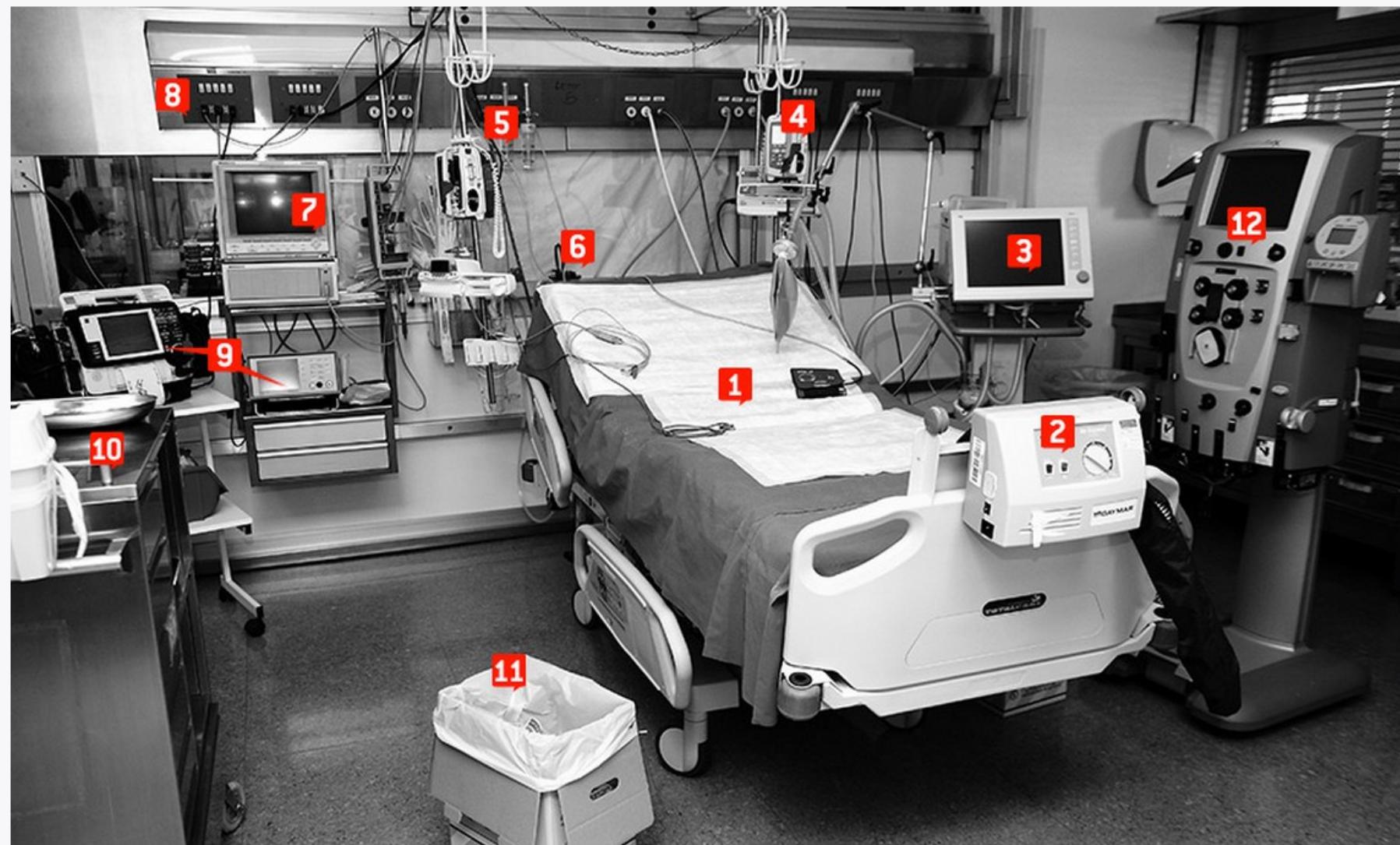
The Intensive Care Unit (ICU) is a difficult place: it can be hard to accept. But in some cases, it is the only way to preserve a life. When someone has an accident, suffers from a life-threatening disease or undergoes major surgery, when a vital organ is impaired, this is where they come. The ICU employs complex devices and powerful drugs that call for continuous monitoring by highly specialized personnel. The ICU goal is to **buy time** for severely ill patients, so that they can **start recovering** from an acute disease or trauma.

When someone close to you is in the ICU, your habits and your outlook on life change radically. Browse this website, get acquainted with the ICU and gain a better understanding of your own emotions. So that you will never feel alone.

## Why this website



# Understanding the Patient-Unit



# Devices and procedures

Invasive procedures, garrisons ushered in the body, could be useful to support vital functions (breathing, circulation, feeding...). For example intravenous catheters are thin tubes made of soft gum utilized to administer drugs, nourishment or hemodialysis.

Although disagreeable, that staff is request to guarantee the best treatment. Caregivers know these instruments bother then utilize them only when strictly necessary and remove them as soon as possible.

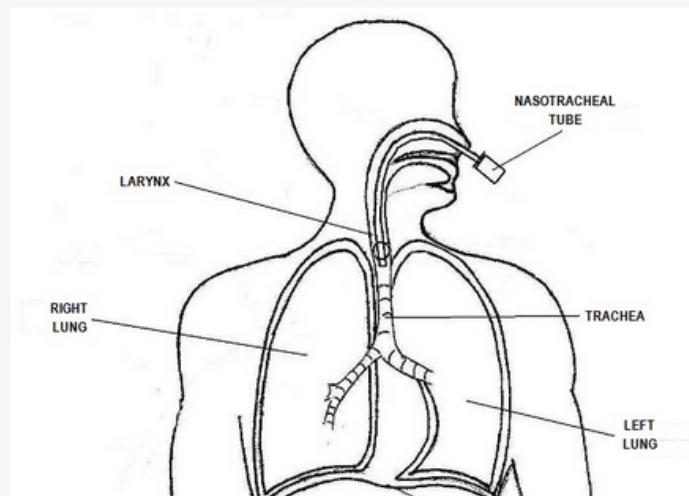
The description of some invasive garrisons employed in an ICU is shown below:

For **mechanical ventilation**:

- full face or nasal mask applied on the face and fasten with elastic strap (non invasive ventilation);



- tubes from the upper airways (mouth: orotracheal tube; nose: nasotracheal tube) to the trachea;



*"Understanding that you can do much,  
but not everything you wish.  
And if you don't receive  
what you wish for, what you get  
is often what you really need,  
just like every sunset  
heralds a new sunrise."*

## Fast links

- ✓ | Explore the patient unit
- ✓ | The voices of Health Operators
- ✓ | Glossary
- ✓ | What you can do
- ✓ | Tell us your story

- ❑ | Support our research
- ❑ | Regione Lombardia

# Caregivers' experience



"Thank you for taking care of our Daddy"

This is a drawing that two children offered to the staff of San Paolo Hospital ICU in Milan, where their father was hospitalized.

Here you can read some of the caregivers' experiences from San Paolo Hospital ICU in Milan.

## PAOLO

San Paolo Hospital - Milan, August 19th, 2011

Dear Gianfranco,

I heard my daughter Sonia's peaceful voice for the first time after 35 days. I'll never forget this phone call while I was still sleeping in Brasilia. After shedding a few tears, as fast as a high-speed movie, I recalled the hot noons and evenings in your relatives' waiting room at San Paolo Hospital. Detailed information but little words of relief. Still, I remember your hard fight to save my dear Sonia. You were so determined but never forgot hopeful words, warmth, manners and compassion. I don't know how far, or close, Sonia is from home, but all of you, as well as all of Policlinico Hospital staff, deserve my family's gratefulness, since you always believed that today Sonia could talk and walk again, leaning on a nurse's arm.

Today I'm writing to you because I want to share my great joy.

Thank you for everything, Paolo



*"Don't walk before me,  
I may not be able to follow you.  
Don't walk behind me,  
I won't be able to guide you.  
Walk by my side  
and find in me your same emotions."*

## Fast links

- ✓ | [Explore the patient unit](#)
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- ✓ | [Tell us your story](#)

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- |  [Regione Lombardia](#)

# Facing the death

The death of a patient in ICU is always a dramatic event: despite the most appropriate care, the disease may be too severe and treatments could prove insufficient. You do not always have time to get prepared for the mourning, since the clinical conditions may precipitate quickly.

In front of the death of your dear one, at first it is important to try to well **understand what happened**, by talking with health care providers and discussing with your family members.

In most cases, it is easy to understand what happened, since the heart of your dear has stopped and does not beat anymore. **The brain no longer receives oxygenated blood and then dies**, thus causing the individual's death. In these cases, only one doctor is sufficient to certify death.

In some diseases, however, the brain dies, while the heart continues to beat if supported by medicines and machines. Although this heartbeat, this condition coincides with the death of the individual: the fact that your dear has died is perhaps more difficult to understand and accept, but **when the brain dies, the whole individual dies**. In these cases, the intervention of a committee of three doctors (intensivist, neurologist, coroner) is necessary to diagnose death. Once highlighted death, machines and drugs no longer make sense: at their shutdown, all vital functions end and the body is moved to the morgue. It is possible to preserve only temporarily the integrity of some organs, by continuing to support circulation and breathing.



Within a situation already in itself difficult and painful, it could be proposed to you the donation of tissues (deceased-donor) or organs (living-donor) of your dear one. Your role as caregivers at this time is crucial to report to health care professionals the **wishes expressed by the deceased while still alive**. In a moment of very strong emotions, it can be heartening to think that you are not required to express your will, having to choose on behalf of your dear. Thinking back to his/her values, the words he/she had expressed in the past, the reasoning he/she would have done, you can realize his/her wishes even after his/her death.



*"What you can do is just  
a drop in the ocean.  
But if that drop weren't there,  
the ocean would miss it.  
If your existence brings a smile  
even to just one person's face,  
it will make your life worth living."*

## Fast links

- ✓ | [Explore the patient unit](#)
- ✓ | [The voices of Health Operators](#)
- ✓ | [Glossary](#)
- ✓ | [What you can do](#)



INTENSIVA.it

Una strada da condividere

Conoscere per non avere paura.  
Capire che si può fare molto, ma non tutto.  
Accudire con attenzione e rispetto.

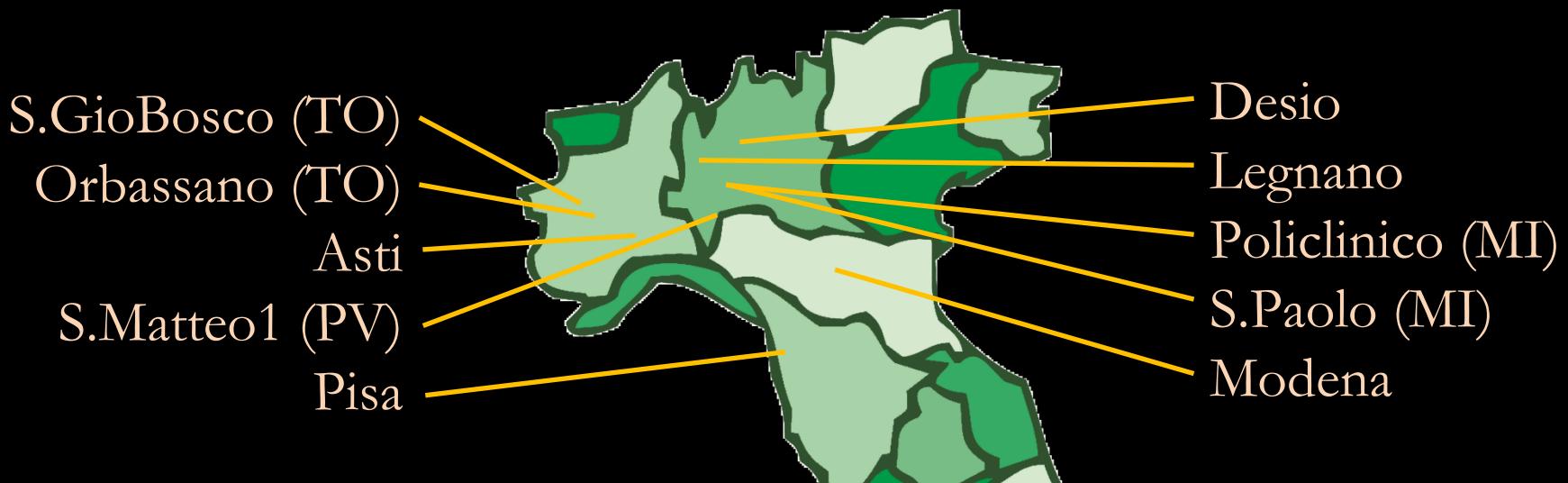
## CONOSCERE LA TERAPIA INTENSIVA

Informazioni utili per chi ha  
un proprio caro ricoverato qui

# Brochure for families

# Timeline of pilot research project

- Phase «before»: June - September 2012
- Phase «after»: October 2012 - January 2013
  - ✓ From september 2013: introduction of brochure with bookmarks and website for families.
- Participants: **10 Italian ICUs** in 4 different regions



ORIGINAL

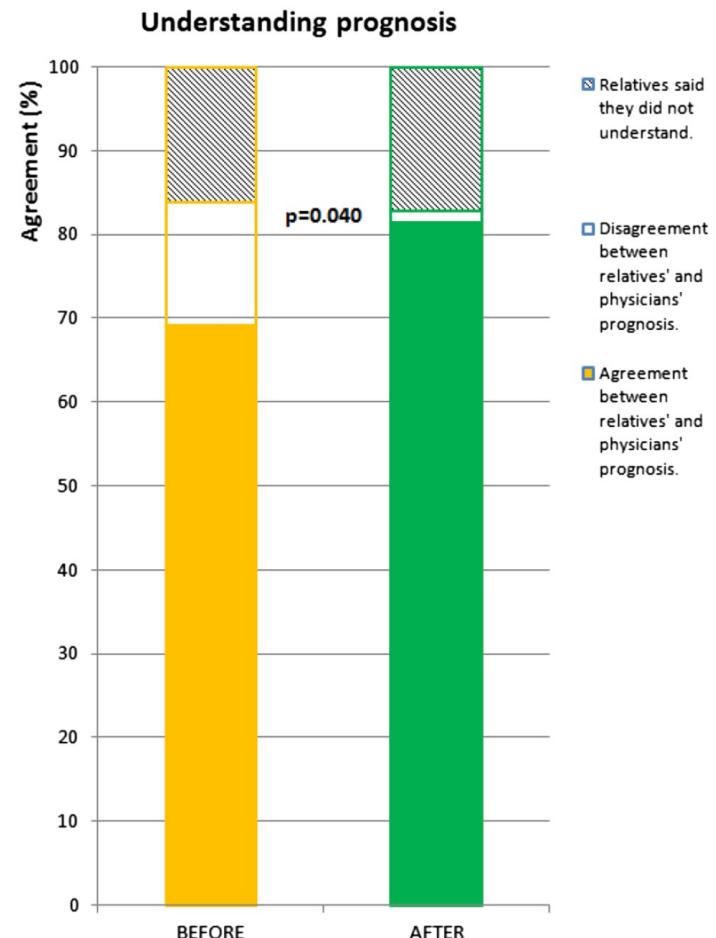
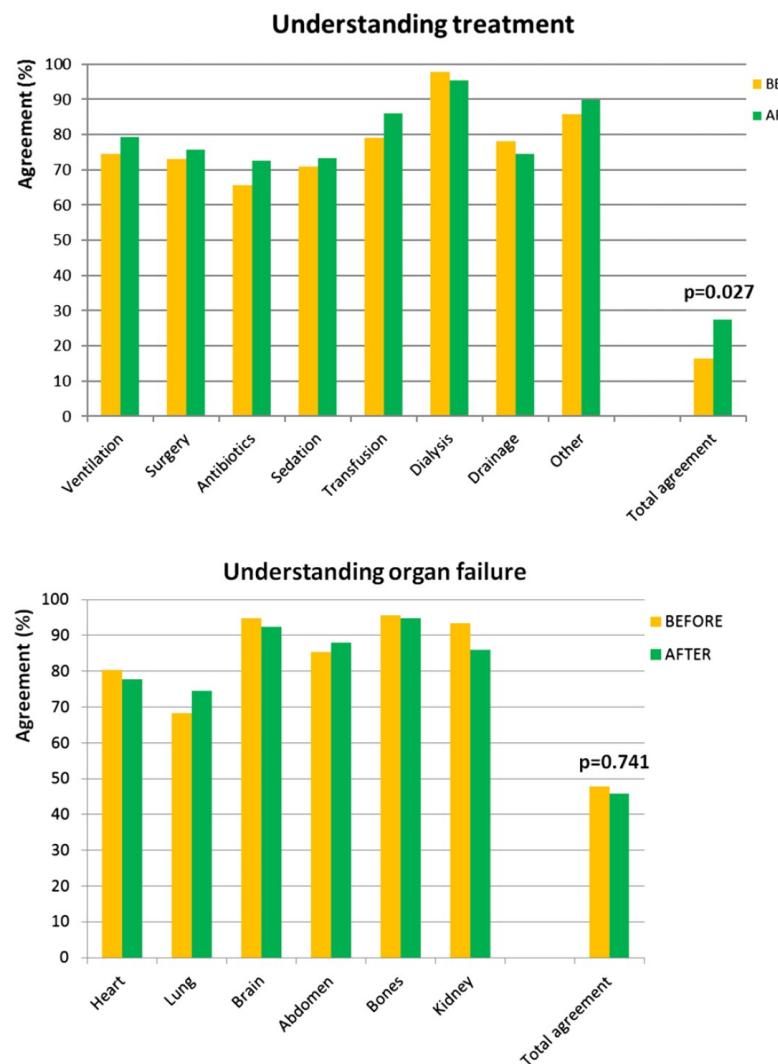


# A family information brochure and dedicated website to improve the ICU experience for patients' relatives: an Italian multicenter before-and-after study

Giovanni Mistraletti<sup>1,2\*</sup> , Michele Umbrello<sup>2</sup>, Elena Silvia Mantovani<sup>2</sup>, Benedetta Moroni<sup>1</sup>, Paolo Formenti<sup>2</sup>, Paolo Spanu<sup>2</sup>, Stefania Anania<sup>2</sup>, Elisa Andrichi<sup>2</sup>, Alessandra Di Carlo<sup>2</sup>, Federica Martinetti<sup>2</sup>, Irene Vecchi<sup>2</sup>, Alessandra Palo<sup>3</sup>, Cristina Pinna<sup>4</sup>, Riccarda Russo<sup>5</sup>, Silvia Francesconi<sup>6</sup>, Federico Valdambrini<sup>7</sup>, Enrica Ferretti<sup>8</sup>, Giulio Radeschi<sup>9</sup>, Edda Bosco<sup>10</sup>, Paolo Malacarne<sup>11</sup>, Gaetano Iapichino<sup>1,2</sup> and The <http://www.intensiva.it> Investigators

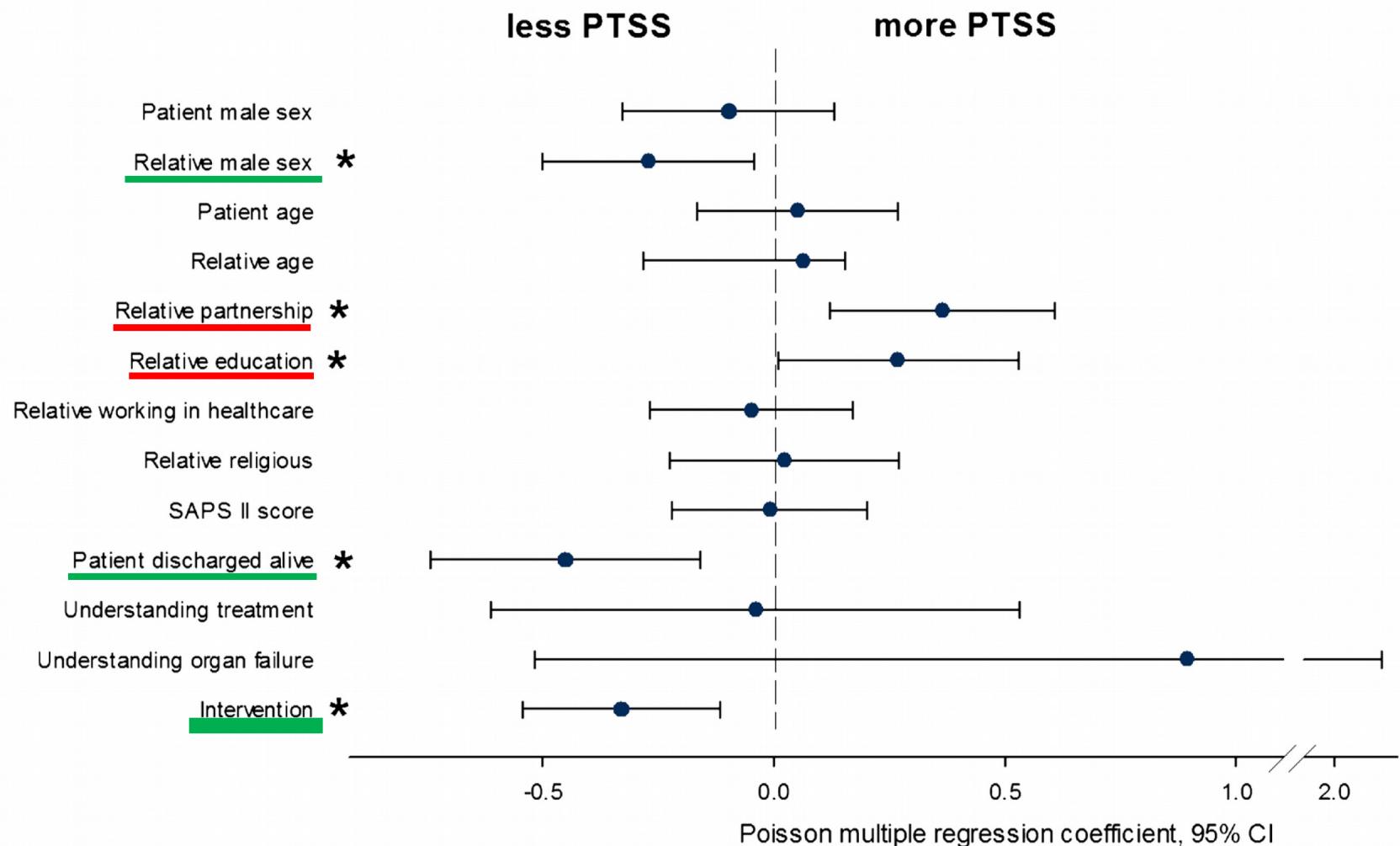
© 2016 Springer-Verlag Berlin Heidelberg and ESICM

# Results



**Fig. 3** Understanding of treatment, organ failure, and prognosis. Agreement between the relatives' understanding and the clinical information given by physicians. Groups were compared by Fisher's exact tests

# Results



**Fig. 4** Characteristics associated with PTSS. All the covariates with more than 200 observations were included in the Poisson multiple regression model to describe the association with the development of post-traumatic stress symptoms (PTSS). SAPS Simplified Acute Physiology Score

# Study limitations

- Low number of families / centers involved
- Only 19% families visited website
- Before and after design
- Variability regarding staff habits
- Only early PTSS and not full diagnosis of PTSD

# The Intensiva 2.0 project

«Studio randomizzato e controllato,  
multicentrico, per la valutazione dell'efficacia  
di un intervento multifattoriale per migliorare  
la comunicazione verso i familiari di pazienti  
ricoverati in Terapia Intensiva»



# Call for 300 centers



# Educational research



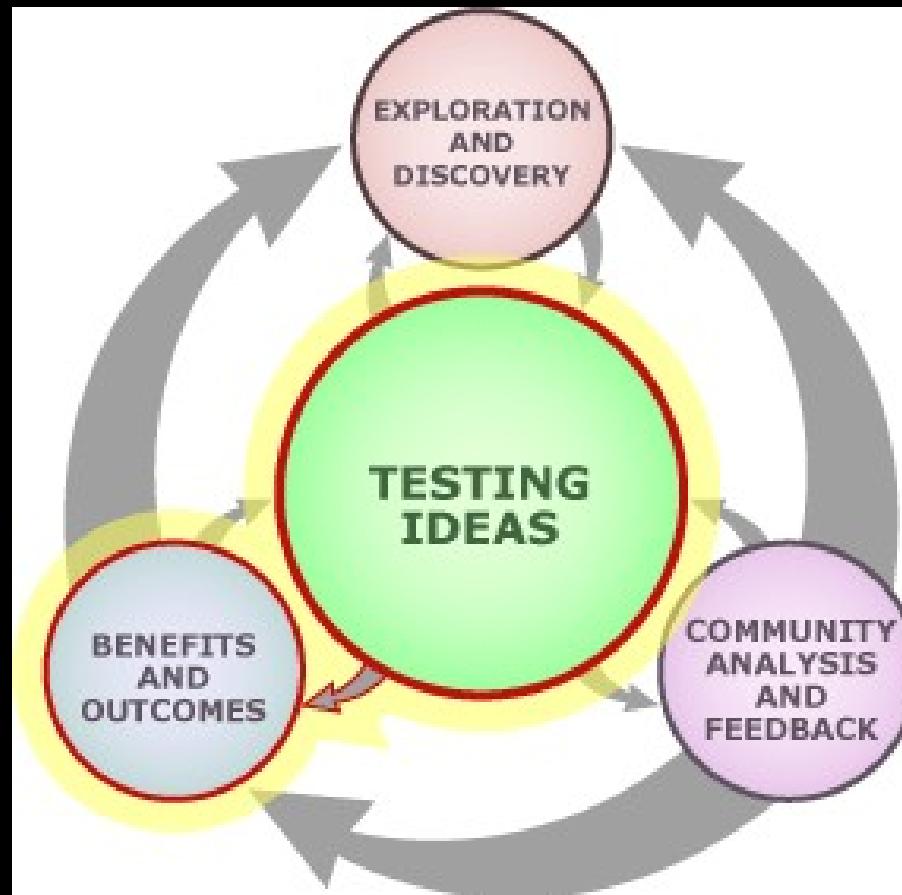
**EDUCATIONAL  
RESEARCH**



# Introduction of good medical practices



...together with...



building of scientific knowledge.

# “Good medical practices”

**INTENSIVA.it**  
A path to follow together

HOME ABOUT US KNOWLEDGE TREATMENT STARTING OVER YOU ARE NOT ALONE DONATIONS

Participating centers

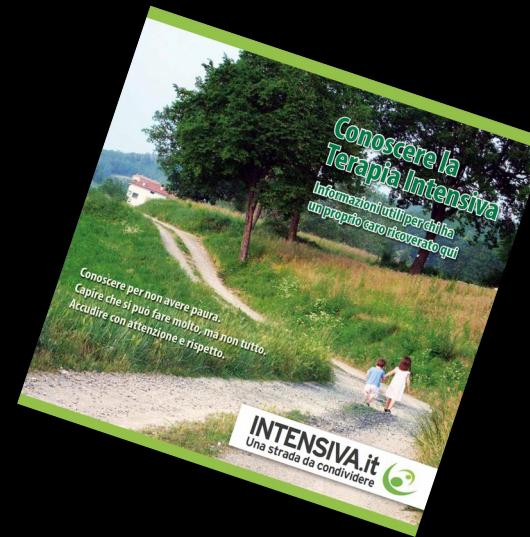
Clicca sulla tua regione: troverai l'elenco completo dei centri partecipanti al progetto [www.intensiva.it](http://www.intensiva.it). Potrai così avere informazioni specifiche sul reparto in cui è ricoverato il tuo caro.

Many people work in the Intensive Care Unit with a number of different roles. Excellent results can be obtained only if everyone contributes: patients included.

Fast links

- Explore the patient unit
- The voices of Health Operators
- Glossary
- What you can do

about  
communication



## Conoscere l'unità di cura

1 - LETTO È altamente tecnologico e permette di assumere posizioni diverse. È lontano dalle pareti, in modo che sia accessibile sui quattro lati. Ha delle spondine immobili, per garantire la sicurezza del paziente; ha delle ruote, nel caso siano necessari spostamenti urgenti.

5 - OSSIGENOTERAPIA Se un paziente ha bisogno di più ossigeno di quello che c'è nell'aria, è possibile fornirglielo attraverso degli erogatori posti vicino al letto. L'ossigeno arriva alla bocca e al naso attraverso diversi tipi di piccoli tubi o "maschere" facciali.

6 - DEFIBRILLATORE È un apparecchio sanitario che viene usato negli ospedali e nelle ambulanze quando per una serie di ragioni il cuore si ferma, o batte in maniera non corretta. Questo apparecchio consente di ristabilire nel paziente un battito cardiaco efficace, applicando una scarica elettrica non pericolosa e tollerata dall'organismo.

9 - SISTEMA DI ASPIRAZIONE Quando non si riesce a

# “Scientific knowledge”

Anxiety

Depression

PTSD

Burnout

Prognosis  
comprehension

Family satisfaction

Empathy

# For families



# For families



# For staff



# How ICUs can cooperate ?

# The Intensiva 2.0 project

«Studio randomizzato e controllato,  
multicentrico, per la valutazione dell'efficacia  
di un intervento multifattoriale per migliorare  
la comunicazione verso i familiari di pazienti  
ricoverati in Terapia Intensiva»



# Milano



# Napoli



# Roma



# Bolzano



**18° Corso „Terra Aria“**  
in ricordo di Dr. Michele Nardin e Lorenzo Zampatti

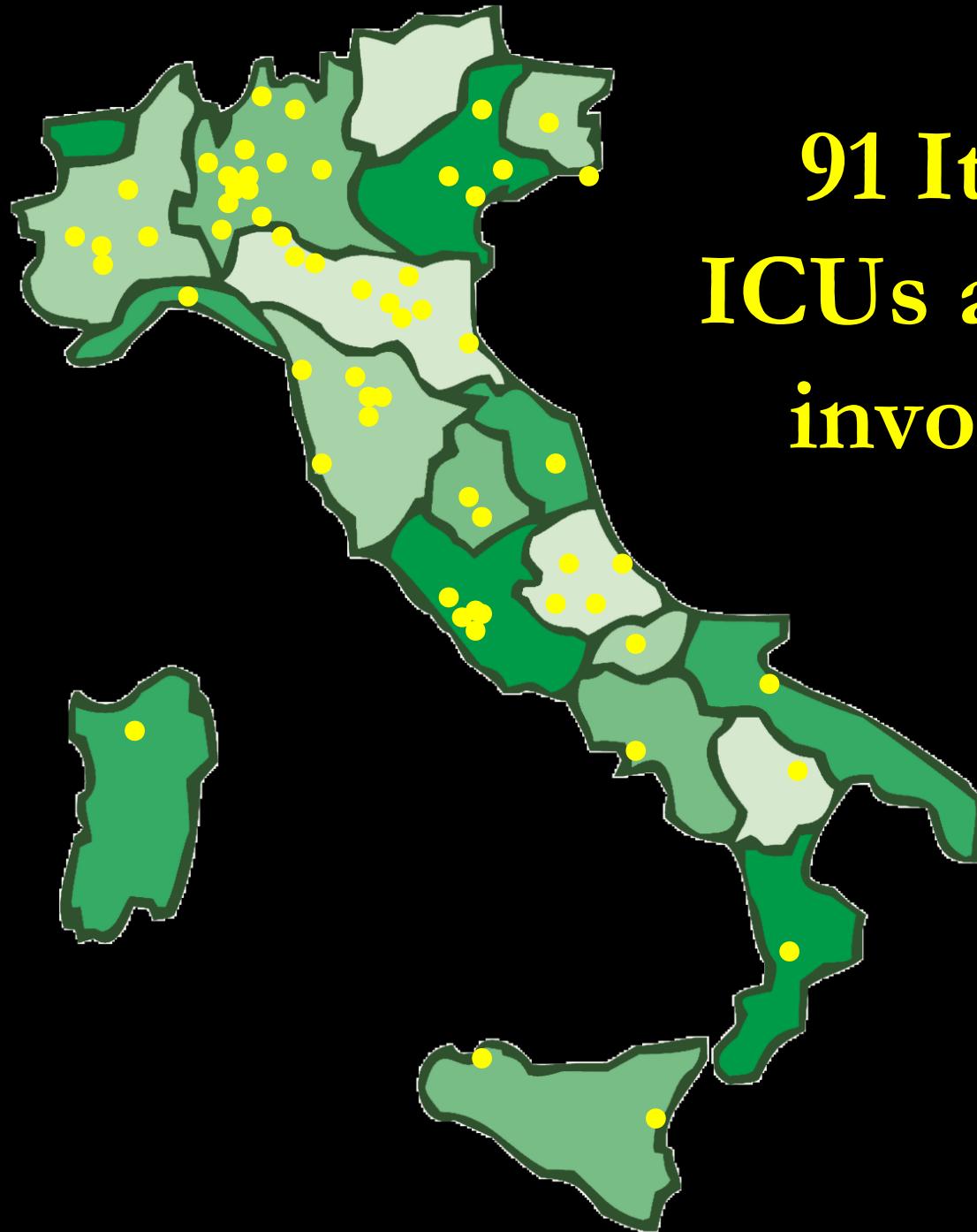
# Rimini



# Riva del Garda



**91 Italian  
ICUs are now  
involved !**



We  
aim to  
arrive  
to  
300 !!!



91 Italian  
ICUs are now  
involved !

# Intensiva 2.0 project - Materials

- 1 Internet webpage
  - ✓ Devoted to each own ICU



- 100 Brochure
  - ✓ Delivery to families at meetings



- 1 sign for the ICU door.



- 8 posters for the families waiting room.

- On-line CME courses

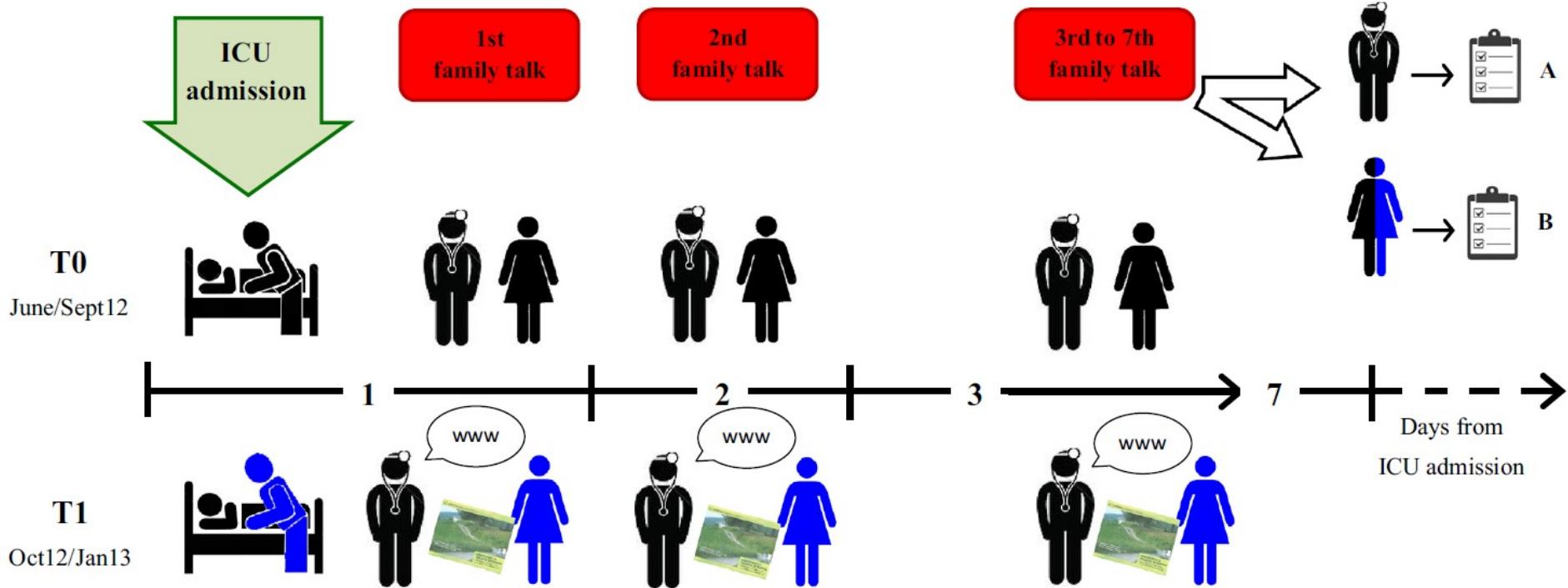
## Cosa viene **offerto gratuitamente** ai centri partecipanti

- 8 manifesti / locandine + 1 cartello per la porta di ingresso
- 100 brochures (se richieste)
- 1 pagina web sul sito internet
- 1 iscrizione a congresso per uno dei referenti del centro
- Possibilità di formazione “e-learning” sui materiali del progetto

## Cosa viene **chiesto gratuitamente** ai centri partecipanti

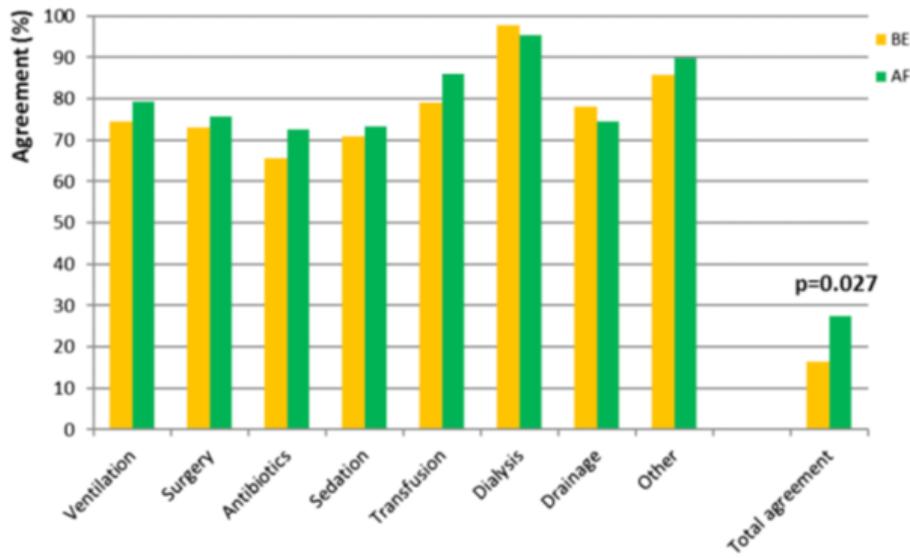
- Raccolta dati di 12 questionari nella fase PRE + 24 nella fase POST
- Survey sul personale (PRE e POST)
- Follow-up a distanza di 6 mesi (36 telefonate a familiari)
- Inserimento dati (in forma anonima) su database centralizzato
- Eventuale richiesta al Comitato Etico locale, se necessario
- 1 medico + 1 infermiere referenti x raccolta dati (max 2+2)

# Intensiva 2.0 project – Methods

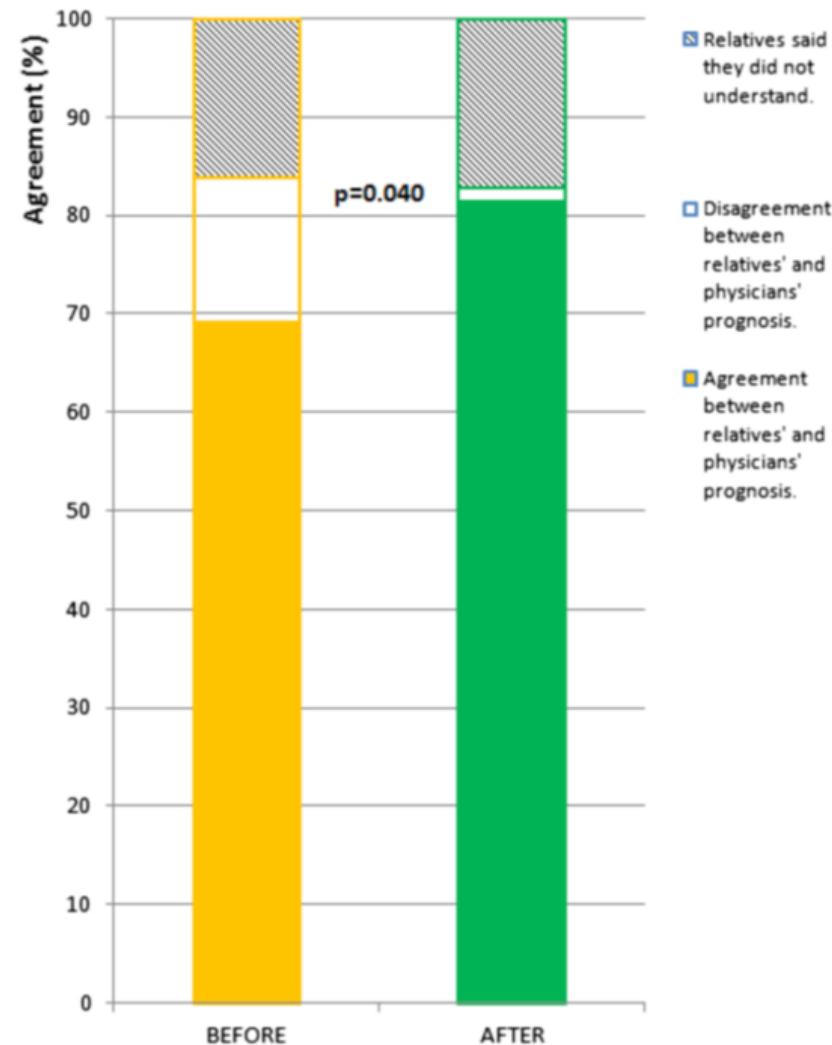


**Fig. 1** Study timeline. After ICU admission, the daily talk was the moment of study intervention. During T1, families were given the brochure and invited to visit the website. Before (T0) and after (T1) the intervention, any time between the 3rd and 7th ICU day, at the end of the family talk, questionnaire A was administered to doctors, and questionnaire B to the main relative

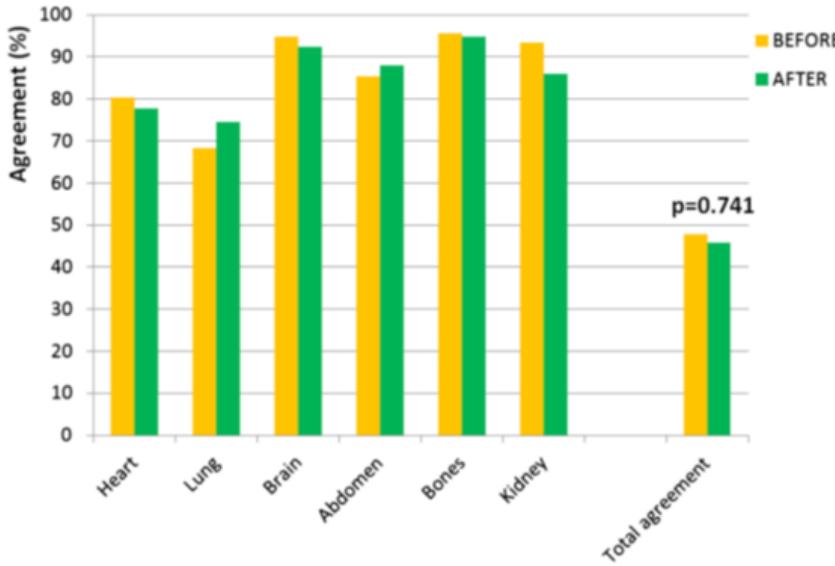
### Understanding treatment



### Understanding prognosis



### Understanding organ failure



**Fig. 3** Understanding of treatment, organ failure, and prognosis. Agreement between the relatives' understanding and the clinical information given by physicians. Groups were compared by Fisher's exact tests

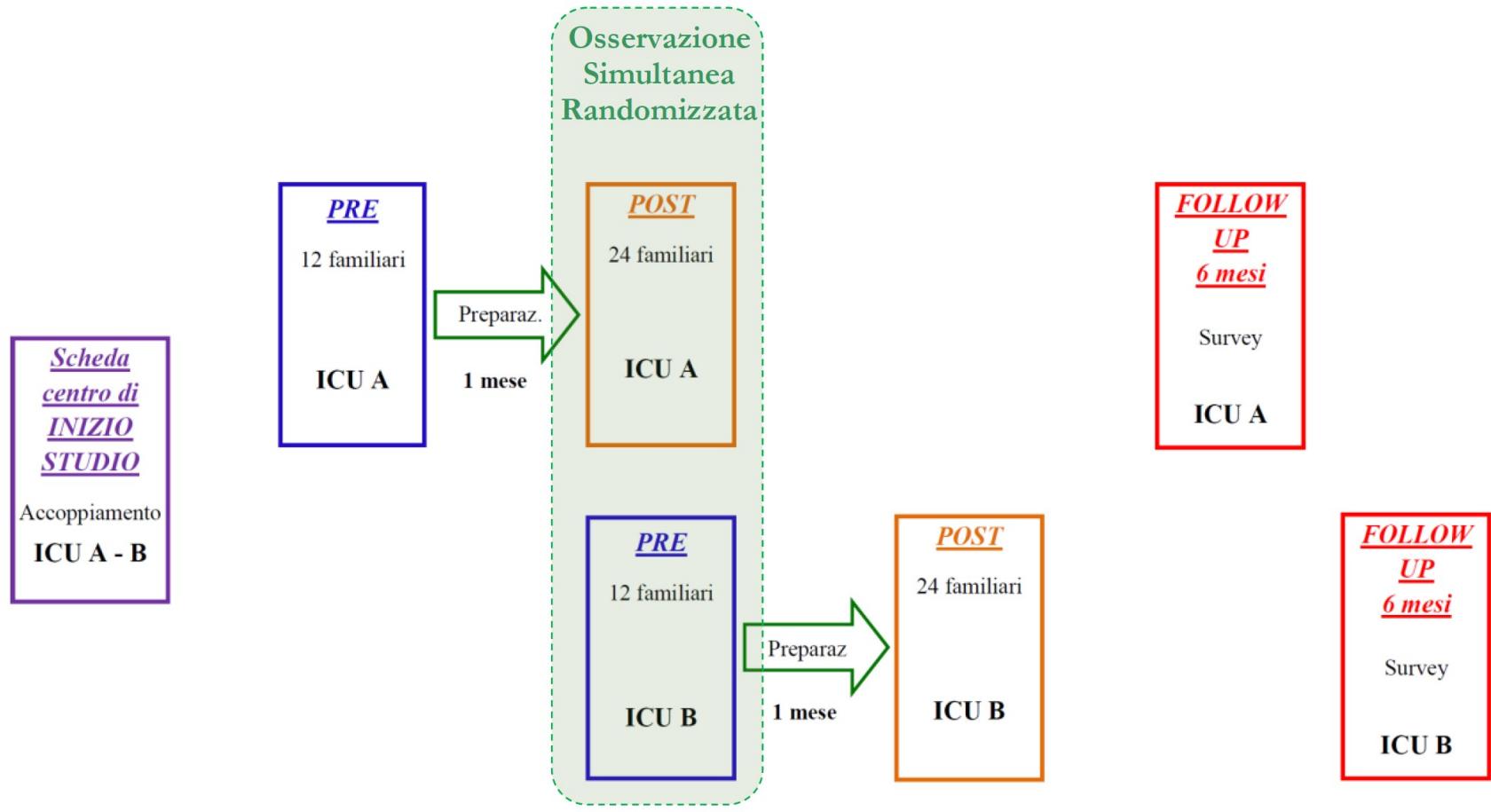
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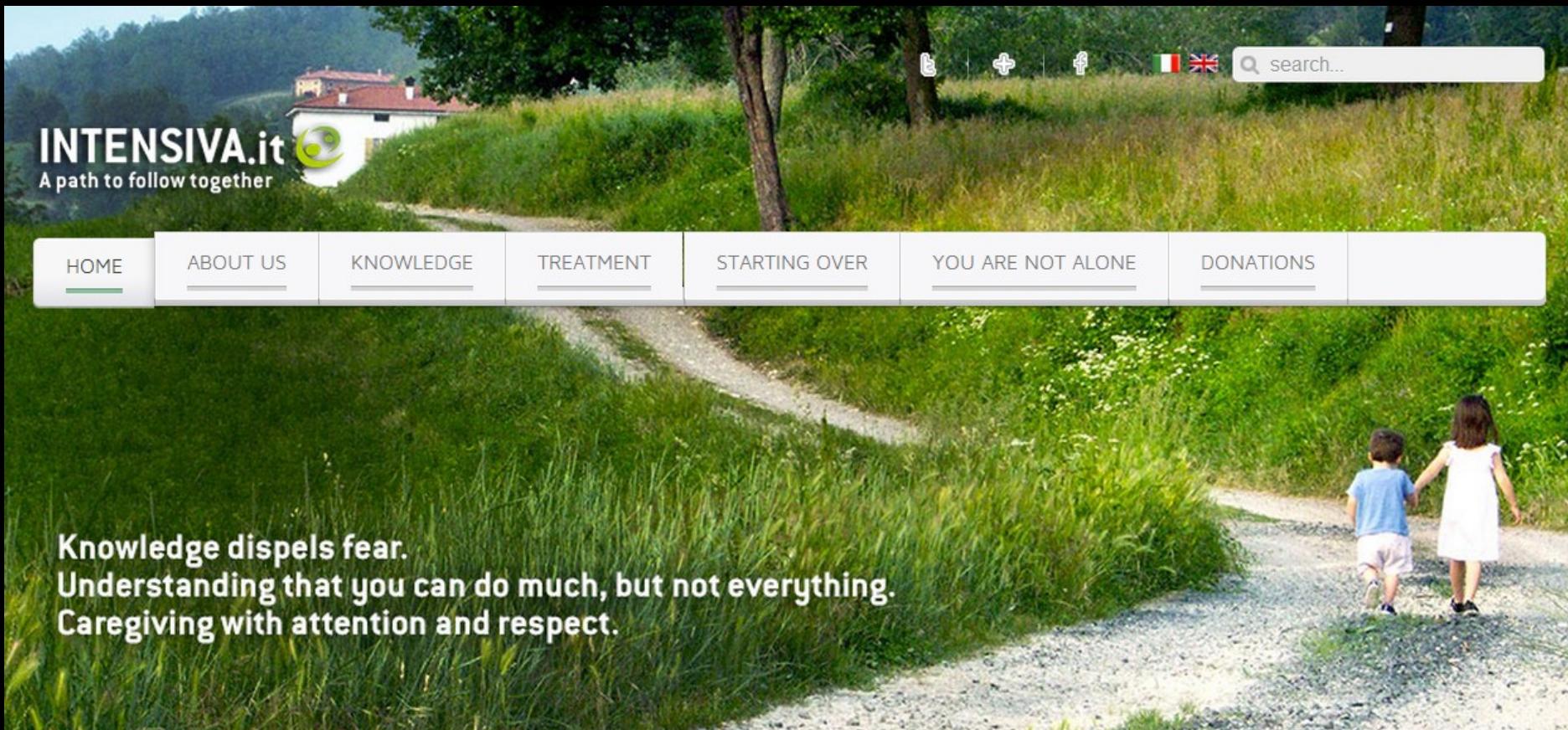
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- Inserimento dati (in forma anonima) su database centralizzato
- Eventuale richiesta al Comitato Etico locale, se necessario
- 1 medico + 1 infermiere referenti x raccolta dati (max 2+2)

# Intensiva 2.0 project – Randomization



# This project will survive only if...



**INTENSIVA.it**   
A path to follow together

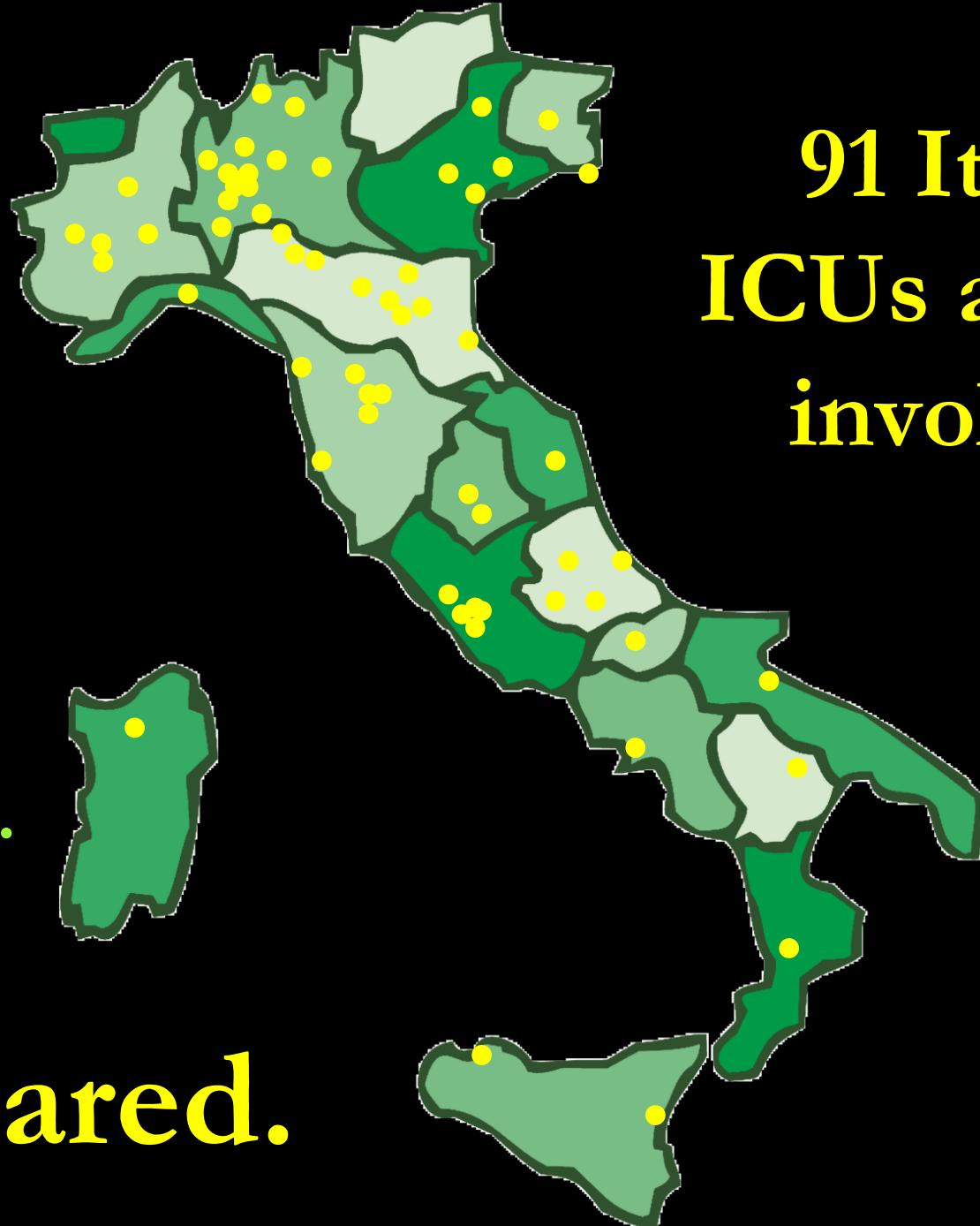
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HOME    ABOUT US    KNOWLEDGE    TREATMENT    STARTING OVER    YOU ARE NOT ALONE    DONATIONS

**Knowledge dispels fear.  
Understanding that you can do much, but not everything.  
Caregiving with attention and respect.**

This  
project  
will  
survive  
only if...

... shared.



91 Italian  
ICUs are now  
involved !

By sharing strategies and efforts...

the “communicating” ICUs

will become

“cooperating” ICUs.

We need  
to involve staff members,  
patients and relatives  
to create a  
healing environment...

We need  
to involve staff members,  
patients and relatives  
to create a  
healing environment...  
through humanization.

# The H.E.R.O.I.C. bundle

Psyche revived by Cupid's kiss



Milano, June 18<sup>th</sup>, 2013

Giovanni Mistraletti, MD

# H.E.R.O.I.C. bundle

**Humanization to Enhance Recovery On Intensive Care**

MINERVA ANESTESIOL 2013;79(Suppl. 1 al No. 10):49-54

Un progetto SIAARTI per migliorare la comunicazione  
con i familiari in Terapia Intensiva

G. MISTRALETTI<sup>1</sup>, A. GIANNINI<sup>2</sup>, M. ANTONELLI<sup>3</sup>

# The H.E.R.O.I.C. bundle

## Humanization to Enhance Recovery On Intensive Care

1. Open ICU
2. Analgesia and light sedation
3. Delirium prevention and treatment
4. Communication strategies
5. Reorientation strategies
6. Physiotherapy
7. Sleep promotion
8. ICU environment
9. End-of-life cares
10. Nutrition

# The H.E.R.O.I.C. bundle

## Humanization to Enhance Recovery On Intensive Care

- 1. Open ICU
- 2. Analgesia and light sedation
- 3. Delirium prevention and treatment
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- 10. Nutrition

[www.heroicbundle.org](http://www.heroicbundle.org)

...is only an example from



Please, discover:

[www.proyectohuci.com](http://www.proyectohuci.com)



[www.iculiberation.org](http://www.iculiberation.org)



“ Introdurre una **nuova cultura** per la  
cura di familiari e pazienti  
(alleanza terapeutica, rispetto volontà,  
riduzione litigiosità, cure fine vita)”

La T.I. può essere un **riferimento**  
**culturale** di cui essere orgogliosi !

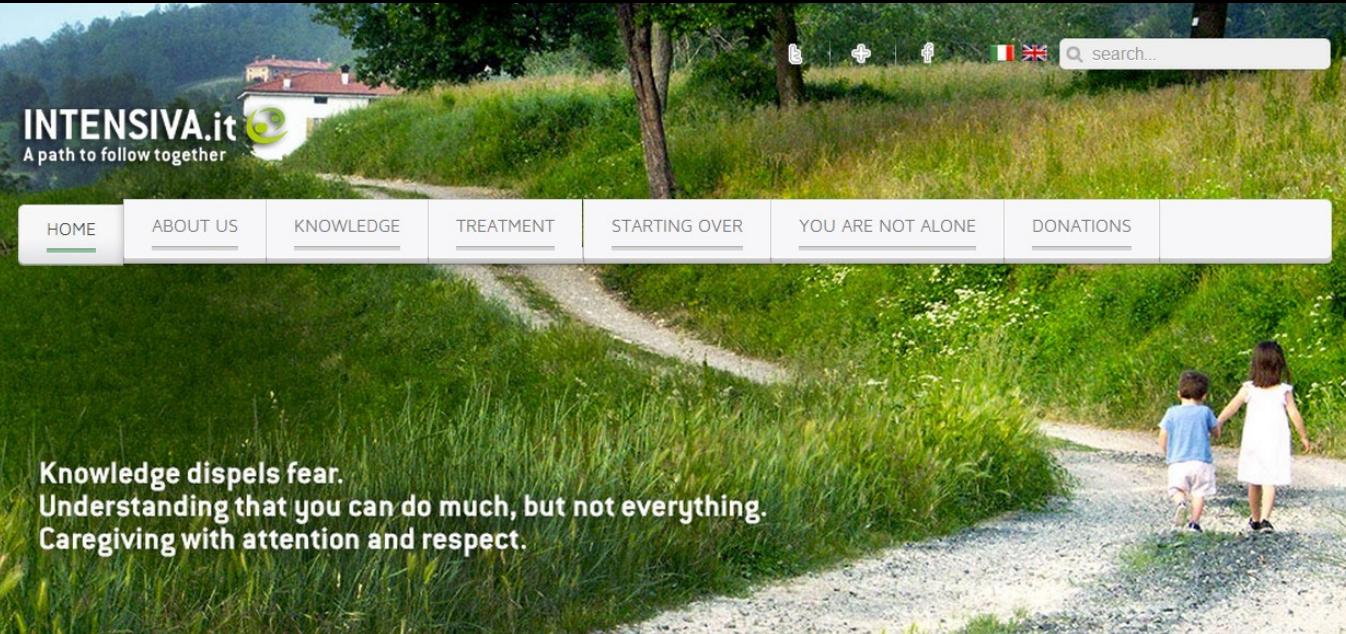


**ICU** I see you

A black and white portrait of Rita Levi-Montalcini, an elderly woman with white hair, resting her chin on her hand and looking thoughtfully at the camera.

“ Il nostro obiettivo  
non può essere solo  
aggiungere giorni alla vita.

Dobbiamo mettere  
vita in quei giorni. ”



**Knowledge dispels fear.  
Understanding that you can do much, but not everything.  
Caregiving with attention and respect.**

# Intensiva 2.0



# Intensiva 3.0 ???



A photograph of three children (two boys and one girl) running on a gravel path through a green, hilly landscape. The path curves from the left foreground towards the right. The children are smiling and holding hands. In the background, there's a white house on a hillside, some trees, and a clear blue sky.

...to be continued !

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