
REGARDING PAEDIATRIC PRACTICE IN HOSPITAL IN ITALY

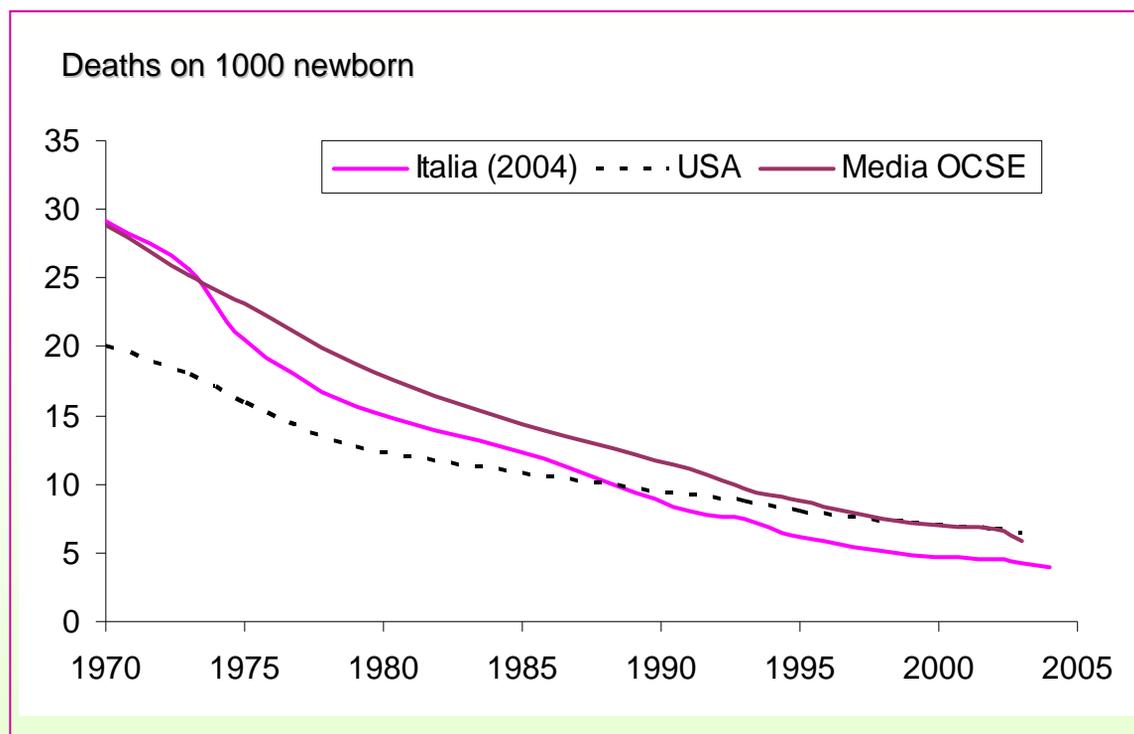
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Child mortality rates in Italy, U.S.A. and OCSE countries (from 1970 to 2003-2004)

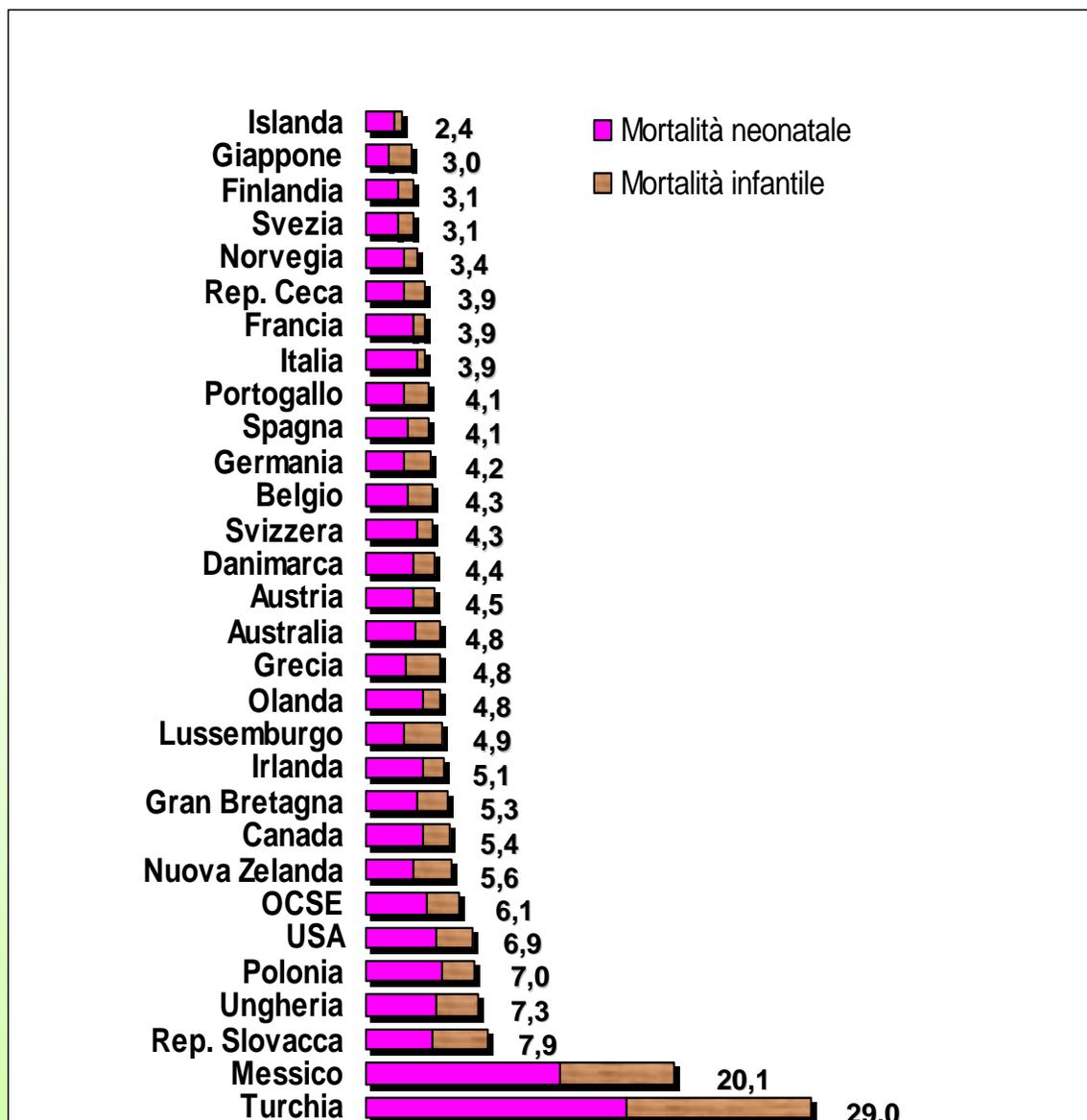


OCSE: Organization for Cooperation and Economic Development: includes 30 countries worldwide, with the purpose of facing the economical, social and environmental challenges related to globalisation

In Italy child mortality rates decreased from 29‰ in 1970 to 3.7‰ in 2004.

It was one of the most remarkable improvements recorded in European countries (-79%).

Neonatal and infantile mortality rates in OCSE countries (2003)



In industrial countries about 2/3 of deaths are in the neonatal age

Italy, 2004: infant mortality **3.7‰**
 neonatal mortality **2.7‰ (73% of IM)**³

Child mortality rates in Italy

(regional data ‰, 2004)

REGIONS

Friuli V.G.	1.8
Marche	2.5
Piedmont	2.6
Liguria	2.7
Veneto	2.7
Lombardy	2.8
Umbria	3.2
Trentino A.A.	3.5
Emilia Romagna	3.6
Tuscany	3.6
Sardinia	3.6
Latium	3.8
Molise	4.3
Basilicata	4.5
Campania	4.6
Abruzzi	4.7
Sicily	4.9
Puglia	5.1
Calabria	5.4
ITALY	3.7

Neonatal mortality rates in Italy

(regional data ‰, 2004)

REGIONS

Friuli V.G.	1.4
Marche	1.8
Veneto	1.9
Sardinia	1.9
Piedmont	2.0
Lombardy	2.0
Molise	2.0
Umbria	2.1
Trentino A.A.	2.2
Liguria	2.4
Emilia Romagna	2.6
Tuscany	2.7
Latium	2.9
Basilicata	3.0
Campania	3.5
Puglia	3.7
Sicily	3.7
Abruzzi	3.9
Calabria	4.1
ITALY	2.7

from HFA 2007

Note: neonatal mortality rate makes up **73%** of child mortality rate

Child mortality in Italy

minimum and max rates in Italian regions

(rates ‰, 2004)

<u>REGION</u>	rate ‰ newborn
Friuli V.G.	1,8
Marche	2,5
Piedmont	2,6
Veneto	2,7
MEDIAN	2,4

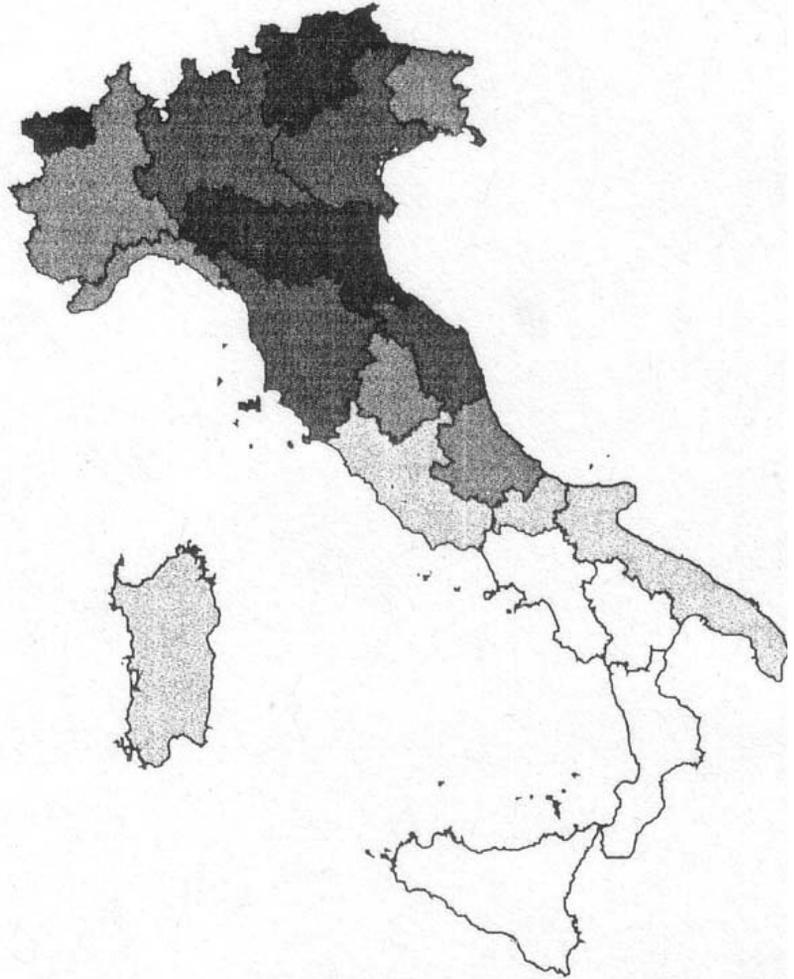
Abruzzi	4,7
Sicily	4,9
Puglia	5,1
Calabria	5,4
MEDIAN	5,0

The “avoidable” child mortality is 325 deaths in the first year of life (237 in the first month of life): it is an estimate (2004) of the striking differences between the northern and the southern part of Italy.

Brief index (*) of socio-economic conditions in Italian regions

Valore indicatore sintetico

Regione:	
1 Valle d'Aosta	89,1
2 Trentino-Alto Adige	84,4
3 Emilia-Romagna	83,2
4 Veneto	82,0
5 Lombardia	79,6
6 Marche	76,0
7 Toscana	75,9
8 Piemonte	74,2
9 Friuli-Venezia Giulia	73,8
10 Liguria	65,7
11 Umbria	64,1
12 Abruzzo	53,8
13 Lazio	49,3
14 Sardegna	48,2
15 Molise	40,0
16 Puglia	35,8
17 Basilicata	32,0
18 Campania	24,2
19 Calabria	23,4
20 Sicilia	20,1



from Censis, 2004-2006

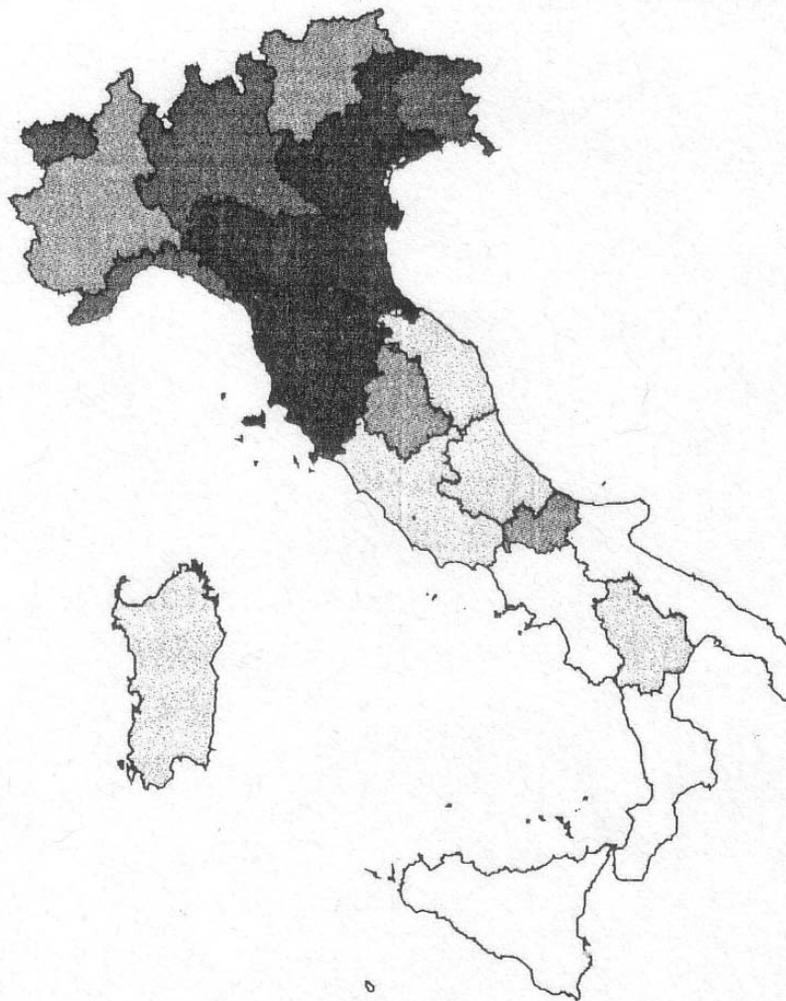
(*) Social context index has been calculated taking into account the following data: unemployment rate, work rate, education level, regional poverty index.

Brief index (*) of health services in Italian regions

Valore indicatore sintetico

Regione:

1	Emilia-Romagna	67,6
2	Toscana	62,9
3	Veneto	55,0
4	Lombardia	54,6
5	Valle d'Aosta	54,0
6	Friuli-Venezia Giulia	53,4
7	Liguria	53,3
8	Trentino-Alto Adige	52,9
9	Umbria	52,6
10	Piemonte	50,1
11	Molise	37,9
12	Marche	36,8
13	Abruzzo	34,5
14	Lazio	33,5
15	Sardegna	26,6
16	Basilicata	26,3
17	Puglia	15,4
18	Sicilia	14,7
19	Campania	13,8
20	Calabria	9,8



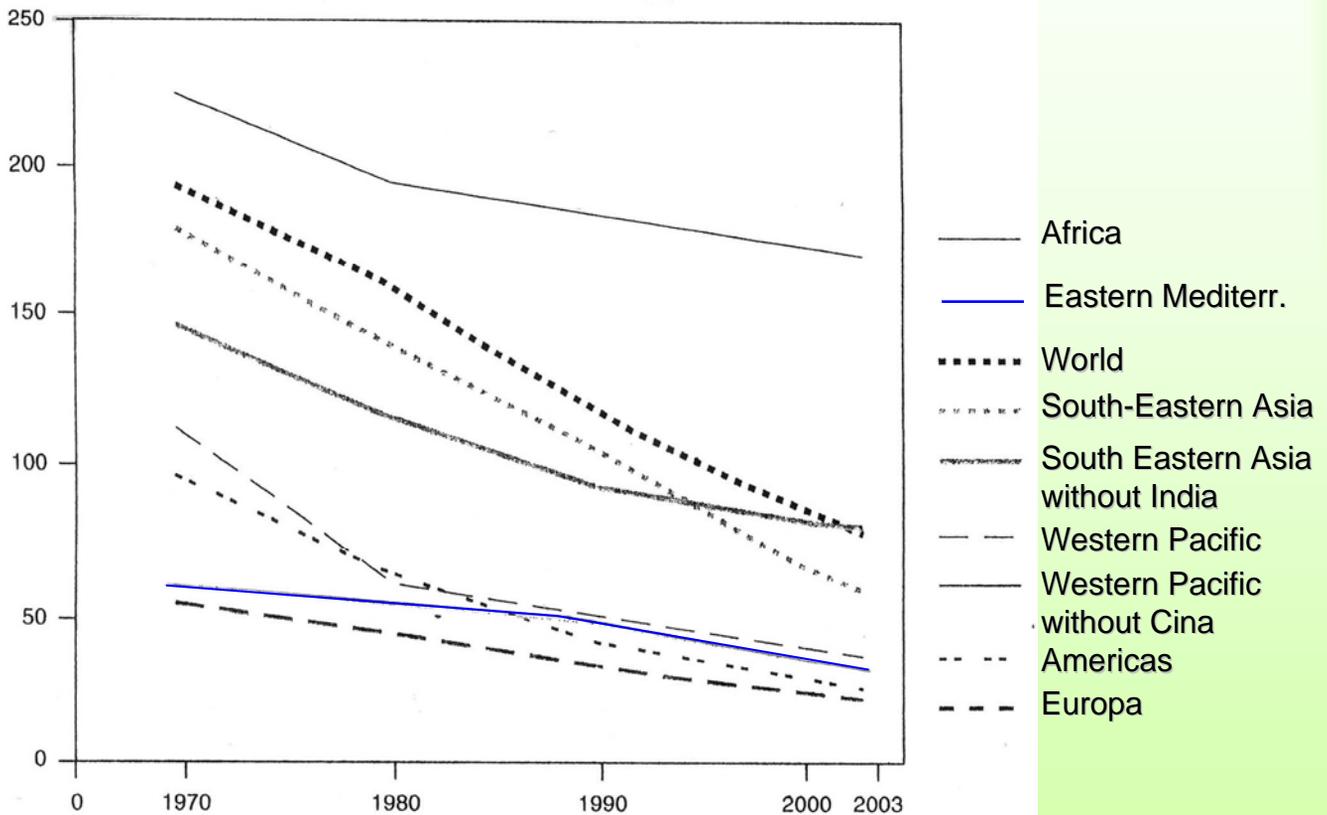
from Censis, 2004-2006

(*) It includes county's public hospitals, community health centers, hospital-based ambulatory care centers, etc.

...with our eyes fixed on the world...

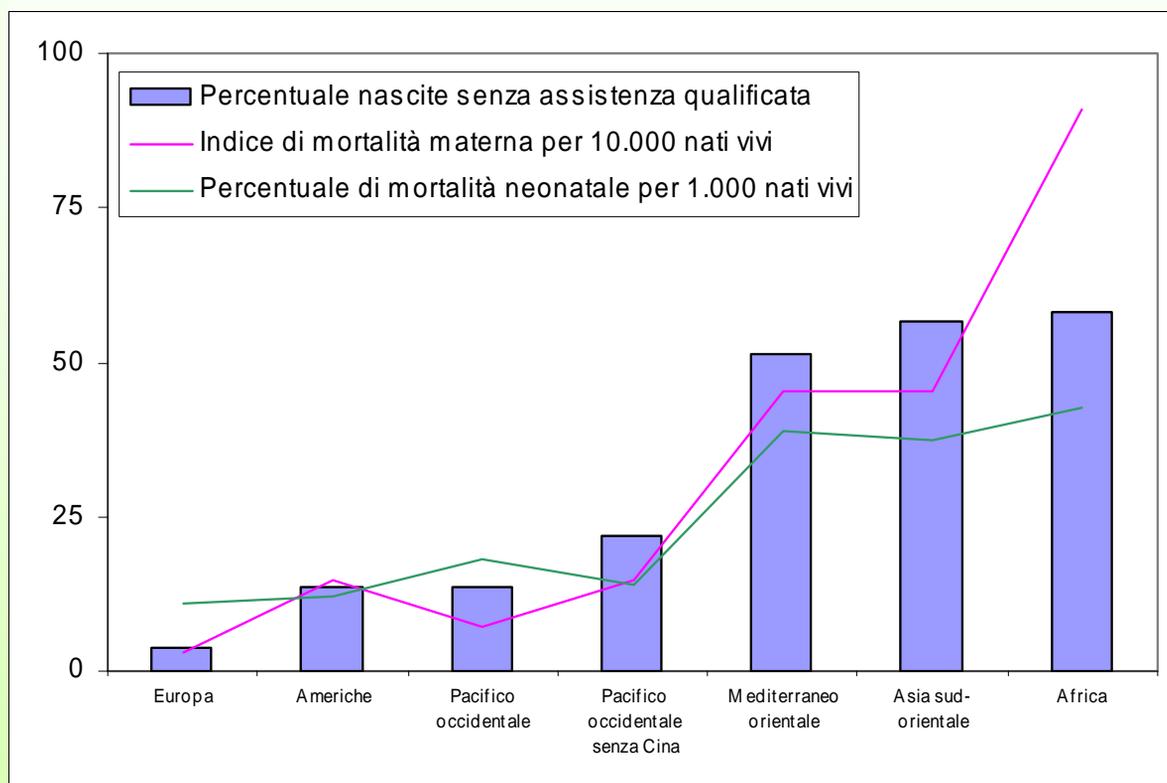
The drama of Africa: a situation which jeopardises its progress
(mortality < 5 years)

IM rates < 5 years/1000 newborn



...with our eyes fixed on the world...

**Maternal and neonatal mortality is related to the absence of qualified assistance at delivery
(2003)**



from O.M.S., 2005

Lack in Neonatal Emergency Transport Service in Italy (2007)

A good organisation in neonatal emergency care implies:

- a) to address women with severe problems in pregnancy to hospitals provided with Neonatal Intensive Care Units (NICU)**
- b) to transfer the sick newborn from community hospital to NICU by using Neonatal Emergency Transport Service**

Lack in Neonatal Emergency Transport Service in Italy (2007)

- **guidelines to support the readiness of emergency pediatric facilities have been provided in Italy (Progetto obiettivo materno infantile nazionale 1998-2000, National Health Plans): nevertheless, a Neonatal Emergency Transport Service is not available in all Italian regions**
- **this can explain the differences in neonatal mortality rates observed among Italian regions**

STEN (Neonatal Emergency Transport Service) in Italy (2006)

total
coverage

Latium, Liguria, Campania, Lombardy,
Marche, Umbria, Friuli V.G., Trentino A.A.,
Veneto, Valle d'Aosta

good
coverage

Puglia,
Tuscany

absent
coverage

Abruzzi, Basilicata, Calabria,
Emilia-Romagna,
Molise, Sardinia, Sicily

minimal
coverage

Piedmont
(Cuneo)

Death causes in the first year of life

(1998 versus 2002 - last ISTAT data)

<u>Death causes</u>	<u>1998 versus 2002</u>		
	1545	1288	-16.6 %
Perinatal diseases (61% respiratory diseases)			
	852	695	-18.4 %
Congenital malformations (47% congenital heart diseases))	70	59	-15.7 %
Nervous system diseases	36	42	+ 6 cases
Trauma and poisoning (40% foreign bodies)	28	34	+ 6 cases
Endocrine system disorders, metabolic disorders, diseases due to Immunologic deficiency	19	22	+3 cases
Infectious diseases (+55 perinatal age)	11	9	- 2 cases
Digestive diseases	194	145	- 25.2 %
Unclassified diseases	2803	2337	-16.6 %
TOTAL			
	78% neonatal	80% neonatal	

Paediatric care in Italy: point of the situation

- in general terms, Italian population is getting older and older, with a consequent increase in chronic and degenerative diseases: such trend, however, is even observed in paediatric population
- decrease in birth-rate
- increase in traumas, particularly in adolescents
- social disease more and more frequent in childhood

Paediatric care in Italy: point of the situation

- huge differences in health services between northern and southern regions in Italy**
- health authorities were assigned the task of defining guidelines to assure continuous medical assistance for the population. However, the approach towards such guidelines seems to be extremely heterogeneous among the EDs of various hospitals**
- health authorities are not very sensitive to a correct management of paediatric handicap, without a strong commitment in home care assistance for chronic/severely ill patients**
- funds for hospital and local services' programs supporting adolescents are deficient**
- lack of health educational programs, despite the commitment of paediatric scientific societies, in particular the Italian Society of Paediatrics (SIP)**

Paediatric wards in hospitals in Italy

- ❑ paediatricians in Italy: 14,700 (4,500 paediatricians working in hospitals)
- ❑ about 250-280 new paediatricians/year
- ❑ paediatric wards: 492
- ❑ over 600 birth centers (482 public and 112 private); more than 40% with birth number < 500
- ❑ high hospitalisation rates, even though decreasing over the years (119‰ in 1999 versus 95.6 ‰ in 2005 – United Kingdom 50 ‰, Spain 60 ‰)

- Tabella 1 -

**Distribuzione regionale delle strutture pubbliche
con reparti di pediatria e relativi posti letto**

Anno 2005

REGIONE	NUMERO DI STRUTTURE
Piemonte	34
Valle d'Aosta	1
Lombardia	68
Prov. Auton. Bolzano	7
Prov. Auton. Trento	4
Veneto	36
Friuli Venezia Giulia	9
Liguria	9
Emilia Romagna	28
Toscana	33
Umbria	13
Marche	3
Lazio	33
Abruzzo	17
Molise	5
Campania	45
Puglia	43
Basilicata	7
Calabria	22
Sicilia	61
Sardegna	14
TOTALE	492

Dobbiamo aggiungere 8 strutture pediatriche private accreditate.

- Tabella 3 -

**Tasso di ospedalizzazione per 1000 residenti
Dimessi in età pediatrica (0-14 anni)
in regime di ricovero ordinario - Anno 2005**

REGIONE DI DIMISSIONE	TASSO DI OSPEDALIZZAZIONE PER 1.000 RESIDENTI IN ETÀ 0-14 ANNI
Piemonte	86,0
Valle d'Aosta	66,6
Lombardia	100,5
Prov. Auton. Bolzano	102,1
Prov. Auton. Trento	61,9
Veneto	68,0
Friuli Venezia Giulia	56,0
Liguria	90,9
Emilia Romagna	82,7
Toscana	66,9
Umbria	98,7
Marche	88,7
Lazio	105,3
Abruzzo	125,4
Molise	121,0
Campania	97,1
Puglia	119,4
Basilicata	82,1
Calabria	94,4
Sicilia	114,7
Sardegna	105,3
ITALIA	95,6

Esclusi i neonati sani (DRG 391)

Pediatriac wards in general hospitals

- ✓ in **1990** ⇒ **546**
- ✓ in **1995** ⇒ **522** (- 4,4% versus 1990)
- ✓ in **2005** ⇒ **492** (- 10 % versus 1990)

1 ward/119,000 inhabitants

gold standard 350-400 ⇒ 1/150-200,000
inhabitants

Emerging problems for paediatricians in Italy

- ❑ links between hospital paediatric wards and local services
- ❑ links between paediatric wards and Emergency Department (ED) in general hospitals
- ❑ limitation policy (decrease in the number of in-patients admissions from the ED)
- ❑ emergency neonatal and child transport
- ❑ intermediate and intensive care units

In Italy the current trend is an increasing shortage in the supply of trained paediatric emergency physicians. Added to the dilemma of a small workforce is the fact that this workforce is ageing steadily.

Improving the quality of care includes:

- increasing the use of the pediatric Observation Unit in order to reduce in-patient admissions from EDs
- limiting waiting times for patients assessed as green or white codes by improving outpatient Unit access to pediatric sub-specialties also mixed hospital-territory
- limiting the rate of hospitalisation by evaluating the appropriateness of admission to in-patient Units
- improving training programs for physicians and nurses

THANKS!