

## #Checkyourhospital - DJA 2013 Application

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The online interactive map is visible here: [http://daily.wired.it/mappa\\_migliori\\_ospedali](http://daily.wired.it/mappa_migliori_ospedali) and here: <http://doveticuri.mitecube.com/>

**Do you know your hospital?**

**Exclusive: on Wired.it the first online interactive map exploring quality and survival rates of 1500 Italian hospitals.**

**Marco Boscolo**

You get taken ill. First a call to the emergency services then a race to the nearest hospital with sirens wailing. The emergency treatment needed. Maybe even surgery. In the most dramatic cases, the location of the event can mean the difference between life and death. Because although Italy can boast a health system ranked second by the World Health Organization in 2000, the quality of the services provided is by no means the same nationwide. This is unequivocally shown in the data collected by Agenas, the Italian Agency for Regional Health Services, which contains a series of quantitative indicators to monitor the performance of Italian hospitals. This is data intended for internal use that Wired is presenting with an online interactive map for the first time.

"It is impossible to give a report card to the hospitals," explains Carlo Perucci, scientific director at Agenas, "as each indicator has its own specific value." The individual piece of data must certainly always be contextualised in order to understand the reason behind the individual performance. The fact remains that if we calculate the regional average for each of the 19 indicators presented on the map, you would not want to be in Campania if you have to undergo a coronary artery bypass (risk, read death, in 7.20% of cases) or an operation for a malignant gastric tumour (10.16%): these are the worst numbers at national level. Basilicata has the highest mortality rate risk profile within 12 months of surgery for an acute myocardial infarction (12.43%), while Calabria holds the record for valvuloplasty operations (5.09%). Sicily also fares poorly in this ranking, with an average risk above the national average for almost all the indicators.

Not that being in the North means things are necessarily better. Liguria, for example, has the highest mortality rate in no fewer than surgical three indicators: heart failure (12.90%), femoral neck fracture (8.68%) and malignant colon tumour (5.87%). Veneto holds the record for risk for post-infarction interventions without angioplasty (22.42%) and with angioplasty (5.51%).

The numbers tell of the quality of individual performance levels in hospitals and offer a ruthless overview of the national health situation. Despite their mathematical precision, they should nevertheless be taken with some caution. Firstly because they are based on hospital discharge records and therefore are to some extent subject to "interpretation". And secondly because they only tell us about certain aspects of hospital activity. "The indicators," explains Perucci, "only

measure what it is possible to measure.” There are of course healthcare activities that cannot be described as easily from statistics and some of these do not even take place within hospitals. But even taking the numbers with a pinch of salt, it is still a shock to see six large public hospitals above the national risk average for all indicators: Ospedale Civile in Venice, San Paolo in Civitavecchia, San Giovanni Evangelista in Tivoli, San Paolo in Naples, Ospedale di Venere in Bari and Gravina e San Pietro in Caltagirone.

The picture becomes even bleaker when we combine the financial situation with performance levels. If the trends in terms of quality, albeit with significant exceptions, tend to reward the North, as regards economic management, Italy appears clearly split in two. “We are experiencing a transition that has been going on for 15 years,” declares Nicola Salerno of Cermlab, a think tank that deals with public policy, “characterised by a series of unimplemented health system reforms.” The result is that today, more than two-thirds of the total healthcare deficit, almost 1.8 billion euros (2011 data), comes from five regions: Campania, Sicily, Apulia, Calabria and Lazio. In the Cermlab analysis, perfectly in line with the numbers from the Court of Audit used for the Wired map, the overall quality of the regions (not just the hospitals, but the whole of the health service) was correlated with spending profiles. The result? The best regional systems in terms of what we will call “quality/price ratio” are Friuli Venezia Giulia and Umbria. These are followed by virtually all the regions in the North, while the South and Lazio remain floundering at the bottom of the rankings. “There are regions where quality is good, such as Lazio, but where it is achieved at a high cost,” explains Salerno, “and regions that spend little, like Calabria, but offer poor quality. The latter are the most desperate situations, because there are no resources to improve the facilities.”

If all regions could improve the delivery of quality, emulating Friuli Venezia Giulia and Umbria, 12 billion euros a year, equal to 0.8% of GDP, could be freed up to make investments in healthcare. But be careful, as we are not talking about resources that can be cut because they are being spent incorrectly, but rather 12 billion going into “a system similar to a leaking aqueduct that has made it impossible to translate the cash into benefits for citizens.”

Correlating hospital and economic performance is not easy: many factors, not only those for which health management is responsible, are involved. So-called health federalism, proposed in 2009 and suspended by the last Berlusconi government due to the economic crisis, has not worked. And there is no shortage of obstacles to the attempt to link funding and performance, such as those measured by Agenas, “in a country,” in the words of Nicola Salerno, “in which it is not data to evaluate that is lacking, but the ability to use it to make decisions.” March, a new parliament and a new government: the same old story?