

4 – HEALTH AND HEALTHCARE

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

Data regarding the overall health structure showed that in Sicily, in 2006, there were 133 hospitals with a total of 16,541 available beds, representing 7.1% of the national total. There were 722,947 in-patients, hospital-bound for a total of 4,436,235 days; consequently the average length of hospital-stay was 6.1 days. More specifically, there were noticeable differences in the health service structure in relation to the type of management. The 71 state hospitals possessed 75.8% of the overall number of beds and, at the same time, catered for almost 80.6% of patients in Sicily. There were also slight differences between the two types of management as regards average length-of-stay (6.2 days in state hospitals and 5.9 days in private institutions), and in the percentage of utilisation of available hospital-beds, with reference to 100 available beds (80.2% for the former and 58.6% for the latter).

There were 45,460 persons overall working in hospitals (86.7% of whom were working in the state sector), 22.9% of these being doctors, 43.2% auxiliary medical staff and 7.5% 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 2003/2006, the number of hospitals fell by 1 unit, whilst there was a drastic fall of 91.2% in the number of hospital-beds. On the other hand, the number of in-patients rose by 10.6%, whilst there was a 5.2% fall in

the length-of-stay. In the two components under examination (state and private) there were analogous trends, but of a different intensity. The private sector maintained the same number of structures but underwent a 10.9% drop in the number of beds and a 7.3% fall in the number of admissions; the private sector lost one hospital and underwent a greater reduction in the number of beds (-11.8%) and in-patients (-9.3%).

In the same period there was a 3.1% fall in the number of employees in state structures, and a 16% rise in the private sector. In particular, typological scrutiny of personnel showed that in the state sector there was a 2% fall in the number of doctors and a 1.9% increase in auxiliary staff, whereas the number of those employed in other hospital duties fell by 0.4%. The situation was different in the private sector, where the number of doctors rose by 24.8%, auxiliary staff by 14.2% and other functions by 11.7%. Lastly, the utilisation-rate maintained the same level in state institutions up to 2005, increasing over the year 2006, whereas the private sector experienced a rising trend up until 2005 followed by a reversal in trend in 2006.

The Regional distribution of hospitals depends basically on population size, and therefore the year 2006 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.

At the end of 2007 there had been 7,599 voluntary terminations of pregnancy involving resident Sicilians, which amounted to 6.1% of the national total. Classification by age reveals that 43.9% of voluntary terminations involved women aged 25 to 34 years, and 26.5% those aged 35-44. As regards those under the age of 19, the figure was rather high: 863 cases, equivalent to 11.3% of the total.

Over the four-year period in question, recourse to voluntary termination of pregnancy fell by 9.5% overall, with more or less similar reductions per age-group, except in the case of the over 45s, where the number of abortions rose by 100%. At the Provincial level the highest percentages were to be found in Palermo (2,111 abortions), Catania (2,133) and Messina (1,093).

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 in women. Among these, throat, bronchial and lung cancer caused 84 out of 100 deaths 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 2010 - 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 – 2006
Voluntary interruption of pregnancy in Italy – 2007
Hospital discharges in Italy – 2001-2002
Causes of death – 2006
Italian Statistical Yearbook 2010 – Chapter 3: “Health”

www.disabilitaincifre.it

Statistical information system for disabilities

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

Infectious disease computerised system

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 -- 2007-2008

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 – 2007

www.simi.iss.it/bollettini.htm

Higher Health Institute AIDS Register

www.starnet.unioncamere.it

(thematic areas – healthcare – analysis and data)

Use of medicines in Italy

Alcohol and Young People Project