

What is a CAU?

A CAU, or Assistance and Urgency Centre, is a local facility accessible by people **with urgent, but not serious, health issues**. CAUs will be located in **easily recognizable spaces and services** spread across the communities, such as Community Houses, or near Hospitals or other clearly identified sites. Wherever they might be located, they will have programs and interfaces with locally based general practitioners.

What type of services does a CAU perform?

Citizens who approach CAUs will be **visited** and will receive the **urgent healthcare services necessary** to solve, in whole or in part, their problem (e.g.: urgent prescriptions, medications and non-deferrable therapies).

For which ailments and pathologies must the patient approach CAUs?

The following:

- medications and other nursing services
- injuries or pain in the limbs
- erythema
- insect bites
- fever
- lower back pain
- abdominal pain
- minor traumas
- superficial wounds
- skin irritations
- joint or muscle pain
- colic attacks
- flu symptoms
- swelling
- nausea or vomit

How many CAUs will there be in the region?

By 2024, over 60 CAUs altogether will be activated, **30 of which by 2023**.

How many and which type of staff members will work in the CAUs?

All the staff necessary to ensure the provision of healthcare services. There will in any event be at least **one doctor and one nurse**, both adequately trained. This staff complement can be increased depending on volumes and type of activity.

What will the work organisation be?

The CAUs will be **open 7 days a week**, normally 24 hours a day.

People will access services based on order of arrival, by turning up at the CAUs.

Following activation of the [treatment number 116117](#), in mid-2024, access will be managed by an operator who will take charge of the case at once, with indication of access to the nearest CAU and a set time, thereby avoiding any wait or queue other than the necessary timeframes.

What training is scheduled?

Training for **doctors** and **nurses** will be based on skills already possessed to enable the professional healthcare operators to manage the pathological situations envisaged in the CAU medical records (see question "For which ailments and pathologies must the patient approach the CAUs?").

How do I recognise the seriousness of my health situation?

The CAU may be approached by people with **mild symptoms**. The list of ailments and pathologies for which a CAU can be resorted to is set out under the question "For which ailments and pathologies must the patient approach the CAUs?"

From mid-2024, you will be able to call the number 116117, where the operator will assess your need and guide you either towards the CAU or another more suitable solution.

What happens if I go to a CAU when I have a pathology that would instead require the Emergency Medical Service (118) intervention?

Acceptance takes nevertheless place at once. If, in fact, a person walks in with specific symptoms, for instance chest pain, severe breathing difficulties or a sudden and unusual headache, the **118 service is immediately activated for the patient's transfer to hospital**.

With the CAUs, will there be shorter waiting periods at Casualty Departments?

A gradual **decrease in waiting periods at Casualty Departments** is expected to materialise when all the scheduled CAUs will be operational and serve as filters in the local areas, intercepting people with urgent but not serious health issues, who can then be timely treated.

Will I also find paediatric and gynaecological assistance in the CAUs?

Citizens will be **assessed by the doctor on duty**, who will decide whether to handle the clinical problem directly or have recourse to a **specialist**.

Is access to services based on order of arrival?

Yes, since at present there is direct access to the CAU by the patient who appears in person, **unless specific assessments by the staff attending to the problem demand a departure from the sequence of arrival at the facility**.

Afterwards, following activation of the treatment number 116117, it will also be possible to send people to the nearest CAU with indication of the entry time, thereby avoiding any wait or queue.

If I feel pain in the chest, should I approach the CAU or call the Emergency Medical Service (118)?

If pain on the chest appears, it is always necessary to call 118.

Who guarantees me that for a serious (life-threatening) problem I will be quickly taken to hospital?

Precisely in order to prevent a person's decision to approach, pursuant to self-diagnosis, any healthcare access point, with the resultant danger, in case of time-dependent pathologies, to lose precious moments, the project for the reorganization of the emergency-urgent treatment network stipulates that the NUE112, 118 and NEA 116117 rooms be closely interconnected (Operational Centres Hub). In this way, all citizens are guaranteed quick access to services through an immediate consultation with dedicated healthcare operators (technicians, nurses and doctors).

If there is a suspected or **ascertained life-threatening health issue**, the 118 Emergency Medical Service will send professionals and the most suitable means for first aid and pre-hospital treatment, guiding the patient to the facilities of the competent Emergency Department.

Continuity of care doctors (formerly the Emergency Medical Team) operate in the CAUs. However, is there not a risk of lower clinical quality for users compared to doctors operating in Casualty?

No. We are in fact dealing with **suitably trained** medical staff who are obviously capable of ensuring all necessary healthcare responses.

Is there a patient's contribution paid to the CAU?

No co-payment by patient is required for the medical consultation and the services performed by the CAU doctor and nurse.

Is a patient required to pay a contribution in Casualty?

Yes.

When will the European number 116117 come into operation? What will happen until then?

Certainly by 2024. It will serve to receive assistance and/or information in the event of non-serious cases. In other words, **all those situations that are not life threatening in nature.**

Until then, patients will approach the CAU directly.

Please remember that during the service hours of the **Continuity of Care (formerly the Emergency Medical Team)** you may dial the current numbers operating in the Local Health Authorities to receive assistance over the phone. Below you will find **the list of telephone numbers**, along with the relevant hours of service, operating in the local areas.

What is the central number 112? When will it come into operation?

112 – Central European emergency number – is a **system for managing all emergency calls** and is one of the pivotal aspects **ensuring the full freedom of movement of citizens within the European Union.**

In Emilia-Romagna it will come into operation in 2024.

By dialling any emergency number (118, 115, 113 and 112), the call will be received by the Single Response Centres of the Central European Emergency number (NUE 112), which will ensure:

- caller localisation and identification. Depending on needs, operators will route calls to the Bodies in charge of managing emergencies (Health Rescue, Fire Brigade, Police, Carabinieri, Coastal Guard)
- access to people with disabilities
- multilingual dialogue

This new organisation will allow simultaneous alerting of more than one body in case of complex events (e.g. for a road accident with injured people, casualty, the fire brigade and the police force could all be simultaneously activated).

What are the UCAs?

They are **Continuity of Care Units**, consisting normally of one doctor and one nurse. **They intervene at home** in the event of healthcare needs capable of being fulfilled at the patient's home (e.g.: a bladder catheter coming out of a patient attended to at home, or healthcare needs in old age homes).

Is it possible to activate the home treatment medical-nursing teams (UCA)?

A citizen may not be activate the home treatment medical-nursing teams. It is always the prerogative of the healthcare operator and/or professional to dispatch them after assessing the need.

When is it that I must call 112, 116117 or 118?

Right now, you can call **118**.

When the other two numbers come into operation, in 2024 in Emilia-Romagna, you will be able to call the Central European emergency number, **112**, to urgently request an intervention by the:

- Health Rescue
- Fire Brigade
- Police.

118 will remain operational but, similarly to 113 (Police), 112 (Carabinieri) and 115 (Fire Brigade), it will merge into the Single Response Centres of the Central European Emergency Number (NUE 112). **Put it differently, if you call 118, 115 or 112, you will always be answered by 112.** Nothing will change as far as the citizen is concerned, but it will be easier for the operator to localise him and simultaneously activate all the rescue bodies involved.

Once activated, the person concerned will also be able to call the European Number **116117**.

What should I do if I find myself in an emergency and I do not know which number to call?

If in doubt, always call 118.

When it will become operational, in mid-2024, calling the number 116117 will pose no problem: an operator trained to distinguish at once a potential emergency condition will answer and, if need be, immediately transfer the call to the 118 operational room, on the same technological platform and thus without any loss of time.

In a similar fashion, it will be possible to transfer a request received on the 118 lines to the 116117 operational room if other than an emergency intervention is necessary.

The purpose of these numbers is to prioritise the effective response (as quickly as possible) to the emergency call while simultaneously guaranteeing the full transferability of requests from one operational room to another and thereby ensuring that each event is duly taken care of.

What is the difference between CAU and the former Emergency Medical Team?

The CAU includes the staff necessary to ensure the provision of healthcare services. In addition to the doctor, a nurse is present and the CAU is open in the daytime as well.

Continuity of care: what changes does it entail for citizens?

Citizens will be able to have a much broader response in the time slot the more the reorganisation progresses. Until the activation of 116117, the ordinary numbers to contact the Emergency Medical Team will remain operational.

What is a medical vehicle? What is a nursing vehicle?

The response to health emergencies by 118 is carried out by:

- **Basic emergency ambulance** with operators (volunteers and/or employees) capable of intervening quickly and providing first aid (early defibrillation, stopping bleeding, supporting vital functions, etc.).
- **Ambulance or nursing vehicle** (advanced rescue vehicle) manned by nursing staff trained in the performance of life-saving operations, and capable of treating potentially life-threatening signs and symptoms.
- **Ambulance or medical vehicle** (advanced rescue vehicle) having on board medical and nursing staff trained in the performance of invasive manoeuvres and capable of treating complex patients.
- **Emergency helicopter** manned by medical, nursing and technical staff capable of intervening quickly even in distant areas and ensuring rapid transport to the Hub hospitals.

In the reform of the emergency-urgent treatment network, it is stated that the quantity of medical and nursing vehicles will be cut by half. Is it true?

No, it is not true. The plan is actually to increase the overall number of these vehicles. Nowadays the advanced nursing skills, long consolidated, together with the introduction, where not already envisaged, of the 118 medical link function, and the development of technological systems of communication between emergency aid vehicles and the entire hospital network, make it possible to change the current organizational model, broadening the field of action of nursing vehicles and optimizing interventions by medical vehicles in the more complex cases.

What role will medical transport volunteer associations have in the reform?

Volunteer associations are **extremely important** to citizens, since they resort to them at times of great vulnerability. They represent **an essential support** in the commitment to protect a public and universal health system, which remain the objective guiding our efforts.

The Emergency Medical Service (118) was able to seize the opportunity to integrate the precious resources made available by the various volunteer associations into the network of professionals, thereby allowing a highly efficient response system capable of tackling the daily provision of services, maxi-emergences and disasters.

Are medical transport volunteers (Cri, Anpas, etc.) sufficiently professional to take charge of emergency and urgent situations?

Yes, all the volunteers who perform emergency and urgent services boast a long **certified training background** allowing them to assess the patient's general conditions, support vital functions, and provide cardiopulmonary resuscitation with the aid of a defibrillator as well as assistance to traumatized patients. Furthermore, each of them attends courses specifically dedicated to communication, knowledge of legal and organizational aspects, and maxi-emergencies. In addition, refreshment and retraining courses are periodically scheduled.