

#### ***4 – HEALTH AND HEALTHCARE***

Data requirements deriving from the need for a more attentive management of the health system in Sicily, in a period characterised by problems linked to the continual increase in public spending, rely to a considerable extent on statistical information, which (even though the data may be a few years old) represents a guaranteed source for analysis.

Data regarding the overall health structure showed that in Sicily, in 2005, there were 132 hospitals with a total of 17,310 available beds, representing 7.4% of the national total. There were 717,065 in-patients, hospital-bound for a total of 4,412,708 days; consequently the average length of hospital-stay was 6.2 days. More specifically, there were noticeable differences in the hospital structure with regard to type of management. 77% of the overall number of beds in the 70 state hospitals were available and, at the same time, the hospitals catered for almost 80% of patients in Sicily. There were also conspicuous differences between the two types of management as regards average length-of-stay (6.3 days in state hospitals and 5.8 days in private institutions), and in the levels of utilisation of available hospital-beds (75.9% for the former and 60.6% for the latter).

There were 47,179 persons overall working in hospitals (86% of whom were working in the state sector), 23.8% of these being doctors, 40.1% auxiliary medical staff and 7.4% administrative staff; the remaining persons were employed in other hospital services. In relative terms the Region could count on 2.2 doctors for every 1000 inhabitants (in line with national figures) and 3.8 auxiliary staff (against 4.8 for the country as a whole).

In the four-year period 2001/2005, 2 new hospitals were opened, whilst there was a 9.3% reduction in the number of hospital-beds. Fortunately the number of in-patients also fell (by 15.3%), as did the length-of-stay (by 10.2%). In the two components under examination there were analogous trends, but of a different intensity; the state sector maintained the same number of structures but underwent a drop in the number of beds, whilst the private sector possessed two new hospitals and underwent a lesser reduction in the number of beds (-6%) and in-patients (-8.6%).

On the other hand, in the same period there was a rise in the number of employees in both state and private structures (+3.2% and 47.2% respectively). In particular, typological scrutiny of personnel showed that in the state sector there was a 9.4% increase in the number of doctors and a 9.8% increase in auxiliary staff, whereas the number of those employed in other hospital duties fell by 9.2%. There were more appreciable increases in the private sector,

whereas change had been slow-moving at the beginning of the period under examination: +68.2% for doctors, +23.4% for auxiliary staff, 64.6% for other personnel. Lastly, the utilisation-rate maintained the same level in state institutions and experienced a drop in the private sector (partly redressed in the last year).

The Regional distribution of hospitals depends basically on population size, and therefore the year 2005 saw the most significant concentration of public and private hospitals in the Provinces of Catania, Palermo and Messina, which together accounted for almost two thirds of the Regional total, and consequently had a greater flux of in-patients and concentration of employees.

By the end of 2006 there had been 6,803 voluntary terminations of pregnancy involving resident Sicilians, which amounted to 5.5% of the national total.

Classification by age reveals that 42% of voluntary terminations involved women aged 25 to 34 years, and 26.3% those aged 35-44. As regards those under the age of 19, the figure was quite high: 741 cases, equivalent to 10.8% of the total.

Over the last five years in question, recourse to voluntary terminations of pregnancy fell by 23.5% overall, with more or less similar reductions per age-group, except in the case of the over 45s, where the number of abortions fell by over 63%. At the Provincial level the highest percentages were to be found in Palermo (2,149 abortions), Catania (1,387) and Messina (1,097).

As regards mortalities in the year 2007 (last data available), these amounted to 48,042, of which 43% were the result of circulatory failures and 25.1% tumours. Figures for death due to accident or violence were relatively low (4.5%). Data showed that certain types of disease result in death more frequently in men than women. Among these, throat, bronchial and lung cancer caused 84 deaths out of 100 in men, deaths from circulatory failures 63 out of 100. On the other hand diabetes mellitus and diseases of the nervous system caused more deaths among women (60% for the former, and 58% for the latter).

## Glossary

**Auxiliary medical personnel:** hospital personnel consisting of nursing staff and personnel with rehabilitation duties.

**Hospital:** any residential structure equipped to take in and give full-time care to patients for diagnostic, curative and rehabilitative purposes. Each institute possesses an identifying code (in accordance with the guide-lines of the Ministry for Health - D.M.6/9/1988). By hospital or clinic one of the following specific typologies is intended:

- Directly managed hospital (transformed into a business enterprise by the bill: art.4, comma 1 of D.L. 502/92);

- Hospital run directly by the local health centre;
- University general hospital (art.39 law 833/78);
- Scientific hospital (art.42 law 833/78);
- Hospital classified or assimilated in accordance with the norms (art.1, last comma, law 132/68; art.41 law 833/78);
- Nursing home (provisionally accredited or not);
- Psychiatric hospitals still remaining (art.64 law 833/78);
- Private health care institute qualified as local health centre (art.43, comma 2, Law 833/78 and DPCM 29/10/1988);
- Research institute

**Infectious diseases:** any diseases that can be spread by contact, directly or indirectly, and grouped into five classes:

- Any disease attracting particular interest and thus requiring immediate attention.
- Any disease considered serious because it is very frequent and/or subject to control.
- Any disease requiring specific documentation.
- Any disease which, on being reported by a doctor as a single case, needs to be forwarded to the local health authority only in the event of a local epidemic
- Any infectious and diffusive disease reported to the local health authority and Not included in the categories above.

**In-patient:** hospitalised person, i.e. a person who occupies a bed for a certain period of time (**hospital stay**) in order to be subjected to appropriate medical-surgical treatment, and for whom a case study has to be compiled.

**Utilisation-rate per 100 hospital beds:** is the ratio between the days of actual hospitalisation and the total potential number of days (hospital beds available for the whole survey period) multiplied by 100.

**Voluntary termination of pregnancy:** an operation by a specialised surgeon that aims to remove the product of conception and associated matter with an interruption of pregnancy. It must take place on the express wishes of the woman for therapeutic reasons or other reasons that might provoke damage to the physical or mental health of the woman.

### ***Further reading***

#### Publications

Preliminary Estimates for Causes of death in the Italian Regions– Years 2004 - ISTAT  
 Causes of death – year 2002 - ISTAT  
 Italian Statistical Yearbook 2009 - ISTAT  
 Statistical Yearbook for National Health Service – 2006 – Ministry of Health  
 Annual Report 2008 – INAIL

## Internet

<http://www.istat.it>

Health for All – Italy – Territorial informational system for Healthcare  
Regional Socio-sanitary Indicators  
Resident Population Mortality-rate tables - 2006  
Hospital structures and activities – 2005  
Voluntary interruption of pregnancy in Italy – 2006  
Hospital discharge in Italy – 2001-2002  
Causes of death – 2006  
Italian Statistical Yearbook 2009 – Chapter 3: “Health”

[www.disabilitaincifre.it](http://www.disabilitaincifre.it)

Statistical information system for disabilities

[www.iss.it](http://www.iss.it)

Reported cases of acute viral hepatitis  
Surveillance systems of bacterial meningitis  
National AIDS register  
Register of Creutzfeldt-Jakob disease and correlated syndromes

[www.simi.iss.it](http://www.simi.iss.it)

Infectious disease computerised system

[www.ministerosalute.it](http://www.ministerosalute.it)

Healthcare geographical atlas – 2004  
National healthcare plan – 2006-2008  
National plan for alcohol and health 2007  
Plan of action for women’s health  
Drug-use and public service activities for drug-addiction (SERT)  
Report on the state of health of the nation – 2003-2004  
Hospitalisation, diagnoses, operations carried out and length of hospital-stay of all hospitals  
Epidemiological data research  
Informational system for transplants  
Certificate for child-birth assistance (CeDAP). Analysis of giving birth – 2006

[www.simi.iss.it/bollettini.htm](http://www.simi.iss.it/bollettini.htm)

Higher Health Institute AIDS Register

[www.starnet.unioncamere.it](http://www.starnet.unioncamere.it)

(thematic areas – healthcare – analysis and data)  
Use of medicines in Italy  
Alcohol and Young People Project