

4 – HEALTH AND HEALTHCARE

Healthcare in Sicily, as in the rest of the country, continues to be affected by problems linked to the continuing increase in state expenditure with a consequent widening of the deficit, as well as a reduction in investment in research. The resulting operational data requirements refer, to a considerable extent, to statistical information.

As regards the data for the public and private sectors, in 2004 (last available data) there were 134 hospitals with a total of 17,542 beds, representing 7.6% of the national total. There were 751,085 in-patients in 2004, for a total of 4,471,494 days in hospital. Therefore, the average length of hospital-stay was equal to 5.9 days: 6.0 in public hospitals and 5.7 in private. The overall level of utilisation was 71.3% of hospital-beds, lower than the average in the country as a whole (77.2%), with noticeable differences between the two sectors (75.2% for public structures and 58.4% for private).

There were 46,003 persons working in hospitals, 23.3% of these being doctors, almost 40.6% auxiliary staff and 7.5% administrative staff. The remaining persons were employed in other hospital services. In relative terms the Region could count on 2.1 doctors for every 1000 inhabitants (in line with national figures) and 3.7 auxiliary staff (against 4.9 in the country as a whole).

In the four-year period 2000/2004, 5 new structures were set up. Compared to the growth in the number of hospitals there was a corresponding 8.5% reduction in the number of hospital-beds, a 2.6% decrease in the number of in-patients and a decrease of about 2.2% in the number of days in hospital.

The mid-term trends differed between the two components; in the public sector two new structures were built, with a fall of 11.6% in the number of beds and 2.6% in the number of in-patients. There were also two new structures in the private sector, with a 3.3% increase in the number of beds and a 2.7% fall in the number of in-patients. The number of in-patient days fell by 1.7% in the public sector and by 3.8% in the private. As from the year 2000 the utilisation-rate remained at the same level in the public institutes and was marked by a drop in the private, partly compensated for in the last year. Again with reference to the four-year period there was a 5.3% rise in the number of employees, 28.6% of whom were in the private sector and 2.8% in the public.

Typological scrutiny of personnel shows that, in the public sector, there was a 9.9% increase in the number of doctors (+829) and a 9% increase in auxiliary staff (+1,401), whereas the number of those employed in other activities fell by 9.8%. There were more appreciable increases in the private sector: 32.7% for doctors, 26.2% for auxiliary staff, 14.1% for administrative staff and 31.7% for other personnel.

Due to their larger populations, the year 2004 saw the most significant concentration of public and private hospitals in the Provinces of Catania (35), Palermo(33) and Messina (20), which accounted for almost two thirds of the Regional total. As for the other Provinces, Siracusa and Trapani made up 7.5%, Caltanissetta 6.0%, Agrigento 5.2%, Ragusa 4.5% and Enna 3.7%. The three metropolitan Provinces therefore have the greatest flux of in-patients: a little more than 480,000, i.e. 64.4% of the overall total of in-patients, with an average hospital-stay of 5.8 days.

By the end of 2005 there had been 7,796 voluntary terminations of pregnancy involving resident Sicilians, which amounted to 6.4% of the national total.

Classification by age reveals that 42.2% of voluntary terminations involve women aged 25 to 34 years, and 26% those aged 35-44. As regards those under the age of 19, the figure is reasonably high: 852 cases, equivalent to 10.9% of the total.

Over the last five years, recourse to voluntary terminations of pregnancy fell by 21.8% overall and above all for women aged 20 to 34 (-22.2%). At the Provincial level the highest frequencies are to be found in the three metropolitan areas of Palermo (1,918), Catania (1,850) and Messina (1,063), making up 62% of the total for Sicily. In the remaining Provinces the figures oscillate between the 775 cases in Siracusa and the 298 in Enna

Lastly, as regards mortalities in the year 2006 (last data available), these amounted to 46,468, of which 42.5% resulted from circulatory failures. Similarly, there were a considerable number of deaths from tumours (12,006 cases, 25.8% of the total), whereas there were far fewer deaths from accidents or assault (4%). The number of deaths rose in proportion to the advancing of the years, except in the case of infectious diseases, traumatism and food-poisoning, for which mortality affected the whole population indiscriminately.

Certain types of disease result in death more frequently in men than women. Among these throat, bronchial and lung cancer caused 80 deaths out of 100 in men, deaths from circulatory failures 63 out of 100. On the other hand diabetes mellitus and diseases of the circulatory system caused more deaths among women (59 out of 100 for the former, and 54% 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 2008 - ISTAT
 Statistical Yearbook for National Health Service – 2005 – Ministry of Health
 Annual Report 2007 – INAIL

Internet

<http://www.istat.it>

Health for All – Italy – Territorial informational system for Healthcare
 Regional Socio-sanitary Indicators
 Resident Population Mortality-rate tables - 2004
 Hospital structures and activities – 2003
 Voluntary interruption of pregnancy in Italy – 2004
 Hospital discharge in Italy – 2001-2002
 Causes of death – 2002
 Italian Statistical Yearbook 2008 – 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 – 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 – 2004

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