Health & Hospitals in Italy



Associazione Italiana Ospedalità Privata

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We wish to thank managers and collaborators at AIOP regional offices for their efforts in collecting and organizing data in AIOP's internal system, Andrea Ortolani and Alessia Di Berardino, at the AIOP national office, for their operational support.

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Ermeneia Studi & Strategie di Sistema

Health&Hospitals in Italy

19th ANNUAL REPORT 2021

COLLANA

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Italian Association of Private Hospitals

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Note

This text is an abstract of the Report on "Ospedali & Salute", 19th edition 2021.

The primary objective of AIOP (Italian Association of Private Hospitals) is to contribute to improving knowledge of the Italian health system at an international level, by providing European institutions, professionals and scholars with data and assessments which in some cases also relate to 2021.

Following the introduction written by the President of AIOP, Mrs. Barbara Cittadini, Part One of the abstract highlights major health issues which have emerged in the last year, and analyzes supply and demand issues, focusing in particular on the quality of services and on citizens' opinions, as expressed in a special survey.

Part Two provides a set of indicators regarding equipment, information on hospital activities and expenses, as well as a complete sample of data for the Italian hospital system as a whole.

Finally, details of the method used to conduct the survey of Italian families and a complete list of the contents of the 19th Report are also provided.

Presentation

by Barbara Cittadini, National President of AIOP

This 19th edition of our Report can only begin with an observation: the dramatic Covid-19 pandemic made 2020 quite an extraordinary year, and 2021, with the subsequent waves of the virus, was no less exceptional.

The year 2021, however, was distinguished first by the discovery of and then the possibility of using vaccines, thanks to scientific research, and by the activation of an efficient process for their administration; additionally, the first anti-Covid drugs began to be used.

The diligence of healthcare facilities during these two years was exceptional.

AIOP facilities played an important and incontrovertibly decisive role in combating the disease in this situation, along with some other private institutes, which, during the most dramatic moments, provided a significant number of patient beds for Covid patients: almost 1,000 for intensive and subintensive care and 9,400 for acute and post-acute care.

Facilities not designated to operate as Covid-hospitals by regional planning offices took care of non-Covid patients from the ERs and public Covid hospitals, and thus the private facilities of the NHS were fundamental in keeping the public facilities decongested.

Today, we are experiencing an evolutionary phase of the virus, which is expected to continue – although hopefully in a less aggressive manner – also in 2022.

This further cycle of the pandemic, however, is occurring with a health organization that has greater experience and is better organized to deal with the situation.

So far it has been extraordinary.

However, the situation in place from 2020 to now has and continues to coexist with the ordinary management of the NHS which, without prejudice to the founding principles of universal and inclusive health care on which it

is based, is in a position to manage and deal with its own critical issues so abundantly apparent in the last decade.

In particular, Italy's National Health System, comprised of both public and private institutes, has to deal with four commitments which can be summarized as follows:

- respond to the needs arising from the pandemic, giving priority to Covid patients; a condition seen to be affecting mainly people who are not yet vaccinated or who have not completed the vaccination cycle;
- respond to the screening, care and intervention needs for non-Covid patients, who for two years have suffered from an interruption/deferral of inpatient services (even for urgent cases), required regular visits, scheduled interventions and those linked to chronic illnesses;
- respond to the inconveniences of citizens and users, highlighted several times by this Report in the years before the pandemic; these are inconveniences relating to the objective differences, in quantity and quality, of the services provided in the various territories throughout Italy; differences that have resulted in the creation of 21 Regional Health Services rather than spawning a more homogeneous, singular and balanced National Health Service; this is a condition that has inevitably led to lengthier waiting lists and consequent healthcare mobility flows that travel up the peninsula in search of faster and more appropriate responses;
- rethink the public financing of healthcare facilities, which have suffered heavily from the years of the spending review onwards, and which has led to an approach being adopted that has exclusively focused on what we have defined in this Report as "financial healthcare" (i.e. attentive to costcutting), setting aside "real healthcare" (of necessity attentive to services for citizens and users), and resulting in the creation of an implicit process of rationing and reducing the same services, a process that has become even more incisive with the arrival of the pandemic, which necessitated that responses be provided to both Covid and non-Covid patients.

Having said that, it is important to take stock of the indications contained in this year's Report.

First of all, there is a lot of evidence to indicate that the 2021 trend of the Italian hospital system witnessed a change in its "dual-nature" image, on the one hand, showing the strength capable to constantly increase the average level of the complexity of services, but on the other hand, not having the capacity to satisfactorily provide healthcare services throughout the various territories of the country.

This is a trait that has been accentuated by the tension, typical of the last two years and as yet unresolved, between the suspended needs, which have therefore accumulated over time, of non-Covid patients – who, moreover, are mostly vaccinated people –, and the urgent needs of Covid patients who are, of late, mostly unvaccinated or only partially vaccinated.

Two specific surveys were carried out precisely to investigate this second issue.

The first was dedicated to infected patients, who gave weight to the experience they had both in terms of the seriousness of the impact on their health, and as regards the duration of treatment to which a subsequent phase known as *long Covid* was added.

This latter condition has led to a "queue" of outstanding demand for inpatient services by this category of patients, as evidenced by the explosion of the relative waiting lists.

The second survey, on the other hand, investigated the phenomenon of the suspension/postponement of inpatient healthcare services for non-Covid patients, which accumulated during the two years of the pandemic and which affected approximately 40% of the population included on the waiting lists, but with peaks that have reached up to 70% as regards interventions that had been planned and then postponed.

The result of all this is clear: we find ourselves in a very demanding situation, one which requires us to safeguard against the extraordinary and at the same time to reconsider the ordinary.

This is a dual task that can only be faced with great determination and foresight.

In other words, it is a particularly complex condition that demands innovative and courageous solutions and may entail rethinking the National Health Service itself.

At 43 years from the introduction of the NHS, such reconsideration would doubtless have been necessary regardless of the pandemic.

Indeed, the current economic situation has brought attention not only to the problems of the new emergency but also to the previous and longer-lasting ones.

It is for this reason that there is a need to partake in and consolidate a future of development of the health protection system along three main strategic lines.

The first and most immediate of these is that of rebalancing services provided to Covid patients and non-Covid patients.

In fact, the risk of not restarting and perhaps even further postponing inpatient services, with the result of causing an extensive deterioration in public health, with the relative risks of increased mortality, as is happening, for example with cardiovascular and oncological diseases, is no longer acceptable.

In this context, it is necessary to re-imagine – as is natural – the planning of public health services with a view to potential future pandemic emergencies.

The second strategic line should be aimed at rebalancing the remuneration of the private component of the NHS within the mixed system, recognized and regulated by Legislative Decree 502/1992.

The goal here being to "break free of the single mode of thought", produced by the spending review of 10 years ago.

This is a stance that has placed spending reduction as its fundamental objective, but not the parallel one of the reorganization of services.

The most immediate example of this is the Legislative Decree 95 of 2012: a measure that indefinitely blocked the ability to provide more services than those offered in 2011; a condition that did not take into account the progressive increase of waiting lists, healthcare mobility and the forgoing of treatment by patients in Italy.

It will similarly be necessary to consider revising Ministerial Decree 70/2015 which relates to the organization of healthcare, number of patient beds/specializations and services, a measure that once again came into being during the cost reduction phase, and without considering the healthcare needs of the individual territories and their characteristics.

To this end what is needed is a return to "innovative thinking" and a true synergy between public and private facilities, as occurred during the first year of the pandemic.

This is a path that must, however, leave room for the principle of healthy competition among different facilities, based on an assessment of the effectiveness of the results achieved and the level of management efficiency.

As always, the results should be measured by a third party to ensure objectivity and equidistance, which has, among other things, always been proposed by AIOP.

The third strategy to be undertaken is that of rebalancing the funding of health care, functionally recovering what was lost due to the double effect of the decline in public healthcare expenditure ratio to GDP and the long-term reduction of the latter during the previous financial crisis.

This ratio (frozen at 6.5%) blocked resources at the lowest level of the OECD average and even more than those of the G7 countries while the demand for healthcare grew and diversified enormously.

Speaking generally, I believe that it is truly necessary to return to the idea of "health as an investment" and no longer purely as a cost.

In this regard, it should be strongly noted that the pandemic itself has allowed us to change our perspective.

The horizon outlined with Italy's Recovery and Resilience Plan (PNRR), which provides for additional resources to be used for the structural modernization of the system through an extraordinary investment plan, also helps us to view the near future with optimism.

These three strategies that seek to bring back a balance of thought and action can, and indeed, must, be used as a start to the revision of our National Health Service. We believe we can fully contribute to this system as AIOP facilities, not only with a view to making the necessary improvements to the mixed system we enjoy, but above all to responding to the needs and expectations of the country.

This edition of the Report seeks to help us continue in the right direction, mindful, as we are, of Luigi Einaudi's clear and still valid indication: "Know in order to decide".

Part One

The difficult balance (that needs to be found) between Covid patients and non-Covid patients

1. The Further Development of a "Dual-Nature" Hospital System

1.1. The successful experience of Italy's mixed public and private NHS system, and how this has contributed to dealing with the pandemic through advantageous alliances

The fact that for the past two years we have been dealing with the extraordinary Covid-19 situation, which entered into a fourth wave at the end of 2021, should be even further reason to appreciate the fundamental value of our mixed public and private hospital system.

Yet, this value has been evident for a long time (i.e. beginning with its establishment and regulation with Legislative Decree 502/1992) and has been borne out in this Report, by means of an objective examination (which has led to an improved response to the continually increasing demand for services and in parallel the opportunity for patients to choose the facilities most suitable for them), and, similarly through a subjective assessment that has shown clear appreciation of the mixed hospital system by citizens and users.

The arrival of the pandemic has given the already long-established coexistence of two types of facilities even greater importance, witnessing the formation of a true alliance between public hospitals and private hospitals which has made it possible to better cope with the impact of the virus through the allocation of patient beds for both Covid patients and non-Covid patients in private facilities under the overall coordination of regional health authorities.

And so – as it does every year – this section begins with a brief overview of the mixed hospital system we enjoy and is followed by two additional sections discussing the evolution of the average levels of complexity of the services, along with two different types of tension in the system, one of which was already present and one which came into being with the pandemic, specifically:

- the tension relating to the contrast between the national average level of the aforementioned services, on the one hand, and the not always consistently homogeneous quality of these in the various territories of the country, on the other;
- and the tension that developed during the pandemic between services for Covid patients, on the one hand, and, on the other, services for non-Covid patients, who have had to deal with more than significant interruptions and/or postponements of treatments and interventions during these past two years, with the relative consequences in terms of the risks of worsening their state of health.

At this point we should provide a general outline of the features of the mixed system that includes the public hospital component (comprised of different types of institutions) and the private component (which itself is made up of various types of accredited hospitals). All of these constitute the entirety of the hospital system that Italian citizens can use without any costs. The second accredited-hospital component certainly cannot be defined as marginal if we consider that it provides 28.4% of in-hospital stays for the proportionately smaller investment of 13.0% of total public hospital expenditure.

It is worth clarifying that when we talk about hospital facilities we are referring to a very complex set of types as just mentioned above.

First of all, its public facilities include hospital centers, hospitals directly managed by local health authorities (ASL, *Azienda Sanitaria Locale*), and hospital centers integrated with universities; the whole of which accounts for the greater part of current state hospital expenditures (77.0%). In addition to these are other facilities, namely public university polyclinics that are not Hospital Centers, public Institutes for Treatment and Research (IRCCS) and Public Foundations, which together account for another 10.0% of current public hospital expenditures.

The above public facilities are augmented by private ones, i.e. accredited hospitals, private university polyclinics, private IRCCS and religiously-affiliated classified hospitals. These make up the remaining 13.0% of the current National Health System hospital expenditures, as just mentioned.

In 2019 (latest available data), there were a total of 187,010 inpatient beds (a decrease of 0.8% compared to the previous year), 69.9% (130,650 units) of which were located in public hospitals and 30.1% (56,360 units) of which were located in accredited hospitals as a whole (Fig. 1). The comparison between the two sets of patient beds shows how the hospital system essentially assumes the characteristics of a mixed system (indeed one that is recognized

and regulated by Legislative Decree 502/1992), one in which the public facilities are more numerous but whose accredited component is also significant.

Public hospitals and private hospitals numbered a total of 997 units in 2019 (-0.3% compared to the previous year), with a greater percentage of the latter (56.3%) compared to the former (43.7%), again as shown in Figure 1. However, the concentration of the two types of facilities differs with respect to geographical areas, as shown by the following data taken from Figure 1 below:

Distribution %	Distribution %
of public hospitals	of private hospitals
First place: South and Islands (49.0%)	First place: North (41.6%)
Second place: North (29.4%)	Second place: South and Islands (37.4%)
Third place: Center (21.6%)	Third place: Center (21.0%)

If we compare the number of hospitals and the number of patient beds (again for 2019), we can see more detailed information as the chart below shows: with the average number of patient beds in public hospitals slightly decreasing compared to the number in 2018 (300 vs 303), but above all decreasing as it goes from the North (531), to the Center (254), and finally, to the South and Islands (181). The trend towards a slight decrease in patient beds is also true for accredited private hospitals as a whole (100 in 2019 compared to 101 in 2018, with a very slight increase in the North, 114 up from 113 and in the Center, 104 up from 103), as well as the average number of beds going from the North (114), to the Center (104) and finally to the South and Islands (84).

Caramanh	.:1		Public hospi 2019	itals	Priva	te hospitals d 2019	ıs a whole
Geograph distributio		No. of hospitals	No. of patient beds	Patient beds No. of hospitals	No. of hospitals	No. of patient beds	Patient beds No. of hospitals
North		128	67,994	531	233	26,582	114
Center		94	23,881	254	118	12,222	104
South	and	214	38,775	181	210	17,556	84
Islands							
Total		436	130,650	300	561	56,360	100

Figure 2 depicts aspects relating to in-hospital stay flows and spending flows for the year 2019 (latest available data).

With regard to in-hospital days, it should be mentioned that these have gradually decreased over time, as shown in the list below:

- 67.9 million for the year 2011;
- 65.2 million for the year 2012:
- 62.9 million for the year 2013;
- 61.8 million for the year 2014;
- 61.2 million for the year 2015;
- 59.9 million for the year 2016:
- 58.7 million for the year 2017;
- 58.2 million for the year 2018:
- 57.5 million for the year 2019.

As can be easily calculated, the decrease between 2011 and 2019 is 15.3%, in line with the progressive push towards the reduced hospitalization of patients that the National Health Service has promoted for more than ten years. Again, in 2019 71.6% of these days were in public hospitals and the remaining 28.4% were in accredited hospitals as a whole.

The distribution of in-hospital days, for both the types of structures mentioned, shows a decreasing order of magnitude which places those concentrated in the North in first place, followed by those in the South and the Islands, and those in the Center in third place.

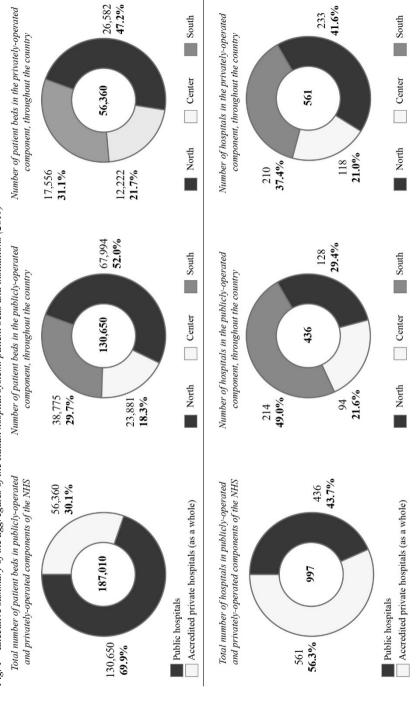
The following chart provides a detailed comparison:

Geographical	Di		% of in-h ublic hosp	1	ays	Distribution % of in-hospital days in private hospitals as a whole				
Areas	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019
North	51.4	48.8	49.0	49.3	50.1	47.7	42.7	43.5	44.4	45.4
Center	18.7	19.3	19.6	19.7	19.2	23.0	23.5	24.0	24.2	23.7
South and Islands	29.9	31.9	31.4	31.0	30.7	29.3	33.8	32.5	31.4	30.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

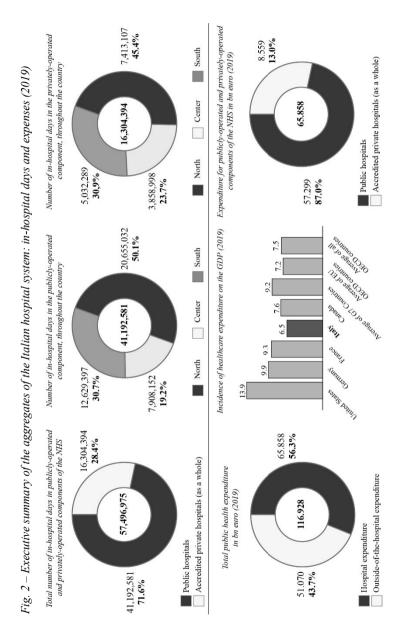
If we look instead to the flow of resources (see the second part of Figure 2 we can see that:

- a) total public health expenditure, equal to EUR 116.9 billion in 2019, flows more to the hospital component (56.3%) compared to the non-hospital component (43.7%). It should be recalled that the incidence of public hospital spending out of total public health expenditure fluctuates around the value just mentioned and saw slight growth from 54.5% in 2011 to 55.7% in 2017, to 55.9% in 2018, up to 56.3% in 2019;
- b) the amount of public health expenditure out of GDP places Italy on a decidedly lower level (6.5%) again in 2019 (which, however, is unchanged from 2017 to 2019 compared to the 6.7% in 2016): while the average of the G7 countries is 9.2% and that of the OECD countries 7.5%, and the average of the European OECD countries is 7.2%. It should also be men-

Fig. 1 – Executive summary of the aggregates of the Italian hospital system: patient beds and institutions (2019)



Source: data processed by Ermeneia – Studi & Strategie di Sistema, 2021



Source: data processed by Ermeneia - Studi & Strategie di Sistema, 2021

tioned that Italy not only had the lowest amount of public health expenditure out of GDP, as just mentioned, but also had to deal with a decrease in GDP during the toughest years of the economic crisis starting from 2008, (thereby obtaining a doubly negative result in the expenditure/GDP ratio, since the absolute values of both decreased)¹.

Finally, Figure 3 provides an overall idea of all the human resources that conduct their activities within the mixed hospital system between public and accredited hospitals. Unfortunately, the latest data available are again those from 2013. The total number of employees at the time was 632,730, a drop of +0.5% from 2012. Of this, 19.7% was made up of physicians (124,428 units), 42.3% was made up of nursing staff (268,170 units) and finally, 38.0% comprised the remaining personnel (240,132 units).

The distribution of personnel throughout the country shows – approximately – the weight of hospital activities in the North (52.1% of the employees), followed by the South (27.4% of the employees) and finally by Central Italy (20.5% of the employees).

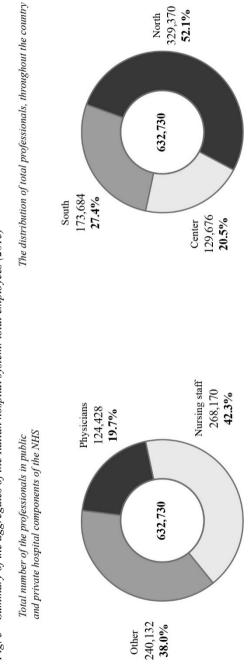
But it is clear that between 2013 and 2021 the number of personnel significantly decreased due to the progressive retirement of operators, who had already begun to leave a few years earlier, and also due to the parallel hiring freeze linked to the provisions of the *spending review* (to which from 2018 onwards may be added the number of retirees induced by the introduction of the well-known "Quota 100" [Translator's note: Anticipated retirement scheme intended for at least 62 years old workers having accrued at least 38 years of social security contributions]).

Thus the arrival of the pandemic further increased the demand for assistance but in a context of decreasing personnel, thereby further overloading the latter, to which the stopgap response has been to hire temporary workers.

The launch of the National Recovery and Resilience Plan (PNRR) will make it possible to resume hiring and, hopefully, also undertake a truly active personnel policy based not only on the emergency but also on a mediumlong term development logic: re-envisaging training, selection, permanent qualification, turnover and reorganization of human resources. And in line with this, it would be desirable to further evolve an increasingly fluid relationship between public hospitals and private hospitals, in order to provide a better overall response to the needs of users: the experience gained during the pandemic in terms of such collaboration could be further augmented.

¹ See Part Four/Table S/71, p. 306.

Fig. 3 - Summary of the aggregates of the Italian hospital system: total employees (2013)



Source: data processed by Ermeneia - Studi & Strategie di Sistema, 2021

The observations made so far have come from analyzing objective data (number of public and accredited hospitals, number of respective patient beds and in-hospital days, public expenditure for the two types of facilities, and number of employees) which provides an idea of the complexity of the "actual" hospital services.

At this point it becomes logical to ask what the subjective perception by citizens is, as well as how they behave towards the above mixed system, which is now perceived as a solid and enduring part of the collective culture.

By way of example almost 9 out of 10 citizens²:

- believe that "The accredited hospital is now a part of the overall hospital system and that they do not consider whether the facility is public or private when a hospital stay is needed, but rather take into account other factors such as the necessary specialization, the quality of the services provided, the proximity to their home, and so on." (87.5%);
- state that "The government should make the best use of all the hospitals in the area (public and accredited), in order to allow citizens the best possible choice according to their needs, opportunities and opinions" (87.9%);
- and suggest that "Regions or local health authorities should invest in appropriate information campaigns to make citizens aware of their freedom to choose, since little is known about the various opportunities of admissions that accredited hospitals offer" (80.8%);

Moreover, the high average values of the positive opinions of the mixed hospital system are more pronounced in the case of respondents residing in the North than in the rest of the country, for those who live in medium-sized and especially large cities, for the female component compared to the male component of the population sample interviewed (due also to the fact that women are more likely to perform the role of *caregiver*), as well as for respondents who have a medium or medium-high level of education and who place themselves within a medium-high and high social class³.

And again, confirming what was mentioned in the previous point, awareness of the public legislation relating to the National Health Service, which allows the use of both public hospitals and accredited hospitals without charges to citizens, has grown over time, even if not as it might have been

² See Health&Hospitals/2020, Part One/Table 1, p. 20.

³ See Health&Hospitals/2019 Report, Table A14/Population sample, Section 3 of the appendices.

seen, considering that citizens who are clearly aware of the provision that allows access to both public hospitals and accredited hospitals amounted to 41.0% in 2019 (compared to 35.5% in 2009) while 36.1% in 2019 had a vague idea (compared to 43.1% in 2009). Furthermore, the incidence of 41.0% just mentioned dropped to 34.5% with regard to awareness of the possibility of transferring, for reasons of treatment, to hospitals outside the home Region (but it was 31.9% in the 2009). And again, awareness of the possibility to travel to facilities in different countries of the European Union for hospital healthcare services was 20.5% in 2019 compared to 14.1% in 2013⁴.

With regard to the alliance between public facilities and private facilities (i.e. accredited hospital facilities) it bears mentioning again what was stated in the previous Report in this regard. In fact, in 2020, 958 intensive and subintensive care beds were made available by accredited facilities for Covid patients together with 9,401 beds for acute and post-acute patients who were infected and in need of hospitalization. These were backed up by 25,103 patient beds for activities potentially aimed at non-Covid patients, given the suspension of services deemed (at least theoretically) deferrable. In this way, a special reserve hospital system was created that can be used in every Region and at any time to address the care needs of both types of patients.

1.2. The continual increase of the average values of the complexity and effectiveness of hospital services

The subjective perception of a mixed hospital system as a positive and useful resource by citizens is confirmed on an objective level if we consider the trend of the national average of statistical indicators relating to the complexity of the services provided, even if there are regional differences evident as relates to the different response capacity to patient needs by the 21 Regional Health Services that actually exist today.

The improvement in the complexity of the services provided can be illustrated first of all through two indicators that measure the aforementioned complexity: that of *average weight* and that of *case-mix*.

⁴ See Health&Hospitals/2020, Part One/Table 1, p. 20.

If we consider the *Average weight*⁵ we can compare the services of public hospitals to those of AIOP accredited hospitals, which shows that (Table 1):

- a) the national average indicator for public institutions and accredited hospitals has continued to rise over the years indicated: even if for the first type of facility, it went from 1.23 in 2016 to 1.27 in 2019; whereas for the second type of facility *Average weight* values are more marked compared to public hospitals, and the growth is more marked, going from 1.35 in 2016 to 1.43 in 2019, and remains essentially stable at 1.42 in 2020 (inasmuch as AIOP data is available for this year);
- b) then, if we look at the 2019 indicators Region by Region, we can see that public hospital facilities that manage to find a place above the national average (*Average weight*: 1.27) are concentrated in the Center-North, and specifically, in descending order:
 - Tuscany (1.38);
 - Piedmont (1.36);
 - Marche (1.32);
 - Veneto and Lazio (1.31);
 - Liguria (1.29);
 - Friuli Venezia Giulia and Emilia Romagna (1.28);
 - while in the South we find lower average weight indicators.

Likewise, the *Average weight* index exceeds the national average of 1.43 in 2019, for AIOP accredited hospitals in the following regions, again in descending order:

Average weight =
$$\frac{\left[\sum_{g=1}^{579} \left(a_g N_{gh}\right)\right]}{\sum_{g=1}^{579} N_{gh}}$$

where: ag = specific relative weight of each DRG;

Ngh = number of discharged patients for the DRG in a single healthcare facility or in a group of facilities.

⁵ The average weight is a synthetic indicator of the level of complexity of the illnesses (cases) treated. It is an average of the relative weights assigned to each group of patients (DRG), weighted with the corresponding discharge numbers. The calculation formula used is the following:

- Liguria (3.12);
- Piedmont (1.87);
- Tuscany (1.73);
- Lombardy (1.63);
- Veneto (1.60);
- Molise (1.52);
- Calabria (1.50);
- Apulia (1.49);
- Sicily (1.48);
- while in the South (except for the 4 cases above) we find lower average weight indicators.

Thus, in 8 Regions, the national average of the average weight indicator for public facilities was exceeded in 2019 and, in 9 Regions, the average for private AIOP facilities. Furthermore, in 9 Regions (mostly located in the Center-North) in addition to six Regions in the South, the Average weight in accredited hospitals is higher than in public hospitals. While in 4 cases (Autonomous Province of Bolzano, Autonomous Province of Trento, Lazio and Campania) the Average weight in 2019 is higher in public hospitals than in AIOP accredited hospitals. Finally, 4 Regions (Piedmont, Veneto, Liguria and Tuscany) exceeded the national Average weight in both public hospitals and in AIOP accredited hospitals: which confirms that a good territorial context positively affects the ability to provide higher quality hospital services in both types of facilities;

c) and finally, with regard to solely the AIOP hospitals, it may be added that in 2020 the overall *Average weight* value remained that of 2019 (1.42 out of 1.43): evidently the decrease in the number of hospitalizations also affected the indicator. However, in 12 out of 20 regional systems (indicated in Table 1), this value has grown: this occurred in the Autonomous Province of Bolzano, the Autonomous Province of Trento, in Veneto and Friuli Venezia Giulia in the North, in Tuscany, Umbria and Lazio in Central Italy and in Abruzzo, Campania, Apulia, Calabria and Sardinia in the South.

As can be seen from the data mentioned so far, the *Average weight* quite clearly shows a differentiation between the Center-North, on the one hand and the South, on the other, for both types of facilities, but particularly for the public ones: this topic will be taken up again in the discussion of the "average" in section 1.3 of this Chapter 1.

At this point, the level of complexity of services can also be measured by the second type of indicator – as previously mentioned – that of the so-called

Table 1 – The quality of services measured by average weight Years 2016-2020

6 6 1	0								
		Public hospitals	spitals			AIOP	AIOP accredited hospitals	spitals	
Keglons	2016	2017	2018	2019	2016	2017	2018	2019	2020
Piedmont	1.30	1.33	1.35	1.36	1.64	1.70	1.72	1.87	1.84
- Lombardy	1.21	1.22	1.23	1.25	1.55	1.59	1.61	1.63	1.58
- A.P. of Bolzano	1.12	1.08	1.08	1.10	0.78	0.82	0.84	0.88	06.0
- A.P. of Trento	1.19	1.23	1.24	1.25	1.02	1.09	1.14	1.12	1.36
- Veneto ^(a)	1.28	1.24	1.29	1.31	1.4	1.45	1.52	1.60	1.72
 Friuli Venezia Giulia 	1.26	1.27	1.27	1.28	1.27	1.28	1.27	1.29	1.32
- Liguria	1.27	1.27	1.29	1.29	2.82	2.87	3.08	3.12	2.74
 Emilia Romagna 	1.23	1.25	1.27	1.28	1.36	1.36	1.33	1.36	1.35
- Tuscany	1.35	1.36	1.37	1.38	1.71	1.71	1.81	1.73	1.77
- Umbria	1.24	1.25	1.25	1.24	1.61	1.63	1.40	1.38	1.44
- Marche	1.26	1.29	1.31	1.32	1.28	1.23	1.30	1.35	1.29
- Lazio	1.26	1.13	1.31	1.31	1.32	1.30	1.21	1.26	1.34
- Abruzzo	1.21	1.24	1.24	1.26	1.31	1.32	1.32	1.31	1.32
- Molise	1.10	1.12	1.14	1.12	1.47	1.46	1.51	1.52	1.50
 Campania 	1.19	1.21	1.23	1.27	1.07	1.13	1.20	1.23	1.30
- Apulia	1.11	1.13	1.16	1.19	1.50	1.45	1.33	1.49	1.69
- Basilicata	1.23	1.22	1.23	1.24		•	,		•
- Calabria	1.12	1.14	1.16	1.20	1.4	1.51	1.24	1.50	1.51
- Sicily	1.18	1.19	1.20	1.22	1.19	1.05	1.34	1.48	1.36
- Sardinia	1.14	1.16	1.18	1.20	1.19	1.24	1.31	1.30	1.44
Italy	1.23	1.23	1.26	1.27	1.35	1.36	1.37	1.43	1.42
All indicator values are aligned to CMS DRG version 24.0 used by the Ministry of Health since 2009. This version consists of 538 DRGs and refers to the 2007	DRG version	24.0 used by	y the Minist	ry of Health	since 2009. T	his version co	nsists of 538	DRGs and refe	rs to the 2007

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) for the classification of diseases, injuries, surgeries, diagnostic and therapeutic procedures.

⁽a) The public institutions in Veneto also include 4 accredited hospitals associated with AIOP and under the control of USL facilities.

⁽b) The high average weight is due to the presence of two accredited hospitals, largely devoted to extremely specialized treatment. Source: data processed by Ermeneia – Studi & Strategie di Sistema based on the Ministry of Health and AIOP data

Table 2 - Comparison of public hospitals and AIOP accredited hospitals, based on the "case-mix" of the services provided. Years 2016-2019

		Public hospitals	pitals			AIOP accred	410P accredited hospitals	
Negions	2016	2017	2018	2019	2016	2017	2018	2019
- Piedmont	1.04	1.05	1.05	1.04	1.31	1.35	1.33	1.43
Lombardy	96.0	0.97	96.0	96.0	1.24	1.27	1.27	1.27
- A.P. of Bolzano	0.89	98.0	0.84	0.84	0.63	0.65	0.65	89.0
- A.P. of Trento	0.95	86.0	96.0	0.95	0.81	0.87	0.88	98.0
- Veneto (a)	1.02	0.99	1.00	1.00	1.15	1.15	1.18	1.24
 Friuli Venezia Giulia 	1.01	1.01	0.99	0.98	1.01	1.02	0.99	1.00
- Liguria (b)	1.02	1.01	1.00	0.99	2.25	2.28	2.39	2.42
 Emilia Romagna 	0.98	0.99	86.0	0.98	1.09	1.09	1.08	1.09
- Tuscany	1.08	1.08	1.06	1.05	1.36	1.36	1.40	1.35
- Umbria	0.99	0.99	0.97	0.95	1.29	1.30	1.29	1.29
- Marche	1.00	1.02	1.01	1.01	1.02	1.00	1.01	1.05
- Lazio	1.00	0.90	1.01	1.00	1.05	1.03	0.97	86.0
- Abruzzo	0.97	86.0	96.0	0.97	1.04	1.09	1.08	1.09
- Molise	0.87	0.89	0.89	98.0	1.18	1.16	1.17	1.18
Campania	0.95	96.0	96.0	0.97	0.85	0.92	0.93	0.95
- Apulia	0.89	06.0	0.90	0.91	1.19	1.15	1.06	1.16
Basilicata	86.0	0.97	0.95	0.95	•		1	
Calabria	0.89	06.0	0.90	0.91	1.15	1.20	96.0	1.29
- Sicily	0.94	0.95	0.93	0.93	96.0	06.0	1.04	1.13
- Sardinia	0.91	0.92	0.92	0.92	0.95	0.99	1.02	1.02
Total	0.98	0.98	0.98	0.97	I.08	I.08	I.08	I.II
All indicator values are aligned to CMS DRG version 24.0 used by the Ministry of Health since 2009. This version consists of 538 DRGs and refers to the 200'	RG version 24.() used by the M	finistry of Hea	alth since 200	9. This version	consists of 538	8 DRGs and ref	fers to the 200
International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) for the classification of diseases, injuries, surgeries, diagnostic an	inth Revision, (Clinical Modifi	cation (ICD-9.	-CM) for the	classification of	of diseases, inju	iries, surgeries,	diagnostic an

therapeutic procedures.

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 ⁽a) The public institutions in Veneto also include 4 accredited hospitals associated with AIOP and under the control of USL facilities.
 (b) The high average weight is due to the presence of two accredited hospitals, largely devoted to extremely specialized treatment.
 Source: data processed by Ermeneia – Studi & Strategie di Sistema based on the Ministry of Health and AIOP data

*case-mix*⁶. The values in Table 2 below permit the following considerations to be made:

- a) both types of facilities have witnessed stabilization of this indicator value: it has remained fixed at 0.98 for the first three years 2016-2018 and contracted slightly to 0.97 for 2019, with regard to public hospitals, whereas for AIOP accredited hospitals a trend towards continuity emerges, given that the index remains at 1.08 in 2016, 2017 and 2018, but then, contrary to the public facilities, rises to 1.11 in 2019;
- b) the national case-mix indicator for hospitals accredited with AIOP appears permanently higher than that of the public hospitals in all cases, as can be seen by comparing the data of the last line in Table 2;
- c) the Regions that exceed the national average (0.97 in 2019) with respect to public institutions are 8 (compared to 7 the previous year), specifically:
 - Piedmont (1.04);
 - Veneto (1.00);
 - Friuli Venezia Giulia (0.98);
 - Liguria (0.99);
 - Emilia Romagna (0.98);
 - Tuscany (1.05);
 - Marche (1.01);
 - Lazio (1.00).

⁶ The case-mix index constitutes a second synthetic (more detailed) indicator of the complexity level of illnesses treated. It expresses the complexity of the cases treated by a department, a hospital or a unit, compared to the complexity of the case for the entire regional or national hospital system. Case mix levels greater than 1 are associated with a complexity higher than the average for the system in question. The calculation formula used is the following:

Case mix index =

$$\frac{\left[\sum_{g=1}^{579} \left(a_{g} N_{gh}\right)\right] : \sum_{g=1}^{579} N_{gh}}{\left[\sum_{g=1}^{579} \left(a_{g} N_{gr}\right)\right] : \sum_{g=1}^{579} N_{gr}}$$

where:

ag = specific relative weight of each DRG;

Ngh= number of discharged patients for the DRG in a single healthcare facility or in a group of facilities:

Ngr = number of discharged patients for the DRG for the system in question (e.g. regional, national total).

Please note that the case-mix index is weighted with the complexity of cases of the entire regional hospital system, whereas the average weight index is weighted only with the number of discharges: consequently, the average weight index ends up reducing the variable scope of the indicator itself which must take account of the context.

The same process, applied to AIOP accredited hospitals (again for the year 2019) sees 10 Regions exceed the Case-mix Index of 1.11; the Regions are:

- Piedmont (1.43);
- Lombardy (1.27);
- Veneto (1.24);
- Liguria (2.42);
- Tuscany (1.35);
- Umbria (1.29);
- Molise (1.18);
- Apulia (1.16);
- Calabria (1.29);
- Sicily (1.13);
- while 6 Regions of the Center-North (Autonomous Province of Bolzano, Autonomous Province of Trento, Friuli Venezia Giulia, Marche, Emilia Romagna and Lazio) and three 3 Regions in the South (Abruzzo, Campania and Sardinia) fall below average *Case mix* index;
- d) and finally, for the year 2019, the comparison between the Case-mix index of public hospitals and that of AIOP accredited hospitals almost always shows a better position for AIOP facilities, except in the case of the Autonomous Provinces of Bolzano and Trento, Lazio and Campania.

It goes without saying again in this case that the issue of unsatisfactory "average level" of the lower *case-mix* indicators tends to penalize the South, as regards the public facilities and certainly not for the private (accredited) facilities.

The indicators that appear above the national average for each year and for both types of facilities have been highlighted as was done for the Average weight table above.

In addition to the two indicators considered, a further one can be identified which measures the level of complexity of the services provided by the different types of hospitals in an exemplary and accurate way. Table 3 indicates 16 highly specialized DRGs and their incidence per 1,000 discharged patients in the two types of hospital facilities considered, namely public hospitals and those AIOP accredited and associated hospitals. What can be noted is that (see Table 3):

a) the average incidence of the complexity of the services of public hospitals increases over the three-year period 2017-2019, going from 26.9% to 29.8%; the similar percentage incidence for hospitals accredited and associated with AIOP also increases over the three-year period, rising from 29.9% to 32.0%: thus exceeding in the outer years (2017, on the one hand

- and 2019, on the other) the corresponding values of public hospitals, while it shows a slight decrease compared to the latter for the middle year 2018 (27.7‰);
- b) a comparison, no longer on the basis of the overall average incidence but for each DRG and again with reference to the year 2019, shows the private facilities accredited by Aiop to have a greater complexity for 10 services out of the 16 indicated in Table 3: while the services of public facilities are better for DRG 110 (Major cardiovascular system procedures with cc), for DRG 547 (Coronary bypass w cardiac cath w major cv dx), for DRG 549 (Coronary bypass w / o cardiac cath w major cv dx), for DRG 551 (Permanent cardiac pacemaker implant w major cv dx or AICD lead or GNRTR), for DRG 552 (Other permanent cardiac pacemaker implant w/o major cv dx), and finally, for DRG 553 (Other vascular procedures w cc w major cv dx).

A further way to measure hospital services is to compare the incidence of cases of high, medium and low complexity of the aforementioned services on the basis of another method described in the notes of the following Table 4: all with reference to the national average, to that of the territorial districts, to the individual Regions as well as to the two types of hospitals, public and private. It should be mentioned that in this instance we are talking about the private hospital component (accredited facilities), including private polyclinics, IRCCS and private foundations, religiously-affiliated classified hospitals, USL facilities, research agencies and, finally, accredited private hospitals.

The trend in the complexity of services in the five-year period 2015-2019 shows how (Table 4):

a) the incidence of highly complex services appears to be increasing at the national average level over the five years considered (see the last line of Table 4): and this applies both to the public component which gradually increases from 14.4% in 2015 to 16.1% in 2019 and for the private component which goes from 18.7% in 2015 to 23.8% in 2019. Moreover, the private hospital component has a clear advantage over the public component, both as applies to the individual values shown in the table and to the percentage increases year by year. At the same time, the average complexity of services for the public facilities increases, albeit slightly (from 34.0% to 36.2% in the five-year period) and the same happens for the second type of facilities considered (from 30.7% in 2015 to 32.4% in 2019), although both show smaller increases. On the contrary, low complexity services decreased for both types of facilities but in a more pronounced way for the accredited facilities: from 50.6% in 2015 to 43.8% in 2019 (compared to the drop from 51.7% to 47.8% for public facilities);

Table 3 – The quality of public and AIOP accredited hospital services, as measured by the incidence rates of extremely specialized^(a) DRGs^(*)

		,	,			
				Private ho	Private hospitals (accredited and	edited and
	P	Private hospitals	als	asse	associated to Aiop,	(do
DRG		(Incidence			(Incidence	
	per $I,00$	per 1,000 discharged patients)	'patients)	per $I,000$	per 1,000 discharged patients)	patients)
	2017	2018	2019	2017	2018	2019
104 Cardiac valve & oth major cardiothoracic proc w card cath	1.632	1.864	2.034	6.750	6.426	7.865
105 Cardiac valve & oth major cardiothoracic proc w/o card cath	1.556	1.744	1.861	2.468	1.794	2.139
	0.041	0.050	0.052	0.169	0.113	0.120
108 Other cardiothoracic procedures	0.478	0.551	0.650	0.846	0.702	0.859
110 Major cardiovascular procedures w cc	1.587	1.707	1.734	1.056	0.824	0.923
111 Major cardiovascular procedures w/o cc	1.597	1.694	1.784	2.257	2.027	2.605
515 Cardiac defibrillator implant w/o cardiac cath	1.601	1.618	1.681	1.897	2.011	2.257
535 Cardiac defib implant w cardiac cath w ami/hf/shock	0.342	0.395	0.394	0.764	0.867	1.020
536 Cardiac defib implant w cardiac cath w/o ami/hf/shock	0.386	0.429	0.437	0.574	0.510	0.601
547 Coronary bypass w cardiac cath w major cv dx	0.200	0.177	0.192	0.163	0.083	0.099
548 Coronary bypass w cardiac cath w/o major cv dx	0.396	0.401	0.403	1.211	1.188	1.296
549 Coronary bypass w/o cardiac cath w major cv dx	0.195	0.203	0.206	0.243	0.103	0.140
550 Coronary bypass w/o cardiac cath w/o major cv dx	0.724	0.726	0.778	2.075	1.433	1.360
551 Permanent cardiac pacemaker impl w maj cv dx or aicd lead or gnrtr	1.608	1.647	1.690	1.527	1.211	1.404
552 Other permanent cardiac pacemaker implant w/o major cv dx	5.123	5.337	5.359	4.769	4.868	5.241
553 Other vascular procedures w cc w major cv dx	0.282	0.307	0.326	0.121	0.122	0.135
Mean Incidence	26.926	28.730	29.820	29.850	27.684	31,999

(a) Values calculated with the later CMS DRG Version 24.0 adopted by the Ministry of Health.

Source: data processed by Ermeneia – Studi & Strategie di Sistema based on the Ministry of Health and AIOP data

(*) Inpatient admissions for acute cases.

Table 4 – Comparison of percentages of high, medium and low complexity cases of services provided to acute patients during hospitalization, a comparison of the public and private hospital components of the NHS, divided by Regions – 2019

,	,	0													
							Public h	Public hospital component	nponent						
Regions		Hi	High complexity	city			Med	Medium complexity	exity			$\Gamma O 1$	Low complexity	ty	
	2015	2016	2017	2018	6102	2015	2016	2017	2018	5016	2015	2016	2017	2018	2019
Piedmont	15.9	16.0	16.6	17.1	17.3	35.0	34.7	35.2	35.6	36.1	49.2	49.3	48.2	47.3	46.6
Aosta Valley	15.5	16.3	15.8	15.8	15.9	34.2	34.9	35.2	36.0	36.6	50.2	48.8	49.0	48.1	47.6
Lombardy	14.0	14.2	14.5	14.7	15.5	31.1	31.2	31.5	31.7	32.9	54.9	54.6	54.0	53.5	51.7
Bolzano	12.8	13.5	13.3	13.3	13.7	28.1	28.9	28.6	29.2	29.0	59.1	57.6	58.1	57.5	57.3
Trento	14.5	14.4	15.4	15.9	16.1	36.0	35.8	36.2	37.4	37.9	49.5	49.8	48.4	46.7	46.0
Veneto	15.9	15.9	14.5	15.8	16.1	35.2	34.8	34.8	35.3	36.3	48.9	49.3	50.7	48.9	47.6
Friuli V.G.	15.5	15.4	15.6	15.1	15.4	34.7	35.3	35.1	35.5	35.8	49.7	49.3	49.3	49.4	48.8
Liguria	16.2	9.91	15.4	15.7	15.5	39.8	40.6	40.1	39.8	39.7	44.0	45.8	4.5	44.5	44.8
Emilia R.	14.2	14.3	15.2	15.7	15.9	35.8	35.9	36.6	36.7	37.2	50.1	49.8	48.2	47.6	46.9
Tuscany	17.1	17.5	17.7	18.1	18.3	39.4	39.8	39.8	40.2	40.5	43.4	42.7	42.5	41.7	41.2
Umbria	14.2	15.1	15.3	15.5	15.7	31.9	33.1	34.1	34.8	35.1	53.9	51.8	9.09	49.7	49.3
Marche	15.1	15.6	16.6	17.2	17.9	35.8	36.3	37.4	38.0	39.1	49.1	48.1	46.0	4.8	43.1
Lazio	16.1	17.0	15.9	18.3	18.9	33.4	34.0	30.4	35.4	35.8	50.5	49.0	53.7	46.3	45.2
Abruzzo	14.6	15.4	15.6	15.7	16.3	35.4	36.3	37.4	38.2	39.0	50.0	48.3	47.0	46.0	44.7
Molise	10.3	11.2	12.3	12.7	12.1	30.9	33.5	34.1	36.0	37.4	58.8	55.3	53.6	51.3	50.6
Campania	12.3	12.6	13.5	14.2	15.5	30.4	30.9	32.0	33.5	34.7	57.3	56.5	54.5	52.3	49.8
Apulia	10.7	11.3	11.9	12.8	13.7	31.9	32.9	34.2	35.3	36.4	57.4	55.8	53.9	51.9	49.9
Basilicata	14.0	13.8	13.7	14.4	14.0	37.2	37.6	38.1	37.6	39.4	48.8	48.6	48.2	48.0	46.5
Calabria	11.1	11.9	12.3	13.0	14.0	31.9	32.1	34.4	34.6	36.2	57.1	56.0	53.3	52.4	49.8
Sicily	14.4	15.0	15.6	15.7	16.3	34.6	34.9	34.9	35.0	35.9	51.0	50.1	49.5	49.3	47.8
Sardinia	11.6	12.3	12.3	13.0	13.6	32.3	32.9	33.9	34.8	35.7	56.1	54.8	53.8	52.2	50.8
North	14.9	15.0	15.1	15.5	15.9	34.0	34.1	34.4	34.7	35.5	51.1	50.9	50.5	49.7	48.6
Center	16.1	16.8	16.7	17.7	17.9	36.0	36.5	35.7	37.7	38.3	47.9	46.7	47.6	44.6	43.7
South	12.5	13.0	13.6	14.2	14.8	32.6	33.2	34.2	35.0	35.9	54.9	53.8	52.2	8.05	49.3
Italy	14.4	14.7	14.9	15.5	16.1	34.0	34.3	34.6	35.4	36.2	51.7	51.0	50.5	1.64	47.8

(Continued) Table 4 - Comparison of percentages of high, medium and low complexity cases of services provided to acute patients during hospitalization, a comparison of the public and private hospital components of the NHS, divided by Regions - 2019

						Private 1	Private hospital component (accredited facilities)	nponent (a	ccredited fa	<i>scilities)</i>					
Regions		Hi	High complexity	ity			Mea	Medium complexity	exity			Tov	Low complexity	37	
	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019
Piedmont	17.9	19.7	25.0	56.9	29.3	23.4	23.7	56.6	27.6	27.4	58.7	9.99	48.4	45.4	43.3
Aosta Valley	28.8	31.9	37.1	39.3	45.2	7.9	9.3	17.6	17.0	12.9	63.2	58.8	45.3	43.8	41.9
Lombardy	22.6	24.1	25.3	25.9	27.6	31.0	31.7	31.2	31.1	32.0	46.4	44.2	43.5	43.0	40.4
Bolzano	•	•	٠	•	0.2	23.4	24.0	27.0	23.9	28.3	9.9/	76.0	73.0	76.1	71.5
Trento	15.5	19.8	22.0	24.2	25.5	28.3	27.0	31.0	24.8	22.0	56.2	53.2	47.0	51.0	52.5
Veneto	28.3	29.7	28.1	29.3	30.0	31.6	31.3	31.0	32.2	32.3	40.1	39.0	40.9	38.5	37.7
Friuli V.G.	22.6	21.3	22.5	22.5	25.0	24.1	23.2	22.0	20.5	20.4	53.3	55.5	55.5	57.0	54.6
Liguria	20.7	20.6	19.7	21.8	20.6	37.2	36.5	34.9	35.4	36.4	42.0	42.9	45.4	42.9	42.9
Emilia R.	18.1	18.0	22.1	24.5	27.5	28.1	27.6	26.1	27.0	28.0	53.8	54.4	51.8	48.5	44.5
Tuscany	33.5	36.2	38.1	42.4	42.1	24.9	24.8	24.4	24.0	25.7	41.6	39.0	37.5	33.6	32.2
Umbria	25.3	30.0	31.4	29.2	34.0	18.9	19.3	18.2	20.0	23.8	55.8	50.7	50.4	50.8	42.2
Marche	17.7	19.1	23.6	22.1	24.6	24.2	23.3	26.3	24.9	26.4	58.1	57.6	50.1	53.1	49.0
Lazio	15.7	16.7	16.5	17.7	18.4	33.5	33.8	32.7	34.9	35.1	50.9	49.5	50.8	47.4	46.5
Abruzzo	22.2	21.4	23.1	25.1	27.2	30.1	28.9	30.0	33.0	30.9	47.7	49.7	46.9	41.9	41.9
Molise	27.3	28.6	31.6	32.4	32.2	37.5	37.5	35.8	36.1	35.7	35.2	33.9	32.6	31.6	32.0
Campania	11.1	11.9	13.2	15.3	17.1	28.2	28.3	28.6	31.4	32.1	60.7	8.69	58.2	53.3	50.9
Apulia	16.0	17.1	18.0	19.1	19.1	34.6	35.7	36.1	36.1	36.6	49.4	47.2	45.9	44.9	44.3
Basilicata	31.4	35.1	•	•		32.0	23.3			•	36.6	41.6			
Calabria	24.4	29.2	30.5	29.3	31.8	34.3	33.2	32.2	34.1	32.4	41.3	37.6	37.3	36.6	35.8
Sicily	16.9	18.9	19.8	18.1	22.1	33.5	34.2	33.9	30.5	34.5	49.6	46.9	46.3	51.4	43.3
Sardinia	13.1	14.3	15.6	16.6	18.6	16.8	18.0	17.7	18.0	19.4	70.0	67.7	2.99	65.4	62.0
North	22.0	23.2	24.8	26.0	27.7	29.9	30.2	30.0	30.3	30.9	48.2	46.6	45.2	43.8	41.3
Center	18.2	19.4	19.7	21.1	21.7	31.5	31.9	31.1	32.8	33.4	50.3	48.7	49.2	46.1	44.9
South	15.3	16.5	17.5	18.5	20.3	31.2	31.6	31.7	32.4	33.5	53.5	51.9	50.8	49.1	46.2
Italy	18.7	19.9	21.2	22.3	23.8	30.7	31.1	30.8	31.6	32.4	50.6	49.0	48.0	46.1	43.8
(*) The classification by		of complex	ity of the \overline{L}	ORGs curre	ntly availal	ble is that c	contained is	n the 2012	TUC Agre	classes of complexity of the DRGs currently available is that contained in the 2012 TUC Agreement, also included	included in	in the provisions of the 2016 Stability Law	sions of the	; 2016 Stab	ility Law
or beaution but		think out	doc bioh o	wita	ominos fas	original control	o vilito	oom lonter	000	the state of the same of the s	population	The TIT	horrorror o	alv dofino	. o. hinh

and now prolonged to 2020, which excludes high-complexity services from passive mobility control measures, and subsequently extended. The TUC, however, only defines 84 highcomplexity DRGs and 108 potentially inappropriate DRGs, nevertheless incorporating a setting aimed at the construction of a fee system designed to compensate inter-regional mobility. This table therefore utilizes a classification based on weight classes of DRGs, taking into account that this indicator expresses the complexity through the evaluation of the resources used for the production of each DRG: the average complexity is between the weight values of 0.9500 and 1.700 and the range of high complexity DRGs is 97% of the TUC high complexity services.

Accredited private hospital services are provided by: Private Polyclinics, Private I.R.C.C.S. and Private Foundations, Classified Hospitals, USL Facilities, Research Facilities, Accred-Public hospital services are provided by: Hosp. Centers, Univ. Hosp. Centers and Public Polyclinics, Public IRCCS and Public Foundations, Directly-Managed Hospitals. ited Hospitals.

Source: survey by Ermeneia – Studi & Strategie di Sistema, 2021

- b) however, if the indicators are compared by geographic location, the relative disadvantage of the South with respect to the Center-North becomes evident (with fewer high-complexity services and with more low-complexity services), confirming the fact that the national average of complex services indeed experiences the phenomenon of an unequal "average" for hospitals in the South⁷;
- c) if we turn from the geographical distribution to the individual Regions, the differences in terms of high complexity between the two types of hospital components become even more evident and precise (see the two corresponding columns of Table 4). In this regard, it can be seen how:
 - in public hospitals it ranges from a maximum of 18.9% for Lazio (close to 18.3% for Tuscany) to a minimum of 12.1% for Molise;
 - and in accredited hospitals the highest indicator is achieved for the Aosta Valley (45.2%)⁸, closely followed by Tuscany with 42.1% and the lowest is for Campania (17.1%).

Another type of indicators reported in this Report for some years now, is one that illustrates the effectiveness of the treatments, i.e. the maintenance, improvement or worsening of average statistical services, as developed by Agenas on behalf of the Ministry of Health. These include comparative assessments of efficacy, safety, efficiency and quality of care relating to individual public hospitals or to individual private hospitals operating within the National Health Service.

The indicators developed are discussed in the framework of the PNE Committee, composed of representatives of Regions, Autonomous Provinces, Ministry of Health and scientific institutions, while planning, management, definition of indicators, data analysis and web site management are entrusted to the Department of Epidemiology of the Regional Health Service (Servizio Sanitario Regionale, SSR) of the Lazio Region, in its capacity as Agenas' PNE operational center.

The PNE indicators are an evaluation tool used to support clinical and organizational *auditing* programs aimed at improving effectiveness and equity within facilities of the National Health Service. The functions of these indicators – it should be remembered – do not include the publication of classifications, rankings or "report cards". Even though the results are processed using media and the most important public reporting portals in the health

⁷ The term "average" implies the ability of the services to offer an acceptable level of performance, in terms of quantity and quality, but also with adequate coverage to and within the various territories of Italy.

⁸ There is only one facility, which does well for orthopedic services (the ski area has evidently favored this specialization), with an indicator that has been consistently increasing over the last few years.

sector for each data presentation, they are often based on indicators that are not fully evaluated in terms of statistical significance and quality, as well as a correct reading of the basic data: such a circumstance may have inappropriate repercussions in terms of image and clinical reliability for the facilities concerned.

In any case, it should be remembered that the qualitative approach to the health care dimension is relatively recent in our legal system. For a long time, both the planning and commissioning function in the National Health Service (NHS) and the service provision function were assessed solely from an economic and financial stability point of view.

The aspect of the quality of health care services has, on the other hand, for a long time been sacrificed on the altar of accounting, underestimating how a real rationalization of the supply of health services cannot ignore the identification of services of proven clinical efficacy which, as such, must be accessible, equally, throughout the national territory, regardless of the place of treatment.

It is precisely on *evidence-based* clinical practices that the measurement of the service proposed by the National Outcomes Program (PNE) is based, which defines the concept of quality in terms of efficacy, appropriateness and safety of the treatments and/or interventions provided under the NHS.

Not only that, far from contradicting efficiency requisites, *evidence-based* clinical practices, in addition to reducing adverse outcomes and complications — with the obvious repercussions in terms of resources — are often drivers of a rethinking of the clinical-organizational pathways that benefit the healthcare facility and the network of which it is an active part.

The outcome indicators and proxy outcomes of the PNE are increasingly used in health legislation to measure compliance with quality requirements, both at the programming level (as with Ministerial Decree 70/2015 and subsequent reform proposals and the Essential Levels of Care (LEA, *Livelli Essenziali di Assistenza*) Grid)), as well as at the level of hospital service assessment (such as the Ministerial Decree of 21 June 2016 on the efficiency and qualification plans of hospital centers), and will find more and more space in a universalistic model called upon to respond to multiple health needs, in the type of care and in the progressive levels of complexity.

Therefore, the PNE outcomes relative to the TREEMAP indicators, or to the synthetic analysis by clinical area proposed by the Program, are reported. Through a selection of the most representative outcome indicators of each of the areas considered, selected and weighted on the basis of their validity and robustness, the TREEMAP represents the level of adherence of each hospital

facility to qualitative and quantitative standards defined on the basis of scientific evidence, of the national average value and regulatory references.

The two indicators representative of the level of fragmentation of the volumes of activity are instead listed differently here, reporting the proportion of interventions carried out in facilities above the threshold, rather than in departments, for reasons related to the insufficient validity of the data that considers the operating units that discharge patients and not those actually performing the procedure.

The clinical areas considered in the TREEMAP are cardiocirculatory, nervous, respiratory, musculoskeletal, general surgery, oncological surgery, and pregnancy and childbirth areas.

Table 5 shows, for each indicator:

- the total number of cases, which corresponds to the number of cases as a
 whole selected for the calculation of each indicator on the basis of the
 criteria defined in the PNE operating protocols;
- the total number of cases treated, which corresponds to the number of cases (expressed in absolute and percentage values) selected for the calculation of each indicator on the basis of the criteria defined in the PNE operating protocols, distinguished by public and private component;
- the average of the outcomes, which corresponds to the average value of the results (standardized for the predictive and protective factors of the outcome) reported by all public facilities by all private facilities;
- the variation in the 2018-2019 outcomes, which shows the difference between the averages of the outcomes in the two years being compared for both public hospitals and private hospitals.

Table 5A, on the other hand, makes no distinction between private or public facilities, but rather shows the number and proportion of institutions whose areas all have positive evaluations and the number and proportion of facilities whose areas all have negative evaluations, with the type of facility identified according to the Ministry of Health classification.

What emerges is that for 13 of the 21 indicators considered, the private facilities report better results on average than those of public facilities. While for 4 indicators, public facilities report comparatively higher performance levels (see columns 6^a and 7 a of Table 5).

This figure, substantially in line with the previous year and indicative of the good performance level of the accredited private facilities, must nevertheless take into account the different distribution of the activity assessed between the two components, in which 80% is accounted for by public facilities and 20% by private facilities (see columns 3^a and 5^a of Table 5), as well as the significant variability within each component.

With regard to these latter aspects, Table 5A allows us to grasp the heterogeneity among healthcare institutions by dividing up the public facilities into Directly managed hospitals and public Hospital Centers, Polyclinics and Institutes for Treatment and Research (IRCSS) on the one hand, and, on the other, dividing the private facilities into Classified hospitals, Accredited private healthcare facilities and Polyclinics, Institutes for Treatment and Research and Private foundations. The aforementioned Table shows only the number and proportions of the facilities that have either all high/very high quality clinical areas or low/very low quality clinical areas.

First of all it shows (see columns 4^a and 5^a of Table 5A) how Private healthcare facilities are the type of institution which has the greatest internal gap among facilities with an extremely high performance level (16.5%) and facilities with a low performance level (13.1%).

This is the type of facility with the highest proportion of quality levels not in line with the minimum outcome requisites. This data must be interpreted in light of the information relating to the percentage of activity that TREEMAP indicators are able to evaluate, which shows how this synthetic analysis model is only able to monitor a comparatively small share (about 29%) of the hospital activity of the Healthcare facilities and less than half of the activity carried out in the clinical areas considered (see columns 2^a and 3^a of Table 5A).

Another element worthy of attention is that Polyclinics, IRCSS and private Foundations are the type of institutions reporting the largest proportion of facilities with higher performance levels than expected, with about one in three facilities having all 7 clinical areas considered in the TREEMAP with high or very high quality (see column 4^a of Table 5A).

The variability of hospital performance levels is certainly the most relevant data of the PNE analysis: the internal heterogeneity completely exceeds the public-private distinction and in part also that between Regions⁹, underlining the importance of planning that knows how to define the network of services and supply centers on the basis of quality and safety criteria.

⁹ Intraregional heterogeneity is one of the most significant data of the annual PNE assessment, which manifests itself both in the statistical variability assessment and in the presence of positive outliers in the most fragile contexts and negative outliers in Regions with performance levels that are on average above the national average.

Table 5 – Outcome indicators (with risk adjustment values) for 2 TREEMAP indicators, comparing the results of public hospitals and private hospitals²

		N_l	unber of tr	Number of treated cases		Average of	Average of Outcomes ³	2018-2019 Variation	Variation
Indicators	Total	Public hospitals	pitals	Private hospitals	ospitals	Public	Private	Public	Private
macaiors	cases	Number	%	Number	%	hospitals	hospitals	hospitals	hospitals
		of cases		of cases					
Valvuloplasty or replacement of heart valves: 30-day mortality	43,658	23,230	53.21	20,428	46.79	2.53	1.98	0.14	-0.06
Aortocoronary by-pass: 30-day mortality	26,664	15,904	59.65	10,760	40.35	2.00	1.60	-0.03	-0.12
Ami: 30-day mortality	85,875	76,351	88.91	9,524	11.09	7.83	7.64	-0.22	0.92
Ami: % treated with PTCA within 2 days	85,875	76,305	88.86	9,570	11.14	50.25	60.26	2.48	-0.51
Congestive heart failure: 30-day mortality	123,900	97,924	79.03	25,976	20.97	10.56	8.34	-0.08	-0.01
Repair of unruptured aneurysm of the abdominal aorta: 30-day mortality	17,007	13,079	76.9	3,928	23.1	1.57	1.42	0.03	0.38
Ischemic stroke: 30-day mortality	57,733	51,550	89.29	6,183	10.71	10.01	06.90	0.00	-1.40
Surgery for cerebral tumor: 30-day mortality	30,142	24,689	81.91	5,453	18.09	2.66	2.11	0.09	0.39
Exacerbated COPD: 30-day mortality	73,684	60,523	82.14	13,161	17.86	10.35	6.04	0.38	0.35
Laparoscopic Colecistectomia: post-operative stay of less than or equal to 3 days	63,897	44,283	69.3	19,614	30.7	78.56	85.15	2.36	1.73
Proportion of deliveries by primary cesarean section	313,823	257,820	82.15	56,003	17.85	21.07	30.00	80.0	0.78
Cesarean deliveries: complications during childbirth and the puerperium	253,139	191,727	75.74	61,412	24.26	0.99	0.57	0.07	-0.01
Natural deliveries: complications during childbirth and the puerperium	503,556	418,831	83.17	84,725	16.83	0.65	0.47	0.04	0.02
Surgery for colon tumor: 30-day mortality	47,475	37,182	78.32	10,293	21.68	4.02	3.52	-0.14	0.13
Surgery for lung tumor: 30-day mortality	27,055	21,162	78.22	5,893	21.78	1.05	1.29	0.14	-0.26
Surgery for stomach tumor: 30-day mortality	16,867	13,130	77.84	3,737	22.16	4.63	4.14	0.00	0.28
Resection interventions within 120 days from conservative surgery for	36,791	26,663	72.47	10,128	27.53	6.43	5.06	-0.87	-1.03
malignant breast cancer									
Fracture of the neck of the femur in over 65: surgery within 2 days	72,627	64,475	88.78	8,152	11.22	66.25	73.25	0.80	-0.44
Fracture of the tibia and fibula: waiting times for surgery (days)	11,163	9,761	87.44	1,402	12.56	4.00	2.00	0.00	-1.00
Laparoscopic Cholecystectomy: % of facilities with volumes > 90 cases	98,779	71,281	72.16%	27,498	27.84%	87.85	77.47	NA	ΝΑ
Surgery for breast tumor: % of facilities with volumes > 135 cases	62,269	45,269	72.70%	17,000	27.30%	80.50	76.62	NA	NA
Total areas assessed	2,051,979	1,641,139	79.98%	410,840	20.02%				

The comparative evaluation of outcomes must take into account the possible differences existing in the population examined, which may include age, gender, the severity stages of pathologies, and comorbidities. The risk adjustment techniques make it possible to analyze the observed variability between facilities and/or territorial areas in terms of relative risk RR), this index being used as an associative measure. This way the possible 'confounding effect' of the association between outcome and exposure is insulated, as this effect is caused by an uneven distribution of patient characteristics. Ξ

For public hospitals, the following were considered: Hospital Centers, Hospitals directly managed by Local Health Authorities, Public Institutes for Treatment and Research and Public foundations. Whereas for private hospitals the following were considered: Accredited Hospirals, Private University Polyclinics, Private Institutes for Treatment and Research and 3

The values shown in light gray represent the best services validated by the statistical significance test. Where the comparison does not show any highlighted data, the higher value for one of the two groups examined might be a chance result.

Source: AIOP-INNOGEA "Report on the quality of clinical outcomes in private hospitals", prepared by Innogea using Agenas data – National Outcome Evaluation Program (PNE) 2020

Table 54 - Proportion of high/yery high anality institutions and low/yery low anality facilities by type of facility

There $3A = 1$ reportion of high very high quality institutions and towivery tow quality facilities by type of facility	mstitutions and to	witery tow quanty ju	cuines by type of Ja	uciniy	
Type of institution	No. of facilities	% activity assessed from the TREEMAP compared to the total of hospital admissions	% activity assessed from the TREEMAP with respect to areas	All areas of very high + high quality No. (%)	All areas of low + very low quality No. (%)
Classified Hospitals	29	47.7	6.98	6 (20.7%)	0 (0.0%)
Directly managed hospitals	615	50.5	90.2	47 (7.6%)	34 (5.5%)
Private accredited healthcare facilities	498	28.8	42.4	82 (16.5%)	65 (13.1%)
Hospital Centers/Polyclinics/Public I.R.C.S.S.	123	49.8	92.8	17 (13.8%)	3 (2.4%)
Polyclinics/I.R.C.S.S./ Private Foundations	55	43.9	77.6	16 (29.1%)	2 (3.6%)
Total	1,320	46.4	81.0	168 (12.7%)	104 (7.9%)

Source: AIOP-INNOGEA "Report on the quality of clinical outcomes in private hospitals", prepared by Innogea using Agenas data - National Outcome Evaluation Program (PNE), 2020

1.3. Two tension factors present in the system: one pre-Covid and one in the Covid period

As we deal with the issue of health, it becomes increasingly evident that we are faced with an extremely diversified situation between one Region and another, so much so that we have to acknowledge the de facto existence of 21 different Regional Health Services rather than a single National Health Service capable of expressing an adequate minimum homogeneity of services for citizens throughout the various territories of the country.

Over the years this issue has been addressed from various points of view in the *Health & Hospitals* Report and, in particular in 2019, immediately before the arrival of the pandemic, was expressed through the clarification of a specific "tension factor", that of an existing juxtaposition:

between the trend that witnessed the strengthening of the statistical level of complexity of hospital services on average nationally year after year, on the one hand, and, on the other, the presence of a de facto different "average" of the services supplied in terms of quantity, quality and uniformity in the various Regions, so as to generate, on an objective level as well as at the level of perception by citizens and users, a situation in which 21 different Regional Health Services operate as mentioned above.

The presence of this "tension factor" can be seen in the first section of Table 6, which shows an increase over the last five years of the statistical average of highly complex services, with regard to which, however, the South shows its relative weakness: 14.8% compared to 16.1% nationally for public hospitals, a figure that may be 13.7% for Apulia or 13.6% for Sardinia.

At the same time, there is an opposite phenomenon that seems to contrast with the objective results of average statistical improvement in hospital services, attested to by specifically inadequate "average" signs, this time subjectively perceived by the caregivers and the general population (see again the first section of Table 6). In fact:

- the "slightly + not at all satisfactory" opinion among caregivers was 35.9% with regard to hospital services in their home Region for public hospitals, decreasing to 26.2% for accredited hospitals and 23.3% for private clinics: but with a situation territorially more disadvantaged for the South, whose level of dissatisfaction was 47.8% for public hospitals, 27.3% for accredited hospitals, and 23.3% for private clinics;

¹⁰ The term "average" implies the ability of the services to offer an acceptable level of performance, in terms of quantity and quality, but also with adequate coverage to and within the various territories of Italy.

- the level of dissatisfaction declared by the public about the experiences actually had using the Emergency Room rose from 29.0% in 2018 to 37.5% in 2019, and witnessed a much greater intensity among statements coming from respondents in the South: where the 37.9% dissatisfaction level in 2018 increased to 45.9% in 2019;
- and finally, there is a concrete and growing propensity on the part of caregivers to make use of hospitals in Regions outside that of residence as an immediate reaction to the phenomenon of the inadequate "average" of services in the various areas of care already experienced: this trend went from 10.1% in 2016 to 12.4% in 2019, and yet is 17.5% for the South, obviously more disadvantaged; and the same happens for the potential orientation, that is, if the problem arises, which rises to 18.1% (compared to the previous 10.1%) in 2016 but becomes 39.6% in 2019 and, in the South, even rises to 42.4%.

There is also a second "tension factor", one that became manifest as an indirect consequence of the pandemic and indirectly penalized non-Covid patients due to interruptions/postponements of expected services following the extraordinary effort by healthcare facilities to respond to the needs of Covid patients.

In fact, as can be seen in the second section of Table 6:

- the interruption/postponement of services for those who were placed on waiting lists in 2020 went from a minimum of 21.0% (for laboratory tests) up to 71.5% (for hospitalizations in view of scheduled surgical interventions), but was on average at a level above 40% for almost all other services; this interruption eased slightly in 2021, remaining however very consistent: with a minimum of 21.3% for laboratory tests up to 54.6% for hospitalizations in view of scheduled surgery and with an average post-ponement figure again higher than 30%, and not far from 40%;
- the duration of these interruptions/postponements of the services then became staggered, starting from a wait of about 2 months, then a significant portion of 3-4 months and finally, an even greater portion of 5-8 months and longer.

It is evident that postponing services related to mild illnesses can certainly have consequences on the health of patients though with minor impact, whereas postponing health care services for serious illnesses will lead to a decisive worsening of the average health situation of Italians: consider, by way of example, the suspension of access to regular therapies and/or compulsory check-ups or even to in-hospital admission for scheduled treatments and surgeries.

Thus, the conclusion is that the Regional Health Services found themselves (and are) having to deal with the systemic weaknesses already present before the arrival of the pandemic, of which the unsatisfactory "average level" mentioned above provides a synthetic idea: with the consequence of differentiating the opportunities for treatment and assistance in the various territories of the country. But these weaknesses become added to those directly caused by the pandemic, which have to do with:

- on the one hand, the extraordinary surge of assistance provided to patients infected by the virus and, moreover, not only for the direct treatment of the virus but also for the tests and treatments that *long Covid* which often follows, requires, generating a significant demand for additional services, as illustrated in greater detail in Chapter 2 below;
- and on the other, the postponing of tests, treatments and interventions for non-Covid patients who, due to the aforementioned surge (as well as their caution with respect to the infection) wound up gradually being postponed over time and only very gradually recouped, and with great effort.

Table 6 – Two tension factors: an inadequate "average level"* of services in the pre-pandemic phase and a significant interruption/postponement of these services for non-Covid patients during the pandemic (% val.)

for non-Covia patients during the pandemic (% val.)				
Phenomena		Data		
FIRST PHENOMENON: THE PRESENCE OF AN UNSATISFACTORYSYSTEM-WIDE "AVERAGE LEVEL" ALREADY IN THE PRE-PANDEMIC PHASE	2015	2017	2019	6.
 The objective increase in the percentage of High Complexity cases out of the total of services for acute patients, but with a disadvantage for the South! 			Total	South
 Public hospitals 	14.4	14.9 I	16.1	14.8
 Private hospitals (accredited facilities) 	18.7	21.2	23.8	20.3
- The perception of a not-always satisfactory "average level" of the hospital services	Completely	Slightly +	Slight	Slightly + completely
in the home Region (especially in the South) based on the experiences of caregivers	satisfactory +	completely	un	unsatisfactory
and/or other family members over the last two years (the percentages shown are	satisfactory average	unsatisfactory	w.	average level
net of non-responses)?:	level	average level	in	in South Italy
 Public hospitals 	64.1	35.9		47.8
 Private hospitals (accredited facilities) 	73.8	26.2		27.3
 (Upon payment) Private clinics 	7.97	23.3		22.4
- The worsening of the perceived level of satisfaction perceived among the public		<i>S</i> 7	Slightly +	
relating to experiences actually had in the Emergency Room of one or more hos-		Not 6	Not at all satisfied	$p_{\tilde{c}}$
pitals the last time this happened over the last twelve months (with a pronounced	Very +	Total		South
disadvantage for the South) ³ :	Quite satisfied			
■ 2018	65.1	29.0		37.9
• 2019	59.7	37.5		45.9
The consequent increase in the declared propersity of careoivers to make use of	2016		2019	
hospitals in Regions outside that of residence ² :		Total		South
 Inclination to actually make use of extra-regional hospital facilities 	10.1	12.4		17.5
 Inclination to potentially make use of extra-regional hospital facilities 	18.1	39.6		42.4
■ The issue did not arise	71.8	50.1		48.0

Α;

(Continued) Table 6—Two tension factors: an inadequate "average level"* of services in the pre-pandemic phase and a significant interruption/postponement of these services for non-Covid patients during the pandemic (% val.)

these services for non-Covid patients during the pandemic (% val.)						
Phenomena			DC	Data		
SECOND PHENOMENON: AN INTERRUPTION/POSTPONEMENT OF INPATIENT SERVICES FOR NON-COVID PATIENTS DURING THE PANDEMIC	A-					
- Type of inpatient services for which the relative waiting lists have seen interrup-	-dn					
tion/postponement for both serious and mild limesses/interventions, according to the statements provided by the public ⁶ :	0	2020			$202I^{7}$	
■ Laboratory exams		21.0			21.3	
 Diagnostic tests (such as X-Ray, CAT, MRN, etc.) 		47.7			36.0	
 Specialist visits 		47.7			31.4	
 Access to regular treatments/required check-ups 		48.5			41.1	
■ Day service outpatient medical services		41.5			38.5	
 Day service outpatient surgery services 		52.5			38.0	
 Admissions for treatment 		44.4			46.1	
 Hospitalization for planned surgery 		71.5			54.6	
					5-8 m	5-8 months
- Duration of the interruption/postponement of inpatient services, according to the		Up to 2 months	3-4 m	3-4 months	and more	nore
statements provided by the public8:	2020	$202I^{7}$	2020	$202I^{7}$	2020	$202I^{7}$
 Laboratory exams 	10.9	14.7	5.4	2.5	4.7	4.1
 Diagnostic tests (such as X-Ray, CAT, MRN, etc.) 	15.7	20.6	15.2	5.0	16.8	10.4
 Specialist visits 	15.4	12.0	17.7	10.2	14.6	9.2
 Access to regular treatments/required check-ups 	13.1	16.6	21.0	15.3	14.4	9.2
 Day service outpatient medical services 	13.4	10.5	15.1	16.2	13.0	11.8
 Day service outpatient surgery services 	12.9	10.6	14.6	11.1	25.0	16.3
 Admissions for treatment 	17.0	8.8	10.7	23.9	16.7	13.4
 Hospitalization for planned surgery 	37.6	24.6	4.3	14.4	29.6	15.6
"implies the ability of the services to offer an acceptable nee, in terms of quantity and quality, but also with to and within the various territories of Italy.		pitals/2019". Final consur e/Table 8A, 1	Report/Part inption expen p. 175.	One, Table diture by Ita	14, p. 71. alian families	
 See Part One / Table 5, p. 35. "Health&Hospitals/2019" Report/Part One, Table 8, pages 40-41. 	 Until the second half of September 2021, the period in which the questionnaire was administered. 	cond half o was adminis	f September tered.	. 2021, the	period in	which the
	(8) See Part Three/Tables 8B and 8C, p. 176.	e/Tables 8B	and 8C, p. 17	76.		

2. A pandemic experience that cuts across the emergencies experienced by both Covid and non-Covid patients

2.1. A challenging treatment path declared by Covid patients, with some "regret"

The Covid Patient Survey¹ highlighted four main phenomena.

The first concerns the experience had as a Covid patient, which turned out to be - as is now well known - anything but a walk in the park whether considering the acute phase or also taking into account the possible lasting consequences (*long Covid*). In fact, as can be seen from the first group of data in Table 7:

- 63.2% of respondents declared having had a "difficult" experience and for 65.6% it was also "long": naturally the two characteristics can be added, as has been confirmed by intersecting the data to show how 87.8% of those who had a "difficult" experience also had a "long" experience;
- and, furthermore, it should be kept in mind that even those who were lucky enough to have been hit mildly, were nevertheless drawn out by lasting consequences that turned out to be "very + long enough" in 27.6% of cases.

But after coming out of the treatments received for Covid-19 (through the local medical and/or hospital services as acute patients and/or as patients in rehabilitation) they had to deal with problems relating to the so-called *long Covid* that is, the lasting consequences represented by various illnesses that often affected those infected with the virus. The second group of data in Table 7 shows in this regard how:

¹ The survey was carried out in the second half of September 2021 and its detailed results can be found in Part Two of this Report.

- 56.2% of those infected declare that they have nevertheless had a lingering illness, which, for 18.9% of the respondents may be defined as "serious" and for 37.3% as "mild"; in parallel, however, 80.7% also admit that these illnesses proved to be "long", while for the remaining part (19.3%) they were essentially "brief";
- moreover, having had "serious" lasting consequences implied having to accept their permanence over time, given that they turned out to be "long" in 97.2% of cases; and even those who were affected by what turned out to be "mild" lasting consequences, ended up having to live with them for relatively long periods in 72.4% of cases.

The second phenomenon concerns the evaluation of the services received as Covid patients from the various health facilities located in their territory.

As can be seen from the third group of data in Table 7, the opinion provided by the respondents expresses:

- an average "completely satisfactory" and/or "satisfactory" level for more than 60% of people, if we take into consideration the family doctor, the local health authority facilities or public hospitals which, moreover, are flanked by accredited hospitals with a 59.0% positive opinions; while the assessment drops to lower levels for private clinics (40.7%) and assisted living homes (54.6%);
- conversely, the "slightly + not at all satisfactory" opinions are given, as a 100's complement and therefore range from 29.2% for family doctors up to 38.9% for public hospitals and 38.1% for accredited hospitals, while full-payment private clinics and assisted living homes are 59.3% and 45.4%, respectively.

The third phenomenon shown in Table 7 has to do with two problems that refer to the non-infected population that experienced waiting lists for access to inpatient services and to Covid patients who found themselves in a similar situation.

As can be seen from the fourth group of data in Table 7:

the demand for services (mediated by the presence on the waiting list) for inpatient non-infected persons appears to have decreased between 2020 and 2021: in fact, they go from 10.1% to 7.7% for those of the local health authorities for serious illnesses/interventions and from 11.5% to 10.2% for mild illnesses/interventions; but correspondingly, the demand for inpatient services by Covid patients somehow "exploded" in both years, with a multiplication factor that can range from 3.8 times to 5.1 times for serious illnesses and from 4.0 times to 4.8 times for mild illnesses;

Table 7 – The pandemic has significantly "left its mark" on those infected, but also overwhelmed the Regional Health Service for the related treatments provided, to which was added a more than considerable demand for inpatient services by those infected (val.%)

to which was added a more than considerable demand for inpatient services by those infected (val. %)		
Phenomena	Data	
The difficulty of the virus experience according to the opinions of the respondents ¹ :		
 It was a "very + quite difficult" experience 		63.2
- It was a "very + quite long" experience		65.6
- In addition to having had a "very + quite difficult" experience, there was simultane-		87.8
ously a "very + quite long" experience in almost 9 out of 10 cases		0.70
 And having had a "fairly and/or completely mild" experience, at the same time there 		376
was a "very + fairly long" experience in more than 1 out of 4 cases		27.0
The equally demanding experience had in terms of the lasting consequences of the virus		
(long Covid) in the opinions of the respondents ² :		
- There were "very + quite serious" lasting consequences		
 There were "mild + very mild" lasting consequences 		37.3 \$ 30.2
- There were "very + quite long" lasting consequences		80.7
 There were "brief + quite brief" lasting consequences 		19.3
- In addition to having had "very + quite serious" lasting consequences, the latter also		7
turned out to be "very + quite long" in almost all cases		7.16
 And having instead had "fairly + very mild" lasting consequences, the latter turned out 		72 4
to have been "very + long enough" in more than 7 cases out of 10		+:7/
	Completely	Slightly +
	satisfactory +	completely
The evaluation of the services received as Covid-19 patients from the various local health	satisfactory	unsatisfactory
facilities (net of non-responses) ³ :	average level	average level
- Family doctor	62.2	29.2
- Local health authority facilities (ASL)	65.4	34.1
- Public hospitals	61.1	38.9
 Accredited hospitals 	59.0	38.1
 Full-payment private clinics 	40.7	59.3
 RSA (assisted living homes for the Elderly) 	54.6	45.4

(Continued) Table 7 – The pandemic has significantly "left its mark" on those infected, but also overwhelmed the National Health Service for the related treatments provided, to which was added a more than considerable demand for inpatient services by those infected (val.%)

Phenomena		Γ	Data	
The emergence of a much more pronounced demand for impatient services (through	Public excluding Coxid-19 nationts	Covid-19 patient		Covid-19 patients
waiting lists) by Covid patients compared to a decreasing demand from the public4.	2020	20215	2(20215
 One or more experiences with waiting lists for local health authority services for serious illnesses/interventions 	10.1	7.7	38.5 (3.8 x)	39.4 (5.1 x)
 One or more experiences with waiting lists for local health authority services for mild illnesses/interventions 	11.5	10.2	46.2(4.0x)	48.5 (4.8 x)
 One or more experiences with waiting lists for hospital admission for serious ill- nesses/interventions 	4.5	5.5	37.2 (8.3 x)	29.5 (5.4 x)
 One or more experiences with waiting lists for hospital admission for mild ill- nesses/interventions 	8.9	7.9	39.9 (4.5 x)	39.7 (5.0 x)
A considerable propensity to recommend the vaccine to others, regardless of whether or not they were vaccinated before being infected.		North- West	North- East Center	South and error Islands
- Yes, of course		50.5	46.2 33.0	35.9
 Yes, probably 	70.0 { 28.6	23.3	33.0 30.7	7 26.6
- Not sure	16.1	20.1	7.4 21.4	4 15.0
 Definitely not 	8.9	1.8	9.5 9.8	8 5.3
- I don't know	7.1	4.3	3.9 5.	1 17.2

See Part Two/Tables 5, 6 and 6A, p. 107.
 See Part Two/Table 8, p. 109 and Tables 9 and 9A, p. 110.
 See Part Two/Table 10, p. 111.
 See Part Two/Table 16, p. 117 and Table 17, p. 119.
 Until the second half of September 2021, the period in which the questionnaire was administered.
 Until the second half of September 2021, the details on the various geographic districts see Table A15 of the Statistical Appendix).
 Source: survey by Ermeneia – Studi & Strategie di Sistema, 2021

- a similar trend appears for the demand for services linked to hospital admissions, in which case the non-infected population on the waiting lists was 4.5% in 2020 and was 5.5% in 2021 for serious illnesses/interventions, but decreased from 8.9% to 7.9% for mild illnesses/interventions: and again, the demand for inpatient services by Covid patients shows multiplicative factors compared to the population, as much or even more considerable than for local health authority services, with a multiplication factor ranging from a minimum of 4.5 times to 8.3 times as can be seen by the values in brackets.

This means, in the first place, that the services for non-Covid patients were postponed due to the urgency of treatment for Covid patients, to which was added the fear of the virus of the former: hence the suspension of the resulting services and/or the "flight" of inpatient persons for fear of being infected by going to healthcare facilities where Covid patients were present.

And secondly, it means that Covid patients may in turn have expressed a strong demand for inpatient services:

- both before having contracted the virus, as they were already relatively susceptible to other pre-existing illnesses (it should be remembered that the first persons suffering the most negative impact of the pandemic (and the relative deaths), were in fact the elderly, fragile and patients with comorbidities;
- and, above all, after receiving anti-Covid treatment, having had to face the many ailments (serious, mild or both) arising as a result from *long* Covid.

A fourth phenomenon might be defined as "a sign of regret" by those infected (see the last group of data in Table 7). In fact, to the question "Regardless of whether or not you were vaccinated before being infected with Covid-19, would you be inclined to recommend the vaccine to those who have not yet done received it?" 70.0% of the respondents answered positively (41.4% "Yes, certainly" and 28.6% "Yes, probably"). The remainder was a mix of uncertainties (16.1%) and a relatively hard core group of 6.8%: the latter more or less representing the No-Vax group at the time of the survey, while the 16.1% mentioned constitutes a sort of "second circle", of persons who are uncertain, doubtful, afraid, suspicious of the vaccine, pharmaceutical companies and institutions themselves.

And finally, it should be noted that the respondents most likely to recommend the anti-Covid vaccination to others appear to be mainly respondents from the North compared to those from the Center-South².

² See Chapter 3 of Appendices, Table A15.

2.2. Divergences and convergences of behaviors, attitudes and priorities of care between Covid patients and the general public

A further step in analyzing Covid patients in comparison to the general public net of the latter (see Table 8) clearly shows a more than significant diversity in terms of prevention behaviors "recommended" by the health authorities.

In fact, from the first group of data in the aforementioned table, compliance of these behaviors from the beginning slightly exceeds 50% (except for frequent hand washing: 68.3%) for Covid patients compared to more than 70% and sometimes 80% for the general public for the year 2020. Moreover, in the following year there was a slight change in the positions to the detriment of Covid patients. More precisely, the difference, expressed in percentage points, was the following:

- mask wearing, 25.3 percentage points less in 2020, fell to 21.2 points in 2021;
- social distancing, 25.0 percentage points less in 2020, was 23.8 points in 2021;
- use of disinfectant gel, 20.6 percentage points less in 2020, went down to 14.9 points in 2021;
- compliance with quarantine, 19.7 percentage points less in 2020, was 20.1 points in 2021;
- frequent hand washing, 15.3 percentage points less in 2020, essentially remain the same (at 15.5 points) in 2021;
- and finally, changing of clothes and shoes when returning home, 13.8 percentage points less in 2020, was down to 7.7 points in 2021.

It might be concluded, perhaps somewhat hastily, that such less observant behaviors constituted one of the elements, certainly along with others (starting from the lack of vaccination), which led to the spread of the virus among the respondents.

It should also be added that the most "observant" people – among Covid patients – have a secondary school level of education and a middle class social standing. Whereas the most reluctant to adapt were mainly Covid patients with a low level of education (Less informed? Poorly prepared? Closer to "anti" attitudes?), on the one hand and those, on the other hand, with a high level of education (More resistant to adapting to behaviors deemed "imposed"? More confident in their own personal opinions?)³.

³ See Chapter 3 of Appendices, *Table B27.1 and B27.2*.

As for the attitudes towards the introduction of the Green Pass (at the time of the survey in the second half of September 2021) the following observations can be made, taking into account the second group of data in Table 8:

- a) there was a fair level of approval (the "very + fairly agree" opinions) exceeding 70% among patients who had experienced Covid, who actually show slightly greater support for the following three statements:
 - "the *Green Pass* is a good idea because it helps in terms of interpersonal relationships and with resuming economic and social activities" (72.2% for Covid patients and 71.5% for the population net of those who have been infected);
 - "the *Green Pass* is a good idea because it may induce undecided people to get vaccinated, without forcing them to do so legally" (74.9% compared to 71.3%);
 - "the Green Pass is a good idea and should be compulsorily extended to the entire population, except for when health conditions do not permit vaccination" (71.7% and 70.0%, respectively);
- b) There are a further three statements for which the agreement of Covid patients was instead significantly lower than that of the general public, namely:
 - "the Green Pass is a good idea because it promotes a greater sense of personal responsibility and towards others" (60.6% for those who have experienced Covid compared to 72.5% of the general public);
 - "the *Green Pass* is a good idea and it should be extended to all workers" (61.3% compared to 71.1%);
 - and finally, "the *Green Pass* is a good idea if certified documentation is also provided for those who have real health problems and who block/advise against use of the vaccine" (60.4% compared to 75.3%).

It would therefore seem that it is possible to glimpse a certain amount of "resistance" in the different assessments of those who have experienced Covid towards the acceptance of a (necessary) collective solidarity, preferring obligatory vaccination over exemption even for the weaker categories.

Finally, it should be emphasized that the 100's complement of the answers, that is, the "slightly agree/disagree" opinions cannot help but be particularly considerable. In fact, they range from a minimum of 25.1% up to 39.6% for Covid patients and from a minimum of 27.5% up to 30.0% for the general public: and in this case includes the formation of that set of opinions (moreover varied within them) that are certainly hard core No-Vaxers, as well as other categories, including people with uncertainties, fears, doubts, suspicions and – more generally – of an anti-institutional and anti-ruling class mindset in general.

Table 8 – Interpreting the tonic of responsibility for behaviors, attitudes and shared priorities in the face of the nandemic (val.%)

		The	ose in compliance	Those in compliance since the beginning	ing	
		2020			20212	
	Covid-19	General	Covid-19	Covid-19	General	Covid-19
The evident divergence, from the beginning, in the obser-	patients	$public^2$	patients –	patients	$public^2$	patients –
vance of the recommended behaviors between Covid patients	•	•	General	•	•	General
and the general public":			$public^2$			$public^2$
 Frequent hand washing 	68.3	83.6	-15.3	8.99	82.3	-15.5
- Mask wearing	58.7	84.0	-25.3	65.0	86.2	-21.2
- Quarantine	57.6	77.3	-19.7	56.0	76.1	-20.1
- Use of disinfectant gel	56.2	76.8	-20.6	62.1	77.0	-14.9
- Social distancing	55.1	80.1	-25.0	54.7	78.5	-23.8
- Changing of clothes and shoes upon returning home	29.6	43.4	-13.8	37.4	45.1	7.7-
	Very	Very much + Fairly agree ³	ıgree³	Sligh	Slightly agree + Disagree ³	ıgree³
	Covid-19	General	Covid-19	Covid-19	General	Covid-19
Confirmation of general acceptance of the Green Pass: but	patients	$public^2$	patients –	patients	$public^2$	patients –
also the presence of a significant polarization between consent and refusals ⁴ :			General $public^2$			General public ²
- It is a good idea, because it helps in terms of interper-			•			,
sonal relationships and the resuming of economic and	72.2	71.5	+0.7	27.8	28.5	-0.7
Social activities It is a good idea because it may induce undecided people		į			1	
to get vaccinated, without forcing them to do so legally	6.4/	/1.3	+3.6	72.1	7.87	-5.0
 It is a good idea because it promotes a greater sense of nersonal responsibility and towards others 	9:09	72.5	-11.9	39.4	27.5	+11.9
It is a good idea and it should be extended to all workers	61.3	71.1	8.6-	38.7	28.9	+9.8
It is a good idea and should be compulsorily extended to						
the entire population, except for when health conditions do not permit vaccination	71.7	70.0	+1.7	28.3	30.0	-1.7
- It is a good idea if certified documentation is also pro-				,	,	
vided for those who have real health problems and who block/advise against use of the vaccine	60.4	75.3	-14.9	39.6	24.7	+14.9

ties in the face of the pandemic (val.%)	Data	c
· behaviors, attitudes and shared priorit		
(Continued) Table 8 – Interpreting the topic of responsibility for	Phenomena	

7	า กะทบกะกน				Dala		
		Strong	Strongly + Somewhat agree ³	agree³	Sligh	Slightly agree + Disagree ³	ıgree³
A	A significant amount of agreement (with relative polarization	Covid-19	General	Covid-19	Covid-19	General	Covid-19
0,	f opinions) on potential priorities for the providing of treat-	patients	$public^2$	patients $-$	patients	$public^2$	patients $-$
2 7	ments, attesting to the "unease of the vaccinated" but also of those who directly experienced the virus?			General			General
:	It would be proper to address the issue of a more balanced			2 and			From
	priority in the provision of hospital care between Covid-19						
	patients and non-Covid-19 patients, the latter running						
	equally if not more serious health risks if no action is taken,	3 1/2	015	0 1	3 30	10.5	0.27
	having in many cases already had to postpone scheduled	; ;	01.5	0./-	5.57	16.5	0.7
	treatments or interventions for a long time (as with, for ex-						
	ample, cancer patients or those who have had serious car-						
	diovascular problems)						
I	It would be proper, in the event of overloaded hospitals, to						
	give priority to care for people who have contracted the						
	virus despite having been vaccinated over those not vac-	69.3	9.99	+2.7	30.7	33.4	-2.7
	cinated due to personal choice (and not due to health con-						
	straints)						
1	It would also be proper to introduce a sort of significant						
	co-payment charge for the provision of hospital care for	71.3	2 09	0 0	700	315	°
	Covid-19 patients who have personally chosen not to get	5.17	00.5	47.0	7.07	51.5	0.7-
	vaccinated (and not for health reasons)						
I	It would be proper, given the trend of the pandemic, not						
	only at a national level but also worldwide, to introduce a						
	special law for the compulsory vaccination of the entire	63.0	70.2	-7.2	37.0	29.8	+7.2
	population (with the exception of those who have serious						
	health issues and cannot be vaccinated)						
	(1) See Part Two/Table 27, p. 141 (respondents who have experienced the vi-	ienced the vi-	(4) See Part T	(4) See Part Two/Table 32. p. 148.	148.		

⁽⁴⁾ See Part Two/Table 32, p. 148.(5) See Part Two/Table 33, p. 149. (1) See Part Two/Table 27, p. 141 (respondents who have experienced the virus are excluded from the general public data).

Source: survey by Ermeneia –Studi & Strategie di Sistema, 2021

⁽²⁾ Public excluding Covid-19 patients(3) The data comes from the survey conducted in the second part of September

A high convergence of agreement ("very much + fairly") for Covid patients and even more so for the general public, on the one hand, and an equally significant polarization, on the other, can also be seen in the last group of data in Table 8, from which you see how it exists:

- a) a lot of agreement for both sample groups considered regarding some possible priorities that could theoretically guide the provision of care in the presence of a continuation of the pandemic. Naturally, this consensus turns out to be higher among the population which probably increasingly perceives what can be defined as "the unease of the vaccinated", due to the interruption/postponement of inpatient health services which began already in 2020 and the possible further interruption/postponement in 2021, but in this second case due to the need to treat new Covid patients who, however, had not got vaccinated despite having had the opportunity to do so. The result is that:
 - 74.5% of Covid patients would agree on the need to better balance the provision of hospital care between Covid patients and non-Covid patients, an assessment that obviously becomes accentuated for the general public (81.5%);
 - 69.3% of Covid patients, again, would be in favor of accepting a priority of care for people infected despite having been vaccinated over those not vaccinated due to their personal choice against a more indefinite opinion among the general public (66.6%);
 - 71.3% of Covid patients would also agree to introduce a sort of significant co-payment charge to be able to obtain hospital care for those infected who have freely chosen not to be vaccinated though certainly not due to health constraints against a softer attitude on the part of the general public (68.5%);
 - and finally, 63.0% of Covid patients would be in favor of introducing a law for the compulsory vaccination of the entire population, net of those who cannot take advantage of this opportunity due to serious health issues, compared to an even higher among the general public (70.2%);
- b) but there is also a "negative" bias (referring to "slightly agree + disagree" opinions with respect to the statements submitted and evaluated) which varies from a minimum of 25.5% up to 37.0% for Covid patients but also from a minimum of 18.5% up to 33.4% for the general public: and also in this case what has been mentioned in the point a) above applies as an aggregation of a set of attitudes that combine various kinds of related inconveniences, but also not strictly linked to Covid events.

In all these cases, it is interesting to observe how two years of the pandemic have contributed not only to changing behaviors but also attitudes and even the logic related to the policies for providing care.

2.3. The penalization of non-Covid patients in terms of access and, therefore, the postponement of regular services

A portion of the public, depending on their actual or presumed health conditions, usually make use of healthcare facilities each year for regular tests, treatment, surgery or other services, and this happens through the "filter" of waiting lists.

What has become manifest since the arrival of the pandemic is the appearance of three phenomena.

The first is that of a shrinking of the length of one or more waiting lists, given that this has happened (see first group of data in Table 9):

- for 15% of the adult population in 2019, decreasing to 12.2% in 2020 and 10.1% in 2021, in the case of inpatient services for serious illnesses/interventions: this went from 7.6 to 5.0 million people between 2019 and 2021;
- for 32.4% of the adult population in 2019, decreasing to 22.5% in 2021, in the case of inpatient services for mild illnesses/interventions: this went from 16.4 to 11.2 million people between 2019 and 2021;
- for 10.4% of the adult population in 2019, subsequently decreasing to 6.7% in 2020 and to 7.1% in 2021, in the case of inpatient services for hospital admissions due to serious illnesses/interventions: there was thus a decline from 5.3 to 3.5 million people between 2019 and 2021;
- for 17.4% of the adult population in 2019, decreasing to 11.2% in 2020 and 10.3% in 2021, in this case for mild illnesses/interventions: this went from 8.8 to 5.1 million people between 2019 and 2021;

This process, in the first instance, is the result of the extraordinary overloading of the healthcare facilities that have had to face the successive waves of Covid-19 and the consequent care of infected patients: which has caused a deferral of the aforementioned services. But it is also the result of the fear of spreading the virus, a fear which in turn also involved the same patients who in many cases have forgone access to inpatient services.

The second phenomenon is one of expedience involving the extraordinary increase in the demand for inpatient services by Covid patients, as can again be seen from the first group of data in Table 9: in this case the presence on the waiting lists of the latter appears to have multiplied extraordinarily, in the sense that it may well range from a minimum of 2.0 to 5.6 times more

than non-Covid patients in the year 2020, and from a minimum of 2.2 up to 4.2 times more than the latter in 2021.

What can be assumed in this case is the operations of two mechanisms, of which:

- the first may have to do with pre-existing health conditions, before the full-blown phase of contagion: with the need therefore to treat existing illnesses perhaps exacerbated by the first silent impact of the virus, especially in fragile patients and/or with those with comorbidities;
- the second might instead be caused by the consequences suffered by those infected in the post-healing phase (long Covid) which as we have seen above (See Table 7) occurred on average in 56.2% of cases and often turned out to be "serious" and "long" at the same time: with the need therefore to resort to further inpatient services in order to respond to symptoms or even damage caused specifically to some organ by the virus. Further information on the growth trend of waiting lists is provided by the second group of data in Table 9 which shows that:
- the trend in the demand for pre-pandemic services (January-February 2020) witnessed clearly evident acceleration in the year 2020, doubling at least the relative percentage, and then slowly declining during the course of the year 2021 (in the case of serious illnesses/interventions);
- but also for mild illnesses/interventions, the trend in demand for services is repeated between January-February 2020 and the entire year 2020 (with significant multiplying factors), and then decreases over the course of the year 2021.

The third phenomenon is that concerning non-Covid patients who - as mentioned at the beginning of this section - suffered from interruptions/post-ponements of the expected services as evidenced by the third group of data in Table 9, from which it can be seen how:

- it was possible to go from a minimum of 21.0% of people on the waiting list for laboratory tests up to 71.5% for hospital admissions in view of scheduled surgical interventions, with a preponderance of interruptions/postponements vastly exceeding 40%;
- and these percentages drop slightly in the year 2021, remaining however between a minimum of 21.3% of interruptions/postponements, again for laboratory tests, up to 54.6% linked to hospital admissions for scheduled surgical interventions, remaining however not far from the 40% mentioned in the instance above.
 - The duration of these interruptions/postponements is:
- in the year 2020, up to 2 months, going from a minimum of 10.9% for laboratory tests up to 37.6% for hospital admissions for scheduled surgery, from 3 to 4 months involving a minimum (5.4%) for laboratory tests

- up to 21% for access to regular therapies/required visits and from 5 to 8 months and more, again going from a minimum of 4.7% for laboratory tests, up to 29.6% for hospital admissions for scheduled surgery;
- while in the year 2021 the incidence of duration tends mainly to decrease, it remains fairly consistent with regard to two types of particularly delicate services: those relating to access to regular therapies/required visits and that of hospital admissions for scheduled surgical interventions.

Moreover, the issue of service interruptions/postponements, declared in the specific survey conducted for this Report, is confirmed, first of all, by the objective data of the flows of specialist services in the period from January-September 2019 to January-September 2020: in absolute value, this is a decrease of 51.6 million services compared to 170.1 million in 2019. In percentage terms, Table 9A shows how the decrease was equal to the national average of -30.3%, a value distributed among the North (with a slightly more pronounced -32.0%), Central Italy (-30.1%) and the South (-28.0%).

But this decrease can show even greater drops in values depending on the type of service and the different territories. And here some examples can be given as with the case of mammography screenings which decreased, as a national average, by -37.7%, but also exceeded -50.0% in 7 Regions: Calabria (-63.3%), the Autonomous Province of Trento (-59.9%), Liguria (-56.2%), Campania (-56.1%), Sardinia (55.6%), Abruzzo (-52.8%), Aosta V. (-51.9%). And another example is that of cervical *screenings* which declined on average by -43.4%, but exceeded -50.0% and more in 4 Regions: Basilicata (-74.0%), Lombardy (-72.8%), Campania (-60.2%) and Piedmont (-55.6%).

The confirmation of the interruptions/postponements emerges, secondly, from the trend of hospital admissions (see again Table 9A) which recorded a consistent decrease (based on a comparison between the entire year 2019 and the entire year 2020), of 1.8 million units, equal to -21.0% but was -23.9% in the South, followed by the North (with -20.3%) and then by Central Italy (with -18.2%).

Also in this case there are hospital services with significant decreases, starting from the national average of -21.0%, such as those concerning inpatient scheduled hospital admissions that reach -26.0% but with peaks even higher than -30.0% as in Lombardy (-33.8%), in Calabria (-33.5%) and in Liguria (-32.2%).

Again it is worth mentioning the case of coronary bypass surgery which decreased on average by -25.3% nationwide, but showed more pronounced values starting with Calabria (-63.2%), followed by Umbria (-30.2%), Apulia (-28.6%), Piedmont (-28.6%) and Lombardy (-27.8%)⁴.

⁴ See Part Four, paragraph 2.7.

Table 9 – The emergency of suspension of treatment for non-Covid patients, accompanied by an extraordinary increase in the demand for inpatient services by Covid patients (val.%)

Phenomena Phenomena				Data		
A sharp decline in the demand for inpatient services			General public*	**************************************	Covid-19 patients	patients
(through the presence on waiting lists) by the general pub- lic in the last three years corresponding to a multiplication of the demand by Covid patients!:		2019	2020	2021	2020	2021
 One or more experiences with waiting lists for local health authority services for serious illnesses/interven- tions¹ 		15.0	12.2	10.1	38.5 (3.2 x)	39.4 (3.9 x)
 One or more experiences with waiting lists for local health authority services for mild illnesses/interven- tions¹ 		32.4	23.5	22.5	46.2(2.0x)	48.5(2.2x)
 One or more experiences with waiting lists for hospital admission for serious illnesses/interventions² 		10.4	6.7	7.1	37.2(5.6x)	29.5 (4.2 x)
 One or more experiences with waiting lists for hospital admission for mild illnesses/interventions² 		17.4	11.2	10.3	39.9 (3.6 x)	39.7(3.9x)
	For se	For serious illnesses and/or	md/or			
The trend of the general public's demand for specific ser-		interventions		Forn	For mild illnesses/procedures	lures
vices* in the months of January-February 2020 (pre-pandemic) and then in the year 2020 and in the year 2027 :	$Jan ext{-}Feb \ 2020^2$	2020	$202I^{3}$	$Jan ext{-}Feb \ 2020^2$	2020	$202I^{3}$
 Laboratory exams 	21.6	59.9	55.0	19.1	55.1	55.1
 Diagnostic tests (such as X-Ray, CAT, MRN, etc.) 	20.9	52.7	45.6	18.8	44.8	49.0
 Specialist visits 	26.7	60.1	46.7	21.7	62.9	57.5
 Access to regular treatments/required check-ups 	16.6	33.6	28.3	14.7	29.1	27.6
 Day service outpatient medical services 	13.6	25.1	28.6	10.7	20.2	17.5
 Day service outpatient surgery services 	10.6	23.8	21.3	10.5	13.5	13.1
 Admissions for treatment 	0.6	28.3	32.9	8.3	24.4	22.5
 Hospitalization for planned surgery 	9.5	34.0	24.6	9.2	28.9	24.7
- Other	6.3	1.0	2.0	4.6	1.8	1.2

ν;

(Continued) Table 9 – The emergency of suspension of treatment for non-Covid patients, accompanied by an extraordinary increase in the demand for inpatient services by Covid patients (val.%)

services by Covid painents (var. /0)						
Phenomena			Data	ta		
The specific inpatient services for which there have been in-						
terruptions/postponements for both serious and mild ill-						
nesses/interventions, according to the statements provided						
by the public* 4:					2020	2021
- Laboratory exams					21.0	21.3
 Diagnostic tests (such as X-Ray, CAT, MRN, etc.) 					47.7	36.0
 Specialist visits 					47.7	31.4
 Access to regular treatments/required check-ups 					48.5	41.1
 Day service outpatient medical services 					41.5	38.5
 Day service outpatient surgery services 					52.5	38.0
 Admissions for treatment 					44.4	46.1
 Hospitalization for planned surgery 					71.5	54.6
		2020			2021	
Duration of the interruption/postponement of inpatient ser-	$\rightarrow Up \ to \ 2$	From 3 to	5-8 months	$\rightarrow Up to 2$	From 3 to	5-8 months
vices, according to the statements provided by the public *5 :	months	4 months	and longer	months	4 months	and longer

		2020			2021	
Duration of the interruption/postponement of inpatient ser-	$\rightarrow Up$ to 2	From 3 to	5-8 months	$\rightarrow Up$ to 2	From 3 to	5-8 months
vices, according to the statements provided by the public*5:	months	4 months	and longer	months	4 months	and longer
 Laboratory exams 	10.9	5.4	4.7	14.7	2.5	4.1
 Diagnostic tests (such as X-Ray, CAT, MRN, etc.) 	15.7	15.2	16.8	20.6	5.0	10.4
 Specialist visits 	15.4	17.7	14.6	12.0	10.2	9.2
 Access to regular treatments/required check-ups 	13.1	21.0	14.4	16.6	15.3	9.2
 Day service outpatient medical services 	13.4	15.1	13.0	10.5	16.2	11.8
 Day service outpatient surgery services 	12.9	14.6	25.0	10.6	11.1	16.3
 Admissions for treatment 	17.0	10.7	16.7	8.8	23.9	13.4
 Hospitalization for planned surgery 	37.6	4.3	29.6	24.6	14.4	15.6
(*) Total adult population sample, including the number of Covid patients.	ovid patients.	(4) See Part	(4) See Part Two/Table 17, p. 119.	119.		
(1) See Part Three/Table 4, p. 163.		(5) See Part	See Part Three/Table 6, p. 169.	169.		
(2) See Part Three/Table 5, g. 165.		(6) See Part	See Part Three/Table 8A, p. 175.	p. 175.		

⁽¹⁾ See Part Three/Table 4, p. 163.
(2) See Part Three/Table 5, g. 165.
(3) See Part Two/Table 16, p. 117.
Source: survey by Ermeneia –Studi & Strategie di Sistema, 2021

Table 9A – Decrease in specialist services between January-September 2019 and January-September 2020 and in hospital admissions between 2019 and 2020 (% val.)

n ·	Decrease %	Decrease %
Regions	of specialist services	of hospital admissions
Piedmont	-27.9	-20.3
Aosta Valley	-51.9	-23.1
Lombardy	-33.2	-23.8
Autonomous Province of		-18.3
Bolzano	-48.8	-16.3
Autonomous Province of		-19.0
Trento	-27.3	-19.0
Veneto	-30.9	-15.2
Friuli Venezia Giulia	-26.9	-16.6
Liguria	-34.0	-23.0
Emilia Romagna	-33.2	-18.3
NORTH	-32.0	-20.3
Tuscany	-24.2	-18.9
Umbria	-31.1	-21.1
Marche	-38.3	-21.3
Lazio	-31.5	-16.4
CENTER	-30.1	-18.2
Abruzzo	-28.3	-18.3
Molise	-27.5	-23.2
Campania	-14.3	-25.0
Apulia	-25.6	-28.1
Basilicata	-67.7	-27.1
Calabria	-39.2	-30.6
Sicily	-31.4	-19.2
Sardinia	-32.5	-20.2
SOUTH AND ISLANDS	-28.0	-23.9
ITALY TOTAL	-30.3	-21.0
Total number of services and	170.1	0.460
hospitalizations in 2019 (in mil-	170.1 (in millions)	8,468 (in thousands)
lions/thousands of units)	(III IIIIIIIOIIS)	(iii tiiousanus)
Number of services and hospi-	110 5	((02
talizations in 2020 (in mil-	118.5 (in millions)	6,693 (in thousands)
lions/thousands of units)		(iii tiiousanus)
Difference 2019-2020	-51.6	-1,775
Difference 2017 2020	(in millions)	(in thousands)

AIOP processing of AGENAS data (Source: Ministry of Health, Flow of outpatient specialist services, excluding laboratory activity) and SDO Flow, pursuant to Art. 50, 2021

2.4. A more mature socialization of the pandemic by the general public and by Covid patients, but with a marked polarization across the board

To begin with, it is useful to consider the first group of data in Table 10, which generally expresses how the pandemic was "absorbed" in the social culture during the two-year period 2020-2021.

A comparison of the first two columns shows an evolution of the population's attitudes in the shadow of a more problematic metabolization. In fact, the amount of agreement with statements given on the survey decreased significantly in 2021 compared to 2020, likely attesting to a greater awareness about the longer duration and the implications on the level of behaviors necessitated by the pandemic, with the related questions and anxieties that arose as a result of this among citizens.

In short, in the first year one might have hoped to make it through the situation simply "by holding one's breath", counting on a return to normalcy in the short term, and (too many) signs of the excessive easing up of behaviors could be witnessed already in the summer of 2020: hence the high levels of agreement that exceeded 80%.

Conversely, in 2021 the perception of a different situation (already the result of the second wave at the end of 2020 and then the third wave of the first half of 2021) brought about some changes in the opinions provided, which nevertheless remained high at around 70% or more, but which are show a more mature perception of the necessary effort that would take to deal with the pandemic, a commitment that is attested to by statements such as:

- the need to learn to live with the virus for a longer time;
- the need to increase the number of vaccinated people (given that in the meantime the vaccine had arrived);
- the importance of incorporating the vaccine also as a collective social duty (and not just as an individual health and safety interest);
- the opportunity to embark on a new individual and collective development cycle (through the use of European resources).

It should also be noted that Covid patients who have experienced the virus are less in line with the level of agreement of the general public, with differences of up to 10 or more percentage points (see the second and third columns of the first group of data in Table 10). Moreover, the nucleus of contrary attitudes (which can be seen in the subsequent data in Table 10) is already configured in the negative evaluations on general attitudes towards the pandemic, which are also present in the general public (between 14.4% and 19.9%) and even more in Covid patients (between 25.8% and 32.2%).

The information above is congruently projected on the responses shown in the subsequent data of Table 10, starting with the theme of *Green Pass* for which is reported (see second group of data in Table 10)⁵:

- a) a high level of agreement, around 70% or so, about the fact that this document is "a good idea", according to the opinion of the general public:
 - because it helps in terms of interpersonal relationships and the resuming of economic and social activities (71.9%);
 - because it may induce undecided people to get vaccinated, without forcing then to do so by law (71.4%);
 - because it promotes a greater sense of personal responsibility and towards others (72.3%);
 - because it is right to extend it to all workers, consequently supporting businesses and economic activity (70.4%);
 - because it should also be mandated for the entire population, except for those with proven health conditions that make it impossible (70.2%);
 - and provided that, for this latter group, certified documentation is provided for those who have real health problems that prevent them from using the vaccine (74.9%);
- b) a level of agreement substantially similar to that of the general public (or even slightly higher) among patients who have experienced Covid, except for three statements for which positive responses rested at around 60% and this concerns:
 - the fact that the *Green Pass* promotes a greater sense of personal responsibility and towards others (60.6%);
 - the fact that the *Green Pass* should be mandated for all workers (61.3%);
 - and finally, the fact that the issuance of a *Green Pass* require certified documentation for those who have real health problems that prevent them from using the vaccine (60.4%).

Thus, this lattermost data shows a series of attitudes – among Covid patients – that tend towards resistance and hostility mainly:

 with regard to the choice to be vaccinated not only as an act of selfprotection but also for the protection of others (it is the issue of collective solidarity that is struggling to be adequately established in people's perception);

⁵ It is pointed out that the opinions expressed by the respondents are the result of a survey whose questionnaire was administered in the second half of September 2021, on the eve of the first concrete application of the *Green Pass* which took place at the beginning of October.

- and towards the extension to all workers of the *Green Pass* (as did actually happen);
- c) and a high level of disagreement with the survey statements both among the general public and, even more so, among Covid patients. In fact, in the first case, it went from a minimum of 25.1% of negative opinions ("slightly agree + disagree completely") up to 29.8%, and in the second case it again rises from a minimum of 25.1%, though in this instance up to 39.4%. There was thus at the time of the survey a certainly not-marginal "core" of resisters to the idea of *Green Pass* which, moreover, has already manifested itself in the general attitudes on the metabolization of the pandemic (shown in the first group of data in Table 10) and which is confirmed by the negative opinions relating to the priorities of care (shown in the last group of data in the same table).

So it was, that during the "treatment" the pandemic received from the point of view of policies and the ensuing debate, two groups of people were formed, and grew stronger over the months that followed: those who actually decided to get vaccinated (albeit with a plethora of internal differences relating to motivations and attitudes) and those who refused and/or postponed vaccination even if they had the possibility to get it.

Naturally, the passing of the months gave rise to a very vocal and objective over-representation in the media of the "plight of the unvaccinated", and at the same time an "annoyance among the vaccinated", which gradually escalated as the number of vaccinated people increased.

The last group of data in Table 10 shows the existence of a polarization, already mentioned above, but this time relating to some principles of possible priority in the provision of care. It should also be emphasized that the level of agreement, while certainly higher among the general public, does not drop much for Covid patients. In fact:

- the possibility of rebalancing care between Covid patients and non-Covid patients has its roots in the fact that the latter had to undergo interruptions/postponements of services during the year 2020 and often also in the year 2021, accumulating especially in the case serious illness-es/interventions completely significant additional health risks (81.3% agreement among the general public compared to 74.5% for Covid patients);
- the possibility of giving priority to the care of infected patients who, however, have already been vaccinated over those who have decided not to be vaccinated due to their personal choice (66.9% agreement among the general public compared to the figure of 69.3% for those who have already experienced the virus);

- the possibility of establishing a sort of significant co-payment charge for the provision of care for those Covid patients who have personally chosen not to get vaccinated but who end up overburdening the facilities, placing on them the financial costs borne by the National Health Service as well as for the additional commitment of personnel (68.8% agreement among the public, and 71.3% for Covid patients who evidently have had some direct or indirect experience in this regard);
- and finally, the possibility/opportunity of introducing a specific law mandating vaccination for the entire population, obviously net of those who have serious health reasons for not being able to access this service (the level of agreement among the general public is 69.8% and 63.0% for Covid patients).

Consequently, the number of negative opinions ("slightly agree + disagree completely") remains fairly consistent for both samples, even if:

- the general public shows more disagreement compared to Covid patients, defending the principle of solidarity in favor of the unvaccinated (as is the case of the second and third survey statements evaluated);
- while individuals who directly experienced Covid show a marked disagreement with the survey statements compared to the general public, substantially claiming the rights to care and respect for their ideas, as shown by the first and fourth statements referred to in the last group of data in Table 10.

Table 10 – Convergences and divergences of attitudes and propensities that tend to polarize among the general public and among Covid-19 patients (val.%)

Phenomena			Data		
		General public*		Covid patients	atients
	2020^{1}	20212	iI ₂	20212	2/2
	Very +	Very +	Slightly agree +	Very +	Slightly agree +
A comparison of general attitudes towards the pandemic experience:	Somewhat agree	Somewhat agree	Disagree	Somewhat agree	Disagree
 we must accept the loca that we have not yet emerged from the Covid- 19 pandemic and that we will have to learn to live with it again (for one/two vears?) 	7.06	75.8	14.4	68.5	25.8
- The availability of the vaccine and the acceleration of the administration					
processes have contributed to drastically reduce the impact on hospital facilities and on the number of deaths, but the number of vaccinated people must be higher if we want to return to a more normal life.	n/a	68.5	19.9	57.6	31.4
We need to figure out how to restore the value of duties as well as the					
expectations of rights, given that individual freedom (in this case to get	81.6	70.9	16.6	58.6	32.2
vaccinated or not) must be balanced by the burden of preserving, by means of vaccination, the health of the community in which one lives.					
- We need to rediscover the desire to embark upon a new individual and					
collective cycle which requires the dual commitment of society and at		i	,	i	,
the same time of the State (also making use of European resources), given that neither of the two entities is capable by itself of recommencing	84.2	70.1	16.9	58.6	28.6
the path of development					
		General	puone	Covia panents	anenis
the general public and also by Covid patients, but with a marked polariza- tion ³ :		Very + Somewhat agree	Slightly agree + Disagree	Very + Somewhat agree	Slightly agree + Disagree
 It is a good idea, because it helps in terms of interpersonal relationships and the resuming of economic and social activities 		71.9	28.1	72.2	27.8
 It is a good idea because it may induce undecided people to get vaccinated, without forcing them to do so legally 		71.4	28.6	74.9	25.1
It is a good idea because it promotes a greater sense of personal responsibilities and sourced others.		72.3	27.7	9.09	39.4
It is a good idea and it should be extended to all workers		70.4	966	613	38.7
It is a good idea and should be commisserily extended to the entire non-				2	
ulation, except for when health conditions do not permit vaccination		70.2	29.8	71.7	28.3
 It is a good idea if, obviously, certified documentation is also provided for those who have real health problems and that prevent them from us- 		74.9	25.1	60.4	39.6
ing the vaccine					
					./:

(Continued) Table 10 - Convergences and divergences of attitudes and propensities that tend to polarize among the general public and among Covid-19 patients (val.%) Phenomena

		General public*	'public*	Covid patients	atients
As of r pan	A substantial convergence, albeit with a significant polarization, on the issue of responsibility for behavior, attitudes of shared priorities in dealing with the pandemic ⁴ :	Very + Somewhat agree	Slightly agree + Disagree	Very + Somewhat agree	Slightly agree + Disagree
I	It would be proper to address the issue of a more balanced priority in the provision of hospital care between Covid-19 patients and non-Covid-19 patients, the latter running equally if not more serious health risks if no action is taken, having in many cases already had to postpone scheduled treatments or interventions for a long time (as with, for example, cancer patients or those who have had serious cardiovascular problems)	81.3	18.7	74.5	25.5
I	It would be proper, in the event of overloaded hospitals, to give priority to care for people who have contracted the virus despite having been vaccinated over those not vaccinated due to personal choice (and not due to health constraints)	6.99	33.1	69.3	30.7
I	It would also be proper to introduce a sort of significant co-payment charge for the provision of hospital care for Covid-19 patients who have personally chosen not to get vaccinated (and not for health reasons)	8.89	31.2	71.3	28.7
I	It would be proper, given the trend of the pandemic, not only at a national level but also worldwide, to introduce a special law for the compulsory vaccination of the entire population (with the exception of those who	8.69	30.2	63.0	37.0

Total adult population sample, including the number of Covid patients. have serious health issues and cannot be vaccinated)

See Part Three/Table 16, p. 200.
 See Part Three/Table 16A, p. 201.
 See Part Three/Table 20, p. 210.
 See Part Three/Table 20, p. 210.
 See Part Three/Table 21, p. 214.
 Source: survey by Ermeneia – Studi & Strategie di Sistema, 2021

3. The importance of knowing how to invest resources to rethink the National Health Service, enhancing the contribution of public and accredited operators

3.1. The (slow) progress of the alliance between public and private hospitals brought about by the pandemic

The situation has at times turned out to be completely (or almost) unexpected compared to what is actually taking place with respect to the studies, analyses and forecasts since the arrival of the pandemic, posing new problems and needs with which we are still engaged, having to deal at the end of 2021 with the fourth wave of the Covid-19 virus.

The toll of two years of extraordinary circumstances – which still continue – has abruptly put the needs of Covid patients first, forcing healthcare facilities to reduce or suspend services for non-Covid patients. The latter, however, have suffered the consequences of the (often repeated) postponement of *screenings*, treatments and interventions that from 2020 have, in many cases, carried forward into 2021: this has generated an accumulation of arrears which has been accompanied by the explosion of demand for inpatient services by the formerly infected patients, especially since the appearance of the phenomena of *long Covid*.

All of this is well accounted for in this Report, which every year carries out its interpretative oversight of the Italian hospital system, while the available data – especially in terms of international comparisons – are inevitably delayed.

Parallel to the unexpected (and problematic) arrival of the virus, there was an unexpected (and positive) extraordinary intervention by Europe in the form of a recovery and development program (*Recovery Plan*) which involves not only health, with particular reference to vaccines, but also the economy, technologies, work, the environment and society.

Over time this will be accounted for in this Report, although for the time being we have to accept the limit of available information which essentially comes to a stop in 2019.

And so it is necessary to start from the latter and in particular from the latest "OECD *Health Data 2021*" which reiterates how (see Table 11):

a) Italian public health expenditure is still capped at a low level, i.e. at 6.5% of GDP in 2019, as it was already in 2018 and 2017, having dropped from 6.7% in 2016, after a further decrease from the 6.8% figure of 2015. The average of the G7 countries, on the other hand, remains positioned at 9.2% of GDP in 2019, a slight increase compared to the previous two years (in which this ratio was 9.1%). And even considering the average of OECD European countries, the impact of public health expenditure on GDP is still higher than that of Italy, situated at 7.2% in 2019 compared to 7.1% in 2017 and 2018. If then the total average of the OECD countries is taken into consideration, the impact on GDP rises by a few tenths of a point, reaching 7.5% in 2019 which is in any case – albeit slightly – higher than 7.4% in the previous two years.

However, European public health expenditure to GDP saw Germany positioned at the highest point (9.9%), followed by 9.3% in France and 8.0% in the United Kingdom, further explicating an increasing trend in the last three years.

Speaking of the disadvantage in this country, it should be emphasized that Italy is doubly penalized not only by the lower amount of health expenditure as part of GDP, as we have seen, compared to the countries mentioned, but also due to the previous financial crisis of 2008 which reverberated in the following years, helping to lower the basis for calculating the percentage of expenditure (i.e. the value of the national Gross Domestic Product: the latter in fact only began to recover from 2014-2015, but during the pandemic crisis of 2020 decreased further by 9% in real terms);

- b) total health expenditure remains anchored at a constant level, situated at 8.7% from 2017 to 2019 and below the average of the G7 countries which is equal to 11.5%, as well as compared to the average of OECD Europe countries (equal to 9.3%) and the total average of OECD countries (which is 9.7%); Germany, in turn, again has a higher percentage in absolute terms with its 11.7%, more substantial than the same average of the G7 countries (11.5%) with France following close behind with 11.1%. Furthermore, Germany shows an increase in total health expenditure between 2017 and 2019 (from 11.3% to 11.7%), while France shows a slight reduction in the three-year period, falling from 11.3% to 11.1%;
- c) a completely separate case is represented by the United States which, due to their strongly private-oriented system, ended up investing much larger amounts of resources that totaled 16.8% of GDP in 2019, with similar values for the previous two years.

Table 11 – Amount of total healthcare expenditure and public healthcare spending in relation to the GDP

% Values	Total he	althcare exp	penditure	Public he	althcare ex	penditure
% values	2017	2018	2019	2017	2018	2019
United States	16.8	16.7	16.8	13.9	13.8	13.9
Japan	10.8	10.9	11.0	9.1	9.2	9.3
Germany	11.3	11.5	11.7	9.6	9.7	9.9
France	11.3	11.2	11.1	9.4	9.4	9.3
Italy	8.7	8.7	8.7	6.5	6.5	6.5
United Kingdom	9.8	9.9	10.2	7.7	7.8	8.0
Canada	10.8	10.8	10.8	7.6	7.6	7.6
Average of G7 countries (*)	11.4	11.4	11.5	9.1	9.1	9.2
Average of European OECD						_
countries (*)	9.2	9.2	9.3	7.1	7.1	7.2
Average of all OECD countries						
(*)	9.7	9.6	9.7	7.4	7.4	7.5

^(*) Averages are calculated as unweighted arithmetic means.

Source: Ermeneia processing of "OECD Health Data 2021", OECD, Paris, November 2021

Moreover, as far as Italy is concerned, the additional resources invested by families for healthcare must be taken into account, going from EUR 35.8 billion in 2015, increasing year by year, up to EUR 38.5 billion in 2019, an increase of 7.4%.

Again starting from the OECD *Health Data 2021* Report mentioned above, the data presented in Table 12 below was obtained having to do with hospital expenditure for public and accredited facilities from which it is possible to see how:

- a) Italy has the highest percentage of public and accredited hospital expenditure out of total public health expenditure: 56.4% in 2019, stable compared to 2018, but slightly down compared to 2017. This percentage reflects, among other things, the process of progressive hospitalization for treatments that has occurred over the years following the limits shown by local healthcare services, limits already evident in ordinary times but which have proved to be even more problematic during the pandemic. The comparison with the average of the G7 countries (41.7%), with the average of the OECD countries of Europe (45.6%) and with the average of the total of the OECD countries (44.7%) clearly highlights the description just mentioned. And a comparison with Germany, again for 2019 (31.5%) but also with France (43.1%) and with the United Kingdom (47.5%) underlines the greater weakness of the Italian health system in terms of local assistance;
- b) the ratio of public and accredited hospital expenditure to GDP sees Italy steadily situated at 3.6% over the last two years, with a slight drop compared to 2017, while remaining higher (in terms of percentage) than the average of the OECD Europe countries (3.2% in the three-year period) and compared to the total average of the OECD countries (3.3% again for

the entire three-year period). While it is just below the average of the G7 countries which stand at 3.7% in 2019 as well as in 2018, with a slight decrease from the 3.8% figure in 2017.

Table 12 – Public and Accredited Hospital Expenditure in relation to the public healthcare spending and the GDP

	Public an	d Accredite	d Hospital			
0/1/1	Expend	liture / Tota	l Public	Public and	d Accredited	d Hospital
% Values	Неа	lthcare Sper	nding	Exp	oenditure/G	DP
-	2017	2018	2019	2017	2018	2019
United States	36.0	35.8	36.2	5.0	4.9	5.0
Japan	44.0	43.5	-	4.0	4.0	-
Germany	32.0	31.7	31.5	3.1	3.1	3.1
France	43.9	43.3	43.1	4.1	4.0	4.0
Italy	57.1 56.4 56.4 49.5 48.7 47.5		3.7	3.6	3.6	
United Kingdom			3.8	3.8	3.8	
Canada	35.9	35.9	35.3	2.7	2.7	2.7
Average of G7 countries (*)	42.6	42.2	41.7	3.8	3.7	3.7
Average of European OECD						
countries (*)	45.5	45.5	45.6	3.2	3.2	3.2
Average of all OECD countries (*)	44.8	44.8	44.7	3.3	3.3	3.3

^(*) Averages are calculated as unweighted arithmetic means.

Source: Ermeneia processing of "OECD Health Data 2021", OECD, Paris, November 2021

If we then move on to take the internal situation of Italy into consideration, with reference to healthcare and hospital spending in recent years, Tables 13 and 14 show that:

- a) spending on public hospitals at current prices (Table 13) has grown slightly over time in terms of Index Numbers (2015 = 100.0): which means that rose to 101.3 in 2016, to 102.6 in 2017 and 104.7 in 2018, and to 106.4 in 2019: but if we look at expenditure evaluated at constant prices (Table 14) the growing trend shrinks considerably as it goes to 100.2 in 2016, 100.7 in 2017, 101.7 in 2018 and 102.4 in 2019;
- b) in turn, hospital expenditure for accredited facilities as a whole tends to stabilize between 2015 and 2018, rising slightly to 101.1 in 2019 (see again Table 13): but these are the results at current prices and if we consider instead the results at constant prices (See Table 14) the situation appears to be quite different, i.e. in constant decrease, since it drops to 99.1 in 2016, to 97.6 in 2017, to 97.4 in 2018 and finally to 97.3 in 2019;
- c) and finally, hospital spending at current prices, destined for accredited hospitals (specifically, accredited healthcare facilities) apparently grew between 2015 and 2019 by 1.2%, reaching EUR 4.4 billion (See Table 13); but in reality this expenditure decreased if we look at constant prices: between 2015 and 2019, in fact, in terms of Index Numbers, it fell from 100.0 to 97.4 (See Table 14).

Table 13 - Current health spending: Years 2015-2019 (in billions of euro) and I.N. (2015 = 100.0)

	2015	5	2010	2	201	7	2018	~	2019	2
	A.V.	I.N.	A.V.	I.N.	A.V.	LN.	A.V.	I.N.	A.V.	I.N.
Public hospital facilities	53.847	100.0	54.566	101.3	55.226	102.6	56.378	104.7	57.299	106.4
Accredited hospitals (as a whole)	8.466	100.0	8.484		8.419	99.4	8.493	100.3	8.559	101.1
of which: accredited hospitals1	4.335	100.0	4.351		4.321	266	4.359	9.001	4.387	101.2
Total public hospital system expendi-	62 313	62 313 100 0	63.050	101 2	63 645	102 1		104	65 858	105.7
ture	616.70	0.001		101						
Other expenditure features	50.354	100.0	50.681	100.6	50.694	100.7	50.842	101.0	51.070	101.4
Total public healthcare expenditure	112.667	100.0	113.731	100.9	114.339	101.5	115.713	102.7	116.928	103.8
(1) Code 5.1 Institutes (Accredited priva	te healthcare	facilities) ii	n the minister	rial classific	ation.					

Source: data processed by Ermeneia from the 2016, 2017, 2018, 2019, 2019 and 2021 "Report on the coordination of public finance" by the Court of Auditors, the 2018-2019 Agenas Report on the monitoring of the health spending of the Regions and the 2021 MEF Report on the monitoring of the healthcare spending

Table 14 – Healthcare expenditure at constant prices $^{(*)}$. Years 2015-2019 (in billions of euro) and I.N. (2015 = 100.0)

	2015	2	2010	, 9	201	7	2018	~	2018	
•	A.V.	I.N.	A.V.	I.N.	A.V.	I.N.	A.V.	I.N.	A.V.	LN.
Public hospital facilities	53.847	100.0	53.954	100.2	54.213	100.7	54.759	101.7	55.149	102.4
Accredited hospitals (as a whole)	8.466	100.0	8.389	99.1	8.265	9.76	8.249	97.4	8.238	97.3
of which: accredited hospitals ¹	4.335	100.0	4.302	99.2	4.242	97.9	4.234	97.7	4.222	97.4
Total public hospital system expenditure	62.313	100.0	62.343	100.0	62.477	100.3	63.008	I0I.I	63.386	101.7
Other expenditure features	50.354	100.0	50.113	99.5	49.764	8.86	49.382	1.86	49.153	9.76
Total public healthcare expenditure	112.667	0.001	112.455	8.66	112.241	9.66	112.390	8.66	112.540	6.66
(*) GDP deflator calculated on the basis of	r	TAT series	in a chained s	series with r	eference to 2	015. Noven	ber 2021.			

Source: data processed by Ermeneia from the 2016, 2017, 2018, 2019, 2019 and 2021 "Report on the coordination of public finance" by the Court of Auditors, the 2018-2019 Agenas Report on the monitoring of the health spending of the Regions and the 2021 MEF Report on the monitoring of the healthcare spending (1) Code 5.1 Institutes (Accredited private healthcare facilities) in the ministerial classification.

Regardless of the comparative analysis of public health expenditure in Italy/Rest of the World as well as at the national level which – as we have seen – is documented for 2019 (pre-pandemic year), it is necessary to ask what the trend for regular financial resource investment may be as relates to this expense in Italy not only today but in the future as well.

A realistic but also worrying hypothesis can be formulated starting from what is contained in the Economics and Finance Document of April 2019 and September 2021 (see Chart 1). As can be seen, the framework of the funding of prospective spending, in absolute value and in relation to GDP, appears to have grown by almost EUR 8 billion in 2020 to cope with the pandemic impact, reaching 7.5% of the Gross Domestic Product. But this ratio would be expected to gradually decrease already in 2021, dropping from 7.5% in 2020 to 7.3% in the following year, and then decreasing to 6.7% in 2022, to 6.3% in 2023 and to 6.1% in 2024, therefore already lower in 2023 than the 6.5% of the 2017-2019 three-year period: and also taking into account the additional value of the funding provided for by the 2022 Budget Law, compared to the forecasts of the NADEF of September 2021, the ratio of public health expenditure to GDP would be situated at 6.3% in 2024 (EUR 128 billion of expenditure), a level that is in any case lower than that already contained 6.5% of the three-year period mentioned (a level well below that of the average of OECD countries and again even more than those of the G7).

Of course, the calculations were made on a GDP that would grow from a figure of +6.2% already in 2021, and with further positive though gradually smaller increases in the following years: and therefore the actual absolute value of public health expenditure would still remain higher than in 2020. But this forecast must take into account a series of additional and extremely demanding current expenditure commitments. In this regard, therefore, it is fair to ask how much of this re-financing:

- a) will eventually converge in the operating costs of the many new health-care facilities provided for by the PNRR investments (Community Homes, Family and Community Nurses, Special Continuity Care Units (USCA), Territorial Operation Centers, Home Assistance, Community Hospitals, Hospices, Palliative Care Network, Information Systems, Telemedicine, etc.);
- b) will, in the medium term, finance the training and hiring of a significant number of operators (doctors and nurses) who are already lacking at present and who should therefore be replaced independently of the new measures envisaged by the PNRR;
- c) will run the risk, finally, of fueling the growth of public facilities which in any case tend to self-reproduce rather than to transform themselves due

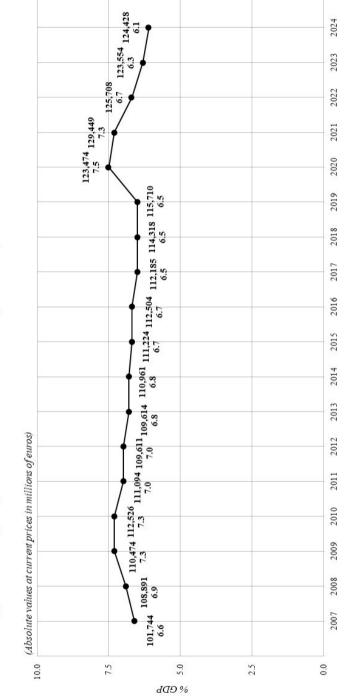
to regulatory, managerial and organizational culture limits: the greater availability of public resources (national and European), if not clearly directed, will thus wind up hiring large numbers of staff, that will be placed in an organizational machine that is too rigid and not very transparent (even to itself) to interpret the changing needs of patients and the investment opportunities offered by European resources; moreover, these difficulties have been highlighted for some time now by the analyses in this Report, including that of the annual monitoring of the Financial Statements of public Hospital Centers (see section 3.2. below).

It is easy to see how the above question leads directly to a second question, namely: how ready is public health and in particular the hospital system to make the best use of private hospitalization facilities (accredited healthcare facilities) that make up an integral and certainly not marginal part of the system (accounting for 28% of the total in-hospital days provided each year)? But this leads to a broadening of the perspective in the sense that:

- we must not speak only of accredited private healthcare facilities that are already part of the mixed hospital system in Italy, with which it would be possible to further develop a real Transformation Alliance to make the National Health Service evolve,
- but rather we should also look to those private centers that offer logistical and IT-type services such as, for example, in the field of organizing large vaccination campaigns (see in this regard the positive experience of the Region of Lazio) and/or in the field of telemedicine and tele-assistance, in which it is necessary to intertwine technological and logistic responses along with direct services in contact with the patient;
- provided that we also increase the management capacity for the (partial or total) outsourcing of the services as relates to the preparation of tenders, the selection of contract providers, contract awarding procedures, the control of the services actually provided (as well as the ability to effectively reorganize the "machine", providing for the redeployment of personnel made redundant by the increased outsourcing to other areas).

Beyond the reflections made so far on the actual extent of the ordinary re-financing of public health, some steps, completed or as-yet-to-be completed, which came to our attention during the year 2021, should also be mentioned.

The first step represents the (necessary) formalization of the recognition of a special Covid DRG, a need which developed in 2020 when AIOP (and some other accredited facilities) made almost 1,000 intensive and sub-intensive care beds and 9,400 acute and post-acute beds for Covid patients available to public healthcare.



Source: Ministry of Economy and Finance Documents (Analysis and Trends of Public Finance, April 2019, April 2021, and NADEF, September 2021)

To these were added another 25,000 patient beds for non-Covid patients who could not go to public hospitals because they were already over capacity or completely devoted to the care of those infected with the virus

In this regard, after the agreement sanctioned by the State/Regions Conference, the Inter-Ministerial Decree of August 12, 2021 was published which provided for:

- on the one hand, the setting of the price increases for the remuneration of hospital admissions for acute Covid patients, according to which an ordinary increase in remuneration is recognized, regardless of the DRG Code of the final discharge: up to EUR 3,713.00 if the hospitalization took place in the medical area and EUR 9,697.00 if the hospitalization went through intensive care;
- and on the other hand, identifying useful criteria for defining the assistance functions linked to the Covid emergency that the Regions and Autonomous Provinces can recognize, with reference only to hospitalizations carried out during the period relating to the emergency, defining a remuneration "by-function" for the costs of waiting for hospital patient beds for acute Covid patients in the medical-internal medicine and intensive care area, calculated on the basis of the days of in-hospital days not occupied compared to those potentially available.

Furthermore, it should be pointed out that the values recognized in EUR above are to be understood as maximum economic references that the individual Regions (or Autonomous Provinces) can reshape downwards on the basis of the classification of facilities and financial resources, with inevitable differences in treatment among the accredited facilities located in various regional realities.

The second step concerns the remodeling of the recovery plan for the waiting lists not yet cleared.

On this subject, please keep in mind what was mentioned in section 2.3 above regarding the interruption/postponement of services during 2020: -30.0% on average for specialist care reasons (which, however, even went beyond -50.0% in some Regions) and -21.0% for hospital admissions (which however exceeded -30.0% in some Regions).

Moreover, assessments on the topic of waiting lists by the regional AIOP Presidents¹ shows:

¹ These assessments were collected through a specific survey carried out during the months of October-November 2021.

- that the situation of the waiting lists was already serious before the arrival of the pandemic, but worsened further during 2020 and was in any case a very serious situation in 2021 as well (see Table 15);
- that new, renewed and possibly extended agreements were established between regional health authorities and AIOP facilities, which gradually increased from the first half of 2020 to the second half of 2021 (see Table 16).

Table 15 – Situation of waiting lists for inpatient services in the Region (or Autonomous Province) of activity, with reference to before the pandemic, thus from the end of 2020 and the end of 2021 (November) (val.%)

Situation	Situation immediately before the pandemic	Situation at the end of 2020	Situation at the end of 2021 (November)
For access to local health authority	-		
services			
(Polyclinics, etc.)			
 Very serious situation 	14.3	86.7	46.6
 Fairly serious situation 	42.8 } 57.1	13.3 } 100.0	46.7 } 93.3
 Situation with minor problems 	42.9	-	6.7
 Non-problematic situation 	-	-	-
Total	100.0	100.0	100.0
A.V.	14	15	15
For hospitalizations			
 Very serious situation 	$\frac{7.7}{30.8}$ 38.5	93.3	26.7
 Fairly serious situation 	30.8 } 38.3	6.7 3 100.0	60.0 } 86.7
 Situation with minor problems 	53.8	-	13.3
 Non-problematic situation 	7.7	-	-
Total	100.0	100.0	100.0
A.V.	13	15	15

Source: survey by Ermeneia – Studi & Strategie di Sistema (based on a specific survey carried out during the months of October-November 2021)

Table 16 – Possible signing of agreements, conventions or other between Regional Health Services and AIOP accredited facilities in order to, at least in part, deal with the waiting lists for inpatient services that built up during the pandemic

Agreements, Conventions or other	In the first half of 2020	In the second half of 2020	In the first half of 2021	In the second half of 2021 (to present)
 Yes, specific new agreements, convention or other have been put in place with AIOI accredited hospitals in order to make up fo interruptions and/or postponements of ser vices 	r 27.3	27.3	33.3	57.2
 Yes, agreements, conventions or other pre viously in place have been extended 		9.1	16.7	7.1
 No, no such agreements, conventions o other have been put in place 	r 72.7	63.6	50.0	35.7
Total A.V.	100.0 11	100.0 11	100.0 12	100.0 14

Source: survey by Ermeneia – Studi & Strategie di Sistema (based on a specific survey carried out during the months of October-November 2021)

On the topic of waiting lists, with the Decree Law of May 25, 2021, no. 73 (called the "D.L. Sostegni bis" or Second Financial Support D.L.), the possibility was sanctioned for the Regions and Autonomous Provinces to integrate – as an exception to Decree Law 95/2012 – the purchases of hospital services of outpatient specialists contracted for the year 2021, involving the private component of the National Health Service, also through the use of any savings carried over from the budgets allocated for the year 2020.

In this regard, it was established that in order to permit greater recovery of acute hospitalization services and outpatient specialist services not provided during 2020 by public and accredited private facilities, due to the ongoing health emergency, that it would be possible for the regional health authorities to integrate the purchases of these services also in the year 2021, without prejudice to the security of the financial stability of the Regional Health Services and the opportunity to recover any savings carried over from budgets allocated for the year 2020 (with a reporting obligation by accredited private facilities by January 2022).

The topic of waiting lists is still under examination as part of the definition of the 2022 State Budget Bill, which provides for a loan amounting to a total of EUR 500 million to recoup the services provided through the active involvement of accredited private facilities that could make their unexpressed potential available: however it is worth pointing out that Art. 74 of the aforementioned Bill calls for a ceiling of EUR 150 million nationally for accredited private facilities, which can be increased on the basis of specific regional needs and within the limit of the aforementioned total expenditure.

It should be borne in mind that this unexpressed potential could be much higher and, if referring only to AIOP-associated institutions at the regional level, it could be estimated between 40% and 60% for the hospitalization component and between 45% and 90% for the outpatient component: which, to give an idea, would correspond to an estimated value of around EUR 350 million.

A third step will concern the new Ministerial Decree 70 as this is, at the end of 2021, still in the preparatory phase at the Ministry of Health. It may, however, be useful to recall the key theme that was already at the basis of the previous Ministerial Decree 70, represented by the definition of standards for the provision of accredited hospital patient beds and – as such – borne by the National Health Service.

In the previous version, there was a level of no more than 3 acute care patient beds per 1,000 inhabitants and 0.7 patient beds, again per 1,000 inhabitants, was envisaged, for rehabilitation and post-acute in-hospital stay: it should be borne in mind that in the international context countries such as

Germany have acute values close to 6‰ and, in any case the average for the G7 and OECD Europe countries is 4.3 ‰ and 3.3 ‰, respectively.

The standards envisaged which, in the intentions of the legislation, were to constitute an attempt to stimulate the efficiency of the system have ended up producing, in combination with the de-funding policies of recent years, a serious critical issue with regard to the supply of beds for patients and a drastic reduction in the hospitalization rate: the latter in fact, from 2014 to 2019, went from 148.3 ‰ to 133.5 ‰, compared to a reference figure that, even in the current version of DM 70, seems to be situated at 160‰. And all of this is within a context in which we have lived in the last two years a very extensive experience of the interruption/postponing of services, as well as phenomena of forgoing the services or even searching for alternatives outside the home region by patients.

Naturally, the topic remains open and will require serious discussion through the use of specific Technical Tables as well as the identification of general strategic criteria, accompanied by appropriate simulations of possible alternative solutions, in close collaboration with the various regions.

3.2. The extraordinary impact of Covid-19 on the financial statements of public Hospital Centers as part of the annual monitoring of the related budgets

For quite some time now, the *Health & Hospitals* Report has been monitoring the final balance sheets of public Hospital Centers in order to identify (and monitor) potential areas of inefficiency that can subsequently be projected, to an even greater extent, on directly managed public hospitals, given the different (and less stringent) methods used by these in preparing their financial statements, falling as they do within the broader framework of the reporting of their local health authorities.

Already in the 2020 Report it was pointed out how in the hospital system there was a continuity of the positive trends in progress as well as of the problematic ones (present in the years preceding the pandemic) and at the same time an abrupt discontinuity represented by the manifestation of the latter. But it was obvious that only in the year 2021 could the first effects on the Income Statements of the public Hospital Centers be accounted for, being able to have the information for the 2020 fiscal year available, influenced by the initial impact of Covid-19.

It should be recalled that the monitoring of the Income Statements was initiated by the *Health & Hospitals* Report in 2009, and has subsequently

evolved over time through the use of indicators and comparisons which have been reported in the sections devoted to them in the various Reports. This year the items of the Income Statements from 8 fiscal years (from 2013 to 2020) can be compared.

It should be noted that the need to have greater transparency and comparability of financial statements remains a fundamental issue (and matter of principle), but still far from having been applied concretely and extensively in the public healthcare facilities up to certifiability and therefore certification level, as per various regulations introduced over time and in particular to Legislative Decree 2011/118 and subsequent provisions².

It should also be borne in mind that the arrival of the pandemic has "forced" the healthcare system to allocate extraordinary financial resources in order to cover the hospitalization needs of Covid patients (in the acute and post-acute phase as well as those hospitalized in intensive and sub-intensive care), even attaining definition as a specific DRG. Furthermore, the pandemic event has created the need to address the issue of recouping inpatient services that were interrupted/postponed in the case of non-Covid patients, a need reaffirmed by the 2022 Budget Bill which, as already mentioned in the section above, envisages, in Art. 94, further action on the topic of waiting lists with a loan of EUR 500 million to provide for services not yet supplied.

Added to this is the possibility of accessing the resources made available by Europe for health and identified within the PNRR (provided that Italy is actually able to proceed down the complex path of its execution), which envisages implementing different types of investments concerning: the reorganization of the IRCCS network, the qualification of the hospital technology and digital park, the adaptation of hospitals in terms of safety and sustainability as well as the strengthening of assistance and the local healthcare network with the setting up of Community Houses, total patient care and developing intermediate care.

At the same time, however, another basic issue remains open that goes beyond investments and concerns the (necessary) functional re-financing of the National Health Service, after too many years of defunding. In fact, the ratio between public healthcare spending and GDP in the three-year period 2017-2019 remained steady at 6.5%, a value that was decidedly below the threshold even before the pandemic. In 2019, the corresponding GDP ratio for the OECD European countries was 7.2%, and that relating to the average of the G7 countries was 9.2%. But to all this is added the decidedly slower

² In this regard, see the contents of the *Health & Hospitals/2016* Report, Part One, Section 2.2, pp. 93 et seq.

trend in the recovery of GDP for Italy downstream of the previous economicfinancial crisis of 2008, with the result of having lowered the denominator of the ratio between public hospital spending and Gross Domestic Product.

We are thus dealing with issues in flux which require a logic that is not merely "additive" (i.e. more staff, more consolidated services, increase current spending), but rather a "reorganization" of services accompanied by a broader and more organic relationship with private entities: the latter understood not only as accredited private hospital facilities in the strict sense but also as service companies to support public hospitals on a non-strictly health level. This may take the form of data management (from information technology to artificial intelligence), as well as the provision of more efficient logistics systems (the positive effects of public-private collaboration have been extremely apparent, for example, in the particularly rapid and efficient administration of vaccines in the Region of Lazio, which was handled by a private entity).

In all cases, the desirable input of resources for investments (referred to in the PNRR) and – hopefully – also for the ordinary management of health-care would, in turn, require a reorganization of the reporting system (Income Statements) and of the related information flows upstream, as has been stressed several times in previous Reports, for the purpose of:

- evaluating what the public hospital service really costs, carefully examining all the legitimate expenditure components (in relation to the services actually rendered and their quality) in order to make "how much is spent to obtain something" transparent and justified;
- making the level of efficiency/inefficiency in the management of public hospitals more transparent and consequently being able to compare the different performance levels between different facilities (public and accredited), since the average data can be deceptive and underestimate the differences not presenting a true picture of the actual situation and, therefore, making it impossible to "reward" the better facilities and identify the worst ones (for which the real contextual conditions must of course be carefully evaluated);
- being able to intervene in advance and not only after the fact when the
 results of inefficient management have already become manifest and are
 often accumulated over the years, as is often the case, with the inevitable
 consequence of being placed under compulsory administration;
- being able to "free up" potential financial resources that are currently frozen, whereas they could be better used to reorganize and equip hospital facilities as well as to provide for timely regular and extraordinary maintenance on buildings and equipment as may be necessary;

- and again, applying the same basic logic to bring the compensation for public hospitals closer to that reserved for accredited private facilities that provide the same services: please note that the latter are paid exclusively on the basis of the DRGs that include not only operating but also investment costs, whereas the former also receive capital contributions in addition to the DRGs and, traditionally, also contributions for contract renewals, in addition to many other forms of implicit budget covering which not infrequently end up taking the form of real ex post balance sheet settlements, as has been stated many times in previous "Health & Hospitals" Reports;
- and finally, contributing to transforming our collective culture that winds up accepting public inefficiency too easily instead of asking for a properly thorough assessment to be made so that we might gradually better use the available resources.

In operational terms this year, as in more recent years, the Income Statements of 33 public Hospital Centers were taken into consideration, and are distributed as follows:

- 12 for the North (6 in Piedmont, 2 in Veneto and 4 in Emilia Romagna);
- 7 in Central Italy (2 in Marche and 5 in Lazio);
- and finally, 14 in the South (2 in Apulia, 4 in Calabria and 8 in Sicily).

It should be noted that the 33 above-mentioned Hospital Centers represent more than 3/4 of the national total. Furthermore, it should be kept in mind that no action has been taken on the total of them as some Regions have also incorporated territorial activities within all or part of the Hospital Centers. And this happened above all in the Lombardy Region, which at the time modified its own system, and was also the case in some specific situations in Friuli Venezia, Emilia Romagna and Sardinia.

The absolute values of the individual Items of the Income Statements of the Hospital Centers are reported in Table App. 1 (included in Chapter 1 of the Appendices) and refer to the 8 fiscal years ranging from 2013 to 2020. Starting from these data Tables 17 and 18 show the decreases/increases with reference to two periods, specifically:

- that between 2013 and 2019, with reference to the years in which the (prolonged) effects of the spending review were evident, up to the year immediately preceding the pandemic;
- and that between 2019 and 2020, in order to verify the impact on the first year of experience of the Corona virus.

As regards first of all the Admissions, the following considerations can be put forward, starting from Table 17 (see first two columns) which show:

- a) a clear accentuation of the decrease in Inpatient admissions and day hospital admissions (see first column) in the previous 7 years, given that they have experienced a national average drop of 6.2% which, however, includes:
 - an increase, in contrast to the trend, of 5.0% in public Hospital Centers in the North (with the "luring" of patients from outside the Region, for example in Veneto, which reported a positive change of +18.8%);
 - a decrease of -12.1% in those of the Center (which was even -18.0% for Lazio alone);
 - and a decrease of -15.2% in those of the South (but with a drop of -30.7% for Apulia and with values higher than -20% in three Hospital Centers in Sicily).

The aforementioned trends are also consistent with the push towards a pronounced de-hospitalization that has characterized the last decade, and has generated significant healthcare mobility between Southern and Northern Regions.

But the overall average decrease of -6.2% in Inpatient admissions and day hospital admissions in the period 2013-2019 saw a drop of -18.5% in just one year (between 2019 and 2020) due to the interruption/postponement of inpatient services for non-Covid patients (topic addressed briefly in section 2.3 of Part One), given the need to assist Covid patients but also to protect hospital patients who had not been affected by the virus from getting infected. The decrease in Admissions in 2020 affects all the Hospital Centers taken into consideration without distinction (see second column of Table 17):

- whether they are located in the North of Italy (with a -13.7% drop in Admissions compared to +5.0% in the previous seven years);
- whether they are located in Central Italy (with a -23.2% decrease compared to -12.1% in the period 2013-2019);
- or whether they are located in the South (with a -22.2% drop compared to -15.2% in the previous seven years);
- b) if we then compare the trends in Revenues with that of Hospitalizations over the seven years, we can see a clear countertrend (see Table 17A which summarizes and makes Table 17 more comprehensible). In fact, a sharp increase in Revenues from health and social health services between 2013 and 2019 (which represent almost 70% of total Revenues), equal to +15.1%, actually corresponds to a decrease in Hospitalizations equal to -6.2%.

But assuming a logic (obviously theoretical) of an ideal automatic convergence between the Hospitalization trend and the Revenue trend brings

us to the data contained in the third column of the aforementioned Table 17A. This data indicates the (unbalanced) difference between the dynamics of the former compared to the dynamics of the latter, which are 21.3 percentage points greater than the Revenues recognized for public Hospital Centers. However, this particular situation breaks down differently if we consider:

- the Northern Hospital Centers, which would have a theoretical benefit of 10.5 percentage points;
- the Central Hospital Centers, which would have a theoretical benefit of 23.5 percentage points;
- and finally, the Southern Hospital Centers, which would have a theoretical benefit of 32.0 percentage points;

These results paint a more favorable picture for the Hospital Centers of the North (and extremely so in the case of the Veneto Region), less virtuous for those of the Center and definitely not good for the Hospital Centers of the South.

A similar exercise, applied to the two-year period 2019-2020 instead of the period 2013-2019 (see second part of Table 17A) would see almost all trends characterized by the sign "-" both on the part of Hospitalizations and on the part of Revenues. But the difference, in terms of relative advantage for the latter, differs significantly from the previous case: in fact the difference that tends to favor Revenues is 10.2 percentage points on average at the national level compared to 21.3 percentage points in the seven-year period 2013-2019 and, moreover, these differences tend to bring the differences in trends between Revenues and Hospitalizations closer together, with 8.3 percentage points more for the Northern Hospital Centers, 11.5 percentage points for those in the Center and 11.4 percentage points for those of the South;

- c) if the same exercise is performed on the second most important item of Revenues, that is for that of "by-function activities" (which represented 24% of total Revenues in 2019, an incidence that rises to over 30% in 2020), the result is that shown in Table 17B below:
 - with regard to the period 2013-2019, again despite an average drop of -6.2% in Hospitalizations, Revenues for "by-function activities" increased by +2.0%:
 - this increase is more favorable for Hospital Centers in the North (+12.5 percentage points compared to those theoretically due, taking into account the decrease in Hospitalizations): though it should be remembered how the spread of the first wave pandemic heavily affected the Regions of Nord, to which additional Revenues were recognized to cope with the extraordinary impact of the virus;

and in any case there is a recognition of Revenues for "by-function activities" also for Hospital Centers in the Center, with theoretically 8.5 percentage points more (15.6 points for Lazio), not far from the 6.0 percentage points more for the Hospital Centers of the South (which however becomes 26.4 percentage points for the Region of Apulia).

However, the extraordinary response of the Veneto Hospital Centers should be emphasized, which theoretically should have obtained more Revenues than what they received (as indeed happened for the Hospital Centers of Marche), given the particularly acute wave of infections in the Center-North. On the contrary, Calabria was somehow "punished" with 19.6 percentage points less in Revenues, having lost only 5.9% of Hospitalizations compared to a decrease in Revenues of -25.5%.

A very different situation appears instead in 2020 compared to 2019 (see second part of Table 17B).

As can be seen, this situation is that of a general decrease of almost always two figures in the trend of Hospitalizations for the reasons, mentioned several times, of the "forced" reorientation of healthcare activities towards Covid patients, with the inevitable interruption/suspension of inpatient services for non-Covid patients (see the values present in the penultimate column of Table 17B). Consequently, significant action was evidently taken on the Revenue front for the so-called "by-function activities": whether this served to pay for the extraordinary services provided to Covid patients or, probably, to sustainably support the balance of the budgets of the public Hospital Centers. And in fact the last column of Table 17B shows the "gain", in percentage points obtained, in terms of the trend in Revenues compared to the trend in Hospitalizations.

Moving on, at this point, to the comparison between the Hospitalization trend and the Cost trend, a look at Table 18, with reference to the period 2013-2019, shows:

- a) a particularly pronounced gap between the average decrease in the number of Hospitalizations equal to -6.2% and an almost general increase in the various Cost items as appears from the data in Table 18, which shows:
 - an extremely pronounced increase for the Purchase of Goods (+30.1%), this significant item in 2019 was around 30% of Total Costs;
 - another increase in Other Costs which in 2019 accounted for approximately 18% of Total Costs, an item onto which among others charges are placed that have to do indirectly with Personnel, due to, for example, agreements signed with cooperatives or with companies that provide nurses and other personnel;

- a much slighter increase in the cost of the Personnel item (+3.9%) which is affected by the progressive reduction of the same following the retirement of employees as well as by the push to reduce/freeze salaries that occurred as a result of the spending review from 2012 onwards;
- but with a decrease, albeit slight (-1.9%), in the costs for the Purchase of Non-healthcare Services (which however were just under 10% of Total Costs in 2019);
- b) a gap between the average percentage trend of Hospitalizations in the seven-year period 2013-2019, equal to -6.2% and the average percentage trend of two costs that are at the same time more relevant and increasing more than those mentioned in the point a) above: namely, the costs for the Purchase of Goods and Other Costs. Tables 18A and 18B illustrate a comparison similar to that shown above for two types of important Revenues (see Tables 17A and 17B above).

That is, in this case too, a logic (theoretically desirable) of tendential convergence between the trend in Revenues and the trend of the two particularly significant Costs mentioned above was assumed. Table 18A shows the excessive nature of the trend of Purchases of Goods with respect to the trend of Hospitalizations, again in the hypothesis of a tendential convergence between the increase/decrease of the former and increase/decrease of the latter.

This comparison highlights a much more pronounced imbalance than that shown in the Tables 17A and 17B above. The aforementioned imbalance, for the years 2013-2019, is equal to 36.3 percentage points on average at the national level (see Table 18A):

- but it is equal to 32.5 percentage points more for the Hospital Centers of the North (but with a higher result for Emilia Romagna);
- 30.2 percentage points more for those of Central Italy (but with a slightly higher peak for Lazio;
- and 44.1 percentage points more for the South (but with even higher peaks for Calabria and Sicily).

While the similar imbalance, between 2019 and 2020, is slightly less on average (except in the Northern Hospital Centers) compared to that of the previous seven years, with 29.4 percentage points compared to 36.3. Specifically:

- it amounts to 34.6 percentage points more for the Northern Hospital Centers (compared to 32.5 in the period 2013-2019);
- 22.0 percentage points more for Hospital Centers in Central Italy (compared to 30.2 in the period 2013-2019);

- and 27.0 percentage points more in the South (compared to 44.1 in the 2013-2019 period);
- c) in turn, Table 18B highlights the excessive nature of the trend of Other Costs, much lower than the costs for the Purchase of Goods referred to in Table 18A above: and this applies both to the results for the period 2013-2019 and for the results of the period 2019-2020. In this case, the national average of the excessive nature of the trend of Other Costs compared to the trend of Hospitalizations is 22.4 percentage points more, relative to the period 2013-2019, which however:
 - this becomes 14.1 percentage points more for the Hospital Centers of the North (yet with the virtuous case of Veneto, which incurs a lower amount of costs compared to the increase in Hospitalizations);
 - while it is 2.6 percentage points less for Hospital Centers in Central Italy;
 - and jumps to 61.1 percentage points more for the South, with particularly high peaks for Apulia and Calabria.

The aforementioned imbalance, this time referring to the years 2019-2020, is decidedly is lower at the national level, given that it is 10.1 percentage points more than the 22.4 for the seven-year period and differs in the following way:

- it is 7.4 percentage points more for the Northern Hospital Centers;
- it is 13.9 percentage points more for the Hospital Centers in Central Italy;
- and it is 10.9 percentage points more for Hospital Centers in the South and Islands (with the particular case of Calabria which shows a downward trend of 45.3 percentage points compared to the decrease in Hospitalizations of 14.8 percentage points).

In conclusion, almost all Cost items also increased in 2020, even though Hospitalizations fell by -18.5%. But of course we must first of all take into account that there cannot be an automatic correspondence between a decrease in Hospitalizations and a decrease in Costs given the need to "maintain the strength" of the healthcare systems beyond what might take place even in a situation involving a more-than-significant interruption/suspension of inpatient services for non-Covid patients as happened following the extraordinary efforts made by the facilities for Covid patients. And also addressing the needs of Covid patients has, in turn, pushed up the Costs for the Purchase of Goods as well as for Personnel or other cost items, taking into account that there was a need to hire doctors and nurses albeit temporarily and to add bonuses that have been paid to all employees.

At the end of the assessment on the performance of the Income Statements of the public Hospital Centers, the results for the Fiscal year were

taken into consideration – as usual – with reference to the last few years, i.e. from 2013 to 2020. Obviously, for the last year there was an evident "pandemic break" also in terms of accounting reporting compared to the previous 7 years. What can be observed is that (see Table 19):

a) the comparison between Revenues and Costs ends up in perfect balance again for three Regions as has happened, with substantial continuity, over the past 8 years. This situation is true for all the hospitals of Emilia Romagna, Marche and Sicily, except, in the latter case, a loss of EUR 50.7 million in 2019 which, however, had been reported before the final balance sheet was prepared, whereas the final balance sheet was then brought back into balance due to greater recognition of Revenues for "by-function" activities.

Naturally, the closing in perfect balance suggests an accounting adjustment of the balance sheet items in the preparation of the final balance data. However, this does not mean that there is necessarily and in any case an "improper" solution for the covering of losses. In some cases compensatory support interventions of various kinds have often been carried out, and this happened, especially in the years 2013-2018, through the Revenues item of "by-function" activities;

b) in other Regions we see the presence of an effort that has gradually led, during the years preceding 2020, to reducing Losses but with results that do not necessarily affect all the Hospital Centers of the individual Region: this is the case of Piedmont which substantially shows an (important) exception of a Hospital Center that shows increasing losses between 2013 and 2014, a reduction in 2015 and 2016 and then a rise in these losses in 2018, which then slightly drop in 2019 and significantly reduced precisely in the most difficult year 2020 by a third compared to the losses of 2019.

This sort of alternation also affects a Hospital Center in Apulia which, after breaking even in 2013 and 2014, showed its first losses in 2015 and 2016 and then decreased them in 2017 and then increased them again in 2018 and 2019, to finally make a leap upwards in 2020, obviously given the greater difficulties that this Fiscal Year presented.

Then there is the case of Calabria which displays an effort of alternating results between 2013 and 2017, and then increases in 2018 and even more so in 2019 and 2020, winding up "stabilizing" with a loss of around EUR 128 million.

The Lazio Region in turn presents a picture of constant losses over all the Fiscal Years (from 2013 to 2020), even if the effort put in place to cover all the Hospital Centers is evident, with a substantial gradual decrease in losses (except for some subsequent recovery) between 2013 and 2019:

but the complex fiscal year 2020 has pushed the deficit upwards again, bringing it to EUR 395 million.

It is probable that the year 2021 will also wind up recording the effects of the pandemic that manifested itself through a third and therefore a fourth wave in the Income Statements of the public Hospital Centers.

Finally, the 2020 and 2021 overload of assistance needs by healthcare facilities is added to the problems already present before the arrival of the virus and thus there must be more work at the reporting level to improve the transparency of the Financial Statements: so as to achieve more shared monitoring both for the regular and extraordinary management of the pandemic, to which will be added, for 2022 and for the following years, the management of investments, supported by European resources, for the improvement of facilities, equipment, support technologies of all kinds, the qualification of human resources and, hopefully, of the services that will eventually reach the patients.

Table 17 – Increases/Decreases in <u>Hospitalizations</u> and <u>Revenues</u> of public Hospital Centers between 2013 and 2019, as well as between the latter year and 2020 (first year of the pandemic)

(hist year of the panaemic)												
			REVENU HEALT	REVENUES FROM HEALTHCARE	REVENUES FROM CO-PAYMENT	EVENUES FROM CO-PAYMENT	REVENUI	REVENUES FROM				
			SERVIC HEALTH.	SERVICES AND	CHARGES FC EXTERNAL	CHARGES FOR	FSR TRAN	FSR TRANSFER FOR				
Hospital Centers	INPATIE	INPATIENT AND	SOCIAL	SOCIAL HEALTH	SPECIALIST	ALIST	ACTIV	ACTIVITIES				
oy kegion	DAY F ADMIS	DAY HOSP. ADMISSIONS	SERVICE THE IS (C	SERVICES AS PER THE IS (Cod. A0320)	SERVICES AS PER THE IS (Cod. A0940)	S AS PER 2d. A0940)	REPORTED ON TE IS (Cod. A40020)	REPORTED ON THE IS (Cod. A40020)	OTHER R AS PER	OTHER REVENUES AS PER THE IS	TOTAL REVENUES	SYENUES
	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var. 19-	% Var.	% Var.
	13-19	19-20	13-19	19-20	13-19	19-20	13-19	19-20	13-19	20	13-19	19-20
H.C. 1	- 11.3	- 4.1	16.6	- 11.7	- 15.8	- 41.4	17.2	43.8	6.0	20.2	15.4	2.8
H.C. 2	17.3	-11.0	26.1	- 14.9	- 6.8	- 43.3	56.1	23.4	6.8	- 108.5	31.9	- 7.5
H.C. 3	- 1.2	-14.9	12.3	- 14.1	2.2	- 41.3	16.5	36.0	- 22.7	40.9	11.7	- 2.7
H.C. 4	16.6	-19.3	20.1	- 10.6	1.9	- 37.5	20.0	28.7	- 8.0	8.2	18.8	0.5
H.C. 5	1.1	-16.6	6.2	- 0.5	- 11.3	- 42.2	28.5	28.1	- 78.9	112.7	6.9	7.1
H.C. 6	- 7.5	-17.4	7.2	- 10.6	- 15.0	- 44.4	- 17.6	54.8	10.1	- 27.1	- 2.0	7.6
Piedmont Total	- 0.2	-15.3	12.8	- 10.9	1.6 -	- 42.5	1.4	42.I	0.5	- 24.2	8.3	2.7
H.C. 7	13.6	1.2	9.8	12.6	28.5	- 17.9	17.4	2.0	3.2	- 1.2	10.0	9.2
H.C. 8	24.1	-12.0	24.5	- 8.1	58.7	- 28.6	8.6	11.4	48.2	7.78	22.9	- 1.6
Veneto Total	18.8	- 5.6	16.3	I.9	41.5	- 23.0	13.5	9.9	15.3	29.4	16.1	3.8
H.C. 9	- 9.1	-13.8	5.7	- 10.0	- 5.9	- 43.8	53.3	41.9	- 29.0	1.266.5	6.8	62.0
H.C. 10	40.1	-10.3	59.5	- 1.4	69.4	- 41.7	9.88	44.2	57.8	84.8	63.2	11.4
H.C. 11	- 4.5	-27.2	8.6	- 4.0	- 11.9	- 28.3	55.5	36.9	25.1	44.1	17.0	7.5
H.C. 12	6.0	-10.2	10.0	- 3.1	-41.3	- 30.4	117.1	15.0	9.09 -	37.4	7.3	4.1
Total Emilia	3.4	0'21-	621	- 4.6	0.7 -	-36.3	72.3	34.2	- 14.4	236.1	2I.I	20.1
NORTH ITALY TOTAL	5.0	-13.7	15.5	- 5.4	1.8	-35.3	17.5	33.3	- 3.9	94.8	14.3	8.9
H.C. 13	15.6	-26.6	18.9	- 13.2	15.4	- 42.9	- 21.2	36.5	36.3	111.7	9.2	1.7
H.C. 14	- 3.3	-20.4	6.7	- 11.3	8.9	- 38.2	6.2	48.2	62.6	9.79	9.7	4.4
Marche Total	3.3	-22.8	11.8	- 12.0	10.4	- 40.3	- 5.7	43.9	52.8	82.3	9.5	3.4
H.C. 15	- 21.7	L.8 -	- 3.2	- 5.8	-36.7	- 28.3	- 8.5	18.2	- 42.9	7.0	- 7.7	- 1.2
H.C. 16	14.1	-15.6	27.9	- 4.1	- 14.8	- 50.7	4.7	33.8	- 19.9	27.0	18.8	1.8
H.C. 17	- 21.3	-36.5	5.7	- 16.0	-31.3	- 52.8	- 11.1	51.1	- 21.0	12.6	9.0-	- 2.5
H.C. 18	- 16.2	-21.7	22.6	- 9.2	- 3.0	- 42.8	- 2.0	82.5	7.2	13.3	17.6	9.0
H.C. 19	- 31.4	-30.2	24.7	- 18.3	- 30.7	- 53.1	31.0	41.2	- 6.9	54.3	22.9	- 7.5
Lazio Total	- 18.0	-23.4	II.8	- 11.5	- 26.2	- 46.4	- 2.4	42.0	- 20.2	18.3	6.2	- 2.1
CENTRAL ITALY TOTAL	- 12.1	-23.2	8'II	2'II -	1.61-	- 44.8	- 3.6	42.7	- 6.3	38.2	7.2	- 0.4

(Continued) Table 17 – Increases/Decreases in Hospitalizations and Revenues of public Hospital Centers between 2013 and 2019, as well as between the latter year and 2020 (first year of the pandemic)

and 2020 Unstyear of the paraente	aemic)											
			REVENU	REVENUES FROM	REVENUES FROM	ES FROM	111111111111111111111111111111111111111	310 41 51				
			SERVIC	HEALTHCAKE SERVICES AND	CU-FATMENT CHARGES FOR	ES FOR	KEVENCES FROM FSR TRANSFER FO	KEVENUES FROM FSR TRANSFER FOR				
Hosnital Contors	INPATII	INPATIENT AND	HEALTH-RELATED	HEALTH-RELATED SOCIAL HEALTH	EXTERNAL SPECIALIST	RNAL	" BY - FUN	"BY-FUNCTION" ACTIVITIES				
	DAY	DAY HOSP.	SERVICE	SERVICES AS PER	SERVICES AS PER	S AS PER	REPORTE	REPORTED ON THE	OTHER REVENUES	EVENUES		
	ADMI.	<i>ADMISSIONS</i>	THE IS (C	THE IS (Cod. A0320)	THE IS (Cod. A0940)	od. A0940)	IS (Cod. AA0020)	440020)	AS PER	AS PER THE IS	TOTAL REVENUES	VENUES .
	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.
	13-19	19-20	13-19	19-20	13-19	19-20	13-19	19-20	13-19	19-20	13-19	19-20
H.C. 20	- 36.0	-24.3	- 2.5	- 20.1	- 10.8	- 23.4	- 4.3	19.3	354.5	- 25.3	1.7	- 7.8
H.C. 21	- 21.0	-23.4	2.9	- 14.3	6.3	- 43.0	- 4.3	39.4	184.1	- 20.8	3.3	8.0
Apulia Total	-30.7	-23.9	9.0 -	- 18.0	- 5.3	- 30.5	- 4.3	25.9	293.9	- 24.1	2.2	- 4.8
H.C. 22	- 11.9	-14.0	27.4	6.4	- 5.1	- 56.6	- 31.6	7.8	320.6	- 52.8	4.4	3.0
H.C. 23	2.7	-15.8	40.4	- 0.1	0.7	- 32.6	- 41.1	12.2	79.3	- 37.4	8.2	9.0
H.C. 24	- 1.5	-12.8	96.5	- 1.0	0.7	- 39.1	49.6	- 11.5	- 85.4	63.1	47.7	- 2.9
H.C. 25	- 10.0	-15.3	46.7	- 7.2	- 7.3	- 46.7	- 18.4	- 3.2	82.9	127.0	21.8	- 1.0
Calabria Total	- 5.9	-14.8	44.5	9.0 -	- 2.4	- 42.7	- 25.5	3.0	17.4	10.9	15.2	0.3
H.C. 26	- 16.1	-17.0	15.3	8.6 -	6.9 -	- 42.5	- 11.1	55.1	7.76	- 76.8	6.8	3.9
H.C. 27	- 14.0	-20.5	17.3	- 17.3	- 1.7	- 41.2	1.6	70.5	9.69	9.88 -	14.3	2.1
H.C. 28	- 13.4	-21.0	17.7	- 8.4	- 24.2	- 53.9	0.0	47.5	48.3	11.8	13.4	10.9
H.C. 29	- 18.8	-34.3	1.3	- 8.0	- 23.8	- 38.1	- 27.7	34.7	141.4	- 100.8	- 7.9	- 0.2
H.C. 30	28.0	-46.8	34.3	- 16.3	- 9.8	- 46.2	15.0	124.4	164.9	- 70.0	32.2	17.9
H.C. 31	- 24.0	-22.6	10.1	- 7.0	- 13.2	- 44.0	0.7	42.1	40.6	- 97.4	7.6	5.6
H.C. 32	- 21.9	-15.4	9.9	- 10.8	- 27.6	- 37.2	- 30.4	80.5	- 44.0	- 41.6	- 13.4	20.0
H.C. 33	- 4.2	-17.1	26.2	- 17.6	- 13.5	- 56.4	32.0	59.1	- 19.4	- 40.4	24.4	6.4
Sicily Total	- 11.6	-24.4	16.1	6.11	- 15.7	- 46.1	- 5.7	62.2	34.0	- 50.6	8.7	9.6
SOUTH and ISLANDS Total	- 15.2	-22.2	16.8	- 10.8	- 10.0	- 41.1	- 9.2	45.3	50.1	- 37.3	8.4	4.5
ITALY TOTAL	- 6.2	-18.5	15.1	- 8.3	- 6.5	- 38.8	2.0	39.6	8.1	42.4	10.9	5.7

Source: survey by Ermeneia - Studi & Strategie di Sistema, 2021

Table 174 – Comparison between the % of Revenues from Healthcare services and the % of Hospitalizations of public Hospital Centers by Region between 2013 and 2019, as well as between 2019 and 2020 (first year of the pandemic)

		2013-2019			2019-2020	
	A % Revenues	% V	Theoretical	A % Revenues	% V	Theoretical
Hosnital Contors	from services	Hospitalizations	imbalance in	from services	Hospitalizations	imbalance in
hi Rogion			percentage points			percentage points
of meston			between A Revenues			between A Revenues
			from services and			from services and
			Δ Hospitalizations			Δ Hospitalizations
Piedmont Total	12.8	-0.2	13.0	- 10.9	-15.3	26.2
Veneto Total	16.3	18.8	-2.5	1.9	- 5.6	7.5
Emilia Romagna Total	17.9	3.4	14.5	- 4.6	-17.0	12.4
NORTH ITALY TOTAL	15.5	5.0	10.5	- 5.4	-13.7	8.3
Marche Total	11.8	3.3	8.5	- 12.0	-22.8	10.8
Lazio Total	11.8	-18.0	29.8	- 11.5	-23.4	11.9
CENTRAL ITALY TOTAL		-12.1	23.5	- 11.7	-23.2	11.5
Apulia Total		-30.7	30.1	- 18.0	-23.9	5.9
Calabria Total	44.5	-5.9	50.4	9.0 -	-14.8	14.2
Sicily Total		-11.6	27.7	- 11.9	-24.4	12.5
SOUTH and ISLANDS Total		-15.2	32.0	- 10.8	-22.2	11.4
ITALY TOTAL	15.1	-6.2	21.3	- 8.3	-18.5	10.2
Source: survey by Ermeneia – Studi & Strategie di Sistema, 202	di & Strategie di .	Sistema, 2021				

Table 17B – Comparison between the % of Revenues due to Transfer from by-function activities and the % of Hospitalizations of public Hospital Centers by Region between 2013 and 2019, as well as between 2019 and 2020 (first year of the pandemic)

		2013-2019	2		2019-2020	
	A % Revenues	7 V	Theoretical imbalance	A % Revenues	7%	Theoretical imbalance
Hognital Contons	from "by-	Hospitalizations	in percentage points	from "by-	Hospitalizations	in percentage points
Hospitat Centers his Rogion	function		between A Revenues	function		between A Revenues
of negion	activities"		from "by-function	activities"		from "by-function
			activities" and			activities" and Δ
			Δ Hospitalizations			Hospitalizations
Piedmont Total	1.4	- 0.2	1.6	42.1	-15.3	57.4
Veneto Total	13.5	18.8	-5.3	9.9	- 5.6	12.2
Emilia Romagna Total	72.3	3.4	68.9	34.2	-17.0	51.2
NORTH ITALY TOTAL	17.5	5.0	12.5	33.3	-13.7	47.0
Marche Total	- 5.7	3.3	-9.0	43.9	-22.8	2.99
Lazio Total	- 2.4	- 18.0	15.6	42.0	-23.4	65.4
CENTRAL ITALY TOTAL	- 3.6	- 12.1	8.5	42.7	-23.2	62.9
Apulia total	- 4.3	- 30.7	26.4	25.9	-23.9	49.8
Calabria Total	- 25.5	- 5.9	-19.6	3.0	-14.8	11.8
Sicily Total	- 5.7	- 11.6	5.9	62.2	-24.4	9.98
SOUTH and ISLANDS Total	- 9.2	- 15.2	0.9	45.3	-22.2	67.5

Source: survey by Ermeneia – Studi & Strategie di Sistema, 2021

58.1

-18.5

- 15.2 - 6.2

ITALY TOTAL

Table 18 – Increases/Decreases in <u>Hospitalizations</u> and the <u>Costs</u> of public Hospital Centers between 2013 and 2019, as well as between the latter year and 2020 (first year of the pandemic)

(jirst year of the panaemic)														
					PURCHASE OF	ASE OF								
	INPATIE	INPATIENT AND	PURC	PURCHASE	HEALTHCARE	HCARE								
Hospital Centers	DAY F ADMIS	DAY HOSP. ADMISSIONS	OF G (Cod. 1	OF GOODS (Cod. BA010)	SERVICES (Cod. BA1570)	SERVICES od. BA1570)	PERSONNEL (Cod. BA2080)	NNEL 42080)	DEFERRI (Cod.B	DEFERRED COSTS (Cod. BA2690)	OTHER	OTHER COSTS	TOTAL COSTS	SJSO
	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.
	13-19	19-20	13-19	19-20	13-19	19-20	13-19	19-20	13-19	19-20	13-19	19-20	13-19	19-20
H.C. 1	- 11.3	-4.1	47.8	0.3	8.9	- 6.3	3.4	7.3	- 75.1	301.4	8.9	- 3.7	9.91	3.0
H.C. 2	17.3	-11.0	57.4	8.7	29.0	0.7	14.4	10.3	- 40.6	- 42.9	33.0	- 24.6	28.6	1.8
H.C. 3	- 1.2	-14.9	29.5	6.0	31.4	- 0.1	4.2	4.2	- 42.4	195.4	- 1.1	- 11.8	12.4	3.3
H.C. 4	16.6	-19.3	31.7	6.7	14.8	2.0	6.6	6.2	- 70.2	152.9	45.7	- 6.1	19.9	4.2
H.C. 5	1.1	9:91-	19.9	23.4	94.0	6.0	3.0	9.6	- 20.1	- 2.4	- 49.5	0.09	8.9	12.9
H.C. 6	- 7.5	-17.4	21.2	0.2	- 21.3	- 6.1	1.4	2.0	28.7	42.6	15.8	- 6.5	7.1	-0.1
Piedmont Total	- 0.2	-15.3	30.6	4.7	7.3	1.2 -	4.6	4.6	- 6.3	48.2	14.6	- 7.7	12.6	2.3
H.C. 7	13.6	1.2	21.5	8.4	- 24.2	17.7	6.3	25.0	- 33.9	9.5	- 7.4	2.7	4.2	14.4
H.C. 8	24.1	-12.0	48.1	3.6	- 17.2	6.5 -	0.1	5.1	265.5	43.4	35.3	1.4	18.3	4.2
Veneto Total	18.8	- 5.6	32.8	6.2	- 20.4	4.4	3.1	14.9	28.8	29.6	10.6	2.0	10.8	9.2
H.C. 9	- 9.1	-13.8	25.9	200.0	- 16.3	15.1	11.6	7.4	8.62	120.9	6.5	5.0	11.1	59.5
H.C. 10	40.1	-10.3	9.98	27.4	106.3	6.41 -	12.0	6.85	2.9	13.9	147.7	-37.7	68.2	9.1
H.C. 11	- 4.5	-27.2	65.7	7.7	- 1.0	6.5	3.9	6.5	8.8	- 41.7	4.8	13.7	18.2	8.9
H.C. 12	6.0	-10.2	30.6	15.0	3.6	- 2.0	1.7	3.6	84.2	22.5	- 6.0	- 4.8	7.0	4.3
Emilia Total	3.4	0'2I-	52.4	54.2	15.1	2.0 -	6.9	15.8	23.0	3.8	29.2	6.8 -	22.9	18.9
NORTH ITALY TOTAL	5.0	-13.7	37.5	20.9	2.6	- 0.I	5.0	10.2	15.4	24.6	161	- 6.3	15.4	9.6
H.C. 13	15.6	-26.6	26.1	0.8	4.3	1.6	3.0	1.3	3.3	46.5	10.8	- 2.1	6.6	1.9
H.C. 14	- 3.3	-20.4	32.4	- 0.6	- 10.7	1.1	6.7	5.3	- 44.0	110.7	15.5	9.2 -	12.8	2.6
Marche Total	3.3	-22.8	30.3	- 0.2	-3.3	<i>1.3</i>	5.2	3.8	- 27.4	78.5	14.0	- 5.9	II.7	2.4
H.C. 15	- 21.7	L'8-	- 2.4	4.9	- 40.6	5.62	- 8.1	2.3	- 16.2	53.7	- 23.2	- 10.0	- 13.1	3.8
H.C. 16	14.1	-15.6	55.8	5.2	- 0.5	2.7	- 1.1	8.2	6.0 -	36.9	- 15.0	1.2	5.9	9.9
H.C. 17	- 21.3	-36.5	9.9	- 4.2	2.7	5.2	25.1	6.7	- 67.6	10.9	- 14.9	- 18.9	- 1.6	-2.9
H.C. 18	- 16.2	-21.7	50.4	- 5.8	- 18.9	- 0.2	7.2	13.4	119.8	- 13.5	- 30.4	- 6.1	9.3	2.0
H.C. 19	- 31.4	-30.2	2.9	- 3.2	0.1	- 4.4	25.0	9.2	37.1	100.6	- 27.2	- 2.8	- 1.7	1.3
Lazio Total	- 18.0	-23.4	13.9	- I.7	- 11.5	6.5	4.5	6.7	- 40.7	28.0	-21.0	- 10.4	- 2.3	1.5
CENTRAL ITALY TOTAL	- 12.1	-23.2	18.1	- I.2	- 9.9	4.9	4.7	5.9	- 37.9	40.2	- 14.7	- 9.3	1.2	1.7

(Continued) Table 18 - Increases/Decreases in Hospitalizations and the Costs of public Hospital Centers between 2013 and 2019, as well as between the latter year and 2020 (first year of the pandemic)

منابع المادي	6													
					PURCHASE OF NON-	ASE OF								
	INPATIENT AND	SNT AND	PURCHASE	HASE	HEALTHCARE	HCARE								
Hospital Centers	DAYI	DAY HOSP.	OF G	OF GOODS	SERVICES	ICES	PERSONNEL	NNEL	DEFERR	DEFERRED COSTS	d Little	5E5 C7	ECE	5850
	ADMIS	ADMISSIONS	(Cod. BAUIU)	84010)	(Cod. BA15/U)	415/0)	(Cod. BA2080)	(42080)	(Cod.1	(Cod.BA2690)	OTHER COSIS	CUSIS	IOIAL COSIS	OSIS
	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.	% Var.
	13-19	19-20	13-19	19-20	13-19	19-20	13-19	19-20	13-19	19-20	13-19	19-20	13-19	19-20
H.C. 20	- 36.0	-24.3	- 10.4	- 5.9	6.8 -	9.4	4.2	4.6	- 11.8	50.9	48.5	- 9.0	2.5	9.0
H.C. 21	- 21.0	-23.4	- 0.5	8.2	3.7	23.5	11.0	24.6	- 25.1	54.3	8.2	3.3	5.9	17.8
Apulia Total	- 30.7	-23.9	- 7.3	- 1.1	- 4.9	14.2	9.9	12.1	- 15.3	51.7	36.0	- 6.0	3.6	6.4
H.C. 22	- 11.9	-14.0	39.9	9.9 -	- 17.8	1.1	- 2.9	0.2	242.8	- 23.5	38.6	- 17.2	11.1	4.1
H.C. 23	2.7	-15.8	24.6	6.5	2.9	- 0.5	6.7	4.9	- 43.6	2.662.9	26.7	58.9	12.9	21.1
H.C. 24	- 1.5	-12.8	58.2	13.6	10.8	- 0.8	23.9	6.9	208.2	9.99	1.021.4	- 77.4	143.5	-28.2
H.C. 25	- 10.0	-15.3	61.7	2.9	13.5	- 0.5	13.0	2.2	9.58 -	117.6	22.9	- 24.4	23.6	-0.6
Calabria Total	- 5.9	-14.8	45.1	3.1	9·I -	- 0.0	6.7	3.0	102.6	112.2	176.0	- 45.3	31.7	-2.7
H.C. 26	- 16.1	-17.0	25.3	3.8	12.6	6.0	4.0	2.1	- 10.7	20.2	13.4	36.5	11.1	7.8
H.C. 27	- 14.0	-20.5	46.6	6.1	8.0	6.7	9.7	1.2	- 24.7	26.1	14.5	- 9.5	16.0	2.3
H.C. 28	- 13.4	-21.0	43.1	7.0	6.4	3.6	2.9	8.9	- 50.5	187.6	12.6	13.5	15.7	9.4
H.C. 29	- 18.8	-34.3	35.3	8.3	- 5.2	- 20.9	- 21.0	0.7	0.3	17.1	- 2.2	17.7	- 6.5	3.1
H.C. 30	28.0	-46.8	9.68	14.3	- 1.9	3.9	- 5.0	8.9	- 65.7	490.5	152.2	- 20.1	30.9	8.7
H.C. 31	- 24.0	-22.6	30.4	13.2	2.3	8.0	- 1.2	2.7	64.5	2.3	16.0	- 4.3	10.5	5.6
H.C. 32	- 21.9	-15.4	23.2	- 1.8	-35.2	4.8	9.9 -	2.4	- 43.4	169.6	44.2	- 6.1	2.9	3.4
H.C. 33	- 4.2	-17.1	52.5	5.8	17.2	15.4	12.2	7.1	- 2.1	156.8	12.5	- 7.1	24.0	6.5
Sicily Total	- II.6	-24.4	41.6	7.1	- I.9	3.8	- I.S	3.6	- 21.1	92.7	25.6	0.3	12.7	1.9
SOUTH and ISLANDS Total	- 15.2	-22.2	28.9	4.8	- 2.7	5.6	2.0	5.3	- 2.8	93.1	45.9	- 11.3	14.1	4.3
ITALY TOTAL	- 6.2	-18.5	30.1	10.9	- 1.9	2.7	3.9	7.7	9.8 -	51.8	16.2	- 8.4	11.8	6.2

Source: survey by Ermeneia – Studi & Strategie di Sistema, 2021

Table 184 - Comparison between the % of Costs for Purchase of Goods and the % of Hospitalizations of public Hospital Centers by Region between 2013 and 2019, as well as between 2019 and 2020 (first year of the pandemic)

2013-2019		2013-2019			2019-2020	
	A % Costs for	%∇	Theoretical	A % Costs for	%∇	Theoretical imbalance
	the Purchase	Hospitalizations	imbalance in	the Purchase	Hospitalizations	in percentage points
Hospital Centers	of $Goods$		percentage points	of $Goods$		between A Costs for
by Region			between A Costs for			the Purchase
			the Purchase			of Goods and
			of Goods and			Δ Hospitalizations
			Δ Hospitalizations			
Piedmont Total	30.6	-0.2	30.8	4.7	-15.3	20.0
Veneto Total	32.8	18.8	14.0	6.2	- 5.6	11.8
Emilia Romagna Total	52.4	3.4	49.0	54.2	-17.0	71.2
NORTH ITALY TOTAL	37.5	5.0	32.5	20.9	-13.7	34.6
Marche Total	30.3	3.3	27.0	-0.2	-22.8	22.6
Lazio Total	13.9	-18.0	31.9	-1.7	-23.4	21.7
CENTRAL ITALY TOTAL	18.1	-12.1	30.2	-1.2	-23.2	22.0
Apulia Total	-7.3	-30.7	23.4	-1.1	-23.9	22.8
Calabria Total	45.1	-5.9	51.0	3.1	-14.8	17.9
Sicily Total	41.6	-11.6	53.2	7.1	-24.4	31.5
SOUTH and ISLANDS Total	28.9	-15.2	44.1	4.8	-22.2	27.0
ITALY TOTAL	30.1	-6.2	36.3	10.9	-18.5	29.4

Source: survey by Ermeneia - Studi & Strategie di Sistema, 2021

Table 18B - Comparison between the % of Other Costs and the % of Hospitalizations of public Hospital Centers by Region between 2013 and 2019, as well as between 2019 and 2020 (first year of the pandemic)

	3	2013-2019			2019-2020	
	% <i>∇</i>	%∇	Imbalance in	%∇	%∇	Theoretical
Hosnital Contons	Other Costs	Hospitalizations	percentage points	Other Costs	Hospitalizations	imbalance in
Hospital Centers			between			percentage points
of region			A Other Costs and			between
			A Hospitalizations			A Other Costs and
						A Hospitalizations
Piedmont Total	14.6	-0.2	14.8	7.7-	-15.3	7.7
Veneto Total	10.6	18.8	-8.2	2.0	- 5.6	9.7
Emilia Romagna Total	29.2	3.4	25.8	6.8-	-17.0	8.7
NORTH ITALY TOTAL	19.1	5.0	14.1	-6.3	-13.7	7.4
Marche Total	14.0	3.3	10.7	-5.9	-22.8	16.9
Lazio Total	-21.0	-18.0	3.0	-10.4	-23.4	13.0
CENTRAL ITALY TOTAL	-14.7	-12.1	-2.6	-9.3	-23.2	13.9
Apulia Total	36.0	-30.7	2.99	0.9-	-23.9	17.9
Calabria Total	176.0	-5.9	181.9	-45.3	-14.8	-30.5
Sicily Total	25.6	-11.6	37.2	-0.3	-24.4	24.1
SOUTH and ISLANDS Total	45.9	-15.2	61.1	-11.3	-22.2	10.9

Source: survey by Ermeneia – Studi & Strategie di Sistema, 2021

16.2

ITALY TOTAL

10.1

Table 19 - Operating results of the Hospital Centers in the eight years considered (in thousands of euros)

	,)			1. 10 10 11			
Hosnital Contors		•		Operating res	Operating result as per IS (A. V.)		•	
nospiiai Centers	2013	2014	2015	2016	2017	2018	2019	2020
H.C. 1	0	- 10,147	- 7,716	0	1.926	0	0	- 6,603
H.C. 2	- 5,990	- 12,852	- 18,864	- 6,428	- 2,406		1.814	- 19,419
H.C. 3	0	- 5,619	0	0	0	1.156		- 13,741
H.C. 4	0	- 5,737	- 4,486	0	1.180		•	- 13,978
H.C. 5	0	- 8,432	- 6,568	0	- 1,495	- 3,818	511	- 12,963
H.C. 6	- 12,750	- 30,648	- 15,081	- 11,040	- 17,478	- 120,997	- 102,504	- 31,338
Piedmont Total	- 18,740	- 73,435	- 52,715	- 17,468	- 18,273	- 123,659	- 100,179	- 98,042
H.C. 7	- 25,609	- 22,835	- 17,047	- 10,491	0	0	5.637	- 24,375
H.C. 8	- 24,950	- 13,451	1.000	0	0	0	1.425	- 33,486
Veneto Total	- 50,559	- 36,286	- 16,047	- 10,491	-	-	7.062	- 57,861
H.C. 9	0	0	0	0	0	0	0	0
H.C. 10	0	0	0	0	0	0	0	0
H.C. 11	0	0	0	0	0	0	0	0
H.C. 12	0	0	0	0	0	0	0	0
Emilia Total	•	•		•	•	•	•	
NORTH ITALY TOTAL	- 69,299	- 109,721	- 68,762	- 27,959	- 18,273	- 123,659	- 93,117	- 155,903
H.C. 13		0	0	0	0	0	0	0
H.C. 14		0	0	0	0	0	0	0
Marche Total	0	0	0	0	0	0	0	0
H.C. 15	- 151,274	- 158,632	- 161,799	- 155,718	- 130,712	- 116,314	- 113,719	- 132,948
H.C. 16	- 91,594	- 102,291	- 98,853	- 81,733	- 83,599	- 77,401	- 57,726	- 83,397
H.C. 17	- 77,273	- 74,610	- 92,543	- 140,252	- 104,166	- 87,743	- 88,327	- 92,648
H.C. 18	- 102,291	- 53,708	- 54,160	- 49,108	- 41,510	- 40,432	- 48,230	- 51,327
H.C. 19	- 55,349	- 73,601	- 62,567	- 41,794	- 24,902	- 19,500	- 19,589	- 34,213
Lazio Total	- 477,781	- 462,842	- 469,922	- 468,605	- 384,889	- 341,390	- 327,591	- 394,533
CENTRAL ITALY TOTAL	- 477,781	- 462,842	- 469,922	- 468,605	- 384,889	- 341,390	165'228 -	- 394,533

(Continued) Table 19 – Operating results of the Hospital Centers in the eight years considered (in thousands of euros)

				Operating rest	Operating result as per IS (A.V.)			
nospuai Ceniers	2013	2014	2015	2016	2017	2018	2019	2020
H.C. 20	0	0	- 28,102	- 19,736	- 9,740	- 41,114	- 14,876	- 61,644
H.C. 21	0	0	0	0	0	0	0	- 45,316
Apulia Total	•	•	- 28,102	- 19,736	- 9,740	- 41,114	- 14,876	- 106,960
H.C. 22	- 4,584	- 6,007	- 1,880	0	0	0	- 12,231	999-
H.C. 23	- 1,682	- 3,764	- 2,265	0	- 12,930	- 27,743	- 14,544	- 54,257
H.C. 24	- 15,516	- 14,562	- 29,858	- 42,000	- 12,319	- 20,942	- 101,787	- 72,371
H.C. 25		- 17,377	- 20,279	0	0	0	0	
Calabria Total	- 21,782	- 41,710	- 54,282	- 42,000	- 25,249	- 48,685	- 128,562	- 127,294
H.C. 26	0	0	0	0	0	0	0	0
H.C. 27	0	0	0	0	0	0	0	0
H.C. 28	0	788	0	0	0	0	0	0
H.C. 29	0	0	0	0	0	0	0	0
H.C. 30	0	0	0	0	0	0	0	
H.C. 31	0	2.456	2.680	0	0	0	0	0
H.C. 32	0	0	0	0	0	0	- 50,699	0
H.C. 33	0	2209	0	1120	0	1.666	0	0
Sicily Total	-	5.453	2.680	1.120	-	1.666	- 50,699	•
SOUTH and ISLANDS Total	- 21,782	- 36,257	- 79,704	- 60,616	- 34,989	- 88,133	- 194,137	- 234,254
ITALY TOTAL	- 568,862	- 608,820	- 618,388	- 557,180	- 438,151	- 553,182	- 614,845	- 784,690
2	7:0 7:0 0	0000						

Source: survey by Ermeneia - Studi & Strategie di Sistema, 2020

Part Two Statistical indicators

1. Facility data

1.1. The presence of the public and private component institutions of the National Health Service

The updates of the facility data of the hospital sector of the National Health Service continue to be taken from one of the two sources that the Ministry of Health makes available, that of the "Open Data", currently released in the 2010-2019 version. Processing the information available in this area of the ministerial portal makes it possible to get an overview of the gradual reorganization of the Italian hospital and healthcare institutes which, since 2004, has focused mainly on the entire public hospital network. This network has, as has already been mentioned several times, in fact been subject to aggregations and transformations into new types of institutions, mainly from a hospital system directly managed by local health authorities towards organizational forms within variously articulated Hospital-Center systems (Hospital Centers, Centers integrated with universities, Centers integrated with the NHS). In the privately-operated component, however, the trend, already found in some Regions, especially Lazio, of the reconversion or the actual downgrading of many accredited facilities, has been relegated to less qualified production activities such as long-term care or residential care. More in general, the data of the Ministry of Health for 2019 indicate a halt to the reduction of the presence of hospitals directly managed by local health authorities and accredited hospitals. Compared to 2015, the new reference year for the data presented, it can be seen that the total of public and private healthcare institutions decreased from 1,049 to 997 units in 2019, a total reduction of -5%. Tables S/1 and S/2 show, in particular:

in the public sector, above all a decrease in the number of Hospital Centers (-7%) and directly managed Hospitals (-6.3%), followed by the Hospital Centers integrated with universities (-5.6%); overall, public healthcare and assimilated institutions have seen a gradual decline during the

- period considered, with a final change of -5.7%, although it must be pointed out that there are more reconversions of types or aggregations than of real divestments:
- in the context of accredited hospitals in the strict sense (those that the Ministry classifies as Accredited healthcare facilities), there is confirmation of the trend towards a less pronounced downsizing, which saw its presence in the hospital system decrease from 501 units in 2015 to 480 in 2019 (-4.2%).

The ratio of publicly-operated hospital component to privately-operated hospital component of the National Health Service within the total number of hospital institutions shows a national average of 43.7% for the former and 56.3% for the latter (Table S/4), and is fairly well balanced in most Italian regions, again keeping in mind the larger size and the average number of patient beds found in the public institutions.

Considering the ratio of public/private institutions from Region to Region as reported in the data for 2019, we can see in which geographical areas there is a greater number of public institutions and where there is a sort of balance of the 'somewhat mixed system' between these two sectors (Table S/4):

- a greater number of public facilities is found especially in Basilicata, Sardinia, Friuli Venezia Giulia, Umbria, Abruzzo, Tuscany and in the autonomous provinces of Bolzano and Trento;
- the presence of a somewhat mixed system (with greater balance between the types of institutions) is instead found mainly in Apulia, the Aosta Valley, Sicily, and Calabria.

1.2. Bed distribution

Focusing on the analysis of number of patient beds, rather than on the number of facilities, whose public/private ratios are, as has already been mentioned, strongly affected by institutions' size, it can be seen that in Italy in 2019, the hospital system had more than 187,000 patient beds available for inpatient-admission services, with a rather steady composition over time of 69.9% from public facilities and 30.1% from private facilities (Table S/5).

With the exception of Lazio, a situation which sees a truly mixed system in operation also in terms of patient beds, the territorial distribution throughout the rest of Italy sees a more or less clear prevalence of public facilities, a prevalence accentuated also by the penalizing measures relating to the reorganization of the hospital network guided by Ministerial Decree 70 of 2015, which have already undergone complete transposition in many regions.

For the supply sector covered by the private facilities, represented in this case solely by facilities belonging to AIOP, it is instead possible to present an update to 2021, with a comparison limited to 2019 compared to the other fewer accredited components in Table S/6. This shows almost 28,000 beds for inpatient-admission purposes out of a total of just over 40,000, a percentage amounting to nearly 71%. In this specific instance, the comparison relates to the ministerial classification of 'Accredited healthcare facilities'.

The Regional distribution of AIOP's network of institutions in 2021 shows a concentration among NHS accredited facilities according to the most prevalent nosological classifications (Table S/7):

- multi-specialist (174 out of 515 institutions);
- RSA/assisted living homes (149 out of 515 institutions).
- rehabilitation (66 out of 515 institutions);
- surgical (65 out of 515 institutions);
- neuro-psychiatry (27 out of 515 institutions);
- long-stay care (19 out of 515 institutions);
- medical (15 out of 515 institutions).

If we consider the different types of activities (see Tables S/8 and S/9), also belonging to the AIOP-associated institutions (2021), the greater concentrations of patient beds at the national level are: surgical, medical, rehabilitation, long-stay care, neuro-psychiatry, and a significantly increase in assisted living homes (*R.S.A.*, *Residenze Sanitarie Assistenziali*). There is also a large and significant amount for highly specialized areas (almost 900 patient beds), especially cardiac surgery.

1.3. Medical equipment

The description of the distribution of equipment still refers to the latest update available, that of 2019. It attests to the solidity of the technological mechanism that supports and qualifies the hospital services and that, in most of the Italian Regions, also makes a decisive contribution in terms of specialized assistance locally. The availability by Region and by type of equipment are shown in Tables S/10 (Public and assimilated facilities), S/11 (Code 5.1 Accredited hospitals) and S/12 (Non-accredited private healthcare facilities).

The data for the first two types of facilities confirm the significance of the contribution that the private hospital component provides to the supply of advanced technological services, continuing to ensure significant territorial compensation within the repeatedly invoked concept of the "mixed system".

Table S/10 (Public and assimilated facilities) highlights that the bulk of the most sophisticated equipment (Computerized Axial Tomography – CT, Hemodialysis machines – HD, Magnetic Resonance Tomography – MRT, Linear Accelerators – LINACs) are mainly concentrated in hospitals in the North of Italy, except for Hyperbaric Chambers, which are much widespread in the South.

With reference to this equipment, Table S/11 shows how accredited hospitals tend to "compensate" this imbalance with significant amounts of their own equipment situated in the South compared to the rest of the country, including Hyperbaric Chambers, CT devices and Hemodialysis machines.

Table S/1 – Evolution in the number of public and assimilated, and accredited hospitals

,	20,	15	20.	91	20,	7	201	8	20,	6.
	A.V.	%	A.V.	%	A.V.	%	A.V.	%	A.V.	%
 Hospital Centers 	57	5.4	57	5.5	55	5.5	53	3 5.3	53	5.3
 Directly managed hospitals 	351	33.5	347	33.6	327	32.6	327	32.7	329	33.0
- Hospital Centers integrated with the										
NHS	6	6.0	6	6.0	6	6.0	6	6.0	6	6.0
- Hospital Centers integrated with univer-										
sities	18	1.7	18	1.7	16	1.6	17	1.7	17	1.7
 University Polyclinics 	7	0.2	2	0.2	7	0.2	7	0.2	2	0.2
 Institutes for Treatment and Research 	64	6.1	63	6.1	63	6.3	63	6.3	63	6.3
- Religiously-affiliated classif. hospitals	27	5.6	76	2.5	27	2.7	28	2.8	28	2.8
 Institutes-ASL Facilities 	18	1.7	18	1.7	17	1.7	14	1.4	14	1.4
 Research facilities 	7	0.2	2	0.2	2	0.2	7	0.2	2	0.2
 Total public and assimilated institutions 	548	52.2	542	52.4	518	51.5	515	51.5	517	51.9
 Accredited hospitals (1) 	501	47.8	492	47.6	487	48.5	485	48.5	480	48.1
Grand Total	1.049	100.0	1.034	100.0	1.005	100.0	I.000	100.0	266	0.001
(1) Code 5.1 Institutes (Accredited private b	haalthoara fe	Pacility) in the	- ministerial	Jacoificatio	u.					

 Code 5.1 Institutes (Accredited private healthcare facility) in the ministerial classification. Source: processing based on data from the Ministry of Health – Open Data 2015 – 2019

Table S/2 - Evolution in the number of public and assimilated, and accredited hospitals (% increase)

table 3/2 Evolution in the named of public and assimilated, and accreated hospitals (70 mercuse)	שנונותוכת, מנת מכנו כתו	ca nosbinais (va nicio	4367		
	2016/2015	2017/2016	2018/2017	2019/2018	2019/2015
- Hospital Centers	0.0	-3.5	-3.6	0.0	-7.0
 Directly managed hospitals 	-1.1	-5.8	0.0	9.0	-6.3
 Hospital Centers integrated with the NHS 	0.0	0.0	0.0	0.0	0.0
 Hospital Centers integrated with universities 	0.0	-11.1	6.3	0.0	-5.6
 University Polyclinics 	0.0	0.0	0.0	0.0	0.0
 Institutes for Treatment and Research 	-1.6	0.0	0.0	0.0	-1.6
 Religiously-affiliated classif. hospitals 	-3.7	3.8	3.7	0.0	3.7
 Institutes-ASL Facilities 	0.0	-5.6	-17.6	0.0	-22.2
 Research facilities 	0.0	0.0	0.0	0.0	0.0
 Total public and assimilated institutions 	-I.I	-4.4	9.0-	0.4	-5.7
 Accredited hospitals (1) 	-1.8	-1.0	-0.4	-1.0	4.2
Grand Total	-1.4	-2.8	-0.5	-0.3	-5.0
(1) Code 5.1 Institutes (Accredited private healthcar	re facility) in the minist	terial classification			

Code 5.1 Institutes (Accredited private healthcare facility) in the ministerial classification.
 Source: processing based on data from the Ministry of Health – Open Data 2015 – 2019

Table S/3 — Publich-operated and privately-operated agencies of the NHS by region. Year 2019 (A.V.)

Publich-operated genetics			, ,	0	2	,	,						
Hospital Directly Hospital Scientific Centers managed Centers and public University Inspirated integrated int			Public	:ly-operated a	gencies			Ь	rivately-opera	ted agencies			
Properties Properties Properties Properties Properties		Hospital	Directly	Hospital	Hospital	Scientific	Private	Institutes	Religiously-	Institutes-	Research	Accredited	Total
with the vith and and hospitus and hospitus 3 20 - 3 -	Regions	Centers	managea hospitals	Centers	Centers	ana public institutes	University Polyclinics	Jor Treatment	affiliatea classif.	ASL Facilities	Jacunnes	private hospitals¹	Institutions
3 OMBS universities foundations Research 27 -			•	with the	with	and	`	and	hospitals			•	
3 20 - 3 1 -				NHS	universities	foundations		Research					
27 1 27 27 2 2 2 2	Piedmont	3	20	-	3	1	-	2	-	9	-	38	73
27 - - 5 - 21 5 - - 6 - 7 - <td>Aosta Valley</td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td>•</td> <td>-</td> <td>2</td>	Aosta Valley		-							•	•	-	2
- 7 - - - - - - - - - - - - - - - - - - - -	Lombardy		•			5		21	5	•	•	2	122
- 7 -	A.P. of Bolzano	,	7	,	•	,	,	•	,	•	•	c	10
1 11 - 1 2 - 1 5 2 - 17 - 6 - <td>A.P. of Trento</td> <td></td> <td>7</td> <td></td> <td></td> <td></td> <td>•</td> <td>•</td> <td>-</td> <td>٠</td> <td>٠</td> <td>5</td> <td>13</td>	A.P. of Trento		7				•	•	-	٠	٠	5	13
- 8 - - 5 - 15 -	Veneto	-	11		_	2	•	_	5	2	•	17	40
- 6 -	Friuli V.G.		∞			2				٠	•	5	15
- 15 - 4 2 - 1 - 44 2 8 - <td>Liguria</td> <td>,</td> <td>9</td> <td>,</td> <td>•</td> <td>2</td> <td>,</td> <td>1</td> <td>2</td> <td>•</td> <td>•</td> <td>∞</td> <td>19</td>	Liguria	,	9	,	•	2	,	1	2	•	•	∞	19
- 31 - 4 1 - 1 - 5 2 32 - <td>Emilia R.</td> <td></td> <td>15</td> <td></td> <td>4</td> <td>2</td> <td></td> <td>1</td> <td></td> <td></td> <td>•</td> <td>4</td> <td>29</td>	Emilia R.		15		4	2		1			•	4	29
2 8 -	Tuscany		31		4	1		1	•	2	1	21	61
1 5 - 1 1 - <td>Umbria</td> <td>2</td> <td>∞</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td>•</td> <td>5</td> <td>15</td>	Umbria	2	∞							•	•	5	15
2 32 1 2 3 8 2 59 - 17 - - - - - - 10 - 3 - - - - - 10 - 24 1 1 4 - - - 1 1 7 - - 1 4 - - - - - 4 18 - - 1 2 - <	Marche	1	5	•	-	1	•	•	•	•	•	14	22
- 17 - - - - - - - - 10 - 34 2 1 1 - - - - 1 3 - 24 1 1 4 -	Lazio	2	32	_	2	ю	2	ю	∞	2	•	59	114
- 3 - - - - - - 1 -	Abruzzo		17	•		•	•	•	•	•	•	10	27
6 34 2 1 1 4 - 59 - 24 1 1 4 - 1 2 - - 26 1 7 - - 1 -	Molise		æ					1		•	1	33	∞
- 24 1 1 4 - 1 2 - - 26 4 18 - - 1 -	Campania	9	34	2	-	1	•	1	4	•	•	59	108
1 7 - - 1 - - - 1 4 18 - - 1 - - - 29 5 53 3 - 2 - - - 29 1 22 2 - - - 9 31 75 - 8 14 - 185 5 76 1 7 5 2 4 8 4 19 53 329 9 17 28 2 35 28 14 2 480	Apulia		24	-	-	4		1	2	•	•	26	59
4 18 - - 1 - - - 2 5 53 3 - - 2 -<	Basilicata		7			-				•	•	-	10
5 53 3 - 2 - 2 1 1 - 59 1 22 2 - - - - - 9 31 75 - 8 14 - 26 13 9 - 185 5 76 1 7 5 2 4 8 4 1 99 17 178 8 2 9 - 5 7 1 11 196 53 329 9 17 28 2 35 28 14 2 480	Calabria	4	18			1		•	•	•	•	29	52
1 22 2 - - - - 9 31 75 - 8 14 - 26 13 9 - 185 5 76 1 7 5 2 4 8 4 1 99 17 178 8 2 9 - 5 3 14 1 196 53 329 9 17 28 2 35 28 14 2 480	Sicily	S	53	33		2	•	2	-		•	59	126
31 75 - 8 14 - 26 13 9 - 185 5 76 1 7 5 2 4 8 4 1 99 17 178 8 2 9 - 5 7 1 1 166 53 329 9 17 28 2 35 28 14 2 480	Sardinia	-	22	2				•	•	•	•	6	34
5 76 1 7 5 2 4 8 4 1 99 17 178 8 2 9 - 5 7 1 1 166 53 329 9 17 28 2 35 28 14 2 480	North	31	75		∞	14		26	13	6	•	185	361
17 178 8 2 9 - 5 7 1 1 196 53 329 9 17 28 2 35 28 14 2 480	Center	S	9/	-	7	5	2	4	∞	4	1	66	212
53 329 9 17 28 2 35 28 14 2 480	South	17	178	∞	2	6		S	7	-	1	196	424
	Italy	53	329	6	17	28	2	35	28	14	7	480	266

(1) Code 5.1 Institutes (Accredited private healthcare facility) in the ministerial classification. Source: processing by Ermeneia, based on data from the Ministry of Health – Open Data 2019

Table S/4 – Publicty-operated and privately-operated agencies of the NHS by region. Year 2019 (%)

		Publ.	Publicly-operated agencies	agencies			7	Privately-operated agencies	ated agencies					
	Hospital	Directly	Hospital	Hospital	Scientific	Private	Institutes	Religiously-	Institutes-	Research	Accredited	Dublich	Dringtah	
Dowious	Centers	managed	Centers	Centers	and public	University	for	affiliated	ASL	facilities	private	1 activity	- transit	Total
vegions		hospitals	integrated	integrated	institutes	Polyclinics	Treatment	classif.	Facilities		hospitals ¹	operatea	operaiea	Institutions
			with the	with	and		and	hospitals				component	component	
			SHN	universities	foundations		Research							
Piedmont	4.1	27.4	0.0	4.1	1.4	0.0	2.7	0.0	8.2	0.0	52.1	37.0	63.0	100.0
Aosta Valley	0.0	50.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	50.0	50.0	50.0	100.0
Lombardy	22.1	0.0	0.0	0.0	4.1	0.0	17.2	4.1	0.0	0.0	52.5	26.2	73.8	100.0
A.P.of Bolzano	0.0	70.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	30.0	70.0	30.0	100.0
A.P. of Trento	0.0	53.8	0.0	0.0	0.0	0.0	0.0	7.7	0.0	0.0	38.5	53.8	46.2	100.0
Veneto	2.5	27.5	0.0	2.5	5.0	0.0	2.5	12.5	5.0	0.0	42.5	37.5	62.5	100.0
Friuli V.G.	0.0	53.3	0.0	0.0	13.3	0.0	0.0	0.0	0.0	0.0	33.3	2.99	33.3	100.0
Liguria	0.0	31.6	0.0	0.0	10.5	0.0	5.3	10.5	0.0	0.0	42.1	42.1	57.9	100.0
Emilia R.	0.0	22.4	0.0	0.9	3.0	0.0	1.5	0.0	1.5	0.0	65.7	31.3	68.7	100.0
Tuscany	0.0	50.8	0.0	9.9	1.6	0.0	1.6	0.0	3.3	1.6	34.4	59.0	41.0	100.0
Umbria	13.3	53.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	33.3	2.99	33.3	100.0
Marche	4.5	22.7	0.0	4.5	4.5	0.0	0.0	0.0	0.0	0.0	63.6	36.4	63.6	100.0
Lazio	1.8	28.1	6.0	1.8	2.6	1.8	2.6	7.0	1.8	0.0	51.8	35.1	64.9	100.0
Abruzzo	0.0	63.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	37.0	63.0	37.0	100.0
Molise	0.0	37.5	0.0	0.0	0.0	0.0	12.5	0.0	0.0	12.5	37.5	37.5	62.5	100.0
Campania	5.6	31.5	1.9	6.0	6.0	0.0	6.0	3.7	0.0	0.0	54.6	40.7	59.3	100.0
Apulia	0.0	40.7	1.7	1.7	8.9	0.0	1.7	3.4	0.0	0.0	44.1	50.8	49.2	100.0
Basilicata	10.0	70.0	0.0	0.0	10.0	0.0	0.0	0.0	0.0	0.0	10.0	0.06	10.0	100.0
Calabria	7.7	34.6	0.0	0.0	1.9	0.0	0.0	0.0	0.0	0.0	55.8	44.2	55.8	100.0
Sicily	4.0	42.1	2.4	0.0	1.6	0.0	1.6	8.0	8.0	0.0	46.8	50.0	50.0	100.0
Sardinia	2.9	64.7	5.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	26.5	73.5	26.5	100.0
North	8.6	20.8	0.0	2.2	3.9	0.0	7.2	3.6	2.5	0.0	51.2	35.5	64.5	100.0
Center	2.4	35.8	0.5	3.3	2.4	6.0	1.9	3.8	1.9	0.5	46.7	44.3	55.7	100.0
South	4.0	42.0	1.9	0.5	2.1	0.0	1.2	1.7	0.2	0.2	46.2	50.5	49.5	100.0
Italy	5.3	33.0	0.0	1.7	2.8	0.2	3.5	2.8	1.4	0.2	48.1	43.7	56.3	100.0

| Hatp | 2,54 | 53,64 | 53,65 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00 | 10,00

Table S/5 – Patient beds of publicky- and privately-operated agencies of the NHS used for inpatient admissions, by Region. 2019

i dotte 5/2 i ditetti veda j		and private	2019	9	and the table to the	aren aanus	provide and privately operated agencies of the 1915 used for infrarent admissions, by region, 2017	2018	
Regions	Publicty-operated agencies of the NHS	perated te NHS (1)	Privately-operated agencies of the NHS (1	perated e NHS (1)	Total 2019	610	Publich-operated agencies of the NHS	Privately-operated agencies of the NHS	
)	Patient beds % of the	% of the	Patient beds	% of the	Patient beds	% of the	% of the total	% of the total	Total
Piedmont	10 190	6 69	4 382	30.1	14 572	1000	6 69	308	100.0
Aosta Vallev	370	83.3	7,75 74	16.7	444	100.0	83.5	16.5	100.0
Lombardy 2	21.768	62.5	13.044	37.5	34.812	100.0	62.8	37.2	100:0
A.P. of Bolzano	1.532	89.6	178	10.4	1,710	100.0	84.8	15.2	100.0
A.P. of Trento	1,223	64.8	664	35.2	1,887	100.0	62.9	34.1	100.0
Veneto	13,020	81.4	2,977	18.6	15,997	100.0	81.4	18.6	100.0
Friuli V.G.	3,418	9.68	397	10.4	3,815	100.0	90.1	6.6	100.0
Liguria	4,154	82.9	858	17.1	5,012	100.0	82.2	17.8	100.0
Emilia R.	12,319	75.5	4,008	24.5	16,327	100.0	75.6	24.4	100.0
Tuscany	8,444	82.2	1,829	17.8	10,273	100.0	82.3	17.7	100.0
Umbria	2,591	91.2	249	8.8	2,840	100.0	90.5	9.5	100.0
Marche	3,795	81.9	839	18.1	4,634	100.0	82.1	17.9	100.0
Lazio	9,051	49.3	9,305	50.7	18,356	100.0	49.3	50.7	100.0
Abruzzo	3,003	76.5	922	23.5	3,925	100.0	76.2	23.8	100.0
Molise	493	55.4	397	44.6	890	100.0	58.2	41.8	100.0
Campania	8,977	61.6	5,605	38.4	14,582	100.0	59.5	40.5	100.0
Apulia	8,334	72.0	3,241	28.0	11,575	100.0	72.0	28.0	100.0
Basilicata	1,578	97.5	40	2.5	1,618	100.0	97.5	2.5	100.0
Calabria	3,209	66.1	1,647	33.9	4,856	100.0	64.8	35.2	100.0
Sicily	9,184	65.4	4,866	34.6	14,050	100.0	65.1	34.9	100.0
Sardinia	3,997	82.7	838	17.3	4,835	100.0	81.2	18.8	100.0
North	67,994	71.9	26,582	28.1	94,576	100.0	71.9	28.1	100.0
Center	23,881	66.1	12,222	33.9	36,103	100.0	66.2	33.8	100.0
South	38,775	8.89	17,556	31.2	56,331	100.0	0.89	32.0	100.0
Italy	130,650	6.69	56,360	30.1	187,010	0.001	9.69	30.4	100.0
(1) For the closest	ition of the cities	T occ pacitud	5k1 S (2)						

(1) For the classification of the institutions see Table S/3). Source: processing by Ermeneia – data from the Ministry of Health, Open Data 2019

Table S/6 – NHS Accredited Hospitals¹, by region–Institutions and Patient beds. 2019

	•	TOTE	,	AKUS		Others		Iotal
1	Institutions	Accred. patient beds						
- Piedmont	26	2,006	4	444	8	591	38	3,041
 Aosta Valley 	-	74					1	74
 Lombardy 	36	4,305	14	1,911	14	1,250	2	7,466
- Bolzano	2	109	,	•	-	69	3	178
- Trento	8	326	1	88	1	145	5	559
- Veneto	17	1,615	,	•		•	17	1,615
 Friuli V.G. 	2	173			33	224	S	397
 Liguria 	2	135	_	11	S	155	8	301
 Emilia R. 	41	3,619	-	9/	2	127	4	3,822
- Tuscany	12	206	7	259	2	290	21	1,456
- Umbria	4	189	-	09			5	249
Marche	11	969	_	35	2	208	14	839
- Lazio	40	3,059	5	300	14	1,371	59	4,730
Abruzzo	2	401	2	87	9	434	10	922
- Molise	2	100			-	40	3	140
 Campania 	50	4,242			6	651	59	4,893
- Apulia	14	1,176	-	54	11	1,067	26	2,297
 Basilicata 		40					-	40
 Calabria 	14	821			15	826	29	1,647
- Sicily	48	3,400			11	517	59	3,917
 Sardinia 	8	788			-	20	6	838
- North	130	12,362	21	2,530	34	2,561	185	17,453
- Center	29	4,751	14	654	18	1,869	66	7,274
- South	139	10,968	ю	141	54	3,585	196	14,694
Italy	336	28,081	38	3,325	901	8,015	480	39,421
%	20.0	71.2	7.9	8.4	22.1	20.3	100.0	100.0

(1) Code 5.1 Institutes (Accredited private healthcare facility) in the ministerial classification. Source: processing by Ermeneia, based on data from the Ministry of Health, Open Data 2019 and AIOP

Rehabilitation Centers	həlibəvəəh														2 -	-		- 9							10 -	- 81	
	рэнірэлээр-иоМ	4		8		,	-	-	2	2	1			22			2			1			18	23	3	44	
Totals	hetited Åccredited	35	1	66	3	3	22	7	7	52	23	7	16	98	33	4	53	21	_	17	99	6	219	132	164	515	
2021 RSA	pəṇpə.con-uoN		'	. 5				_		_		٠	٠	-	•		•	•	•	•	•		7	_	٠	8	
ons–Year .	Non-accredited	6 -		- 54			- 2			- 10	9 -	-	- 3	- 39	-		- 5	-		- 2			- 75	- 49	- 25	- 149	
classifications Rehabilitation	heitied nell	5	_	13	3		9		_	7	_	_	3	9		_	7	_		S	5		36	=	19	99	
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cording to the most Neuro-psychiatry	hedited	4	•	7	٠	٠	3	•	٠	9	7	•	-	7	•					•	7	•	15	10	7	27	
nstitutions ac Surgical	рәңірәлээр-иоМ	1	٠	-	٠	٠	٠	٠	٠	٠	-	٠	٠	∞	٠	٠	7	٠	٠	-	٠	٠	7	6	3	14	
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ional distributior Multi-specialist	hecredited Aorn-aceredited	14		26		7	6	7	_	24	5	7	7	20 1	7	3	24	6	,	_	18	2	78	34 1	62	174 2	
Table S/7 — Regional distribution of A10P-associated institutions according to the most prevalent mosological classifications—Year 2021 Multi-specialist Medical Surgical Neuro-psychiatry Long-stay care pts Rehabilitation RSA	Regions	- Piedmont	 Aosta Valley 	 Lombardy 	- Bolzano	Trento	- Veneto	Friuli V.G.	 Liguria 	 Emilia R. 	- Tuscany	- Umbria	Marche	- Lazio	Abruzzo	Molise	 Campania 	Apulia	 Basilicata 	 Calabria 	Sicily	 Sardinia 	North	Center	South	Italy	Source: 410P

Table S/8 – Regional distrib	nal distr	ibution o	f patient t	seds of t	he AIOF	-associan	ed institut.	ions acce	ttion of patient beds of the AIOP-associated institutions according to the different types of activities	e differen	t types o	f activitie.	– Ye	:021		,		i
•	High Specialty	pecialty	Medica	cal	Surgical		Neuro-psychiatry		Long-stay care pts	care pts	Rehabilitation	itation	RSA	4	Totals	als	Rehabilitation Centers	centers .
Regions	bətibərəə!	-noV bətibərəən	рэцрэлээү	-noV on-	pətibərəə!	-noV recredited	рәңірәлээ	on- secredited	рәңрәлээ	Von- secredited	pətibərəəl	nov- hətibərəən	pətibərəə!	von-	рәңірәлээ	-noV bətibərəən	4ccredited	von-
- Piedmont	06		404		692	4	264		413		617		904		3.384	- 1	,	
- Aosta Vallev	٠	•	٠	٠	12	4	٠	٠	٠	٠	2	٠	٠	٠	92	4	•	٠
- Lombardy	44	18	2,673	68	3,024	185	103	20	10		2,289	55	5,930	009	14,470	196	09	
- Bolzano	•	•	15	∞		٠	٠	٠	20	22	169	33		٠	204	63	1	
- Trento	•	•	106	•	50	٠	٠	٠	162	17	30	٠	21	٠	369	17	,	
- Veneto	•	٠	480	73	200	117	372	18	40	٠	704	52	450	•	2,752	260	28	
Friuli V.G.	•	٠	62	17	153	20	٠	٠		٠	12	٠	٠	77	227	114	•	
 Liguria 	15	٠	4	47	15	73	٠	٠	٠	٠	29	٠	٠	•	138	120	•	
 Emilia R. 	73	7	1,052	35	1,504	159	674	7	570	5	919	51	639	296	5,431	550		
Tuscany	21	٠	224	•	289	20	105	-	182	٠	424	10	349	•	1,992	61	126	
- Umbria	•	•	16	•	188	٠	٠	٠	43	٠	132	25	20	20	399	45	•	
Marche	•	٠	202	•	311	٠	20	٠	142	٠	180	٠	315	6	1,200	6	70	
- Lazio	•	40	1,296	389	1,573	975	563	23	573	3	1,056	428	3,383	215	8,444	2,073	684	
Abruzzo	•	٠	119	4	140	73	100	٠		٠	54	54	28	27	44	198	303	
Molise	40	٠	157	52	114	٠	٠	٠	٠	٠	129	100	30	•	470	152	•	53
 Campania 	81	13	976	131	2,173	380	•	٠	557	55	1,203	12	439	٠	5,379	591	80	
Apulia	78	٠	542	29	502	126	٠	٠	٠	٠	140	28	783	363	2,045	584	1,163	27
 Basilicata 	•	•	•	•	٠	٠	•	٠	16	٠	166	٠	120	•	302	٠	54	
 Calabria 	•	•	48	3	408	30		٠	125	٠	430	•	9/	٠	1,087	33		
Sicily	77	7	1,178	59	1,838	18	109	23	83	-	639	43	395	93	4,319	209		
 Sardinia 	•	•	169	∞	359	21	٠	•	90	٠	147	٠	٠	٠	765	59		,
North	619	30	4,833	355	6,156	817	1,413	72	1,215	62	4,871	201	7,944	666	27,051	2,536	88	
Center	21	40	1,738	389	2,759	1,025	718	74	940		1,792	463	4,067	244	12,035	2,188	880	
South	276	15	3,139	334	5,534	648	500	23	871	99	2,908	237	1,871	483	14,808	1,796	1,600	80
Italy	916	82	9,710	I,078	14,449	2,490	2,340	611	3,026	121	9,571	106	13,882	1,726	53,894	6,520	2,568	80
Source. 410P																		

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Table 5/9 – Regional district	distribution	on of patier	nt peds of to	he AIOP-a	ssociated 1.	nstitutions	according	to the dif	erent type.	s of activiti	es and reg	gons. Year	2021 (CO)	mposition	(%)	Ì
	High Sp	Specialty	Medical	cal	Surgical	cal	Neuro-psychiatry	chiatry	Long-stay care pts	care pts	Rehabilitation	itation	RSA	A	Total	al
Regions	рэлірэлээ ү	-иоN -поУ	hetiberəsh	noN-	hətibərəəA	now-	ьэйьэчээА	now- accredited	hetiber25A	noN-	рэлірэлээ	now-	рэлірэлээ	-noV h9iib9133p	hetibersed	-noV h9iib9133p
- Piedmont	2.7	2.3	11.9	19.5	20.4	58.7	7.8	7.3	12.2	4.1	18.2	2.3	26.7	5.9	100.0	100.0
 Aosta Valley 	٠	•	•	•	15.8	100.0		٠	٠	٠	84.2	•	٠	•	100.0	100.0
 Lombardy 	3.0	1.9	18.5	9.2	20.9	19.1	0.7	2.1	0.1	•	15.8	5.7	41.0	62.0	100.0	100.0
 A.P. of Bolzano 	٠	٠	7.4	12.7				•	8.6	34.9	82.8	52.4	•	٠	100.0	100.0
A.P. of Trento	٠		28.7		13.6			٠	43.9	100.0	8.1		5.7	٠	100.0	100.0
- Veneto	٠		17.4	28.1	25.7	45.0	13.5	6.9	1.5		25.6	20.0	16.4	٠	100.0	100.0
Friuli V.G.	٠	٠	27.3	14.9	67.4	17.5		٠	٠		5.3		•	67.5	100.0	100.0
 Liguria 	10.9		29.7	39.2	10.9	8.09				•	48.6	•		•	100.0	100.0
 Emilia R. 	1.3	9.0	19.4	6.4	27.7	28.9	12.4	9.4	10.5	6.0	16.9	9.3	11.8	53.8	100.0	100.0
- Tuscany	1:1	•	11.2	•	34.5	82.0	5.3	1.6	9.1	•	21.3	16.4	17.5	•	100.0	100.0
- Umbria	٠	٠	4.0		47.1			٠	10.8		33.1	55.6	5.0	4.4	100.0	100.0
Marche	٠		16.8		25.9		4.2		11.8		15.0		26.3	100.0	100.0	100.0
- Lazio	٠	1.9	15.3	18.8	18.6	47.0	6.7	1:1	8.9	0.1	12.5	50.6	40.1	10.4	100.0	100.0
Abruzzo	•		27.0	22.2	31.7	36.9	22.7			•	12.2	27.3	6.3	13.6	100.0	100.0
Molise	8.5		33.4	34.2	24.3			٠			27.4	65.8	6.4	٠	100.0	100.0
 Campania 	1.5	2.2	17.2	22.2	40.4	64.3			10.4	9.3	22.4	2.0	8.2		100.0	100.0
Apulia	3.8		26.5	11.5	24.5	21.6					8.9	8.8	38.3	62.2	100.0	100.0
 Basilicata 	٠		•	•		•			5.3	•	55.0	•	39.7	•	100.0	
 Calabria 	•		4.4	9.1	37.5	6.06			11.5	•	39.6	,	7.0		100.0	100.0
- Sicily	1.8	1.0	27.3	13.9	45.6	8.6	2.5	11.0	1.9	0.5	14.8	20.6	9.1	44.5	100.0	100.0
 Sardinia 	•		22.1	27.6	46.9	72.4			11.8	•	19.2	,			100.0	100.0
North	2.3	1.2	17.9	14.0	22.8	32.2	5.2	2.8	4.5	2.4	18.0	7.9	29.4	39.4	100.0	100.0
Center	0.2	1.8	14.4	17.8	22.9	8.94	0.9	Ξ:	7.8	0.1	14.9	21.2	33.8	11.2	100.0	100.0
South	1.9	8.0	21.2	18.6	37.4	36.1	4.	1.3	5.9	3.1	9.61	13.2	12.6	56.9	100.0	100.0
Italy	1.7	1.3	18.0	16.5	26.8	38.2	4.3	1.8	5.6	1.9	17.8	13.8	25.8	26.5	100.0	100.0
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table 3/10 - Lechnical and	ncai ana	nomenica	u equipm	ieni Jor an	agnosis c	ına ıreaım	eni in pr	инс поѕрі.	iai ana a.	ssimilate	i Jacinne.	S. 2019						
Regions	HC	Echo	CL	QH	ACCA	MOM	MRI	OL	RU	AT	DXU	LINAC	RCT	AIA	DDD	AM	TS	ADC
Piedmont		1,197	87		179	3,810	41	521	208	1,065	189		81	325	20	679	1,154	104
Aosta Valley	٠	54	7		5	93	7	6	3	33	∞		-	18		23	09	4
Lombardy	7	3,000	182		293	10,333	129	1,148	599	2,489	411		207	269		1,252	3,256	190
A.P. of Bolzano	٠	194	6		25	069	9	99	47	146	31		6	32		93	406	16
A.P. of Trento	٠	14	12		16	256	7	8	5	207	19		~	4		2	360	15
Veneto	٠	1,545	82		188	5,042	89	747	181	1,960	229	33	79	354	16	711	2,217	86
Friuli V.G.	-	472	24		89	1,631	15	272	53	418	09		56	148		173	822	4
Liguria	7	425	35		85	1,697	56	228	94	492	68		32	154		273	507	47
Emilia R.	-	1,262	79		135	4,608	22	622	172	1,336	200		87	410		712	1,809	95
Tuscany	4	1,442	88		201	4,595	51	561	197	1,841	181		26	526		627	1,793	101
Umbria	٠	321	21		46	784	12	126	33	237	39		25	154		164	339	36
Marche	٠	474	34		34	1,182	22	165	52	377	19		24	121		167	476	46
Lazio	Э	1,244	116		147	5,084	75	544	227	1,456	237		127	552		735	1,488	129
Abruzzo	٠	392	56		101	868	Ξ	147	48	357	2		32	145		128	344	36
Molise	٠	87	6		51	280	6	4	21	81	56		6	46		46	105	20
Campania	∞	945	68		185	3,122	25	475	180	1,067	206		66	355		625	966	136
Apulia	7	1,012	71		333	2,477	40	358	205	955	162		108	396		420	860	157
Basilicata	٠	176	13		21	374	10	72	33	174	22		22	54		77	182	21
Calabria	9	349	34		84	949	30	139	57	261	29		51	149		191	255	52
Sicily	14	1,116	124		248	4,189	09	510	222	1,142	289		113	325		729	1,305	150
Sardinia	3	531	34		86	1,352	22	178	84	431	70		4	176		232	489	62
North	9	8,293	512		994	28,460	349	3,697	1,362	8,146	1,236		530	2,179		3,930	10,591	610
Center	7	3,481	259		428	11,645	160	1,396	509	3,911	518		273	1,353		1,693	4,096	312
South	33	4,608	400		1,121	13,641	207	1,923	850	4,468	906		478	1,646		2,448	4,536	634
I_{4} I_{a} .	71	16 200	171		2513	52 716	217	2107	1 12 1	363 71	2,660		1301	0213		0.071	10 222	7551

MRT: Magnetic Resonance Tomography, OT: Operating Table, RU: Radiological Unit, LV: Lung Ventilator, PXU: Portable X-ray Unit, LINAC: Linear Accelerator, RCT: Remote Controlled x-ray Table, AIA: Automated Immunoassay Analyzer, CGC: Computerized Gamma Camera, AM: Anesthesia Machine, SL: Shadowless Lamp, ADC: Automated Differential HD: Hyperbaric Chamber, Echo: Echo-Tomography, CT: Computerized Axial Tomography, HD: Hemodialysis machine, ACCA: Automated Clinical Chemistry Analyzer, MON: Monitor, 1,2812,660 16,525 2,543 53,746 Cell counter. Source: processing by Ermeneia – data from the Ministry of Health

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	HC	Echo	CT	HD	ACCA	MON	MRI	OT	RU	TL	PXU	LINAC	RCT	AIA	CGC	AM	ST	ADC
Piedmont	1	138	15	4	32	325	19	70	41	27	36	1	56	56		81	111	31
Aosta Valley	,	_	_	٠	_	9		7	_	7	_	•	_	_		7	4	_
Lombardy	9	654	51	202	118	1,911	52	255	138	393	26	17	09	98	3	253	542	09
A.P. of Bolzano	,	10	7	•	_	6	3	-	Э	•	-	e	7	-		٠	9	-
A.P. of Trento		20	3	•	7	16	3	4	5	7	7		Э	7		5	6	3
Veneto	,	114	13	-	19	225	16	50	24	49	25		10	19		49	83	14
Friuli V.G.	-	53	4	23	10	65	∞	24	6	6	5	•	5	6		20	28	7
Liguria	,	13	-	2	4	48		10	4	19	7		4	4		4	19	4
Emilia R.	-	207	35	77	23	577	32	129	61	194	72	7	39	25	7	4	232	20
Tuscany		79	12	24	20	302	10	63	25	66	31	3	17	11		29	79	19
Umbria		15	4	٠	∞	38	4	19	∞	13	15		9	7		19	22	ж
Marche	,	54	6	٠	10	157	12	30	15	32	23		Ξ	16		56	55	11
Lazio	_	261	43	561	73	887	38	171	101	183	80	4	72	71	9	204	246	70
Abruzzo		54	6	6	70	130	14	27	13	39	=		15	19		31	48	11
Molise		11	3	٠	7	16		4	2	7	4		4	3		5	9	3
Campania	7	284	50	54	87	889	27	205	101	245	71	4	64	28	25	236	295	83
Apulia		149	22	57	41	389	15	70	45	138	37	3	56	42	7	75	132	28
Basilicata			٠	٠	_	•		٠		•						٠	٠	_
Calabria	-	91	16	4	27	235	15	29	31	92	27	-	22	24	7	75	96	32
Sicily		217	47	28	94	570	27	151	87	183	72	9	59	20	9	186	241	69
Sardinia		99	S	112	17	160	æ	35	12	45	13		10	∞		45	41	∞
North	6	1,210	125	309	210	3,182	133	545	286	725	246	23	153	176	2	268	1,034	141
Center	_	409	89	585	111	1,384	2	283	149	327	149	7	106	100	9	319	402	103
South	ю	872	152	264	294	2,188	101	529	294	749	235	14	203	224	40	650	829	235
Italy	13	2,491	345	I, I58	615	6,754	298	1,387	729	1.80I	930	44	462	200	51	1,537	2,295	479

MRT: Magnetic Resonance Tomography, OT: Operating Table, RU: Radiological Unit, LV: Lung Ventilator, PXU: Portable X-ray Unit, LINAC: Linear Accelerator, RCT: Remote Controlled x-ray Table, AIA: Automated Immunoassay Analyzer, CGC: Computerized Gamma Camera, AM: Anesthesia Machine, SL: Shadowless Lamp, ADC: Automated Differential HC: Hyperbaric Chamber, Echo: Echo-Tomography, CT: Computerized Axial Tomography, HD: Hemodialysis machine, ACCA: Automated Clinical Chemistry Analyzer, MON: Monitor, (1) Code 5.1 Institutes (Accredited private healthcare facility) in the ministerial classification Cell counter.

Source: processing by Ermeneia - data from the Ministry of Health

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Table S/12 - Technical a
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Table 3/12 – Technical and biomedical equipment for aliagnosis and freatment in non-accreaited private neatincare facilities. 2019	ıcaı ana	потепса	и едшрп.	ıent Jor aı	agnosis a	na treatme	ent in no	n-accreai	tea priva.	re nearnc	are Jaciii.	nes. 2019						
Regions	HC	Echo	CL	HD	ACCA	NOM	MRI	OL	RU	AT	DXQ	LINAC	RCT	AIA	CGC	AM	TS	ADC
Piedmont		47	4		3	92	3	28	12	12	5		5	3		33	45	9
Lombardy	,	33	4	-	4	79	5	33	12	56	∞		5	3	_	33	48	∞
A.P. of Bolzano	,	10	3	•	_	52	5	13	12	∞	7		7	7	•	14	16	7
A.P. of Trento	,	٠	٠	٠	٠		,	٠	٠	٠			٠	٠	•	•	٠	
Veneto	,	2	٠	٠	٠	S	,	7	-	٠	_		-	٠	•	2	4	,
Friuli V.G.	,	٠	٠	٠	٠		,	٠	٠	٠			٠	٠	•	•	٠	,
Liguria	,	9	2	٠	٠	24	2	10	3	2	5	٠	7	_	•	∞	Ξ	_
Emilia R.		25	7	_	4	61	2	Ξ	S	17	4		4			15	33	_
Tuscany		30	33	_	33	63	2	23	9	10	∞	-	7	_		20	35	3
Umbria			٠		٠				٠			٠	٠	٠		٠	٠	
Marche	,	•	٠	•	٠			,	•	٠			٠	•	•	•	٠	
Lazio	,	163	23	72	27	405	23	117	46	113	41	4	25	79	4	147	177	31
Abruzzo		•										•				٠	٠	
Molise	,	•	٠	٠	٠			•	٠	•			•	٠		٠	٠	
Campania		10	-	٠	_	25		7	-	S	-		-	7		7	10	_
Apulia		•										•		٠		•	٠	
Basilicata	,	•	•	٠	٠			•	•	•			,	,	•	٠	٠	
Calabria			٠	٠					٠				٠	٠		٠	٠	
Sicily			٠		•	7		7	٠	_			٠	٠		-	7	
Sardinia	,	,	•	٠	٠	,	•	•	•	٠		•	•	•	•	٠	٠	
North	,	123	15	7	12	297	17	26	45	89	30		19	6	_	105	157	18
Center	,	193	56	73	30	468	25	140	52	123	49	5	27	27	4	167	212	34
South	,	10	_	0	_	27	0	6	-	9	_	,	-	7		∞	12	_
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MRT: Magnetic Resonance Tomography, OT: Operating Table, RU: Radiological Unit, LV: Lung Ventilator, PXU: Portable X-ray Unit, LINAC: Linear Accelerator, RCT: Remote Controlled x-ray Table, AIA: Automated Immunoassay Analyzer, CGC: Computerized Gamma Camera, AM: Anesthesia Machine, SL: Shadowless Lamp, ADC: Automated Differential HD: Hyperbaric Chamber, Echo: Echo-Tomography, CT: Computerized Axial Tomography, HD: Hemodialysis machine, ACCA: Automated Clinical Chemistry Analyzer, MON: Monitor, Cell counter. Source: processing by Ermeneia – data from the Ministry of Health

2. Activity data

2.1. In-hospital days and patient bed occupancy rate

The data in Table S/13, now updated to the year 2019 thanks to the availability of Ministerial flows on the activity data referring to that period, confirm the trend towards a gradual but progressive decline in the number of patient beds available in the hospital system, which have gone from almost 193,000 in 2015 to 187,000 in 2019, for a decrease of -2.9%. This decrease seems to have affected the public and assimilated component slightly more (-3.2%), than the accredited component (-2.1%) as shown by the data in Table S/14.

The tables also show the continuous decrease of in-hospital stay days, which went from almost 55 million in 2015 to 52.6 million in 2019, with an overall decline of -4.2%; a decline at less marked rates than in previous years but which was in any case -4.1% for public facilities, and -4.8% for accredited hospitals. This phenomenon is, for the latter, still largely attributable to regional policies aimed at reducing the budget for accredited hospitals.

Table S/15 shows a comparison of the 2019 in-hospital stay values with the previous year.

The overall average in-hospital stay remains at the level of 8 days and is higher for accredited hospitals (9 days): the result is mainly linked to the focus of these facilities on covering areas such as long-term care and rehabilitation. The data changes when considering acute patient cases: in fact, Table S/16 shows that it is down to 7.4 days for public facilities and Table S/18 shows a number of 5.2 days for accredited hospitals.

The overall patient bed occupancy rate, again displayed in Table S/15, considering both components of the hospital system was 77.1% in 2019 a decrease compared to the 77.4% of the previous year.

If we consider only the acute case admissions, the average length of stay remained substantially unchanged between 2019 and 2017 for both public facilities (Table S/16) and private facilities (Table S/18). In the same period

the utilization rate tends to decrease for accredited hospitals (Table S/18) while it grows by almost one point for public facilities (Table S/16).

2.2. Types of admissions and discharges

The data of in-hospital days and treated cases may also be deduced from the calculation of hospital discharge records (*SDO*, *Schede di Dimissione Ospedaliera*), for which a 2019 consolidated version is available.

These calculations, again based again on the CMS 24.0 version of the Medicare DRGs adopted since 2009 (and still in use), provide a very detailed picture of the different service provider components of the National Health Service, making it possible to obtain some complexity and performance indicators, such as those of average weight and the case-mix index. The results are shown both for the totality of the healthcare institutions, and for AIOP-affiliated facilities, for which a more recent 2020 update is available.

Tables S/20 and S/21 offer the ability to observe how, in 2019, for the set of regimes and types of in-hospital stays, almost 8.5 million patients were treated by the hospital system; and of these, 2.1 million (or 26.3%) were discharged from all the accredited hospitals. It should be pointed out that, with reference to the *SDO* data flows and in contrast to its other publications, since 2009 the Ministry of Health has incorporated so-called private obligatorily affiliated institutions (otherwise known as 'publicly assimilated' institutions), such as private polyclinics, private research hospitals (IRCCS), private foundations, religiously affiliated hospitals, USL facilities and research facilities, into the column of private data in Table S/20 creating a new 'expanded private' sector which in 2019 accounted for almost 28.3% of the overall supply of in-hospital stay days. The "private" item in this table, on the other hand, also contains a residual portion pertaining to the non-accredited private sector shown in the two tables that follow.

The number of in-hospital days for inpatient admissions breaks down to 37.5 million for public facilities and 15.2 million for the 'expanded accredited private' facilities, whereas the volume of day-hospital admissions is 3.7 million and 1.1 million, respectively.

The total data in Table S/20 also includes discharges (more than 308,000) and in-hospital days (nearly 924,000) related to DRG 391 (normal newborns) that the Ministry of Health does not report in subsequent tables by type of institution.

The number of discharged patients and in-hospital days given by type of institution, type of activity and admission shows a greater proportional contribution by accredited hospitals relating to rehabilitation (76.6% inpatient

admissions) and long-stay care (53% of in-hospital days) (see Tables S/21 and S/22).

2.3. Prevalent DRGs

The calculations on the Ministerial data flows from the hospital discharge records provided in the 2019 SDO Report allow us to quantify the activity of the entire hospital sector without disaggregations between the public and private components of the NHS (Table S/23), whereas, as usual, for the data relating to AIOP area services, the data collecting resources of its regional offices and affiliated facilities make it possible to anticipate the 2020 results (Table S/24).

The two tables mentioned display the top 60 DRGs as they relate to number of discharges for inpatient admissions for acute cases for all hospitals and AIOP accredited hospitals, respectively. A North, Central, and South territorial breakdown is also provided for the latter (Tables S/25, S/26 and S/27).

Table S/28 illustrates in-hospital stay activity for acute patients receiving day hospital treatment in public and private healthcare institutions, with reference to the 30 most frequent DRGs. Tables S/29 and S/30 show the DRG classifications of patients who made use of inpatient rehabilitation treatment services in public and private hospitals as a whole (2019) and, more specifically, in AIOP accredited hospitals (2020).

At the combined public-private level, the most common DRG is still childbirth with 255,738 discharges in 2019 (compared to 289,883 units in 2015) amounting to 4.2% of cases (Table S/23).

In the AIOP accredited hospitals (Tab. S/24), on the other hand, surgery to replace major joints or reimplantation of the lower limbs is in first place for 2020 (with 49,796 cases amounting to 10.7% of the total) followed by the DRG of childbirth with 12,398 caesarean cases and 12,241 for natural births.

For the comparison of complexity indicators (average weight and casemix index) for public institutions and accredited hospitals, please refer to the specific section of Part One of the Report.

2.4. Activities classified according to major diagnostic categories

Tables S/31 to S/35 show a more aggregate classification of the same data deriving from the analysis of the hospital discharge records reported in the

previous tables in a form that groups them within the so-called Major Diagnostic Categories (MDC) into which DRGs are merged as reported in the aforementioned annual *SDO* Report of the Ministry of Health.

In inpatient admissions for acute cases, once again illnesses and disorders of the cardiovascular system stand out with 863,505 cases in 2019, compared to 929,239 cases recorded in 2015, and for illnesses and disorders of the musculoskeletal system and connective tissue, with 792,307 cases in 2019 (compared to 808,557 in 2015), as shown by the data in Table S/31.

The greatest average hospital stay (well above the 7 days general total) is that for Pre MDC (35.4 days), HIV infections (17.4 days), multiple major trauma (14.5 days), burns (14.3 days), again as shown in Table S/31.

Day hospital activities for acute cases once again display illnesses and disorders of the musculoskeletal system and connective tissue (239,551 cases) (Table S/32).

Rehabilitation activities for inpatient admissions were greatest among illnesses and disorders of the musculoskeletal system and connective tissue (with 146,360 cases), followed by illnesses and disorders of the nervous system (with 69,642 cases) and illnesses and disorders of the cardiovascular system (with 45,491 cases), as shown in Table S/33.

Day hospital admissions for rehabilitation (Table S/34) show a greater concentration for the same diagnostic categories than inpatient admissions, although in a different order: in first place are illnesses and disorders of the nervous system (11,411 cases), second place are illnesses and disorders of the musculoskeletal system and connective tissue (5,386 cases), and finally the cases that fall within the MDC Factors influencing health status and use of health services (3,854 cases).

2.5. Activities classified according to specialty

In terms of classification by clinical discipline (or discharge ward), which constitutes a further interesting method of analyzing the activity data of hospital facilities, inferred from the analysis of the HSP forms and normally shown in Tables S/36 to S/60, also in line with 2019 thanks to the update provided by the Ministry of Health.

All of the information and related indicators keep providing a kind of real database to be used for information and/or further analysis, since we compare the results of the activities of the accredited hospitals as a whole to those specifically registered with AIOP both at the national level (Table S/36) and at the level of the individual Regions (Tables S/37 to S/57).

The data are then re-aggregated and divided for large areas of the country (Tables S/58, S/59 and S/60).

2.6. A brief summary of the "waves" of the Covid-19 virus

The epoch-making event that abruptly and dramatically impacted the social, political and economic life of the entire planet, as well as the stability of the most advanced healthcare systems in the world, can officially be dated to the announcement of the first cases detected in China at the end of December 2019. An "atypical" pneumonia of unknown origin that soon assumed the form of a new viral disease capable of being transmitted from human to human was in fact a new coronavirus called Covid-19 (*Coronavirus Disease*).

The crisis caused by the species jump (natural or laboratory) of the virus still seems completely far away from not only final resolution, but even from a partial but effective control of the situation, mainly due to the mutations of the disease and the as yet significant resistance to the mass vaccination of the population, that so far has proved to be the only possible form of defense. From the first lockdown in Wuhan, to the most recent ones implemented in many countries in the Western world, we have witnessed and registered four waves of the pandemic, including the latest one that is currently underway as this Report is being prepared and has not yet reached its peak.

As of December 31, 2021, the final date of this survey, there were more than 6 million cases in Italy, equal to just over 10% of the population, over 137,000 deaths, 5 million cured and 901,000 people currently testing positive for the virus. The WHO dashboard reported a total of 103 million cases with 1.6 million deaths for Europe, and a global figure of 290 million total cases with 5.4 million deaths.

Using the data made available by the Ministry of Health, the Italian National Institute of Health, the Civil Protection Department, and Agenas Tables S/61 and S/62 were constructed with the cases of the four waves, Tables S/63 and S/64 with both non-critical and intensive care admissions, and Charts 1 and 2 with the system-wide impact on patient beds of these hospitalizations.

The weighty effects of the first wave are immediately evident in the first columns of Table S/61: 105,792 total cases as of March 31, 2020, with Lombardy as the Italian epicenter of the pandemic (43,208 cases) followed by the other Region immediately overwhelmed by infections, Emilia Romagna (14,074 cases), then by Piedmont (9,301 cases), and by the Region deemed the source of yet another large outbreak, Veneto (9,155 cases). In this first

phase, 80 percent of the cases were concentrated in the North, while the Southern Regions stood at under 2,100 cases, with 4 of these (Molise, Basilicata Calabria and Sardinia) under 800 cases. The first official survey available that of February 24, reported 229 total cases, 172 in Lombardy, 33 in Veneto, 18 in Emilia Romagna and 3 in Piedmont, with 101 hospitalizations in non-critical areas and 26 patients in intensive care. The night of the unauthorized train flight from the red zones of the North to their respective home Regions on March 8, 2020 undoubtedly contributed heavily to the reshaping of the map and the number of infections. One week later in fact, cases had more than tripled (from 7,375 to 24,747) and by March 31, the multiplier had gone to 14.3 points with the South having seen its share of infections increase from 3.4% to 8.2%. The failure of local health authorities, overwhelmed by the speed of the spread of cases, and the out-of-control flows of asymptomatic patients (especially young and very young), to track the spread, subsequently completed the picture shown in the Tables.

As can be seen again in Table S/61, the first "wave" was seen at the end of the second quarter of 2020, when the cumulative cases had become 240,578 with an increase of almost 135,000 units and with Piedmont in the lead in the multiplication of infections (+3.4 times), followed by Molise (+3.1 times), Liguria (+2.9 times) and the A.P. of Trento (+2.8 times).

After an intermediate summer phase that saw a more limited increase of 74,283 new cases, the second "wave" took shape, recording an increase of 1.8 million new infections at the end of the fourth quarter: with a cumulative figure, as of December 31, 2020, of more than 2.1 million people who had encountered the virus equal to 6.7 times the total figure of September 30th that year, giving shape to a new Italian geography of the Covid virus: the explosion of cases in Campania (+14.9 times), Basilicata (+13.4 times), Sicily (+13.2 times) and in Calabria (+12.1 times) brought the South to second place in the breakdown by territorial area, and saw the North drop to 60.3% of total cases, the South number 22.9% and the Center account for 16.8%.

Table S/62 mainly attests to the arrival of a third "wave" – albeit slowed down by vaccinations – which still amounted to 1.4 million infections at the end of the first quarter of 2021, and then rose by another 675,000 at the end of the second quarter and a further 409,000 at the end of the third quarter.

Table S/62 also manages to show a downward trend in the infections in the North, accounting for at 55.2%, whereas the South numbered 26.5% and the Center increased to 18.3%. The temporary balance reported on as of December 31, 2021 numbered 6.1 million total cases, yet showed slowdown in the speed of replication recorded during the year. This balance showed Lombardy still in first place with a total of 1,217,364 cases (19.9% of the total), followed, with larger values than the other Regions, by Veneto with 645,723

(10.5%), Campania with 583,262 (9.5%), Emilia Romagna with 536,922 (8.8%), Lazio with 505,274 (8.2%), and by Piedmont with 494,769 (8.1%).

However, the fourth quarter of 2021 signaled the start of a fourth "wave", with 1.5 million new infections, which would then accelerate in a more than rapid run-up during the month of January 2022.

Table S/63, on the other hand, shows the quarterly trend of hospitalizations in general and intensive care wards, the latter area characterized in the initial phase of the pandemic by a dramatic stress and need-for-care level, which forced the regional health services to resort to emergency solutions with respirators being placed even in non-hospital-standard premises.

The situation thus had gradually stabilized in the first half of 2020, thanks also to the important contribution by the private hospital component and that of the AIOP facilities in particular (as attested to in other parts of this Report), and due to a reorientation of patients towards local medical care.

But this does not mean that it is not possible to detect some sort of mirroring of the trend of hospital admissions among the four "waves" of the virus mentioned above, given that the use of hospital care (both in general and intensive care wards):

- exceeded 28,000 Covid patients in inpatient wards and reached 4,000 units in intensive care wards (as a result of the first "wave");
- significantly decreased between the first and second quarter of 2020 (in relation to the slowdown of the first "wave");
- began to rise again at the end of the third quarter of 2020 and then accelerated at the end of the same year and even more at the beginning of 2021 (with the uptick of a second "wave");
- then it decreased as can be seen from the data at the end of the second quarter of 2021 (in line with the slowdown of the third "wave");
- and finally, regained new vigor (fortunately to a limited extent thanks to the now more extensive vaccinations) in the last quarter of 2021 and at the very beginning of 2022 (the onset of the fourth "wave").

The table shows the regional and territorial breakdown of the number of patients positive in the 2020 and 2021 quarters who were treated in general hospital wards or in intensive care units. It shows, especially how the pressure on these two hospital areas gradually decreased, going from 36.3% of hospitalizations in general wards and from 5.2% in intensive care units as of March 31, 2020 to values of 1.2% and 0.1%, respectively, as of December 31, 2021. This is a clear and unequivocal consequence of the massive vaccination campaign that rendered a large part of the population safe with the administration of the second dose and at the beginning of December 2021, of the third dose.

A final figure on the use of hospital services for Covid patients is attested to in Charts 1 and 2, which report the occupancy values of non-critical area and intensive care area patient beds, respectively, observed by Agenas monitoring in the period December 14 – December 31 2021. In both cases, and despite an evolving situation, the two final values (18% for admissions in non-critical areas and 14% for intensive care) exceeded the thresholds of the so-called White Zone (as specified in the Legislative Decree of July 23, 2021, no. 105 "Urgent measures to deal with the epidemiological emergency caused by COVID-19 and for the safe performance of social and economic activities") but were, as of December 31, 2021, below the limits to be classified as a Red Zone.

2.7. Services lost

The Covid-19 pandemic required a rapid response from healthcare systems to deal with the ongoing emergency, in terms of managing the new urgent care needs and reducing the impact on other services, both in qualitative and quantitative terms.

One way of measuring the resilience capacity of the National Health Service as a whole and of the Regional Health Services therefore consists in assessing whether the activity volumes of 2019 were maintained during 2020.

The simplest data is that relating to hospital activity as a whole (see Table S/65) and thus for the totality of hospital admissions in the two years being compared. The national data showing a drop of 21% is certainly indicative of a significant decrease in the volumes of services provided: in the comparison between the two years, more than one in five hospital admissions in 2019 was not repeated in 2020, an effect that is only minimally attributable to the progressive and systematic decrease in hospital admissions that has been reported as the trend for years.

The coefficient of variation (CV = 0.19) gives us a substantially limited size of the variability, even if, within the same geographical areas, it is possible to see how the decrease in hospital admissions has occurred, in the North from the minimum of 15.2% in Veneto up to of 23.8% in Lombardy; in Central Italy from 16.4% in Lazio to 21.3% in Marche, and in the South and Islands from 18.3% in Abruzzo to 30.6% in Calabria.

If we then look at the data relating to outpatient specialists (see Table S/66), the decrease is considerably greater both if we consider the national average value, equal to 30.3%, and if we consider the average value within

the individual geographical areas. In this case, the internal variability is also worthy of attention, with a coefficient of variation of 0.38 and large ranges in the North, Center and South and Islands.

By way of example, the South and the Islands represent the area that was comparatively least affected by the loss of these therapeutic, rehabilitative and diagnostic services, Campania reported a decrease of 14.3%, but Calabria 39.2% and Basilicata 67.7%.

The decrease in hospital admissions on an annual basis in 2020 compared to 2019 is thus more marked in the South, although the latter was significantly less affected by the virus (in particular compared to the North). For outpatient specialist services, the percentage drop is greater by about 2 percentage points compared to the national average in the Regions of Northern and Central Italy: but in the South the average decrease of 28% (and for just the first nine months of year) shows much higher peaks in four Regions, winding up inappropriately taking away services from residents.

Table S/67 is more detailed in showing the decrease in volumes of activity in different macro-categories of services.

It shows how the quantitative downsizing of healthcare services does not exclusively concern scheduled hospital admissions, which could potentially be deferred, but also services with a degree of urgency. The latter, although they undergo a comparatively smaller drop compared to other types of health services, experience a noteworthy downsizing equal to -14.3% which, in some regional systems even amounted to a negative variation that hit 20.0% in Campania and Sardinia, or even exceeded 25.0% in Apulia and Calabria.

With respect to the information assessed relating to elective activity, it is essential to accurately monitor the resilience of the system as regards delayed provision of services and any negative effect in terms of outcomes for portions of services postponed beyond the normal time limits for preventing relapses in terms of safety and appropriateness. Parallel to this, with regard to urgent activity – for which some detail is shown in Table S/68 – it is necessary to carefully evaluate the data in terms of variables that may have influenced both the supply and the demand for this type of service in the pandemic period, starting from the tunnel effect, understood here as an underestimation of symptoms not attributable to Covid, from the, partly correlated, underdiagnosis of illnesses, and the reduction of condition-specific risk factors due to reduced mobility during the lockdown period. With respect to the decrease of urgent services, even more than for the scheduled activities, it is essential to assess the progress of clinical outcomes, both in the short and in the medium to long term.

With regard to the under-diagnosis of clinical conditions and the impact in terms of health outcomes, Table S/69 shows the alarming data relating to

the change in the screening for clinical conditions whose outcome is strongly influenced by the promptness of diagnosis and which, nationally, was 43.4% for cervical screening cervical, 37.7% for breast screening, and 46.0% for colorectal screening.

In this case, the interregional diversity is more marked than elsewhere, to the point that the national average value is scarcely informative: it is enough to look at how many Regions not only exceed 50.0% but also go beyond 60.0% or even 70.0%.

2.8. Patient mobility

The section of the Report dedicated to activity data is, as usual, rounded out by the issue of healthcare mobility; a perspective that offers an analysis of the topic by referring to aspects more properly connected with the characteristics of the demand for hospital admissions expressed by citizens, based on their perception of the quality of care offered by the various Regional Health Services. Thus, an alternative interpretation of the hospital production data depicted in the previous sections is rendered possible, by observing the dynamics of the inter-regional flows of patients, elaborated starting from the data contained in the Ministerial matrices on hospital mobility.

The analysis of inter-regional healthcare mobility, in addition to playing a key role as a tool for regional planning, helps us to assess, among other things, the propensity of citizens to make use of the principle of free choice that should be guaranteed by our system.

Table S/70 gives us a picture of the temporal evolution of this propensity, expressing it in terms of synthetic indices of attraction and flight over the last five years available, all completed by a final column showing the most recent net balance of the flow of acute patients entering and leaving their respective territorial areas.

The data extracted from the inter-regional mobility matrices of the *SDO* Report, referred to 2019 as well, confirm the historical attractiveness of Regions such as Lombardy, constantly at the top of this ranking with active balances of almost 70,500 units for the area of acute cases alone, Emilia Romagna, Veneto, Tuscany, Umbria and Friuli Venezia Giulia. Also appearing to be confirmed is the marked tendency to receive hospital care from other regional systems, evidently considered more reliable and more accessible, shown over time by the people of Campania, Calabria, Sicily, Apulia, Abruzzo, Liguria, Sardinia, Basilicata, Marche, and Lazio.

Considering the mobility flow data for all regimes and types of hospitalization as a whole, there were more than 713,000 patients, who, in 2019, chose to go to other regional systems, with an active balance for Lombardy that in this case exceeds 98,000 units.

The phenomenon of mobility, as has often been pointed out, continues to be a sensitive topic in the debate on the reorganization of the hospital network performances, as is that of the freedom to choose the place for treatment. However, instead of reconsidering the organization and quality levels of their healthcare systems, most Regions simply try to limit their effects by making agreements between healthcare systems in neighboring areas (and others) in order to bring patient flows under control. The State-Regions Conference addressed this issue and intervened decisively to change the behavior of the most attractive Regions, cutting funding by 50% relative to the increases in flows reported for the accredited sector in the two-year period 2014-2015, and 60% for those observed in 2016, safeguarding only highlyspecialized services. On this delicate matter, also due to the economic balances of many of the privately-operated agencies of the NHS, the AIOP regional Presidents were once again this year requested to identify the orientation of the citizens and to evaluate their effects on the incoming mobility flows

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		2015			2016			2017			2018			2019	
	Patient beds	In-hospital O.R. % days	O.R. %	Patient beds	In-hospital days	O.R. %	Patient beds	Patient In-hospital O.R. % Patient In-hospital O.R. % Patient beds days beds beds	O.R %		In-hospital O.R. % days	O.R. %	Patient beds	Patient In-hospital days O.R. % beds	O.R. %
Public and assim. Hospitals	152,434	44,770,385 80.5	80.5	151,037	44,117,257 80.0	80.0	148,487	43,735,099	80.7	148,142	148,142 43,553,597 80.5	80.5	147,589	42,939,396 79.7	7.67
Accredited Hosnitals ¹	40,249	10,198,993 69.4	69.4	40,517	9,955,185 67.3	67.3	40,261	9,835,873 66.9	6.99	40,309	9,701,982	62.9	39,421	9,707,532 67.5	67.5
Total	192,683	54,969,378		191,554	4 54,072,442		188,748	3 53,570,972		188,451	53,255,579		187,010	52,646,928	
	%	%		%	%		%	%		%	%		%	%	
Public and assim. Hospitals	79.1	81.4		78.8	81.6		7.8.7	81.6		78.6	81.8		78.9	81.6	
Accredited Hosnitals ¹	20.9	18.6		21.2	18.4		21.3	18.4		21.4	18.2		21.1	18.4	
Total	0 001	0 001		0 001	0 001		0 001	0 001		0 001	0 001		0 001	0 001	

Source: processing by Ermenetia of data contained in the Report "Attività gestionali ed economiche delle Ust e Aziende Ospedaltiere" and "SDO Reports", Ministry of Health, Years 2015, 2016, 2017, 2018 and 2019 (1) Code 5.1 Institutes (Accredited private healthcare facilities) in the ministerial classification.

Table S/14 – Annual increase of activity, patient beds, and in-hospital days 2016/2015

	Patient beds	In-hospital days	Patient beds	In-hospital days	Patient beds	In-hospital days	Patient beds	In-hospital days	Patient beds	In-hospital days
 Public and assim. hospitals 	6.0-	-1.5	-1.7	6:0-	-0.2	-0.4	-0.4	-1.4	-3.2	4.1
 Accredited hospitals¹ 	0.7	-2.4	9.0-	-1.2	0.1	-1.4	-2.2	0.1	-2.1	4. %.
Total	-0.6	-I.6	-1.5	-0.9	-0.2	9.0-	-0.8	-1.1	-2.9	4.2
(1) Code 5.1 Institutes (Accredite	dited private healthcar	re facilities) in the m	inisterial classifi	cation.						
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Source: processing by Ermeneia of data contained in the Report "Attività gestionali ed economiche delle Usl e Aziende Ospedaliere", and "SDO Reports". Ministry of Health, Years 2015, 2016, 2017, 2018 and 2019

		Occupancy rate %
		Average length
	2019	Days
s. Year 2019		Discharged pts
r inpatient admission		Patient beds
Table S/15 - Public and accredited hospitals - Activity data for		Type of institution

Type of institution	Patient beds	Discharged pts	Days	Average length of stay	Occupancy rate %	Average length of stay	Occupancy rate %
 Total public and assimilated hospitals 	147,589	5,325,920	42,939,396	8.1	7.67	8.0	80.5
 Accredited hospitals¹ 	39,421	1,030,164	9,707,532	9.4	67.5	9.2	62.9
Total public and accredited institutions	187,010	6,356,084	52,646,928	8.3	77.1	8.2	77.4

 Code 5.1 Institutes (Accredited private healthcare facilities) in the ministerial classification. Source: processing by Ermeneia – data from the Ministry of Health

Table S/16 – Activities of acute hospital-stay (*) in public hospital facilities, by region. Year 2019 and comparison with the year 2017

	Dationt hade		Domes seemed		2019			2017	
Regions	actually used	Admissions	Days spent in hospital	Average length of stay	Occupancy rate (%)	te Hospitalization rate (per 1,000 inhab.)	Average length of stay		Occupancy rate Hospitalization rate (%) (per 1.000 inhab.)
- Piedmont	10,044	363,941	2,823,146	7.8	77.0	84.1	7.8	75.2	82.1
 Aosta Valley 	363	12,750	101,758	8.0	76.8	101.5	7.5	72.9	103.2
 Lombardy 	22,914	864,643	6,528,011	7.5	78.1	86.4	7.4	79.2	6.68
 A.P. of Bolzano 	1,446	57,958	392,421	8.9	74.4	109.3	7.0	74.3	113.3
 A.P. of Trento 	1,229	50,748	362,539	7.1	80.8	93.3	7.2	79.2	93.5
- Veneto	12,292	472,197	3,678,067	7.8	82.0	2.96	7.7	80.7	95.2
 Friuli V.G. 	3,272	129,068	933,358	7.2	78.2	106.6	7.1	76.8	105.6
 Liguria 	4,378	163,961	1,281,788	7.8	80.2	107.0	7.7	82.4	106.4
 Emilia R. 	10,569	463,145	3,300,114	7.1	85.5	103.9	6.9	81.4	105.9
- Tuscany	8,761	363,924	2,421,977	6.7	75.7	98.3	6.7	75.7	8.76
- Umbria	2,100	92,436	653,662	7.1	85.3	105.8	6.9	85.4	109.8
Marche	3,552	138,113	1,056,180	7.6	81.5	8.06	7.6	78.1	91.8
- Lazio	11,983	419,712	3,256,335	7.8	74.5	72.7	7.7	76.4	9.9/
Abruzzo	2,784	106,184	794,202	7.5	78.2	81.6	7.3	82.0	86.1
Molise	722	29,545	211,346	7.2	80.2	97.3	7.2	81.1	104.8
 Campania 	9,147	363,110	2,655,005	7.3	79.5	63.3	7.0	80.7	62.9
Apulia	8,110	344,727	2,430,975	7.1	82.1	86.7	7.0	82.7	6.68
 Basilicata 	1,317	51,471	361,907	7.0	75.3	92.1	6.7	73.0	96.5
 Calabria 	3,092	124,204	911,001	7.3	80.7	65.0	7.0	79.4	63.9
- Sicily	9,196	343,119	2,683,041	7.8	6.62	6.69	7.6	9.08	70.8
 Sardinia 	3,671	131,575	954,775	7.3	71.3	81.1	7.2	73.1	91.5
North	66,507	2,578,411	19,401,202	7.5	6.62	93.3	7.4	79.1	94.4
Center	26,396	1,014,185	7,388,154	7.3	7.97	85.5	7.2	77.1	9.78
South	38,039	1,493,935	11,002,252	7.4	79.2	73.5	7.2	80.0	76.3
Italy	130,942	5,086,531	37,791,608	7.4	79.1	85.0	7.3	79.0	8.98
(*) The following spe	ecialties are exclud	ed: 22 - Residua	I mental health fac	ilities, 28: Spinal	care unit, 56 - Ft	*) The following specialties are excluded: 22—Residual mental health facilities, 28: Spinal care unit, 56— Functional recovery and rehabilitation, 60—Long-stay care pts, 75—Neurological	ehabilitation, 60	-Long-stay care	pts, 75-Neurological

Note: latest Ministry data available at the date of publication of the Report. Source: data from the Ministry of Health rehabilitation.

Table 8/17 — Activities of non-acute hospital stay (*) in public hospital facilities, by region. Year 2019 and comparison with the year 2017

I dole 3/1/ - Activities	able $S(1) = Activities$ of non-active hospital stay ()		in public nospilal Jacillies, by region. Tear 2019 and comparison with the year 201	а сотранзон мин	ne year 2017		
	D-4:			7.0	2019	30	2017
Regions	ranen beas actually used	Admissions	Days spent in hospital	Average length	Occupancy rate	Average length	Occupancy rate
				of stay	(%)	of stay	(%)
 Piedmont 	1,890	21,444	591,903	27.6	85.8	28.1	84.5
 Aosta Valley 	30	383	10,408	27.2	95.1	24.6	91.1
 Lombardy 	3,968	51,146	1,284,645	25.1	88.7	24.4	91.0
 A.P. of Bolzano 	123	1,986	34,721	17.5	77.3	18.4	76.9
 A.P. of Trento 	102	1,153	38,257	33.2	102.8	29.6	87.9
- Veneto	1,871	22,805	595,571	26.1	87.2	25.4	86.1
Friuli V.G.	223	2,537	79,460	31.3	9.76	29.0	109.8
 Liguria 	729	11,517	222,140	19.3	83.5	19.8	85.1
 Emilia Romagna 	1,590	22,163	522,769	23.6	90.1	22.1	83.7
- Tuscany	489	5,762	153,777	26.7	86.2	24.8	82.2
- Umbria	342	5,233	112,737	21.5	90.3	21.5	9.96
Marche	271	4,324	84,657	19.6	85.6	20.5	81.5
- Lazio	1,182	9,893	376,267	38.0	87.2	34.8	75.9
Abruzzo	221	4,080	66,637	16.3	82.6	17.4	83.8
Molise	69	725	23,627	32.6	93.8	29.0	66.2
 Campania 	503	5,633	145,872	25.9	79.5	26.5	82.9
Apulia	658	7,803	200,571	25.7	83.5	26.2	83.9
 Basilicata 	274	2,230	68,953	30.9	6.89	32.4	74.7
 Calabria 	116	1,133	23,246	20.5	54.9	17.7	49.9
- Sicily	1,130	8,722	352,803	40.4	85.5	39.0	83.2
 Sardinia 	85	969	27,147	45.5	87.5	34.5	200.7
North	10,526	135,134	3,379,874	25.0	88.0	24.5	87.7
Center	2,284	25,212	727,438	28.9	87.3	27.7	80.4
South	3,056	30,922	908,856	29.4	81.5	28.8	9.08
Italy	15,866	191,268	5,016,168	26.2	9.98	25.6	85.2
(*) The following specialties		idual mental health facil	are included: 22 - Residual mental health facilities, 28: Spinal care unit, 56 - Functional recovery and rehabilitation, 60 - Long-stay care pts, 75 - Neurological	- Functional recover	y and rehabilitation, (50 – Long-stay care 1	ots, 75 - Neurological

Note: latest Ministry data available at the date of publication of the Report. Source: data from the Ministry of Health rehabilitation.

Table S/18 — Activities of acute hospital-stay (*) in accredited hospitals!, by region. Year 2019 and comparison with the year 2017

	Occupancy rate Hospitalization rate (%) (per 1,000 inhab.)	5.4	0.9	19.5	1.3	5.3	5.2	7.0	1.4	20.9	8.2	7.1	6.6	11.3	16.2	8.9	27.5	16.5	0.0	13.2	15.0	11.0	12.7	6.6	17.8	13.9	60 - I ong-stay care at 75 - Neurological
2017	Occupancy rate (%)	49.9	51.1	60.4	92.2	47.9	70.4	41.0	59.2	60.3	50.0	28.4	57.0	45.1	63.9	40.6	64.0	54.6		38.1	40.7	31.7	59.9	46.6	52.1	54.1	Tono store of I
	Average length of stay	4.4	2.4	4.7	11.2	7.4	9.1	5.0	5.8	4.9	4.8	2.9	4.9	5.8	5.4	5.6	5.9	4.6		4.7	5.3	4.4	5.1	5.2	5.4	5.2	Op deitotilitation 60
	Hospitalization rate (per 1,000 inhab.)	5.7	5.7	18.3	6.0	4.6	5.5	7.1	1.9	20.2	7.6	0.9	10.8	14.5	11.0	7.2	23.5	16.2	0.0	15.2	17.1	9.6	12.3	11.3	16.9	13.7	bandional montant
2019	Occupancy rate (%)	50.6	53.8	59.1	94.2	45.6	9.79	38.9	46.4	62.1	44.4	24.4	52.8	51.0	54.2	46.8	57.9	51.8		42.3	41.6	28.0	59.3	48.5	48.6	52.6	Day the En
	Average length of stay	4.3	2.8	5.0	11.3	7.9	8.9	4.8	4.9	5.2	4.6	3.4	4.4	5.7	4.9	6.3	5.3	4.8		4.7	5.3	4.1	5.3	5.2	5.1	5.2	1:4:2 30. Carinal
:	Days spent in hospital	105,694	1,963	919,055	5,157	19,976	241,037	41,734	14,048	468,297	130,843	17,691	72,813	473,050	70,197	13,657	719,077	309,849		137,764	443,795	63,486	1,816,961	694,397	1,757,825	4,269,183	Land the attended
	Admissions	24,638	712	183,007	458	2,516	26,970	8,645	2,861	90,184	28,186	5,199	16,453	83,716	14,354	2,181	134,810	64,485		29,091	83,793	15,619	339,991	133,554	344,333	817,878	in an am alreaded Of Decident as and I health for
	Fathent beas actually used	572	10	4,258	15	120	7.26	294	83	2,065	807	199	378	2,541	355	80	3,404	1,640		892	2,920	621	8,394	3,925	9,912	22,231	
	Regions	 Piedmont 	 Aosta Valley 	 Lombardy 	 A.P. of Bolzano 	 A.P. of Trento 	- Veneto	Friuli V.G.	 Liguria 	 Emilia R. 	 Tuscany 	- Umbria	Marche	- Lazio	Abruzzo	Molise	 Campania 	- Apulia	 Basilicata 	 Calabria 	Sicily	- Sardinia	North	Center	South	Italy	the following a minute of the

^(*) The following specialties are excluded: 22—Residual mental health facilities, 28: Spinal care unit, 56—Functional recovery and rehabilitation, 60—Long-stay care pts, 75—Neurological rehabilitation

⁽¹⁾ Code 5.1 Institutes (Accredited private healthcare facilities) in the ministerial classification. Note: latest Ministry data available at the date of publication of the Report. Source: data from the Ministry of Health

Table 8/19 — Activities of non-acute hospital stay (*) in accredited hospitals', by region. Year 2019 and comparison with the year 2017

2017	Оссир	ay (%)	.6 63.9		.8 95.4		.6 101.5	.3 86.5			.3 91.9	.3 80.1		.4 88.7	.1 90.2					.0 21.0		.6 84.0		.5 85.4		.2 77.9	
	Occupancy rate Average length	(%) of stay	67.1 29.6				96.8 21.6			83.6 19.0	92.1 19.3			83.9 29.4		80.6 23.8	68.7 24.4							84.6 22.5	86.7 26.7		23.0
2019	Average length	of stay	28.7	17.5	22.9	20.6	22.7	19.5	17.5	18.1	19.0	22.0	12.9	27.5	29.6	24.7	23.1	29.6	26.2	35.9	23.1	22.0	18.5	22.3	27.6	25.0	24.0
	Days spent in hospital		549,003	14,364	1,078,228	79,595	155,099	192,553	27,816	60,730	544,538	154,911	11,902	141,095	817,666	118,925	15,051	467,580	190,521	11,949	218,060	306,828	65,817	2,701,926	1,125,574	1,394,731	5 222 231
	Admissions		19,117	821	47,074	3,861	6,831	9,893	1,587	3,363	28,702	7,044	921	5,123	27,631	4,819	651	15,819	7,280	333	9,457	13,946	3,553	121,249	40,719	55,858	968 216
T - 1	ranent beas actually used		2,240	2	3,135	232	439	979	196	199	1,619	588	31	461	2,475	404	09	1,574	920	40	749	668	237	8,750	3,555	4,613	810 91
	Regions		Piedmont	 Aosta Valley 	 Lombardy 	 A.P. of Bolzano 	 A.P. of Trento 	- Veneto	Friuli V.G.	 Liguria 	 Emilia Romagna 	- Tuscany	- Umbria	- Marche	- Lazio	Abruzzo	- Molise	 Campania 	Apulia	 Basilicata 	 Calabria 	- Sicily	- Sardinia	North	Center	South	Italy

⁽¹⁾ Code 5.1 Institutes (Accredited private healthcare facilities) in the ministerial classification. Note: latest Ministry data available at the date of publication of the Report. Source: data from the Ministry of Health

Table 8/20 - Hospital Discharge Records (SDO): recorded activity, national grand total, and totals for public and private institutions - Discharged pts and in-hospital days. Year 2019

		ivamoer of cases			vamoer of days	
	Public	Private	Total	Public	Private	Total
 Inpatient admissions for acute cases 	4,579,078	1,427,314	6,006,392	34,418,490	7,870,822	42,289,312
 Day hospital for acute cases 	1,257,614	490,524	1,748,138	3,593,434	818,440	4,411,874
 Rehabilitation for inpatient admissions 	72,867	239,112	311,979	1,923,795	6,237,940	8,161,735
 Rehabilitation – Day hospital 	11,074	17,328	28,402	138,246	309,703	447,949
 Long-term care 	51,249	47,432	98,681	1,118,616	1,285,074	2,403,690
 Normal newborns⁽¹⁾ 	245,003	63,304	308,307	736,608	187,343	923,951
Total	6,216,885	2,285,014	8,501,899	41,929,189	16,709,322	58,638,511
Public institutions: Hospital Centers, University H	ospital Centers and Public	Polyclinics, Public I.R.	clinics, Public I.R.C.C.S. and Public Fo	undations, Directly ma	anaged hospitals.	

Private institutions: Private Polyclinics, Private I.R.C.C.S. and Private Foundations, Classified Hospitals, USL Facilities, Research Facilities, Accredited Hospitals², and Non-accredited

The item "Long-stay care" includes discharged pts from inpatient admissions and day-hospital.

Classified in the DRG 391.

Private Healthcare Facilities.

(2) Code 5.1 Institutes (Accredited private healthcare facilities) in the ministerial classification.

Source: data from the Ministry of Health - SDO 2019

Table S/21 – Distribution of discharged pts classified according to type of institution, activity, and admission⁽¹⁾. Year 2019

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		A_{ℓ}	Acute			Rehabilitatio	litation			
Type of institution	Inpatient adı	missions	Day hospital	pital	Inpatient admission.	missions	Day hospital	pital	Long-term care	n care
	Number	%	Number	%	Number	%	Number	%	Number	%
 Public institutions 	4,579,078	76.2	1,257,614	71.9	72,867	23.3	11,074	39.0	51,249	51.9
 Accredited hospitals (as a whole) 	1,366,943	22.8	481,042	27.5	238,878	9.92	17,324	61.0	47,069	47.7
 Non-accr. Private Healthcare Facilities 	60,371	1.0	9,482	9.0	234	0.1	4	0.0	363	0.4
Total	6,006,392	100.0	1,748,138	100.0	311,979	100.0	28,402	100.0	98,681	100.0

Source: data from the Ministry of Health - SDO 2019 (1) Data for normal newborns is not included.

Table S/22 - Distribution of in-hosnital days classified according to type of institution, activity, and admission⁽¹⁾ Year 2019

Table 5/22 Eist realist of in nospitat and selection and selection is the of institution, activity, and admission . Test 2013	reassifica according	5 17 17 19	morning, activ	ey, and an	100000	110				
		Ac	Acute			Rehabilitati	itation			
Type of institution	Inpatient admissio	nissions	Day hospita	oital	Inpatient admissic	missions	Day hospita	oital	Long-term care	care
	Number	%	Number	%	Number	%	Number	%	Number	%
 Public institutions 	34,418,490	81.4	3,593,434	81.5	1,923,795	23.5	138,246	30.9	1,118,616	46.5
 Accredited hospitals (as a whole) 	7,679,429	18.2	808,668	18.3	6,233,385	76.4	309,699	69.1	1,273,213	53.0
 Non-accr. Private Healthcare Facilities 	191,393	0.4	9,772	0.2	4,555	0.1	4	0.0	11,861	0.5
Total	42,289,312	100.0	4,411,874	100.0	8,161,735	100.0	447,949	0.001	2,403,690	100.0
										l

(1) Data for normal newborns is not included. Source: data from the Ministry of Health – SDO 2019

Table S/23—Total number of public and private healthcare facilities: top 60 DRGs according to the number of discharges (DRG Version 24.0) – Inpatient admissions for acute cases. Year 2019

7013				Discharges		% In-	Anorago
Rank		DRG	Number	%	% cumul.	hospital days	length of stay
-	373	Vaginal Delivery W/O Complicating Diagnoses	255,738	4.2	4.2	2.1	3.5
7	544	Major Joint Replacement or Reattachment of Lower Extremity	188,059	3.1	7.4	3.5	8.0
3	087	Pulmonary Edema & Respiratory Failure	174,793	2.9	10.3	4.1	10.0
4	127	Heart Failure & Shock	165,426	2.7	13.0	3.7	9.4
5	371	Cesarean Section W/O Cc	122,842	2.0	15.1	1.3	4.6
9	359	Uterine & Adnexa Proc For Non-Malignancy W/O Cc	94,204	1.6	16.6	0.7	3.3
7	680	Simple Pneumonia & Pleurisy Age >17 W Cc	87,515	1.5	18.1	2.3	11.0
∞	014	Intracranial Hemorrhage Or Cerebral Infarction	86,360	1.4	19.5	2.1	10.2
6	576	Septicemia W/O Mv 96+ Hours Age >17	85,999	1.4	20.9	2.7	13.3
10	494	Laparoscopic Cholecystectomy W/O C.D.E. W/O Cc	81,032	1.3	22.3	9.0	3.1
11	430	Psychoses	77,092	1.3	23.6	2.4	13.3
12	316	Renal failure	75,188	1.2	24.8	1.7	6.7
13	311	Transurethral Procedures W/O Cc	75,135	1.2	26.1	9.0	3.2
14	125	Circulatory Disorders Except Ami, W Card Cath W/O Complex Diag	66,872	1.1	27.2	0.5	3.2
15	557	Percutaneous Cardiovascular Proc W Drug-Eluting Stent W Major Cv Dx	63,736	1.1	28.2	1.1	7.5
16	558	Percutaneous Cardiovascular Proc W Drug-Eluting Stent W/O Maj Cv Dx	52,639	6.0	29.1	0.5	4.1
17	219	Lower Extrem & Humerus Proc Except Hip, Foot, Femur Age >17 W/O Cc	52,338	6.0	30.0	8.0	6.5
18	390	Neonate W Other Significant Problems	45,782	8.0	30.7	0.4	4.0
19	183	Esophagitis, Gastroent & Misc Digest Disorders Age >17 W/O Cc	44,355	0.7	31.5	9.0	5.3
20	224	Shoulder, Elbow Or Forearm Proc, Except Major Joint Proc, W/O Cc	44,176	0.7	32.2	0.3	2.8
21	162	Inguinal & Femoral Hernia Procedures Age >17 W/O Cc	43,798	0.7	32.9	0.2	1.7
22	467	Other Factors Influencing Health Status	41,198	0.7	33.6	0.3	2.9
23	211	Hip & Femur Procedures Except Major Joint Age >17 W/O Cc	41,150	0.7	34.3	1.0	10.3
24	225	Foot Procedures	40,487	0.7	35.0	0.2	2.0
25	203	Malignancy Of Hepatobiliary System Or Pancreas	38,774	9.0	35.6	6.0	9.5
56	410	Chemotherapy W/O Acute Leukemia As Secondary Diagnosis	38,150	9.0	36.3	4.0	5.0
27	082	Respiratory Neoplasms	37,418	9.0	36.9	6.0	10.4
28	518	Perc Cardio Proc W/O Coronary Artery Stent Or Ami	37,303	9.0	37.5	0.3	3.2
59	552		37,248	9.0	38.1	0.4	4.9
30	503	Knee Procedures W/O Pdx Of Infection	36,874	9.0	38.7	0.2	1.9

(Continued) Table S/23 – Total number of public and private healthcare institutions: top 60 DRGs according to the number of discharges (DRG Version 24.0) – Inpatient admissions for acute cases. 2019

				Discharges		-uI %	Average
Rank		DRG	Number	%	% cumul.	hospital	length
						days	of stay
31	337	Transurethral Prostatectomy W/O Cc	35,871	9.0	39.3	0.3	4.0
32	149	Major Small & Large Bowel Procedures W/O Cc	35,824	9.0	39.9	8.0	9.2
33	395	Red Blood Cell Disorders Age >17	35,379	9.0	40.5	0.7	8.4
34	060	Simple Pneumonia & Pleurisy Age >17 W/O Cc	34,223	9.0	41.1	0.7	8.5
35	124	Circulatory Disorders Except Ami, W Card Cath & Complex Diag	33,142	9.0	41.6	0.5	7.0
36	210	Hip & Femur Procedures Except Major Joint Age >17 W Cc	32,403	0.5	42.2	1.0	13.3
37	290	Thyroid Procedures	32,018	0.5	42.7	0.2	2.9
38	260	Subtotal Mastectomy For Malignancy W/O Cc	31,163	0.5	43.2	0.1	2.0
39	500	Back & Neck Procedures Except Spinal Fusion W/O Cc	30,689	0.5	43.7	0.3	3.9
40	055	Miscellaneous Ear, Nose, Mouth & Throat Procedures	29,758	0.5	44.2	0.1	1.9
4	158	Anal & Stomal Procedures W/O Cc	29,627	0.5	44.7	0.1	2.0
42	012	Degenerative Nervous System Disorders	28,714	0.5	45.2	9.0	8.5
43	208	Disorders Of The Biliary Tract W/O Cc	28,198	0.5	45.7	0.4	6.7
4	524	Transient Ischemia	28,077	0.5	46.1	0.5	6.9
45	288	O.R. Procedures For Obesity	27,100	0.5	46.6	0.2	3.7
46	174	G.I. Hemorrhage w CC	26,982	0.4	47.0	9.0	9.3
47	479	Other Vascular Procedures W/O Cc	26,184	0.4	47.5	0.3	4.7
48	880	Chronic Obstructive Pulmonary Disease	25,910	0.4	47.9	0.5	9.8
49	207	Disorders Of The Biliary Tract W Cc	25,146	0.4	48.3	9.0	10.3
20	204	Disorders Of Pancreas Except Malignancy	25,000	0.4	48.7	0.5	0.6
51	381	Abortion W D&C, Aspiration Curettage Or Hysterotomy	24,635	0.4	49.1	0.1	1.7
52	160	Hernia Procedures Except Inguinal & Femoral Age >17 W/O Cc	24,108	0.4	49.5	0.2	3.0
53	053	Sinus & Mastoid Procedures Age >17	24,052	0.4	49.9	0.1	2.5
54	234	Other Musculoskelet Sys & Conn Tiss O.R. Proc W/O Cc	23,673	0.4	50.3	0.2	3.8
55	860	Bronchitis & Asthma Age 0-17	23,646	0.4	50.7	0.2	4.5
99	296	Nutritional & Misc Metabolic Disorders Age >17 W Cc	23,447	0.4	51.1	0.5	8.8
27	389	Full Term Neonate W Major Problems	23,431	0.4	51.5	0.4	8.9
28	139	Cardiac Arrhythmia & Conduction Disorders W/O Cc	23,044	0.4	51.9	0.2	3.9
59	202	Cirrhosis & Alcoholic Hepatitis	22,699	0.4	52.3	0.5	10.2
09	172	Digestive Malignancy W Cc	22,577	0.4	52.6	9.0	11.4
	Tota	Total (top 60 DRGs)	3,168,401	52.6		49.2	
	Gran	Grand Total	6,020,466	100.0		100.0	7.0
Source.	data fr	Source: data from the Ministry of Health - SDO 2019					

Source: data from the Ministry of Health - SDO 2019

Table S24 - AIOP accredited hospitals: top 60 DRGs according to the number of discharges (DRG Version 24.0) - Inpatient admissions for acute cases, 2020

1400 S/C	7 7 741	aore 527 - 2101 acteanea noppians, top oo 2005 according to the manior of aisterial ges (200-1-1) and 200-1-10. Discharges of instances	13 - (0.+2 nois	Discharges	mussions jor a	% in-	Average	
		1	1	ischul ges		-1110/	380 1310	In-hospital
Kank		DRG	Number	%	% cumul.	hospital days	length of stay	days
-	544	Major Joint Replacement or Reattachment of Lower Extremity	49,796	10.7	10.7	11.4	5.9	294,408
2	371	Cesarean Section W/O Cc	12,398	2.7	13.4	1.9	3.8	47,613
3	373	Vaginal Delivery W/O Complicating Diagnoses	12,241	5.6	16.0	1.6	3.4	41,912
4	127	Heart Failure & Shock	10,706	2.3	18.3	3.7	8.9	94,897
5	359	Uterine & Adnexa Proc For Non-Malignancy W/O Cc	8,375	1.8	20.1	1.0	3.2	26,669
9	311	Transurethral Procedures W/O Cc	8,251	1.8	21.9	6.0	2.7	22,536
7	503	Knee Procedures W/O Pdx Of Infection	8,200	1.8	23.7	0.5	1.4	11,816
∞	225	Foot Procedures	8,160	1.8	25.4	0.4	1.2	10,041
6	494	Laparoscopic Cholecystectomy W/O C.D.E. W/O Cc	7,994	1.7	27.1	8.0	2.6	20,812
10	224	Shoulder, Elbow Or Forearm Proc, Except Major Joint Proc, W/O Cc	7,296	1.6	28.7	0.5	1.8	13,448
11	125	Circulatory Disorders Except Ami, W Card Cath W/O Complex Diag	7,209	1.6	30.3	0.7	2.3	16,856
12	288	O.R. Procedures For Obesity	6,989	1.5	31.8	6.0	3.4	23,954
13	470	Ungroupable (cases which could not be assigned to valid DRGs)	2,867	1.3	33.0	2.9	12.8	74,823
14	498	Spinal Fusion Except Cervical W/O Cc	5,858	1.3	34.3	1.0	4.4	25,779
15	558	Percutaneous Cardiovascular Proc W Drug-Eluting Stent W/O Maj Cv Dx	5,821	1.3	35.5	0.7	3.0	17,406
16	087	Pulmonary Edema & Respiratory Failure	5,699	1.2	36.8	2.5	11.2	63,550
17	223	Major Shoulder/Elbow Proc, Or Other Upper Extremity Proc W Cc	5,428	1.2	37.9	0.3	1.4	7,772
18	518	Perc Cardio Proc W/O Coronary Artery Stent Or Ami	5,368	1.2	39.1	9.0	2.7	14,400
19	337	Transurethral Prostatectomy W/O Cc	5,352	1.2	40.2	0.7	3.6	19,009
20	680	Simple Pneumonia & Pleurisy Age >17 W Cc	4,722	1.0	41.3	2.4	13.2	62,144
21	200	Back & Neck Procedures Except Spinal Fusion W/O Cc	4,155	6.0	42.1	0.5	2.9	12,101
22	104	Cardiac Valve & Oth Major Cardiothoracic Proc W Card Cath	4,078	6.0	43.0	1.7	10.9	44,582
23	430	Psychoses	4,027	6.0	43.9	2.1	13.1	52,885
24	467	Other Factors Influencing Health Status	3,845	8.0	44.7	0.5	3.1	12,065
25	245	Bone Diseases & Specific Arthropathies W/O Cc	3,218	0.7	45.4	8.0	8.9	21,804
26	012	Degenerative Nervous System Disorders	3,215	0.7	46.1	1.0	8.0	25,826
27	060	Simple Pneumonia & Pleurisy Age >17 W/O Cc	3,192	0.7	46.8	1.5	11.8	37,604
28	234	Other Musculoskelet Sys & Conn Tiss O.R. Proc W/O Cc	3,105	0.7	47.5	0.3	2.1	6,581
29	479	Other Vascular Procedures W/O Cc	3,092	0.7	48.1	0.4	3.1	9,720
30	491	Major Joint & Limb Reattachment Procedures Of Upper Extremity	3,088	0.7	48.8	0.5	4 4.	13,477
31	158	Anal & Stomal Procedures W/O Cc	3,039	0.7	49.4	0.2	1.8	5,377
32	552	Other Permanent Cardiac Pacemaker Implant W/O Major Cv Dx	3,017	9.0	50.1	0.4	3.7	11,169
33	316	Renal failure	3,011	9.0	50.7	1.0	8.3	25,111

(Continued) Table \$224 - A10P accredited hospitals: top 60 DRGs according to the number of discharges (DRG Version 24.0) - Inpatient admissions for acute cases. 2020

(Continued) 1 agre 5/24	ייין זייי	ore 5/27 - 7101 accreated nospitats, top on DAOs according to the named of atsential ges (DAO 1 resolvance) inflation admissions for the factor of a solvance.	o contraction	inohaman	inpanent aun	or in	Anomaca, 20	
			٦.	Discharges		-u1 o/	Average	In-hosnital
Rank		DRG	Number	%	% cumul.	hospital days	length of stay	days
34	410	Chemotherapy W/O Acute Leukemia As Secondary Diagnosis	2,880	9.0	51.4	0.3	3.0	8,729
35	243	Medical Back Problems	2,849	9.0	52.0	9.0	5.9	16,682
36	545	Revision Of Hip Or Knee Replacement	2,844	9.0	52.6	6.0	8.0	22,629
37	305	Kidney And Ureter Procedures For Non-Neoplasm Without Cc	2,813	9.0	53.2	0.4	3.5	9,711
38	297	Nutritional & Misc Metabolic Disorders Age >17 W/O Cc	2,807	9.0	53.8	0.5	5.0	13,895
39	139	Cardiac Arrhythmia & Conduction Disorders W/O Cc	2,718	9.0	54.4	0.3	3.0	8,145
40	227	Soft Tissue Procedures W/O Cc	2,682	9.0	55.0	0.2	1.6	4,348
41	219	Lower Extrem & Humerus Proc Except Hip, Foot, Femur Age >17 W/O Cc	2,661	9.0	55.5	0.4	4.2	11,147
42	162	Inguinal & Femoral Hernia Procedures Age >17 W/O Cc	2,618	9.0	56.1	0.1	1.5	3,804
43	232	Arthroscopy	2,489	0.5	9.99	0.1	1.1	2,756
4	290	Thyroid Procedures	2,401	0.5	57.1	0.3	2.7	6,594
45	120	Other Circulatory System O.R. Procedures	2,384	0.5	57.7	0.3	3.5	8,251
46	014	Intracranial Hemorrhage Or Cerebral Infarction	2,381	0.5	58.2	6.0	10.0	23,856
47	538	Local Excis & Remov of Int Fix Dev Except Hip & Femur W/O Cc	2,250	0.5	58.6	0.2	2.0	4,575
48	149	Major Small & Large Bowel Procedures W/O Cc	2,185	0.5	59.1	9.0	7.6	16,689
49	248	Tendonitis, Myositis & Bursitis	2,069	9.4	9.69	0.3	3.3	6,772
20	211	Hip & Femur Procedures Except Major Joint Age >17 W/O Cc	2,037	0.4	0.09	9.0	7.9	15,995
51	203	Malignancy Of Hepatobiliary System Or Pancreas	1,959	9.4	60.4	9.0	7.5	14,622
52	557	Percutaneous Cardiovascular Proc W Drug-Eluting Stent W Major Cv Dx	1,928	0.4	8.09	0.5	7.1	13,647
53	136	Cardiac Congenital & Valvular Disorders Age >17 W/O Cc	1,899	0.4	61.2	9.0	7.8	14,718
54	082	Respiratory Neoplasms	1,895	0.4	61.7	0.5	7.1	13,517
55	335	Major Male Pelvic Procedures W/O Cc	1,868	9.4	62.1	0.5	6.3	11,713
99	260	Subtotal Mastectomy For Malignancy W/O Cc	1,867	0.4	62.5	0.2	2.1	4,005
57	189	Other Digestive System Diagnoses Age >17 W/O Cc	1,796	0.4	62.8	0.2	2.7	4,832
28	131	Peripheral Vascular Disorders W/O Cc	1,777	0.4	63.2	0.4	5.1	9,013
59	145		1,772	0.4	63.6	0.3	5.0	8,926
09	133	Atherosclerosis W/O Cc	1,758	0.4	64.0	0.3	8.4	8,402
	Total	d (top 60 DRGs)	297,399	64.0			5.0	1,476,120
	Gra	Grand Total	464,789				5.5	2,573,161
7		GOIF O'T I I						

Source: processing by Ermeneia, based on data from AIOP

Table 8/25 – AIOP accredited hospitals: top 60 DRGs according to the number of discharges (DRG Version 24.0) – Inpatient admission for acute cases in the North of Italy. 2020

			D	Discharges	S	-w in-	Average	1
Rank		DRG	Number	%	% cumul.	hospital	length	in-nospitai
						days	of stay	aays
-1	544	Major Joint Replacement or Reattachment of Lower Extremity	28,850	12.5	12.5	12.0	0.9	173,111
2	225	Foot Procedures	5,565	2.4	14.9	0.4	1.0	5,531
3	470	Ungroupable (cases which could not be assigned to valid DRGs)	5,471	2.4	17.3	5.1	13.4	73,302
4	503	Knee Procedures W/O Pdx Of Infection	4,778	2.1	19.3	0.5	1.5	7,008
5	127	Heart Failure & Shock	4,336	1.9	21.2	3.0	10.0	43,417
9	224	Shoulder, Elbow Or Forearm Proc, Except Major Joint Proc, W/O Cc	4,316	1.9	23.1	0.4	1.4	6,085
7	311	Transurethral Procedures W/O Cc	4,128	1.8	24.9	0.7	2.3	9,408
∞	680	Simple Pneumonia & Pleurisy Age >17 W Cc	3,759	1.6	26.5	3.6	13.9	52,278
6	518	Perc Cardio Proc W/O Coronary Artery Stent Or Ami	3,436	1.5	28.0	9.0	2.7	9,231
10	288	O.R. Procedures For Obesity	3,289	1.4	29.4	9.0	2.8	9,345
11	359	Uterine & Adnexa Proc For Non-Malignancy W/O Cc	3,032	1.3	30.7	9.0	2.8	8,433
12	373	Vaginal Delivery W/O Complicating Diagnoses	2,887	1.3	32.0	0.7	3.6	10,364
13	223	Major Shoulder/Elbow Proc, Or Other Upper Extremity Proc W Cc	2,886	1.2	33.2	0.3	1.3	3,655
14	498	Spinal Fusion Except Cervical W/O Cc	2,750	1.2	34.4	6.0	4.5	12,316
15	087	Pulmonary Edema & Respiratory Failure	2,707	1.2	35.6	2.7	14.2	38,510
16	494	Laparoscopic Cholecystectomy W/O C.D.E. W/O Cc	2,665	1.2	36.7	0.4	2.3	6,207
17	060	Simple Pneumonia & Pleurisy Age >17 W/O Cc	2,544	1:1	37.8	2.2	12.7	32,234
18	243	Medical Back Problems	2,481	1:1	38.9	1.0	5.9	14,644
19	430	Psychoses	2,457	1.1	40.0	2.6	15.4	37,838
20	337	Transurethral Prostatectomy W/O Cc	2,341	1.0	41.0	0.5	3.1	7,368
21	245	Bone Diseases & Specific Arthropathies W/O Cc	2,309	1.0	42.0	1.2	7.5	17,266
22	125	Circulatory Disorders Except Ami, W Card Cath W/O Complex Diag	2,272	1.0	43.0	0.4	2.4	5,525
23	232	Arthroscopy	2,181	6.0	43.9	0.2	1.1	2,297
24	200	Back & Neck Procedures Except Spinal Fusion W/O Cc	2,178	6.0	44.9	0.4	2.6	5,689
25	258	Percutaneous Cardiovascular Proc W Drug-Eluting Stent W/O Maj Cv Dx	2,155	6.0	45.8	0.5	3.1	6,669
56	104	Cardiac Valve & Oth Major Cardiothoracic Proc W Card Cath	2,145	6.0	46.7	1.7	11.5	24,640
27	139	Cardiac Arrhythmia & Conduction Disorders W/O Cc	1,901	8.0	47.6	6.4	3.1	5,806
28	158	Anal & Stomal Procedures W/O Cc	1,868	8.0	48.4	0.2	1.3	2,484
29	227	Soft Tissue Procedures W/O Cc	1,687	0.7	49.1	0.2	1.4	2,334
30	012	Degenerative Nervous System Disorders	1,680	0.7	49.8	1.1	9.3	15,684
31	467		1,636	0.7	50.5	9.0	5.2	8,550
32	491	Major Joint & Limb Reattachment Procedures Of Upper Extremity	1,550	0.7	51.2	0.4	4.1	6,339
33	538	Local Excis & Remov of Int Fix Dev Except Hip & Femur W/O Cc	1,532	0.7	51.9	0.2	1.9	2,920

(Continued) Table S/25 – AIOP accredited hospitals: top 60 DRGs according to the number of discharges (DRG Version 24.0) – Inpatient admission for acute cases in the North of Italy. 2020

0707								
				Discharges		% in-	Average	In hospital
Rank		DRG	Number	%	% cumul.	hospital days	length of stay	an-nospuai days
34	133	Atherosclerosis W/O Cc	1,521	0.7	52.5	0.5	5.0	7,544
35	545	Revision Of Hip Or Knee Replacement	1,504	0.7	53.2	8.0	8.1	12,224
36	014	Intracranial Hemorrhage Or Cerebral Infarction	1,498	9.0	53.8	1.1	10.3	15,443
37	219	Lower Extrem & Humerus Proc Except Hip, Foot, Femur Age >17 W/O Cc	1,487	9.0	54.5	0.4	3.8	5,590
38	479	Other Vascular Procedures W/O Cc	1,474	9.0	55.1	0.3	3.4	4,966
39	297	Nutritional & Misc Metabolic Disorders Age >17 W/O Cc	1,362	9.0	55.7	9.0	0.9	8,184
40	136	Cardiac Congenital & Valvular Disorders Age > 17 W/O Cc	1,320	9.0	56.3	6.0	9.7	12,765
41	371	Cesarean Section W/O Cc	1,277	9.0	56.8	0.4	4.5	5,773
42	234	Other Musculoskelet Sys & Conn Tiss O.R. Proc W/O Cc	1,274	9.0	57.4	0.2	1.7	2,201
43	552	Other Permanent Cardiac Pacemaker Implant W/O Major Cv Dx	1,241	0.5	57.9	0.4	4.3	5,289
4	248	Tendonitis, Myositis & Bursitis	1,223	0.5	58.4	0.3	4.1	5,032
45	211	Hip & Femur Procedures Except Major Joint Age >17 W/O Cc	1,216	0.5	59.0	0.7	7.8	9,530
46	131	Peripheral Vascular Disorders W/O Cc	1,187	0.5	59.5	0.5	5.7	6,810
47	335	Major Male Pelvic Procedures W/O Cc	1,165	0.5	0.09	0.5	6.2	7,267
48	162	Inguinal & Femoral Hernia Procedures Age >17 W/O Cc	1,155	0.5	60.5	0.1	1.3	1,465
49	557	Percutaneous Cardiovascular Proc W Drug-Eluting Stent W Major Cv Dx	1,097	0.5	61.0	0.5	7.2	7,925
20	053	Sinus & Mastoid Procedures Age >17	1,064	0.5	61.4	0.1	1.7	1,817
51	461	O.R. Proc W Diagnoses of Other Contact W Health Services	866	9.4	61.8	0.2	2.9	2,877
52	316	Renal failure	966	9.4	62.3	0.7	10.3	10,232
53	428	Disorders Of Personality & Impulse Control	066	9.4	62.7	1.5	21.8	21,570
54	523	Alc/Drug Abuse Or Depend W/O Rehabilitation Therapy W/O Cc	964	9.4	63.1	8.0	11.5	11,099
55	055	Miscellaneous Ear, Nose, Mouth & Throat Procedures	954	9.4	63.5	0.1	1.2	1,139
99	395	Red Blood Cell Disorders Age >17	930	9.4	63.9	9.0	8.6	9,109
57	189	Other Digestive System Diagnoses Age >17 W/O Cc	206	9.4	64.3	0.2	2.6	2,378
28	149	Major Small & Large Bowel Procedures W/O Cc	868	9.4	64.7	0.5	7.8	6,970
59	081	Respiratory Infections And Inflammations, Age 0-17	892	9.4	65.1	6.0	14.2	12,644
09	203	Malignancy Of Hepatobiliary System Or Pancreas	883	9.4	65.5	0.5	8.1	7,118
	Total	l (top 60 DRGs)	151,249	65.5			5.8	871,449
	Gran	Grand Total (North)	230,939				6.3	1,446,055
Source.	130001	Source: neocessing htt Fringing has do data from AIDP						

Source: processing by Ermeneia, based on data from AIOP

Table \$126 - AIOP accredited hospitals: top 60 DRGs according to the number of discharges (DRG Version 24.0) - Inpatient admissions for acute cases in the Center of Italy, 2020

140te 3/20	1	table 5.20 - 710.1 accreaired nospitats, top ou days according to the finance of discinledges (DAG) resident admissions for data cases in the content of may, 20.20 in Discipledges (S. 10.10 - 10.10	sion 27.0) – m.	Discharges	missions joi uc	ute cases in the %in-	Average	49: 2020
Rank		DRG	Number	%	% cumul.	hospital days	length of stay	In-hospital days
1	544	Major Joint Replacement or Reattachment of Lower Extremity	8,038	16.6	16.6	18.7	6.0	48,544
2	503	Knee Procedures W/O Pdx Of Infection	1,637	3.4	19.9	0.7	1.1	1,783
3	127	Heart Failure & Shock	1,522	3.1	23.1	6.2	10.5	15,958
4	223	Major Shoulder/Elbow Proc, Or Other Upper Extremity Proc W Cc	1,512	3.1	26.2	0.7	1.3	1,926
5	225	Foot Procedures	1,407	2.9	29.1	6.0	1.6	2,315
9	224	Shoulder, Elbow Or Forearm Proc, Except Major Joint Proc, W/O Cc	1,274	5.6	31.7	1.3	2.6	3,332
7	498	Spinal Fusion Except Cervical W/O Cc	1,079	2.2	33.9	1.8	4.3	4,669
∞	337	Transurethral Prostatectomy W/O Cc	1,066	2.2	36.1	1.3	3.3	3,488
6	311	Transurethral Procedures W/O Cc	913	1.9	38.0	1.0	2.8	2,560
10	494	Laparoscopic Cholecystectomy W/O C.D.E. W/O Cc	998	1.8	39.8	6.0	2.6	2,256
11	234	Other Musculoskelet Sys & Conn Tiss O.R. Proc W/O Cc	843	1.7	41.5	0.7	2.2	1,860
12	248	Tendonitis, Myositis & Bursitis	746	1.5	43.1	9.0	2.1	1,542
13	359	Uterine & Adnexa Proc For Non-Malignancy W/O Cc	714	1.5	44.5	8.0	2.9	2,063
41	680	Simple Pneumonia & Pleurisy Age >17 W Cc	703	1.4	46.0	2.9	10.7	7,526
15	288	O.R. Procedures For Obesity	657	1.4	47.3	6.0	3.7	2,445
16	219	Lower Extrem & Humerus Proc Except Hip, Foot, Femur Age >17 W/O Cc	979	1.3	48.6	1.3	5.5	3,438
17	162	Inguinal & Femoral Hernia Procedures Age >17 W/O Cc	809	1.3	49.9	0.3	1.2	716
18	087	Pulmonary Edema & Respiratory Failure	579	1.2	51.1	2.2	8.6	5,657
19	245	Bone Diseases & Specific Arthropathies W/O Cc	256	1:1	52.2	1.1	5.2	2,910
20	491	Major Joint & Limb Reattachment Procedures Of Upper Extremity	533	1:1	53.3	6.0	4.5	2,376
21	055	Miscellaneous Ear, Nose, Mouth & Throat Procedures	485	1.0	54.3	0.2	1.2	582
22	545	Revision Of Hip Or Knee Replacement	482	1.0	55.3	1.4	7.7	3,700
23	060	Simple Pneumonia & Pleurisy Age >17 W/O Cc	477	1.0	56.3	1.7	9.2	4,389
24	316	Renal failure	420	6.0	57.1	1.6	8.6	4,105
25	158	Anal & Stomal Procedures W/O Cc	413	6.0	58.0	0.5	2.9	1,181
26	470	Ungroupable (cases which could not be assigned to valid DRGs)	396	8.0	58.8	9.0	3.8	1,521
27	290	Thyroid Procedures	386	8.0	9.69	0.5	3.1	1,198
28	373	Vaginal Delivery W/O Complicating Diagnoses	362	0.7	60.4	0.5	3.7	1,349
59	227	Soft Tissue Procedures W/O Cc	351	0.7	61.1	0.3	2.0	711
30	538	Local Excis & Remov of Int Fix Dev Except Hip & Femur W/O Cc	348	0.7	61.8	0.3	2.1	717
31	211	Hip & Femur Procedures Except Major Joint Age >17 W/O Cc	345	0.7	62.5	1.1	8.1	2,796
32	014	Intracranial Hemorrhage Or Cerebral Infarction	341	0.7	63.2	1.5	11.7	3,985

(Continued) Table \$256-A1OP accredited hospitals: top 60 DRGs according to the number of discharges (DRG Version 24.0) - Inpatient admissions for acute cases in the Center of Italy. 2020

0707							,	
				Discharges	es	% in-	Average	In hosnital
Rank		DRG	Number	%	% cumul.	hospital days	length of stay	days
33	297	Nutritional & Misc Metabolic Disorders Age >17 W/O Cc	331	0.7	63.9	0.7	5.6	1,845
34	395	Red Blood Cell Disorders Age >17	325	0.7	64.6	1.0	8.2	2,656
35	467	Other Factors Influencing Health Status	325	0.7	65.2	0.1	1.1	345
36	254	Fx, spm, stm & Disl Up arm, low leg Ex Foot Age >17 W/O CC	311	9.0	62.9	0.3	2.5	792
37	160	Hernia Procedures Except Inguinal & Femoral Age >17 W/O Cc	294	9.0	66.5	0.3	2.2	629
38	085	Pleural Effusion W CC	289	9.0	67.1	1.1	9.5	2,751
39	183	Esophagitis, Gastroent & Misc Digest Disorders Age >17 W/O Cc	569	9.0	9.79	0.7	8.9	1,836
40	149	Major Small & Large Bowel Procedures W/O Cc	264	0.5	68.2	0.8	7.8	2,070
4	335	Major Male Pelvic Procedures W/O Cc	260	0.5	68.7	9.0	5.9	1,541
42	019	Cranial & Peripheral Nerve Disorders W/O Cc	255	0.5	69.2	0.2	2.3	575
43	305	Kidney And Ureter Procedures For Non-Neoplasm Without Cc	252	0.5	69.7	0.3	3.4	848
4	053	Sinus & Mastoid Procedures Age >17	243	0.5	70.2	0.2	2.1	521
45	147	Rectal Resection W/O Cc	238	0.5	70.7	0.4	4.9	1,162
46	371	Cesarean Section W/O Cc	237	0.5	71.2	0.4	3.9	930
47	500	Back & Neck Procedures Except Spinal Fusion W/O Cc	230	0.5	71.7	0.4	4.0	924
48	576	Septicemia W/O Mv 96+ Hours Age >17	222	0.5	72.2	1.1	12.9	2,871
49	309	Minor Bladder Procedures W/O Cc	217	9.4	72.6	0.3	3.1	999
20	320	Kidney & Urinary Tract Infections Age >17 W Cc	216	9.4	73.0	0.7	8.6	1,855
51	229	Hand Or Wrist Proc, Except Major Joint Proc, W/O Cc	214	9.4	73.5	0.1	1.6	333
52	385	Neonates, died or transferred to another acute care facility	212	9.4	73.9	0.3	3.4	713
53	189	Other Digestive System Diagnoses Age >17 W/O Cc	200	9.4	74.3	0.2	2.3	458
54	524	Transient Ischemia	193	9.4	74.7	8.0	10.4	2,011
55	313	Urethral Procedures, Age >17 W/O Cc	187	9.4	75.1	0.1	1.8	332
99	310	Transurethral Procedures W/O Cc	179	9.4	75.5	0.3	4.8	851
57	208	Disorders Of The Biliary Tract W/O Cc	167	0.3	75.8	0.5	7.5	1,256
58	182	Esophagitis, Gastroent & Misc Digest Disorders Age >17 W Cc	166	0.3	76.2	9.0	9.1	1,512
59	210	Hip & Femur Procedures Except Major Joint Age >17 W Cc	166	0.3	76.5	6.0	14.8	2,455
09	430	Psychoses	166	0.3	6.97	1.6	24.5	4,063
	Tota	Total (top 60 DRGs)	37,313	76.9			4.9	182,429
	Gran	Grand Total (Center)	48,549				5.3	259,269
Source: p	wocessi	Source: processing by Ermeneia, based on data from AIOP						

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In-hospital 5,789 3,025 5,488 4,031 7,390 19,383 8,794 8,153 6,107 40.910 10,568 19,942 5,131 3,170 ,248 0,984 4,181 able. S27 – AIOP accredited hospitals: 10p 60 DRGs according to the number of discharges (DRG Version 24.0) – Inpatient admissions for acute cases in the South of Italy. 2020 ength of stay Average 0.3 hospital 0.4 0.2 0.5 0.4 0.3 0.3 % cumul. 6.67 31.6 33.2 7.43 96.0 39.2 40.2 41.3 42.3 43.3 44.3 45.2 18.7 49.5 50.3 37.1 88.1 46.1 Discharges 0: 3,210 .926 4,848 4,629 ,413 2,029 ,945 ,930 1,645 ,515 ,490 ,219 8,992 4,463 3,665 ,704 44, ,933 ,884 ,861 ,785 ,747 595, 404, Number 0,884Percutaneous Cardiovascular Proc W Drug-Eluting Stent W/O Maj Cv Dx Shoulder, Elbow Or Forearm Proc, Except Major Joint Proc, W/O Cc Circulatory Disorders Except Ami, W Card Cath W/O Complex Diag Other Permanent Cardiac Pacemaker Implant W/O Major Cv Dx Kidney And Ureter Procedures For Non-Neoplasm Without Cc Cardiac Valve & Oth Major Cardiothoracic Proc W Card Cath Major Joint Replacement or Reattachment of Lower Extremity Chemotherapy W/O Acute Leukemia As Secondary Diagnosis Back & Neck Procedures Except Spinal Fusion W/O Cc Jterine & Adnexa Proc For Non-Malignancy W/O Cc Perc Cardio Proc W/O Coronary Artery Stent Or Ami Laparoscopic Cholecystectomy W/O C.D.E. W/O Cc /aginal Delivery W/O Complicating Diagnoses Subtotal Mastectomy For Malignancy W/O Cc Other Circulatory System O.R. Procedures Pulmonary Edema & Respiratory Failure DRGDegenerative Nervous System Disorders Other Factors Influencing Health Status Spinal Fusion Except Cervical W/O Cc Knee Procedures W/O Pdx Of Infection ransurethral Prostatectomy W/O Cc Other Vascular Procedures W/O Cc ransurethral Procedures W/O Cc O.R. Procedures For Obesity Cesarean Section W/O Cc Heart Failure & Shock Respiratory Neoplasms Thyroid Procedures oot Procedures Renal failure sychoses 518 500 494 087 498 337 467 20 288 305 8 503 290 Rank 13 15 16

(Continued) Table S/27 – AIOP accredited hospitals: top 60 DRGs according to the number of discharges (DRG Version 24.0) – Inpatient admissions for acute cases in the South of Italy.

200								
			7	Discharges	SS	% in-	Anorago	In-hosnital
Rank		DRG	Number	%	% cumul.	hospital days	length of stay	days
32	297	Nutritional & Misc Metabolic Disorders Age >17 W/O Cc	1,114	9.0	53.6	0.3	3.5	3,866
33	381	Abortion W D&C, Aspiration Curettage Or Hysterotomy	1,090	9.0	54.2	0.1	1.0	1,044
34	145	Other Circulatory System Diagnoses W/O Cc	1,039	9.0	54.8	0.3	4.2	4,319
35	223	Major Shoulder/Elbow Proc, Or Other Upper Extremity Proc W Cc	1,030	9.0	55.3	0.2	2.1	2,191
36	149	Major Small & Large Bowel Procedures W/O Cc	1,023	9.0	55.9	9.0	7.5	7,649
37	016	Nonspecific Cerebrovascular Disorders W Cc	1,012	0.5	56.4	0.5	6.2	6,248
38	017	Nonspecific Cerebrovascular Disorders W/O Cc	1,011	0.5	57.0	0.4	5.2	5,230
39	491	Major Joint & Limb Reattachment Procedures Of Upper Extremity	1,005	0.5	57.5	0.4	4.7	4,762
40	203	Malignancy Of Hepatobiliary System Or Pancreas	966	0.5	58.0	0.5	9.9	965'9
41	477	Non-extensive O.R. Proc Unrelated To Principal Diagnosis	993	0.5	58.6	0.3	3.3	3,305
42	234	Other Musculoskelet Sys & Conn Tiss O.R. Proc W/O Cc	886	0.5	59.1	0.2	2.6	2,520
43	315	Other kidney & urinary tract O.R. procedures	972	0.5	59.6	0.2	3.2	3,125
4	091	Simple Pneumonia & Pleurisy Age < 18	943	0.5	60.1	0.7	8.9	8,392
45	172	Digestive Malignancy W Cc	606	0.5	9.09	0.5	7.0	6,399
46	545	Revision Of Hip Or Knee Replacement	858	0.5	61.1	0.5	7.8	6,705
47	390	Neonate W Other Significant Problems	856	0.5	61.6	0.3	3.9	3,361
48	162	Inguinal & Femoral Hernia Procedures Age >17 W/O Cc	855	0.5	62.0	0.1	1.9	1,623
49	557	Percutaneous Cardiovascular Proc W Drug-Eluting Stent W Major Cv Dx	831	9.4	62.5	0.4	6.9	5,722
50	212	Hip & Femur Procedures Except Major Joint Age >17 W/O Cc	779	9.4	62.9	0.5	7.5	5,808
51	158	Anal & Stomal Procedures W/O Cc	758	9.4	63.3	0.1	2.3	1,712
52	408	Myeloprolif Disord Or Poor Diff Neopl W/Other O.R. Proc	745	9.4	63.7	0.2	3.1	2,302
53	183	Esophagitis, Gastroent & Misc Digest Disorders Age >17 W/O Cc	741	9.4	64.1	0.3	4.4	3,290
54	179	Inflammatory Bowel Disease	721	9.4	64.5	0.3	4.9	3,545
55	139	Cardiac Arrhythmia & Conduction Disorders W/O Cc	969	9.4	64.9	0.1	2.5	1,760
99	189	Other Digestive System Diagnoses Age >17 W/O Cc	689	9.4	65.2	0.2	2.9	1,996
57	227	Soft Tissue Procedures W/O Cc	644	0.3	9:59	0.1	2.0	1,303
58	151	Peritoneal Adhesiolysis W/O Cc	643	0.3	65.9	0.2	3.7	2,400
59	524	Transient Ischemia	633	0.3	66.3	0.3	6.1	3,884
09	577	Carotid artery stent procedure	628	0.3	9.99	0.1	2.7	1,695
	Tota	Total (top 60 DRGs)	123,426	9.99			4.2	518,825
	Grai	Grand Total (South)	185,301				4.7	867,837
Source.	Sooon	Source: processing hy Ermoneia, based on data from AIOP						

Source: processing by Ermeneia, based on data from AIOP

Table \$\text{\$\sigma}28 - Total number of public and private healthcare facilities: top 30 DRGs according to the number of discharges (DRG Version 24.0) - Day hospital admissions for acute cases.

				Discharges		/0	Average
Rank		DRG	Number	%	% cumul.	% Accesses	number of accesses
1	410	Chemotherapy W/O Acute Leukemia As Secondary Diagnosis	94,073	5.4	5.4	21.6	10.1
7	359	Uterine & Adnexa Proc For Non-Malignancy W/O Cc	88,911	5.1	10.4	2.5	1.3
3	381	Abortion W D&C, Aspiration Curettage Or Hysterotomy	67,622	3.9	14.3	2.0	1.3
4	162	Inguinal & Femoral Hernia Procedures Age >17 W/O Cc	63,872	3.6	18.0	1.9	1.3
5	266	Skin Graft &/Or Debrid Except For Skin Ulcer Or Cellulitis W/O Cc	52,872	3.0	21.0	1.8	1.5
9	503	Knee Procedures W/O Pdx Of Infection	41,681	2.4	23.4	1.2	1.3
7	467	Other Factors Influencing Health Status	41,314	2.4	25.7	1.8	2.0
∞	225	Foot Procedures	33,438	1.9	27.6	1.1	1.4
6	229	Hand Or Wrist Proc, Except Major Joint Proc, W/O Cc	30,228	1.7	29.3	6.0	1.4
10	538	Local Excis & Remov of Int Fix Dev Except Hip & Femur W/O Cc	29,500	1.7	31.0	6.0	1.3
11	042	Intraocular Procedures Except Retina, Iris & Lens	28,933	1.7	32.7	6.0	1.4
12	055	Miscellaneous Ear, Nose, Mouth & Throat Procedures	28,887	1.6	34.3	6.0	1.4
13	039	Lens Procedures With Or Without Vitrectomy	27,969	1.6	35.9	1.1	1.8
14	364	D&C, Conization Except For Malignancy	27,587	1.6	37.5	8.0	1.3
15	270	Other Skin, Subcut Tiss & Breast Proc W/O Cc	26,765	1.5	39.0	8.0	1.4
16	158	Anal & Stomal Procedures W/O Cc	25,118	1.4	40.5	8.0	1.3
17	119	Vein Ligation & Stripping	22,956	1.3	41.8	0.7	1.3
18	036	Retinal procedures	21,549	1.2	43.0	0.7	1.4
19	380	Abortion W/O D&C	20,712	1.2	44.2	1.0	2.2
20	169	Mouth Procedures W/O Cc	20,707	1.2	45.4	0.7	1.4
21	395	Red Blood Cell Disorders Age >17	20,637	1.2	46.5	3.6	7.7
22	466	Aftercare W/O History Of Malignancy As Secondary Diagnosis	19,361	1.1	47.7	1.2	2.7
23	139	Cardiac Arrhythmia & Conduction Disorders W/O Cc	17,452	1.0	48.6	0.5	1.3
24	227	Soft Tissue Procedures W/O Cc	16,383	6.0	49.6	0.5	1.3
25	365	Other Female Reproductive System O.R. Procedures	15,827	6.0	50.5	0.4	1.0
56	040	Extraocular Procedures Except Orbit Age >17	15,216	6.0	51.4	0.5	1.4
27	301	Endocrine Disorders W/O Cc	15,037	6.0	52.2	0.7	2.0
28	339	Testes Procedures, Non-Malignancy Age >17	14,460	8.0	53.0	6.4	1.3
56	267	Perianal & Pilonidal Procedures	14,390	8.0	53.9	0.5	1.5
30	461	O.R. Proc W Diagnoses of Other Contact W Health Services	13,637	8.0	54.6	6.4	1.2
	Tota	Total (top 30 DRGs)	957,094	54.6		52.9	
	Gra	Grand Total	1,751,585	100.0		100.0	2.5
Source.	data fr	Source: data from the Ministry of Health - SDO 2019					

Source: data from the Ministry of Health - SDO 2019

Table \$129 – Total number of public and private healthcare facilities: top 30 DRGs according to the number of discharges (DRG Version 24.0) – Inpatient admissions for rehabilitation treatment. 2019

Source: data from the Ministry of Health - SDO 2019

Table S30 – AIOP accredited hospitals: top 30 DRGs according to the number of discharges (DRG Version 24.0) – Inpatient admissions for rehabilitation treatment. 2020

		SIG	I		charges	% in-		
Rank		DRG	Number	%	% cumul.	hospital days	Average length of stay	In-nospitai days
-	256	Other Musculoskeletal System & Connective Tissue Diagnoses	22,013	32.2	32.2	20.3	15.4	339,763
2	012	Degenerative Nervous System Disorders	6,293	9.5	41.4	15.4	41.0	257,740
с	249	Aftercare, Musculoskeletal System & Connective Tissue	6,243	9.1	50.5	8.6	26.3	164,271
4	145	Other Circulatory System Diagnoses W/O Cc	5,208	9.7	58.1	5.5	17.5	91,347
5	430	Psychoses	3,687	5.4	63.5	6.4	29.0	106,884
9	144	Other Circulatory System Diagnoses W Cc	2,006	5.9	66.5	2.3	19.3	38,718
7	247	Signs & Symptoms Of Musculoskeletal System & Conn Tissue	1,967	2.9	69.3	3.3	27.7	54,404
∞	462	Rehabilitation	1,725	2.5	71.9	2.8	26.9	46,400
6	245	Bone Diseases & Specific Arthropathies W/O Cc	1,673	2.4	74.3	2.1	20.9	34,894
10	236	Fractures Of Hip & Pelvis	1,600	2.3	76.7	3.2	33.9	54,285
11	087	Pulmonary Edema & Respiratory Failure	1,171	1.7	78.4	1.7	24.5	28,672
12	428	Disorders Of Personality & Impulse Control	1,073	1.6	6.62	2.0	31.5	33,784
13	600	Spinal Disorders & Injuries	1,029	1.5	81.4	2.8	46.1	47,400
4	035	Other Disorders Of Nervous System W/O Cc	940	1.4	82.8	2.0	36.0	33,866
15	523	Alc/Drug Abuse Or Depend W/O Rehabilitation Therapy W/O Cc	862	1.3	84.1	1.4	27.3	23,515
16	248	Tendonitis, Myositis & Bursitis	754	1.1	85.2	1.1	24.9	18,798
17	127	Heart Failure & Shock	753	1:1	86.3	6.0	20.2	15,191
18	880	Chronic Obstructive Pulmonary Disease	581	8.0	87.1	6.0	24.9	14,468
19	034	Other Disorders Of Nervous System W Cc	280	8.0	88.0	1.3	37.3	21,637
20	467	Other Factors Influencing Health Status	542	8.0	88.8	8.0	23.8	12,880
21	297	Nutritional & Misc Metabolic Disorders Age >17 W/O Cc	463	0.7	89.5	9.0	22.1	10,227
22	014	Intracranial Hemorrhage Or Cerebral Infarction	435	9.0	90.1	1.3	48.3	21,014
23	243	Medical Back Problems	412	9.0	7.06	9.0	24.1	9,946
24	019	Cranial & Peripheral Nerve Disorders W/O Cc	375	0.5	91.2	0.7	32.0	12,009
25	522	Alc/Drug Abuse Or Depend W Rehabilitation Therapy W/O Cc	346	0.5	91.7	0.5	25.7	8,897
26	133	Atherosclerosis W/O Cc	262	6.4	92.1	0.3	16.9	4,428
27	426	Depressive Neuroses	242	6.4	92.5	4.0	29.6	7,175
28	235	Fractures Of Femur	241	9.4	92.8	0.5	33.6	8,107
29	429	Organic Disturbances & Mental Retardation	228	0.3	93.2	4.0	26.3	5,992
30	013	Multiple Sclerosis & Cerebellar Ataxia	208	0.3	93.5	4.0	33.9	7,057
	Total	(top 30 DRGs)	63,912	93.5			24.0	1,533,769
	Gran	Grand Total	68,375				24.5	1,673,757
Course.	rococii	necoccing to Ermanaia based on data from AIOD						

Source: processing by Ermeneia, based on data from AIOP

Table 831 - Total number of public and private facilities: description of activities according to the Major Diagnostic Categories (MDC) - Inpatient admissions for acute cases, 2019

MDC	Number of cases	%	In-hospital days	Average length of stay
01 – Diseases and Disorders of the Nervous System	403,193	6.7	3,392,534	8.4
02 – Diseases and Disorders of the Eye	59,183	1.0	177,680	3.0
03 – Diseases and Disorders of The Ear, Nose, Mouth and Throat	190,462	3.2	592,742	3.1
04 – Diseases and Disorders of the Respiratory System	9603,096	10.0	5,877,718	7.6
05 – Diseases and Disorders of the Circulatory System	863,505	14.3	6,222,673	7.2
06 – Diseases and Disorders of the Digestive System	534,614	8.9	3,835,386	7.2
07 – Diseases and Disorders of the Hepatobiliary System and Pancreas	282,158	4.7	2,180,621	7.7
08 – Diseases and Disorders of the Musculoskeletal System and Connective Tissue	792,307	13.2	4,994,802	6.3
09 – Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast	169,570	2.8	723,436	4.3
10 - Endocrine, Nutritional and Metabolic Diseases and Disorders	158,244	2.6	835,570	5.3
11 – Diseases and Disorders of the Kidhey and Urinary Tract	376,030	6.2	2,479,856	9.9
12 – Diseases and Disorders of the Male Reproductive System	107,447	1.8	486,654	4.5
13 – Diseases and Disorders of the Female Reproductive System	170,373	2.8	665,757	3.9
14 – Pregnancy, Childbirth and the Puerperium	512,230	8.5	1,979,135	3.9
15 - Newborns and other Neonates with Conditions Originating in Perinatal Period	101,617	1.7	811,252	8.0
16 - Diseases and Disorders of the Blood, Blood Forming Organs, Immunological disorders	66,469	1.1	536,353	8.1
17 – Myeloproliferative Diseases & Disorders, Poorly Differentiated Neoplasms	129,462	2.2	1,058,469	8.2
18 - Infectious and Parasitic Diseases, Systemic or Unspecified Sites	153,898	2.6	1,779,199	11.6
19 – Mental Diseases and Disorders	133,392	2.2	1,580,912	11.9
20 - Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders	13,017	0.2	104,330	8.0
21 - Injuries, Poisonings and Toxic Effects of Drugs	47,553	8.0	305,638	6.4
22 – Burns	3,581	0.1	51,096	14.3
23 - Factors Influencing Health Status and Other Contacts with Health Services	86,987	1.4	380,078	4.4
24 – Multiple Significant Trauma	9,331	0.2	135,062	14.5
25 – H.I.V. infections	4,611	0.1	80,012	17.4
Other DRGs	21,051	0.3	170,283	8.1
Pre MDC	27,085	0.4	958,451	35.4
Grand Total	6,020,466	100.0	42,395,699	7.0
Source: data from the Ministry of Health – SDO 2019	Ì		Ī	

Source: data from the Ministry of Health - SDO 2019

Table S/32 – Total number of public and private facilities: description of activities classified according to the Major Diagnostic Categories (MDC) – Day hospital admissions for acute cases. 2019

Dan	J I.	/0		Average number
MDC	wamber of cases	0/	Accesses	of accesses
01 – Diseases and Disorders of the Nervous System	70,144	4.0	178,095	2.5
02 – Diseases and Disorders of the Eye	112,245	6.4	176,937	1.6
03 – Diseases and Disorders of The Ear, Nose, Mouth and Throat	112,608	6.4	179,304	1.6
04 – Diseases and Disorders of the Respiratory System	32,195	1.8	91,851	2.9
05 - Diseases and Disorders of the Circulatory System	99,950	5.7	186,461	1.9
06 – Diseases and Disorders of the Digestive System	152,122	8.7	243,668	1.6
07 - Diseases and Disorders of the Hepatobiliary System and Pancreas	22,451	1.3	76,342	3.4
08 - Diseases and Disorders of the Musculoskeletal System and Connective Tissue	239,551	13.7	432,455	1.8
09 - Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast	148,469	8.5	258,664	1.7
10 - Endocrine, Nutritional and Metabolic Diseases and Disorders	48,134	2.7	110,356	2.3
11 – Diseases and Disorders of the Kidney and Urinary Tract	62,622	3.6	157,254	2.5
12 – Diseases and Disorders of the Male Reproductive System	63,991	3.7	90,362	1.4
13 – Diseases and Disorders of the Female Reproductive System	158,998	9.1	203,055	1.3
14 – Pregnancy, Childbirth and the Puerperium	93,294	5.3	145,877	1.6
15 - Newborns and other Neonates with Conditions Originating in Perinatal Period	1,612	0.1	3,661	2.3
16 - Diseases and Disorders of the Blood, Blood Forming Organs, Immunological disorders	40,536	2.3	247,098	6.1
17 - Myeloproliferative Diseases & Disorders, Poorly Differentiated Neoplasms	142,454	8.1	1,192,298	8.4
18 – Infectious and Parasitic Diseases, Systemic or Unspecified Sites	5,498	0.3	23,951	4.4
19 - Mental Diseases and Disorders	35,793	2.0	170,348	4.8
20 - Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders	809	0.0	6,204	10.2
21 – Injuries, Poisonings and Toxic Effects of Drugs	9,877	9.0	28,076	2.8
22 – Burns	338	0.0	1,577	4.7
23 - Factors Influencing Health Status and Other Contacts with Health Services	89,113	5.1	181,960	2.0
24 – Multiple Significant Trauma	2	0.0	16	8.0
25 – H.I.V. infections	6,839	0.4	28,014	4.1
Other DRGs	2,075	0.1	4,520	2.2
Pre MDC	99	0.0	198	3.0
Grand Total	1,751,585	100.0	4,418,602	2.5
Source: data from the Ministry of Health – SDO 2019				

ource: data from the Ministry of Health – SDO 2019

Table S/33 – Total number of public and private facilities: description of activities classified according to the Major Diagnostic Categories (MDC) – Inpatient admissions for rehabilitation treatment. 2019

MDC	Number of cases	%	In-hospital days	Average length of stay
01 – Diseases and Disorders of the Nervous System	69,642	22.3	3,019,937	43.4
02 – Diseases and Disorders of the Eye	53	0.0	423	8.0
03 – Diseases and Disorders of The Ear, Nose, Mouth and Throat	1,252	0.4	15,644	12.5
04 – Diseases and Disorders of the Respiratory System	16,088	5.1	372,431	23.1
05 – Diseases and Disorders of the Circulatory System	45,491	14.5	830,770	18.3
06 – Diseases and Disorders of the Digestive System	130	0.0	2,745	21.1
07 – Diseases and Disorders of the Hepatobiliary System and Pancreas	36	0.0	619	17.2
08 – Diseases and Disorders of the Musculoskeletal System and Connective Tissue	146,360	46.8	3,081,292	21.1
09 - Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast	271	0.1	6,693	24.7
10 - Endocrine, Nutritional and Metabolic Diseases and Disorders	2,343	0.7	58,730	25.1
11 – Diseases and Disorders of the Kidney and Urinary Tract	517	0.2	4,651	0.6
12 – Diseases and Disorders of the Male Reproductive System	10	0.0	214	21.4
13 – Diseases and Disorders of the Female Reproductive System	0	0.0	0	0.0
14 - Pregnancy, Childbirth and the Puerperium	1	0.0	21	21.0
15 - Newborns and other Neonates with Conditions Originating in Perinatal Period	9	0.0	105	17.5
16 - Diseases and Disorders of the Blood, Blood Forming Organs, Immunological disorders	33	0.0	535	16.2
17 – Myeloproliferative Diseases & Disorders, Poorly Differentiated Neoplasms	47	0.0	1,161	24.7
18 – Infectious and Parasitic Diseases, Systemic or Unspecified Sites	06	0.0	2,576	28.6
19 – Mental Diseases and Disorders	13,587	4.3	393,973	29.0
20 - Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders	2,466	8.0	56,647	23.0
21 – Injuries, Poisonings and Toxic Effects of Drugs	200	0.1	5,390	27.0
22 – Burns	4	0.0	93	23.3
23 - Factors Influencing Health Status and Other Contacts with Health Services	13,447	4.3	316,714	23.6
24 – Multiple Significant Trauma	116	0.0	4,587	39.5
25 – H.I.V. infections	4	0.0	291	72.8
Other DRGs	470	0.2	12,985	27.6
Pre MDC	14	0.0	555	39.6
Grand Total	312,678	100.0	8,189,782	26.2
Source: data from the Ministry of Health – SDO 2019				

Table S34 – Total number of public and private facilities: description of activities classified according to the Major Diagnostic Categories (MDC) – Day hospital admissions for rehabilitation treatment. 2019

	Mumb on of cases	/0	100000000	Average number
MIDC	wamber of cases	0/	Accesses	of accesses
01 – Diseases and Disorders of the Nervous System	11,411	40.0	182,701	16.0
02 – Diseases and Disorders of the Eye	14	0.0	72	5.1
03 – Diseases and Disorders of The Ear, Nose, Mouth and Throat	20	0.1	218	10.9
04 – Diseases and Disorders of the Respiratory System	1,133	4.0	14,399	12.7
05 – Diseases and Disorders of the Circulatory System	3,608	12.6	49,642	13.8
06 – Diseases and Disorders of the Digestive System	270	6.0	1,571	5.8
07 – Diseases and Disorders of the Hepatobiliary System and Pancreas	0	0.0	0	0.0
08 – Diseases and Disorders of the Musculoskeletal System and Connective Tissue	5,386	18.9	113,897	21.1
09 - Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast	54	0.2	636	11.8
10 – Endocrine, Nutritional and Metabolic Diseases and Disorders	177	9.0	2,166	12.2
11 – Diseases and Disorders of the Kidney and Urinary Tract	226	8.0	2,378	10.5
12 – Diseases and Disorders of the Male Reproductive System	0	0.0	0	0.0
13 – Diseases and Disorders of the Female Reproductive System	23	0.1	959	28.5
14 – Pregnancy, Childbirth and the Puerperium	0	0.0	0	0.0
15 - Newborns and other Neonates with Conditions Originating in Perinatal Period	9	0.0	147	24.5
16 - Diseases and Disorders of the Blood, Blood Forming Organs, Immunological disorders	e	0.0	13	4.3
17 – Myeloproliferative Diseases & Disorders, Poorly Differentiated Neoplasms	5	0.0	09	12.0
18 – Infectious and Parasitic Diseases, Systemic or Unspecified Sites	5	0.0	43	8.6
19 – Mental Diseases and Disorders	2,316	8.1	24,228	10.5
20 – Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders	0	0.0	0	0.0
21 – Injuries, Poisonings and Toxic Effects of Drugs	111	0.0	157	14.3
22 – Burns	0	0.0	0	0.0
23 - Factors Influencing Health Status and Other Contacts with Health Services	3,854	13.5	58,236	15.1
24 – Multiple Significant Trauma	2	0.0	63	31.5
25 – H.I.V. infections	0	0.0	0	0.0
Other DRGs	8	0.0	29	7.6
Pre MDC	0	0.0	0	0.0
Grand Total	28,527	100.0	451,312	15.8
Source: data from the Ministry of Health – SDO 2019				

ource: data from the Ministry of Health – SDO 20.

Table 8335 - Total number of public and private facilities: description of activities classified according to the Major Diagnostic Categories (MDC) - Long-stay care admissions. 2019

MDC	Number of cases	%	In-hospital days	Average length of stay
01 – Diseases and Disorders of the Nervous System	14,232	14.4	406,389	28.6
02 – Diseases and Disorders of the Eye	52	0.1	1,353	26.0
03 – Diseases and Disorders of The Ear, Nose, Mouth and Throat	276	0.3	985'9	23.9
04 – Diseases and Disorders of the Respiratory System	13,038	13.2	264,293	20.3
05 – Diseases and Disorders of the Circulatory System	10,559	10.7	240,522	22.8
06 – Diseases and Disorders of the Digestive System	3,360	3.4	72,313	21.5
07 – Diseases and Disorders of the Hepatobiliary System and Pancreas	2,306	2.3	46,408	20.1
08 – Diseases and Disorders of the Musculoskeletal System and Connective Tissue	26,021	26.3	908,869	26.9
09 - Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast	1,521	1.5	37,143	24.4
10 - Endocrine, Nutritional and Metabolic Diseases and Disorders	2,197	2.2	46,468	21.2
11 – Diseases and Disorders of the Kidney and Urinary Tract	3,367	3.4	71,269	21.2
12 – Diseases and Disorders of the Male Reproductive System	228	0.2	5,054	22.2
13 – Diseases and Disorders of the Female Reproductive System	186	0.2	3,913	21.0
14 - Pregnancy, Childbirth and the Puerperium	14	0.0	424	30.3
15 - Newborns and other Neonates with Conditions Originating in Perinatal Period	27	0.0	1,134	42.0
16 - Diseases and Disorders of the Blood, Blood Forming Organs, Immunological disorders	1,100	-:	22,023	20.0
17 – Myeloproliferative Diseases & Disorders, Poorly Differentiated Neoplasms	1,067	1:1	24,278	22.8
18 – Infectious and Parasitic Diseases, Systemic or Unspecified Sites	3,462	3.5	686,68	26.0
19 – Mental Diseases and Disorders	3,702	3.7	118,053	31.9
20 - Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders	328	0.3	8,172	24.9
21 – Injuries, Poisonings and Toxic Effects of Drugs	848	6.0	21,246	25.1
22 – Burns	22	0.0	529	25.4
23 - Factors Influencing Health Status and Other Contacts with Health Services	10,670	10.8	225,665	21.1
24 – Multiple Significant Trauma	81	0.1	2,553	31.5
25 – H.I.V. infections	13	0.0	402	30.9
Other DRGs	80	0.1	2,086	26.1
Pre MDC	18	0.0	1,219	2.79
Grand Total	98,775	100.0	2,418,320	24.5
Sommon data Grow the Minister of Health CDO 2010				

Source: data from the Ministry of Health - SDO 2019

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			Total			AIOP-ass	ociated Priva	ate hospitals (a	AIOP-associated Private hospitals (accredited healthcare facilities)	re facilities)
Specialty	Patient	Inpatients	In-hospital days	Average	Occupancy	Patient	Inpatients	In-hospital	Average length	Occupancy
	beds			length of stay	rate %	beds		days	of stay	rate %
Angiology	25	332	1,223	3.7	13.4	25	332	1,223	3.7	13.4
Casualty department	37	1,369	10,635	7.8	78.7					
Heart Surgery	492	24,669	142,830	5.8	79.5	347	18,653	102,196	5.5	80.7
Cardiology	1,325	81,392	320,193	3.9	66.2	926	57,624	231,160	4.0	66.2
General Surgery	4,216	131,819	554,597	4.2	36.0	3,323	108,078	458,204	4.2	37.8
Maxillofacial surgery	55	2,185	3,808	1.8	18.8	47	857	2,339	2.7	13.6
Pediatric surgery	18	29	228	3.4	3.5					
Plastic surgery	42	1,757	7,668	4.4	50.0	21	1,043	6,009	5.8	78.4
Thoracic surgery	45	1,973	9,592	4.9	58.4	29	1,226	5,714	4.7	54.0
Vascular surgery	289	11,730	59,540	5.1	56.4	199	8,199	42,144	5.1	58.0
Gastroenterology	36	829	6,450	7.8	49.1	22	341	2,528	7.4	31.5
Geriatrics	459	14,511	120,825	8.3	72.1	344	9,566	86,060	0.6	68.5
Long-stay care pts	4,193	46,311	1,210,941	26.1	79.1	2,994	35,740	872,637	24.4	79.9
Endocrine, nutritional and metabolic										
diseases	42	920	6,938	7.5	45.3	40	688	6,833	7.7	46.8
General medicine	4,352	122,963	998,935	8.1	62.9	3,458	99,505	798,174	8.0	63.2
Nephrology	109	2,885	15,482	5.4	38.9	09	1,636	8,694	5.3	39.7
Neonatology	122	4,456	22,830	5.1	51.3	39	1,075	5,264	4.9	37.0
Neurosurgery	190	9,018	40,540	4.5	58.5	140	6,909	31,109	4.5	6.09
Neurology	380	10,283	63,829	6.2	46.0	261	6,416	39,329	6.1	41.3
Neurological rehabilitation	360	1,807	101,034	55.9	6.97	139	006	41,318	45.9	81.4
Day nursery	185	6,357	23,265	3.7	34.5	145	5,642	21,121	3.7	39.9
Ophthalmology	247	3,160	8,009	2.5	8.9	179	1,609	5,053	3.1	7.7
Oncohematology	23	805	7,850	8.6	93.5	21	778	7,686	6.6	100.3
Oncology	255	8,819	55,455	6.3	59.6	201	7,954	49,279	6.2	67.2
Orthopedics and Traumatology	4,546	198,854	856,839	4.3	51.6	3,787	168,768	726,577	4.3	52.6
Obstetrics and gynaecology	1,534	69,861	289,920	4.1	51.8	696	41,282	184,284	4.5	52.1
Otorhinolaryngology	437	11,726	36,929	3.1	23.2	315	8,989	31,261	3.5	27.2
Pediatrics	72	3,275	20,498	6.3	78.0	14	191	3,641	4.7	71.3
Pneumology	195	4,592	39,782	8.7	55.9	142	3,177	28,072	8.8	54.2
Devrobioter	202	12.000	010 010	16.0	7 31	77.0	11 710	071.00		1

(Continued) Table S/36 - Activities of private hospitals! (accredited healthcare facilities) classified according to specially. Year 2019 (National Data)

			Iotal			Sch-10th	Jeigieg Frivale	nospinais (ac	At the continued I tivate nospitats (acci entited neutitivate facilities)	(Common)
Specialty	Patient	Inpatients 1	n-hospital days	Patient Inpatients In-hospital days Average length	Occupancy	Patient	Inpatients	In-hospital	In-hospital Average length	Occupancy
	peds			of stay	rate %	beds		days	of stay	rate %
Radiation Therapy	10	32	282	8.8	7.7	10	32	282	8.8	7.7
Oncological radiotherapy	4	190	1,300	8.9	89.0	1	139	544	3.9	149.0
Functional recovery and										
rehabilitation	12,326	169,564	3,900,129	23.0	86.7	7,724	113,443	2,499,080	22.0	9.88
Rheumatology	52	1,369	11,813	8.6	62.2	52	1,369	11,813	9.8	62.2
Pain therapy	9	178	1,039	5.8	47.4	9	178	1,039	5.8	47.4
Intensive care	398	20,348	83,513	4.1	57.5	215	14,042	50,686	3.6	64.6
Neonatal intensive care	51	902	6,344	9.0	34.1	∞	133	2,076	15.6	71.1
Coronary care unit	166	11,356	45,227	4.0	74.6	92	6,231	26,695	4.3	79.5
Spinal care unit	39	14	10,127	70.3	71.1	4	6	671	74.6	46.0
Urology	1,027	40,123	176,356	4.4	47.0	846	31,175	144,671	4.6	46.9
Totals	39,152	1,014,989	9,491,414	9.4	66.4	27,917	760,896	6,742,635	8.9	66.2

Table S/58 – Activities of private hospitals! (accredited healthcare facilities) classified according to specialty. Year 2019 (North)

			Total	2		AIOP-	associated Pr	AIOP-associated Private hospitals (accredited healthcare facilities)	credited healthca	re facilities)
Specialty	Patient	Inpatients	In-hospital days	Average length	Occupancy	Patient	Inpatients	Inpatients In-hospital days	Average length	Occupancy rate
	beds			of stay	rate %	beds			of stay	%
Heart Surgery	242	12,208	73,049	6.0	82.7	194	10,449	28,860	5.6	83.1
Cardiology	495	29,469	122,456	4.2	8.79	413	24,502	103,560	4.2	68.7
General Surgery	1,266	47,843	172,633	3.6	37.4	986	39,851	141,825	3.6	39.4
Maxillofacial surgery	30	466	1,090	2.3	10.0	30	466	1,090	2.3	10.0
Plastic surgery	79	756	2,519	3.3	26.5	14	552	2,205	4.0	43.2
Thoracic surgery	20	564	2,842	5.0	38.9	20	564	2,842	5.0	38.9
Vascular surgery	142	7,124	37,076	5.2	71.5	102	5,445	29,920	5.5	80.4
Gastroenterology	2	15	108	7.2	14.8	2	15	108	7.2	14.8
Geriatrics	169	7,184	56,624	7.9	91.8	114	3,909	39,244	10.0	94.3
Long-stay care pts	2,188	27,976	639,432	22.9	80.1	1,594	23,496	498,126	21.2	85.6
General medicine	1,851	48,196	438,666	9.1	64.9	1,475	37,851	352,054	9.3	65.4
Nephrology	10	340	2,417	7.1	66.2					
Neonatology	36	2,617	13,235	5.1	100.7					
Neurosurgery	79	4,798	22,393	4.7	7.77	59	3,402	15,427	4.5	71.6
Neurology	157	4,945	30,610	6.2	53.4	117	2,996	20,825	7.0	48.8
Neurological rehabilitation	222	963	47,966	49.8	59.2	109	694	33,190	47.8	83.4
Ophthalmology	99	166	2,900	2.9	14.2	31	789	2,199	2.8	19.4
Oncology	83	1,425	12,189	9.8	40.2	35	929	7,197	11	56.3
Orthopedics and										
Traumatology	1,901	106,374	447,192	4.2	64.4	1,529	91,131	386,690	4	69.3
Obstetrics and gynaecology	337	14,654	52,779	3.6	42.9	192	6,041	19,229	3.2	27.4
Otorhinolaryngology	165	7,467	15,505	2.1	25.7	126	5,945	12,469	2.1	27.1
Pediatrics	72	3,275	20,498	6.3	78.0	14	167	3,641	4.7	71.3
Pneumology	49	909	8,137	13.4	45.5	33	536	7,458	13.9	61.9
Psychiatry	585	8,542	167,875	19.7	78.6	585	8,542	167,875	19.7	78.6
Functional recovery and										
rehabilitation	6,326	92,288	2,012,891	21.8	87.2	3,928	60,663	1,270,146	20.9	88.6
Intensive care	194	10,738	39,997	3.7	56.5	132	8,568	31,702	3.7	65.8
Neonatal intensive care	18	475	3,498	7.4	53.2					
Coronary care unit	33	2,338	6,716	2.9	55.8	22	1,118	3,606	3.2	44.9
Spinal care unit	14	22	1,637	74.4	32.0	4	6	671	74.6	46.0
Urology	376	16,582	63,957	3.9	46.6	307	13,056	50,945	3.9	45.5
Total	17,144	452,015	4,518,887	10.0	72.2	12,167	344,972	3,263,104	9.5	73.5
(1) Code 5 1 Institutes (Accres	edited prive	to healthcare	facilities) in the mir	isterial classification						

(1) Code 5.1 Institutes (Accredited private healthcare facilities) in the ministerial classification. Source: processing by Ermeneia, based on data from the Ministry of Health

Table 8/59 — Activities of private hospitals! (accredited healthcare facilities) classified according to specialty. Year 2019 (Center)

facilities)	Occupancy	rate %	13.4			65.1	30.5		54.8	86.1		14.2	65.6	30.9	3.0	57.1			4.9	52	44.5	30.4	9.8	9.09	71.9		87	83.6		87.5	37.8	62.1
edited healthcare	Average length	of stay	3.7			0.9	3.7		8.2	29.3		12.0	8.5	5.3	2.4	3.8			2.7	9	3.9	3.4	2.0	7.5	21.1		23	1.8		4.9	3.4	9.3
AIOP-associated Private hospitals (accredited healthcare facilities	In-hospital days		1,223			5,700	67,140		5,204	178,845		517	219,483	3,613	22	2,084			747	6,652	145,807	12,428	1,635	5,306	21,528		407,506	1,220		2,236	15,726	1,104,622
sociated Priva	Inpatients 1		332			926	18,094		638	6,094		43	25,928	889	6	555			275	1,210	37,190	3,636	808	707	1,018		17,746	969		454	4,654	119,297
AIOP-as	Patient	beds	25			24	604		26	695		10	917	32	2	10			42	35	268	112	52	24	82		1,282	4		7	114	4,870
	Occupancy	rate %	13.4	78.7	86.4	79.1	30.6	31.4	54.8	91.3		14.2	62.9	22.4	17.8	36.9	43.5	122.8	5.5	52.1	45.2	46.4	7.8	9.09	71.9		83.7	63.9	9.1	8.79	39.3	2.99
	Average length	of stay	3.7	7.8	5.7	3.7	3.9	2.0	8.2	31.6		12.0	8.7	5.9	4.3	3.8	5.6	106.0	2.6	5.5	4.0	3.4	1.9	7.5	21.1		25.3	4.4	6.2	3.9	3.3	10.7
Total	Inpatients In-hospital days		1,223	10,635	6,938	25,126	83,334	459	5,204	350,555		517	265,314	4,261	2,150	3,229	1,270	33,605	881	6,652	170,759	39,457	1,820	5,306	21,528		741,414	9,100	529	8,167	20,538	1,819,971
	Inpatients		332	1,369	1,226	6,843	21,361	231	638	11,088		43	30,653	720	497	846	226	317	341	1,210	42,225	11,671	296	707	1,018		29,314	2,080	98	2,107	6,157	170,787
	Patient	beds	25	37	22	87	747	4	26	1,052		10	1,103	52	33	24	∞	75	4	35	1,034	233	4	24	82		2,428	39	16	33	143	7,480
	Specialty		Angiology	Casualty department	Heart Surgery	Cardiology	General Surgery	Plastic surgery	Geriatrics	Long-stay care pts	Endocrine, nutritional and	metabolic diseases	General medicine	Nephrology	Neonatology	Neurosurgery	Neurology	Neurological rehabilitation	Ophthalmology	Oncology	Orthopedics and Traumatology	Obstetrics and gynaecology	Otorhinolaryngology	Pneumology	Psychiatry	Functional recovery and	rehabilitation	Intensive care	Neonatal intensive care	Coronary care unit	Urology	Total

Code 5.1 Institutes (Accredited private healthcare facilities) in the ministerial classification.
 Source: processing by Ermeneia, based on data from the Ministry of Health

Table S/60 – Activities of private hospitals! (accredited healthcare facilities) classified according to specialty. Year 2019 (South)

Table 5/00 – Activities of private no	spirais (acc.	realted neutra	care Jacinnesy cu	assiliea accorams u	specially, rear 201	ounoc) 6			1.1 1.1	district.
			1 ota			AIOF-	associatea Fri	vate nospitais (acc	reattea neatthcare Ju	acumes)
Specialty	Patient	Inpatients	In-hospital	Average length	Occupancy rate	Patient	Inpatients	In-hospital days	Average length of	Occupancy
	peds		days	of stay	%	beds			stay	rate %
Heart Surgery	228	11,235	62,843	5.6	75.5	153	8,204	43,336	5.3	77.6
Cardiology	743	45.080	172,611	3.8	63.6	519	32.166	121.900	3.8	64.3
General Surgery	2.203	62,615	298,630	8.4	37.1	1.733	50,133	249,239	5.0	39.4
Maxillofacial surgery	25	1,719	2.718	1.7	28.3	17	391	1 249	3.3	20.1
Pediatric surgery	<u>~</u>	67	228	4.	3.5	•		1	1	
Plastic survery	12	770	4 690	9	107.1	7	491	3.804	7.7	148.9
T	3.5	1 400	0.000	4.0	11.01		555		. 7	200
I horacic surgery	c7:	1,409	06/30	&. 4 ∞. 4	0.4/	6	790	7/8/7	4. J.	4.78
Vascular surgery	147	4,606	22,464	4.9	41.9	16	2,754	12,224	4.4	34.5
Gastroenterology	34	814	6,342	7.8	51.1	20	326	2,420	7.4	33.2
Geniatrics	264	6,689	58,997	8.8	61.2	204	5,019	41,612	8.3	55.9
Long-stay care pts	953	7,247	220,954	30.5	63.5	831	6,150	195,666	31.8	64.5
Endocrine, nutritional and										
metabolic diseases	32	877	6.421	7.3	55.0	30	846	6.316	7.5	57.7
General medicine	1.398	44.114	294,955	6.7	57.8	1.066	35.726	226,637	6.3	58.2
Nephrology	47	1 825	8 804	4 8	513	28	948	5 081	4.5	49.7
Noometalows	22	242	2,000	2.4	. 00	1 6	1 066	200,5		300
Neoliatology	000	1,542	7,	J.,	0.00	n i	1,000	247,0	ţ.	0.00
Neurosurgery	87	3,374	14,918	4.4	47.0	71	2,952	13,598	4.6	52.5
Neurology	215	5,112	31,949	6.2	40.7	144	3,420	18,504	5.4	35.2
Neurological rehabilitation	63	527	19,463	36.9	84.6	30	206	8,128	39.5	74.2
Day nursery	185	6,357	23,265	3.7	34.5	145	5,642	21,121	3.7	39.9
Ophthalmology	147	1.828	4,228	2.3	7.9	106	545	2,107	3.9	5.4
Oncohematology	23	805	7,850	8.6	93.5	21	778	2,686	6.6	100.3
Oncology	137	6,184	36,614	5.9	73.2	131	880.9	35,430	5.8	74.1
Orthopedics and Traumatology	1.611	50,255	238,888	4.8	40.6	1,361	40,447	194,080	4.8	39.1
Obstetrics and gynaecology	964	43,536	197,684	4.5	56.2	999	31,605	152,627	4.8	62.9
Otorhinolaryngology	208	3 292	19,604	0.9	25.8	137	2,236	17,157	7.7	34.3
Pneumology	122	3,280	26,339	8.0	59.1	85	1.934	15,308	7.9	49.3
Psychiatry	125	3,409	29,216	98	64.0	75	2 158	17,766	8 2	64.9
Radiation Therany	10	32	282	×	7.7	2	32	282	× ×	7.7
Oncological radiotherapy	4	190	1.300	8.9	0.68	-	139	545	3.9	149.0
Functional recovery and										
rehabilitation	3 572	47 962	1 145 824	23.0	87.9	2 514	35 034	821 428	23.4	80.5
Phenmatology	52	1 360	11.813	9 8	2 69	52	1 360	11.813	9	600
Doin thought	1 4	170	1 020	2.0	1111	1 4	0,1	1,010	2.0	17.7
rain incrapy	0 .	1/0	1,039	0.0	4 ·	0 6	0 1 70	1,039	0.0	4. 7
Intensive care	691	7,530	34,416	4.6	57.1	6/	4,7/8	1/,/64	3.7	9.19
Neonatal intensive care	17	145	2,317	16.0	37.3	∞	133	2,076	15.6	71.1
Coronary care unit	100	6,911	30,344	4.4	83.1	63	4,659	20,853	4.5	200
Spinal care unit	25	122	8,490	9.69	93.0					
Urology	208	17,384	91,861	5.3	49.5	425	13,465	78,000	5.8	50.3
Total	14,528	392,187	3,152,556	8.0	59.5	10,880	296,627	2,374,909	8.0	59.8
(1) Code 5.1 Institutes (Accredited	d private hea	Ithcare facilitie	es) in the minister	rial classification.						

 Code 5.1 Institutes (Accredited private healthcare facilities) in the ministerial classification. Source: processing by Emmeneia, based on data from the Ministry of Health

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Table S/61 - Quarterly trend of Covid 19 cases since the onset of the pandemic: 2020

	3				20	2020				
Region/AP	Total cases as	New cases	ases	Total cases as	New cases	ses	Total cases as	New cases	sə.	Total cases as of
Weg tont At	of March 31,	2nd Quarter	arter	of June 30,	3rd Quartei	rter	of Sept. 30,	4th Quartei	ter	Dai 21 2020
	2020	A.V.	7 %	2020	A.V.	7 %	2020	A.V.	7 %	Dec. 31, 2020
Piedmont	9,301	22,048	237.0	31,349	4,053	12.9	35,402	162,426	458.8	197,828
Aosta Valley	628	267	90.3	1,195	119	10.0	1,314	5,959	453.5	7,273
Lombardy	43,208	50,693	117.3	93,901	12,826	13.7	106,727	372,176	348.7	478,903
A.P. of Bolzano	1,371	1,268	92.5	2,639	006	34.1	3,539	25,955	733.4	29,494
A.P. of Trento	1,746	3,117	178.5	4,863	1,129	23.2	5,992	15,848	264.5	21,840
Veneto	9,155	10,131	110.7	19,286	8,165	42.3	27,451	226,424	824.8	253,875
Friuli V.G.	1,593	1,715	107.7	3,308	1,358	41.1	4,666	45,361	972.2	50,027
Liguria	3,416	6,561	192.1	7.266	3,358	33.7	13,335	47,134	353.5	60,469
Emilia-Romagna	14,074	14,418	102.4	28,492	6,819	23.9	35,311	136,201	385.7	171,512
Tuscany	4,608	5,642	122.4	10,250	4,577	44.7	14,827	105,501	711.5	120,328
Umbria	1,078	363	33.7	1,441	1,013	70.3	2,454	26,506	1,080.1	28,960
Marche	3,825	2,960	77.4	6,785	1,170	17.2	7,955	33,669	423.2	41,624
Lazio	3,095	5,015	162.0	8,110	8,365	103.1	16,475	146,576	889.7	163,051
Abruzzo	1,401	1,886	134.6	3,287	1,132	34.4	4,419	30,895	699.1	35,314
Molise	144	301	209.0	445	210	47.2	655	5,873	9.968	6,528
Campania	2,092	2,598	124.2	4,690	8,052	171.7	12,742	176,931	1,388.6	189,673
Apulia	1,803	2,728	151.3	4,531	3,255	71.8	7,786	83,178	1,068.3	90,964
Basilicata	226	176	77.9	402	406	101.0	808	10,018	1,239.9	10,826
Calabria	629	522	79.2	1,181	804	68.1	1,985	21,935	1,105.0	23,920
Sicily	1,647	1,433	87.0	3,080	4,038	131.1	7,118	86,526	1,215.6	93,644
Sardinia	722	449	89.2	1,366	2,534	185.5	3,900	27,213	8.769	31,113
North	84,492	110,518	130.8	195,010	38,727	19.9	233,737	1,037,484	443.9	1,271,221
Center	12,606	13,980	110.9	26,586	15,125	56.9	41,711	312,252	748.6	353,963
South and Islands	8,694	10,288	118.3	18,982	20,431	107.6	39,413	442,569	1,122.9	481,982
Italy	105,792	134,786	127.4	240,578	74,283	30.9	314,861	1,792,305	569.2	2,107,166
Source: processing of aggre	aggregated daily d	ata Regions/AF	s- Ministry o	gated daily data Regions/APs- Ministry of Health – National Institute of Health	l Institute of Hea	ılth				

Table S/62 - Quarterly trend of Covid 19 cases since the onset of the pandemic: 2021

						20	2021					
Domion/AD	New cases	ses	Total cases	New cases	ases	Total cases	New cases	sesi	Total cases	New cases	ses	Total cases as
Negion/Ar	1st Quarte	ter	as of March	2nd Quarter	arter	as of June	3rd Quarter	ırter	as of Sept.	4th Quarter	ter	of $Dec. 3I$,
	A.V.	% V	31, 2021	A.V.	% V	30, 2021	A.V.	% V	30, 2021	A.V.	% V	2021
Piedmont	111,452	56.3	309,280	53,644	17.3	362,924	16,128	4.4	379,052	115,717	30.5	494,769
Aosta Valley	2,025	27.8	9,298	2,393	25.7	11,691	437	3.7	12,128	4,063	33.5	16,191
Lombardy	256,581	53.6	735,484	106,341	14.5	841,825	41,919	5.0	883,744	333,620	37.8	1,217,364
A.P. of Bolzano	39,460	133.8	68,954	4,347	6.3	73,301	3,606	4.9	76,907	23,990	31.2	100,897
A.P. of Trento	19,391	88.8	41,231	4,539	11.0	45,770	2,592	5.7	48,362	14,573	30.1	62,935
Veneto	128,963	50.8	382,838	42,585	11.1	425,423	43,802	10.3	469,225	176,498	37.6	645,723
Friuli V.G.	47,463	94.9	97,490	9,452	6.7	106,942	6,822	6.4	113,764	42,328	37.2	156,092
Liguria	28,855	47.7	89,324	14,109	15.8	103,433	9,265	0.6	112,698	36,362	32.3	149,060
Emilia R.	164,308	95.8	335,820	51,007	15.2	386,827	36,911	9.5	423,738	113,184	26.7	536,922
Tuscany	75,046	62.4	195,374	48,900	25.0	244,274	37,938	15.5	282,212	99,387	35.2	381,599
Umbria	21,948	75.8	50,908	5,945	11.7	56,853	6,958	12.2	63,811	25,031	39.2	88,842
Marche	46,746	112.3	88,370	15,270	17.3	103,640	10,217	6.6	113,857	31,607	27.8	145,464
Lazio	122,396	75.1	285,447	60,518	21.2	345,965	38,582	11.2	384,547	120,727	31.4	505,274
Abruzzo	29,923	84.7	65,237	9,590	14.7	74,827	6,398	9.8	81,225	25,348	31.2	106,573
Molise	5,742	88.0	12,270	1,449	11.8	13,719	780	5.7	14,499	2,181	15.0	16,680
Campania	147,616	77.8	337,289	87,023	25.8	424,312	29,097	6.9	453,409	129,853	28.6	583,262
Apulia	102,048	112.2	193,012	60,329	31.3	253,341	15,299	0.9	268,640	40,517	15.1	309,157
Basilicata	8,632	7.67	19,458	7,490	38.5	26,948	3,188	11.8	30,136	6,159	20.4	36,295
Calabria	23,038	96.3	46,958	22,004	46.9	68,962	14,806	21.5	83,768	27,978	33.4	111,746
Sicily	81,710	87.3	175,354	56,342	32.1	231,696	089'99	28.8	298,376	74,228	24.9	372,604
Sardinia	14,390	46.3	45,503	11,733	25.8	57,236	18,021	31.5	75,257	12,977	17.2	88,234
North	798,498	8.79	2,069,719	288,417	13.9	2,358,136	161,482	8.9	2,519,618	860,335	34.1	3,379,953
Center	266,136	75.2	650,039	130,633	21.1	750,732	93,695	12.5	844,427	276,752	32.8	1,121,179
South and Islands	413,099	85.7	895,081	255,960	28.6	1,151,041	154,269	13.4	1,305,310	319,241	24.5	1,624,551
Italy	1,477,733	70.1	3,584,899	675,010	18.8	4,259,909	409,446	9.6	4,669,355	1,456,328	31.2	6,125,683
Source: processing of aggr-	o)	y data Re	gated daily data Regions/APs- Ministry of Health	stry of Health		 National Institute of Health 	alth					

Table S/63 - Quarterly trend of Covid 19 cases since the onset of the pandemic: 2020

Trace of the Sam for the first of Covin 17	of corna 17 cases since me onser of me paracrime.	e) me panaem			0000	00				
					70.7	20				
	Positive cases as	Hosp. ward admissions	dmissions	Intensive care	are	Positive cases as	Hosp. ward admissions	sions	Intensive care	care
Region/AP	of March 31, 2020	as of March 31, 2020	31, 2020	admissions as of March 31, 2020	as of 2020	of June 30, 2020	as of June 30, 2020		admissions as of June 30, 2020	of June
		A.V.	%	A.V.	%		A.V. 9	%	A.V.	%
Piedmont	8,082	3,174	39.3	452	9.6	1,423	267 18	18.8	12	8.0
Aosta Valley	552	91	16.5	26	4.7	4	4 100	0.0	,	,
Lombardy	25,124	11,883	47.3	1,324	5.3	10,060	297 3	3.0	42	0.4
A.P. of Bolzano	1,142	249	21.8	62	5.4	84	3	3.6	-	1.2
A.P. of Trento	1,389	354	25.5	80	5.8	20	1 2	2.0	,	,
Veneto	7,850	1,680	21.4	356	4.5	462	21 4	4.5	,	,
Friuli Venezia Giulia	1,160	215	18.5	09	5.2	45	9 20	0.0	,	
Liguria	2,508	1,153	46.0	179	7.1	280	46 16	6.4	33	1.1
Emilia-Romagna	10,953	3,765	34.4	353	3.2	1,010	108 10	0.7	12	1.2
Tuscany	4,226	1,120	26.5	293	6.9	329	17 5	5.2	9	1.8
Umbria	851	176	20.7	43	5.1	10	3 30	0.0	-	10.0
Marche	3,352	946	28.2	169	5.0	566	° 8	3.0	,	
Lazio	2,642	1,127	42.7	173	6.5	836	189 22	22.6	13	1.6
Abruzzo	1,191	335	28.1	73	6.1	197	33 16	8.9		,
Molise	117	29	24.8	∞	8.9	25				
Campania	1,871	501	26.8	133	7.1	181	29 16	16.0	•	
Apulia	1,654	609	36.8	105	6.3	129		19.4		
Basilicata	216	37	17.1	17	7.9	3	1 33	33.3	1	,
Calabria	909	132	21.8	17	2.8	27	4 14	8.4		
Sicily	1,492	503	33.7	72	8.4	128	19 14	14.8	33	2.3
Sardinia	657	113	17.2	28	4.3	14	6 42	5.9	•	,
North	58,760	22,564	38.4	2,892	4.9	13,418		5.6	70	0.5
Center	11,071	3,369	30.4	829	6.1	1,441		15.1	20	1.4
South and Islands	7,804	2,259	28.9	453	5.8	704		9.91	33	9.4
Italy	77,635	28,192	36.3	4,023	5.2	15,563	I,090	7.0	93	9.0

(Continued) Table S/63 - Quarterly trend of Covid 19 cases since the onset of the pandemic: 2020

					2020	50				
	Positive cases as	Hosp. ward admissions	dmissions	Intensive care	care	Positive cases as	Hosp. ward admissions	dmissions	Intensive care	are
Region/AP	of Sept. 30, 2020	as of Sept. 30, 2020	30, 2020	admissions as of Sept. 30, 2020	s of Sept. 20	of Dec. 31, 2020	as of Dec. 31, 2020	2. 31,)	admissions as of Dec 31, 2020	of $Dec.$
		A.V.	%	A.V.	%		A.V.	%	A.V.	%
Piedmont	2,844	196	6.9	12	0.4	28,257	2,895	10.2	190	0.7
Aosta Valley	7.5	9	8.0		•	411	75	18.2	2	0.5
Lombardy	090'6	306	3.4	34	0.4	54,623	3,437	6.3	489	6.0
A.P. of Bolzano	561	28	5.0	•	•	10,669	159	1.5	26	0.2
A.P. of Trento	292	14	2.5	,	•	1,862	380	20.4	42	2.3
Veneto	3,732	173	4.6	21	9.0	91,073	2,698	3.0	361	0.4
Friuli Venezia Giulia	718	19	5.6	9	8.0	11,798	645	5.5	62	0.5
Liguria	1,739	143	8.2	22	1.3	5,620	694	12.3	65	1.2
Emilia-Romagna	4,653	205	4.4	14	0.3	57,346	2,629	4.6	233	9.4
Tuscany	3,402	76	2.9	22	9.0	9,678	838	8.7	150	1.5
Umbria	537	39	7.3	33	9.0	3,777	259	6.9	4	1.2
Marche	795	28	3.5	2	0.3	11,178	470	4.2	62	9.0
Lazio	7,148	629	9.5	47	0.7	75,173	2,789	3.7	303	9.4
Abruzzo	881	52	5.9	5	9.0	11,073	430	3.9	35	0.3
Molise	133	4	3.0		•	1,912	51	2.7	10	0.5
Campania	6,113	414	8.9	39	9.0	77,255	1,325	1.7	113	0.1
Apulia	2,516	218	8.7	Ξ	0.4	53,002	1,490	2.8	129	0.2
Basilicata	307	11	3.6	2	0.7	6,051	68	1.5	4	0.1
Calabria	555	33	5.9	2	0.4	8,817	243	2.8	18	0.2
Sicily	2,866	301	10.5	19	0.7	33,868	1,069	3.2	171	0.5
Sardinia	2,061	101	4.9	19	6.0	16,453	486	3.0	46	0.3
North	23,949	1,090	4.6	109	0.5	261,659	13,612	5.2	1,470	9.0
Center	11,882	823	6.9	74	9.0	908'66	4,356	4.4	559	9.0
South and Islands	15,432	1,134	7.3	26	9.0	208,431	5,183	2.5	526	0.3
Italy	51,263	3,047	5.9	280	0.5	569,896	23,151	4.1	2,555	0.4
Source: processing of aggregated daily data Regions/APs-Ministry of Health – National Institute of Health	ily data Regions/APs- Mir	nistry of Health	– National	Institute of He	alth					

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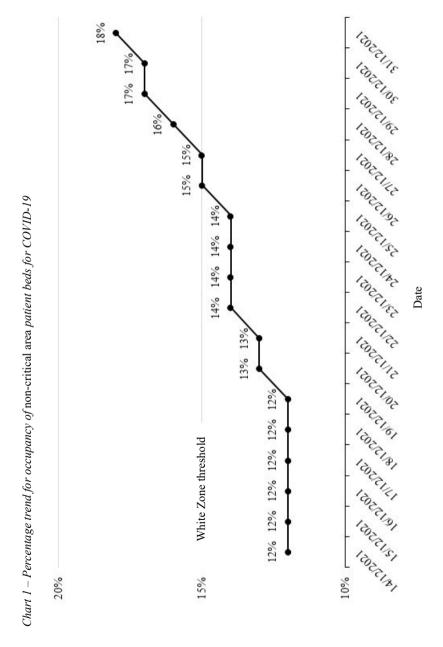
Table S/64 — Quarterly trend of Covid 19 cases since the onset of the pandemic: 2021

trace of a second of the secon	of correct of the correct of the famount	of the panacun	1101		2021	I				
Region/AP	Positive cases as of March 31, 2021	Hosp. ward admissions as of March 31, 2021	dmissions 31, 2021	Intensive care admissions as of March 31, 2021	as of 2021	Positive cases as of June 30, 2021	Hosp. ward admissions as of June 30, 2021	ssions),	Intensive care admissions as of June 30, 2021	re f June
		A.V.	%	A.V.	%		A.V.	%	A.V.	%
Piedmont	35,059	3,873	11.0	376	1.1	834	152	18.2	14	1.7
Aosta Valley	905	49	5.4	∞	6.0	35	-	2.9		
Lombardy	95,855	7,033	7.3	863	6.0	10,474	218	2.1	51	0.5
A.P. of Bolzano	989	06	13.1	20	2.9	163	9	3.7	3	1.8
A.P. of Trento	2,863	201	7.0	51	1.8	62	S	8.1		,
Veneto	38,697	1,676	4.3	282	0.7	4,575	45	1.0	7	0.2
Friuli V.G.	15,197	664	4.4	82	0.5	192	∞	4.2		
Liguria	7,095	642	0.6	89	1.0	146	19	13.0	7	8.8
Emilia R.	72,435	3,427	4.7	390	0.5	2,950	184	6.2	27	6.0
Tuscany	28,107	1,560	5.6	265	6.0	1,810	06	5.0	24	1.3
Umbria	4,806	349	7.3	09	1.2	727	15	2.1	-	0.1
Marche	9,367	803	8.6	146	1.6	1,287	16	1.2	4	0.3
Lazio	51,051	3,044	0.9	371	0.7	3,068	190	6.2	49	1.6
Abruzzo	10,132	209	0.9	89	0.7	875	25	2.9		0.1
Molise	998	63	7.3	16	1.8	77	4	5.2		
Campania	93,117	1,587	1.7	160	0.2	8,123	218	2.7	20	0.2
Apulia	46,857	1,840	3.9	260	9.0	2,938	120	4.1	11	0.4
Basilicata	4,774	170	3.6	14	0.3	657	17	5.6		
Calabria	10,325	389	3.8	36	0.3	5,101	69	1.4	5	0.1
Sicily	19,920	891	4.5	140	0.7	4,031	155	3.8	20	0.5
Sardinia	14,397	222	1.5	34	0.2	2,316	36	1.6	3	0.1
North	268,789	17,655	9.9	2,140	8.0	19,431	638	3.3	109	9.0
Center	93,331	5,756	6.2	842	6.0	6,892	311	4.5	78	1:1
South and Islands	200,388	5,769	2.9	728	9.0	24,118	644	2.7	09	0.2
Italy	562,508	29,180	5.2	3,710	0.7	50,44I	1,593	3.2	247	0.5

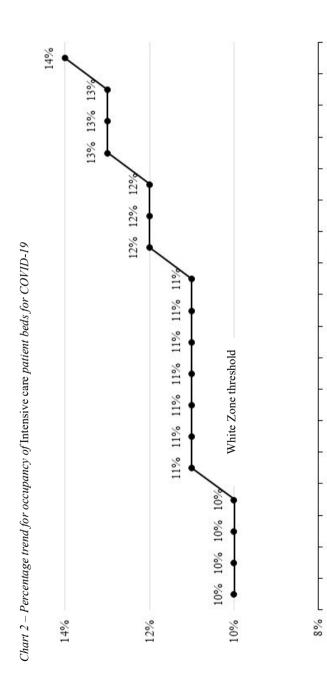
(Continued) Table S/64 – Quarterly trend of Covid 19 cases since the onset of the pandemic: 2021

					2021	17				
	Positive cases as	Hosp. ward admissions	dmissions	Intensive care	care	Positive cases as	Hosp. ward admissions	missions	Intensive care	are
Region/AP	of Sept. 30, 2021	as of Sept. 30, 2021	30, 2021	admissions as of Sept. 30, 2021	s of Sept.	of Dec. 31, 2021	as of Dec. 31, 2021	31,	admissions as of Dec. 31, 2021	of $Dec.$
		A.V.	%	A.V.	%		A.V.	%	A.V.	%
Piedmont	3,647	184	5.0	21	9.0	72,818	1,223	1.7	107	0.1
Aosta Valley	72	2	2.8			2,129	34	1.6	ю	0.1
Lombardy	10,082	380	3.8	57	9.0	252,380	1,859	0.7	221	0.1
A.P. of Bolzano	857	24	2.8	∞	6.0	5,270	81	1.5	17	0.3
A.P. of Trento	291	19	6.5	4	1.4	7,200	105	1.5	19	0.3
Veneto	10,618	189	1.8	4	0.4	93,298	1,173	1.3	178	0.2
Friuli V.G.	266	42	4.2	7	0.7	12,520	287	2.3	28	0.2
Liguria	1,043	51	4.9	9	9.0	12,614	482	3.8	47	0.4
Emilia R.	14,036	374	2.7	46	0.3	77,458	1,346	1.7	116	0.1
Tuscany	6,790	238	3.5	33	0.5	74,300	636	6.0	92	0.1
Umbria	874	42	4.8	3	0.3	19,403	122	9.0	6	0.0
Marche	2,661	57	2.1	18	0.7	7,640	220	2.9	42	0.5
Lazio	9,564	382	4.0	59	9.0	72,121	1,162	1.6	154	0.2
Abruzzo	1,774	55	3.1	5	0.3	17,051	178	1.0	20	0.1
Molise	95	1	1:	1	1:1	1,332	20	1.5	1	0.1
Campania	6,848	224	3.3	21	0.3	77,529	675	6.0	48	0.1
Apulia	2,593	144	9.6	16	9.0	24,510	276	1:	31	0.1
Basilicata	1,247	35	2.8	2	0.2	4,636	4	1.4	1	0.0
Calabria	3,657	146	4.0	16	0.4	16,201	312	1.9	28	0.2
Sicily	14,409	482	3.3	63	0.4	42,582	749	1.8	86	0.2
Sardinia	2,153	127	5.9	10	0.5	7,992	146	1.8	16	0.2
North	41,643	1,265	3.0	193	0.5	535,687	6,590	1.2	736	0.1
Center	19,889	719	3.6	113	9.0	173,464	2,140	1.2	281	0.2
South and Islands	32,776	1,214	3.7	134	0.4	191,833	2,420	1.3	243	0.1
Italy	94,308	3,198	3.4	440	0.5	900,984	11,150	1.2	1,260	0.1
Source: processing of aggregated daily d	gated daily data Regions/APs- Ministry of Health – National Institute of Health	tistry of Health	– National	Institute of He	alth					

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Source: Agenas monitoring of data from the Ministry of Health



Source: Agenas monitoring of data from the Ministry of Health

Date

Table S/65 – The decrease in the number of hospital admissions between 2019 and 2020, by Region

Table $5/05 - 1$ he decrease in the number of nospital admissions between 2019 and 2020 , by Region	iai aamissions beiween 2019 an	a 2020, by Region		
D	Hospital admissions	Hospital admissions	Difference	ence
Neglons	2019	2020	$\Delta A.V.$	Δ % Val .
- Piedmont	614,638	490,053	-124,585	-20.3
 Aosta Valley 	20,666	15,900	-4,766	-23.1
- Lombardy	1,453,039	1,107,511	-345,528	-23.8
 Autonomous Province of Bolzano 	86,338	70,512	-15,826	-18.3
 Autonomous Province of Trento 	82,110	66,482	-15,628	-19.0
- Veneto	677,242	574,078	-103,164	-15.2
 Friuli Venezia Giulia 	181,848	151,734	-30,114	-16.6
– Liguria	259,765	199,920	-59,845	-23.0
– Emilia Romagna	754,028	616,133	-137,895	-18.3
NORTH	4.129.674	3.292.323	-837.351	-20.3
- Tuscany	546,754	443,673	-103,081	-18.9
– Umbria	135,526	106,965	-28,561	-21.1
- Marche	225,405	177,473	-47,932	-21.3
- Lazio	821,261	686,327	-134,934	-16.4
CENTER	1,728,946	1,414,438	-314,508	-18.2
- Abruzzo	181,207	148,039	-33,168	-18.3
- Molise	46,996	36,108	-10,888	-23.2
– Campania	799,841	599,542	-200,299	-25.0
- Apulia	477,648	343,362	-134,286	-28.1
- Basilicata	70,600	51,435	-19,165	-27.1
- Calabria	212,725	147,562	-65,163	-30.6
- Sicily	584,531	472,263	-112,268	-19.2
- Sardinia	236,105	188,384	-47,721	-20.2
SOUTH AND ISLANDS	2,609,653	1,986,695	-622,958	-23.9
ITALY	8,468,273	6,693,456	-1,774,817	-21.0

Source: Screening Observatory, Report on the delays accumulated by Italian screening programs following the Covid-19 pandemic. Second Report on September 30, 2020

Table S/66 – The decline in specialist services between January-September 2019 and January-September 2020, by Regions

Table $3700 - 1$ he decline in specialist services be	ne in specialist services between January-September 2017 and January-September 2020, by Aegions	ana January-September .	2020, by regions	
D 22.	Number of services	Number of services	Difference	исе
Regions	2019	2020	$\Delta A.V.$	$\Delta \% Val.$
- Piedmont	14,336,635	10,333,696	4,002,939	-27.9
Aosta Valley	402,461	193,532	208,929	-51.9
Lombardy	28,242,115	18,858,260	9,383,855	-33.2
 Autonomous Province of Bolzano 	1,929,509	988,782	940,727	-48.8
 Autonomous Province of Trento 	1,920,470	1,396,424	524,046	-27.3
- Veneto	12,157,249	8,405,723	3,751,526	-30.9
 Friuli Venezia Giulia 	3,328,048	2,432,861	895,187	-26.9
– Liguria	4,500,672	2,970,791	1,529,881	-34.0
– Emilia Romagna	12,406,524	8,290,116	4,116,408	-33.2
NORTH	79,223,683	53,870,185	25,353,498	-32.0
- Tuscany	10,439,805	7,916,367	2,523,438	-24.2
– Umbria	2,333,101	1,607,340	725,761	-31.1
- Marche	3,980,997	2,457,059	1,523,938	-38.3
- Lazio	20,151,103	13,800,256	6,350,847	-31.5
CENTER	36,905,006	25,781,022	11,123,984	-30.1
- Abruzzo	3,548,206	2,543,510	1,004,696	-28.3
- Molise	1,082,774	785,518	297,256	-27.5
– Campania	13,676,178	11,726,247	1,949,931	-14.3
– Apulia	11,959,288	8,894,997	3,064,291	-25.6
- Basilicata	2,691,965	870,809	1,821,156	-67.7
- Calabria	4,019,465	2,445,279	1,574,186	-39.2
- Sicily	11,461,766	7,864,662	3,597,104	-31.4
Sardinia	5,506,024	3,716,399	1,789,625	-32.5
SOUTH AND ISLANDS	53,945,666	38,847,421	15,098,245	-28.0
ITALY	170,074,355	118,498,628	51,575,727	-30.3

Source: AIOP processing of AGENAS data (Source: Ministry of Health Outpatient specialist flow, excluding laboratory activity pursuant to Art. 50)

Table S/67 – The decrease in hospital admissions between 2019 and 2020, by type and by Region (% val.) 0000 0100 % V . 30 W. 101

			Volumes: $\Delta\% 2019-2020$	7-2020	
Regions	Urgent	Inpatient scheduled	Scheduled surgical	Admissions with	Outpatient specialist
	admissions	admissions	admissions	psychiatric diagnoses	
- Piedmont	-10.0	-27.9	-32.3	-20.6	-27.9
 Aosta Valley 	-12.1	-27.8	-41.4	-14.2	-51.9
Lombardy	-9.1	-33.8	-36.8	-25.0	-33.2
- A.P. of Bolzano	-16.8	-18.5	-25.2	-13.8	-48.8
- A.P. of Trento	-11.5	-27.1	-25.5	-28.2	-27.3
- Veneto	-11.6	-19.1	-18.8	-15.3	-30.9
 Friuli Venezia Giulia 	-12.4	-19.4	-23.7	-18.1	-26.9
– Liguria	-16.7	-32.2	-37.7	-22.6	-34.0
– Emilia Romagna	-10.7	-24.1	-27.4	-22.9	-33.2
- Tuscany	-12.9	-24.2	-25.1	-20.1	-24:2
– Umbria	-14.7	-25.1	-30.9	-13.3	-31.1
Marche	-17.7	-21.1	-23.3	-22.6	-38.3
- Lazio	-10.6	-20.5	-20.8	-20.8	-31.5
- Abruzzo	-13.1	-19.8	-23.9	-24.1	-28.3
- Molise	-18.7	-21.3	-19.5	-18.9	-27.5
 Campania 	-19.6	-25.1	-32.1	-28.2	-14.3
– Apulia	-26.6	-30.5	-27.7	-30.5	-25.6
Basilicata	-22.5	-36.5	-39.3	-21.7	-67.7
Calabria	-24.6	-33.5	-31.1	-31.0	-39.2
Sicily	-15.6	-21.5	-27.7	-26.8	-31.4
- Sardinia	-19.4	-18.6	-26.2	-26.8	-32.5
Italy	-14.3	-26.1	-28.4	-22.8	-30.3
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Source: AIOP processing of AGENAS data (Source: Ministry of Health SDO and Outpatient specialist flow, excluding laboratory activity pursuant to Art. 50)

Table S/68 – The decrease in surgical interventions between 2019 and 2020, by type and by Region! (% val.) 0000 0100 % V . 30 W. 10/1

			Volumes: $\Delta\% \ 2019-2020$	7-2020	
Regions	Surgery for	Surgery for	Surgery for	Surgery for	Aortocoronary
	breast tumor	colon tumor	lung tumor	melanoma	by-pass surgery
Piedmont	-16.4	-20.8	5.0	-26.9	-28.6
 Aosta Valley 	n.a.	2.7	n.a.	n.a.	n.a.
Lombardy	-19.6	-27.0	-21.7	-6.3	-27.8
- A.P. of Bolzano	7.4	n.a.	n.a.	-18.0	n.a.
- A.P. of Trento	-24.5	-39.1	n.a.	n.a.	-26.5
- Veneto	7.7-	-10.6	-10.9	-7.2	-18.9
 Friuli Venezia Giulia 	-1.9	-15.9	-12.7	-22.9	-15.2
– Liguria	-21.9	-23.4	-21.2	6.4	-24.2
 Emilia Romagna 	4.4-	-15.1	-15.6	-8.3	-23.6
- Tuscany	-10.4	-18.5	1.3	-6.0	-24.5
– Umbria	-17.0	-27.6	-22.9	n.a.	-30.2
Marche	-1.3	-10.5	-8.1	9.4	-27.1
- Lazio	-3.3	-16.6	3.2	0.7	-15.3
Abruzzo	-1.5	-25.7	-11.1	n.a.	-22.6
Molise	-4.6	-22.9	n.a.	n.a.	-11.6
Campania	0.7	-14.5	23.4	-7.7	-24.6
– Apulia	-11.1	-11.6	-29.3	-9.0	-28.6
Basilicata	-25.5	-4.3	n.a.	n.a.	5.0
Calabria	-30.2	-23.2	-2.1	n.a.	-63.2
Sicily	3.2	-7.8	8.0	-25.4	-26.4
- Sardinia	2.9	-16.0	1.9	-26.1	-18.3
Italy	-10.1	-17.7	-10.3	-6.4	-25.3
		** : ::			

(1) For oncological surgeries, only those with priority class "A" are considered. Source: AIOP processing of AGENAS data (Source: Ministry of Health SDO flow)

Table S/69 – The decrease of some screening services between January-September 2019 and January-September 2020 by Region (% val.)

		Volumes: ∆% 2019-2020	
Regions	Cervical	Breast	Colorectal
	screening	screening	screening
- Piedmont	-55.6	-45.0	-51.7
 Aosta Valley 	-23.7	-51.8	-74.8
- Lombardy	-72.8	-47.2	-73.9
- A.P. of Bolzano	-6.50	-34.5	-22.8
- A.P. of Trento	-34.3	-59.9	-21.0
- Veneto	-39.5	-25.1	-25.6
 Friuli Venezia Giulia 	-38.3	-17.1	-24.5
– Liguria	-57.3	-56.2	-69.4
 Emilia Romagna 	-38.0	-16.7	-13.5
- Tuscany	-21.4	-20.0	-36.2
- Umbria	1.8	-9.1	-0.2
- Marche	-39.1	-36.5	-20.8
- Lazio	-50.7	-45.9	-61.7
- Abruzzo	-38.9	-52.8	-19.3
- Molise	-27.8	-41.1	-59.7
Campania	-60.2	-56.1	-78.6
- Apulia	-49.1	-48.7	n.a.
- Basilicata	-74.0	-43.2	-67.9
Calabria	-47.3	-63.3	-87.1
- Sicily	-44.8	-44.9	-61.0
- Sardinia	-49.1	-55.6	-67.6
Italy	-43.4	-37.7	-46.0
- B - : - : - : - : - : - : - : - : - :	111 J	I:I:I	1.7

Source: AIOP processing of AGENAS data (Source: Ministry of Health Outpatient specialist flow, excluding laboratory activity pursuant to Art. 50)

Table 8/70 – Differences of healthcare options across the country, assessed according to patient mobility using data on hospital admissions^(a). Years 2015-2019

6	00	2015	9100	9	700	2017	00	8100			0100	
	0.7	21	107		7.7	/ [0.7	0.7			/107	
Regions	Inflow	Outflow	Inflow/Outflow	Mobility								
											Ratio	balance(b)
- Piedmont	0.84	1.19	0.88	1.14	98.0	1.17	0.88	1.13	0.97	1.03	1.1	-850
 Aosta Valley 	69.0	1.45	0.78	1.28	0.83	1.20	0.75	1.33	0.70	1.42	2.0	-753
 Lombardy 	2.53	0.39	2.64	0.38	2.63	0.38	2.60	0.38	2.46	0.41	0.2	70,574
 A.P. of Trento 	0.65	1.54	0.65	1.55	89.0	1.46	0.67	1.49	0.71	1.40	2.0	-2,379
- Veneto	1.27	0.79	1.30	0.77	1.34	0.75	1.32	92.0	1.41	0.71	0.5	13,224
 Friuli V.G. 	1.30	0.77	1.35	0.74	1.25	0.80	1.23	0.81	1.13	0.88	8.0	1,343
 Liguria 	89.0	1.47	99.0	1.51	0.71	1.41	0.71	1.42	0.70	1.43	2.0	-7,859
 Emilia Romagna 	2.41	0.41	2.39	0.42	2.40	0.42	2.43	0.41	2.58	0.39	0.2	52,270
- Tuscany	1.98	0.51	1.95	0.51	1.77	0.57	1.73	0.58	1.49	0.67	0.5	12,820
- Umbria	1.40	0.71	1.30	0.77	1.17	0.85	1.16	0.87	1.15	0.87	8.0	1,918
 Marche 	0.84	1.19	0.80	1.24	0.77	1.30	0.84	1.19	0.82	1.22	1.5	-4,252
- Lazio	0.87	1.15	98.0	1.16	0.90	1.11	0.92	1.09	0.95	1.05	1.1	-2,510
Abruzzo	0.67	1.49	89.0	1.48	69.0	1.44	0.65	1.55	0.65	1.54	2.4	-8,977
- Molise	1.16	98.0	1.04	96.0	1.03	0.97	1.05	96.0	1.04	96.0	6.0	496
 Campania 	0.33	3.00	0.32	3.12	0.31	3.25	0.30	3.34	0.30	3.31	11.0	-37,508
- Apulia	0.55	1.81	0.57	1.74	0.54	1.86	0.53	1.90	0.53	1.87	3.5	-18,668
 Basilicata 	0.82	1.22	0.79	1.27	0.74	1.36	0.72	1.38	0.67	1.49	2.2	-5,426
 Calabria 	0.12	8.18	0.12	8.47	0.12	8.39	0.12	8.37	0.13	7.62	58.1	-31,692
- Sicily	0.28	3.61	0.25	3.98	0.25	4.03	0.24	4.10	0.23	4.29	18.4	-26,201
 Sardinia 	0.33	3.05	0.33	2.99	0.34	2.97	0.36	2.77	0.33	3.00	0.6	-6,194
	¢									,		

Data related to the Autonomous Province of Bolzano have not been provided here as they are strongly biased by migration abroad (notably to Austria).

(a) Mobility has been provided in percentage of incoming and outgoing acute patients, calculated on the inter-regional mobility matrices.
(b) Active and passive mobility balance of acute patients of each region.
Source: processing by Ermeneia – data from the Ministry of Health

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3. Staff information

3.1. Staff fluctuation over the years

The data on staffing prepared by the Ministry of Health for the year 2019, confirm a slight increase for the second consecutive year (+0.3 annually starting from 2018), after a stabilization of the trend of gradual downsizing of the workforce registered by the whole of public hospital facilities since 2010, a trend that led to an overall reduction of 10.3% up until 2015. The 2018 and 2019 values indicate a rapprochement with respect to those of 2014, which, although still decreasing, show a slight improvement also in terms of the amount of medical and nursing staff for inpatient beds. Thus, the decisive inversion of trend is further reduced with respect to the growth observed in 2009, which we had in any case mainly attributed to the creation of new hospital centers and to a radical reclassification undertaken with the inclusion, among the directly managed hospitals and among the hospital centers, of some institutions previously included among the so-called 'assimilated' public hospitals. As always, it should be stressed that the values indicated do not include freelance or similarly working personnel, which have nevertheless become part of the workforce over the last few years. Similarly to what has been shown with regard to the trends in healthcare expenditure starting from 2020, it can be envisaged that the pandemic will bring about a decisive change in the trend also in terms of public service personnel, with new hires being made to deal with the emergency but also to reconsider the overall structure of the system.

On the other hand, observing in particular the trends described in Tab. S/71, which reports the data for the period 2015-2019, there is an increase of 6,705 units for this period, with a provision that increases by 1.5%, going from 450,600 to 457,305 employees. However, it should be emphasized that 2015 was the year that witnessed the lowest point of the downward trend of the historical series.

Looking at the public facilities under consideration, that is the hospital centers (including those integrated with universities) and hospitals directly managed by local health authorities, and again taking into account what has already been explicitly stated, we can see the differences in the dynamics among the different professional figures during the period considered: an increase in the number of doctors by 2,171 units, of nurses by 3,498 units, whereas for the remaining personnel the increase is more limited and stands at 1,036 units, as shown by the data in the following table:

	2015	2019
 Medical doctors and Dentists 	83,735	85,906
- Nurses	210,250	213,748
Other staff	156,615	157,651

An analysis of the indicator that shows the relationship between the personnel of the public hospitalization facilities and the number of patient beds, shows that there is also a slight improvement for 2015 for both Hospital Centers and the hospitals of the local health authorities, noting however that the trend of these relationships continues to be strongly influenced by the change in the classifications and the changes of recent years in the public sphere (see Table S/73).

Analyzing parallel to this the staff of the facilities belonging to AIOP, on the other hand we see an increase between 2015 and 2020 of 6,110 units, equal to a +9.2% increase (Table S/74). This is an increase that affects both the medical staff and, to a greater extent, the nurses and the other employee categories in the health and service sectors, yet once again taking into account the fact that the overall number of staff and their compositional breakdown into the various professional roles is strongly influenced by the variability in the consistency and in the type of the entire grouping of facilities (Table S/75).

3.2. Staff distribution throughout Italy

Healthcare personnel working in the public and private hospitals of the National Health Service as a whole amounted to nearly 633,000 units. Tab. S/76 shows on a regional scale the situation of medical personnel units, other healthcare professionals and the remaining personnel, in a framework typical of ISTAT reports, unfortunately updated only to 2013. The Ministerial reports, on the other hand, give particular care only to the component of public

hospitals and those similar to public hospitals. The Table shows a significant variability by region and by professional figure compared to the previous period, most likely due to a change in the method of data collection and classification.

The North continues to distinguish itself from the other territorial areas, as the part of the country in which all the professional components are most represented in the hospital, with an incidence on the total amounting to 52%.

The numbers and distributions of the employees of AIOP facilities, for which we have data updated at the end of 2020, are instead shown in Table S/77, which makes it possible to observe that the total number of operators employed was 65,002 units. In support of this contract employment component, we find 7,533 units of medical personnel in any case characterized by a coordinated and continuous employment relationship with the facilities and 4,937 units of non-medical personnel who perform their activities as free-lance employees.

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Type of institution institution Hospital ASL Hospitalization Centers (*) hospitalization ASL	THOSE DIT DEED) or crites in 110c	dote 5/71 Stay it cans in trospitat centers and in the focus main set the Cities	וו נונה וסכתו ווכתו	1	nospiemento i justinos (11.1.)	Jacobs Comment				
Hospital ASL Hospital ASL ASL	Type of	. 7	2015	21	916	21	210	2	810	2	610
hospitalization Centers (*) hospitalization Figure (*) hospitalization Figure (*) hospitalization Figure (*) hospitalization Hospitalization Figure (*) Hospitalization Figure (*) Hospitalization Figure (*) Fi	institution	Hospital	ASL	Hospital	ASL	Hospital	ASL	Hospital	ASL	Hospital	ASL
33,640 50,095 33,785 50,956 34,264 50,664 35,145 50,633 35,934 90,937 119,313 90,096 120,456 90,343 121,295 91,741 122,413 92,298 76,894 77,71 249,129 201,044 254,058 201,705 252,827 203,608 252,485 205,481 33,934 and University staff.	Role	Centers (*)		Centers (*)	hospitalization facilities (**)	Centers (*)	hospitalization facilities (**)	Centers (*)	hospitalization facilities (**)	Centers (*)	hospitalization facilities (**)
33,640 50,095 33,785 50,956 34,264 50,664 35,145 50,633 35,934 90,97 119,313 90,096 120,456 90,343 121,295 91,741 122,413 92,298 77,894 79,721 77,163 82,646 77,098 80,868 76,722 79,439 77,249 201,471 249,129 201,044 254,058 201,705 252,827 203,608 252,485 205,481 7 ag as self-employed professionals or similar contract types were not included. and University staff. 201,044 254,058 201,046 252,485 205,481 7	Medical doctors										
90,937 119,313 90,096 120,456 90,343 121,295 91,741 122,413 92,298 76,894 79,721 77,163 82,646 77,098 80,868 76,722 79,439 77,249 77,249 201,471 249,129 201,044 254,058 201,705 252,827 203,608 252,485 205,481 3 as self-employed professionals or similar contract types were not included.	and Dentists			33,785	50,956	34,264	50,664	35,145	50,633	35,934	49,972
76,894 79,721 77,163 82,646 77,098 80,868 76,722 79,439 77,249 201,471 249,129 201,044 254,058 201,705 252,827 203,608 252,485 205,481 7 g as self-employed professionals or similar contract types were not included. and University staff. 201,004 252,485 205,481 7	Nurses		_	90,06	120,456	90,343	121,295	91,741	122,413	92,298	121,450
201,471 249,129 201,044 254,058 201,705 252,827 203,608 252,485 205,481 2 g as self-employed professionals or similar contract types were not included. nd University staff: additional contract types were not included. 252,827 203,608 252,485 205,481 2	Other			77,163	82,646	77,098	89,868	76,722	79,439	77,249	80,402
yed professionals or similar contract taff.	Total		. 4	201,044	254,058	201,705	252,827	203,608	252,485	205,481	251,824
(*) NHS staff and University staff.	(a) Staff working	lg as self-empl	oyed professionals	or similar conti	act types were not	included.					
	(*) NHS staff a	nd University s	staff.								

(**) Residual mental health facilities are included. NHS staff and University staff.

Source: data processed by Ermeneia from the "Economic and Management Activities of Local Health Authorities and Hospital Centers" Report of the Ministry of Health, Years 2015, 2016, 2017, 2018 and 2019

Table C/72

table 3//2 – Hospital Center		ına local nealin service (AS	st) nospitatiza	non Jacinity staff (% var.)					
	201	016/2015	201	2017/2016	201	2018/2017	201	2019/2018	201	2019/2015
	Hospital	ASL	Hospital	ASL	Hospital	ASL	Hospital	ASL	Hospital	ASL
	Centers (*)	hospitalization facilities (**)	Centers (*)	hospitalization facilities (**)	Centers (*)	Centers (*) hospitalization facilities (**)	Centers (*)	hospitalization facilities (**)	Centers (*)	hospitalization facilities (**)
Medical doctors and										
Dentists	0.4	1.7	1.4	-0.6	2.6	-0.1	2.2	-1.3	8.9	-0.2
Nurses	6.0-	1.0	0.3	0.7	1.5	6.0	9.0	-0.8	1.5	1.8
Other	0.3	3.7	-0.1	-2.2	-0.5	-1.8	0.7	1.2	0.5	6.0
Total	-0.2	2.0	0.3	-0.5	6.0	-0.1	6.0	-0.3	2.0	1.1

(a) Staff working as self-employed professionals or similar contract types were not included.
 (*) NHS staff and University staff.

(**) Residual mental health facilities are included.

Source: data processed by Ermeneia from the "Economic and Management Activities of Local Health Authorities and Hospital Centers" Report of the Ministry of Health, Years 2015, 2016, 2017, 2018, and 2019

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Table S/73	
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		2015		2016		2017		2018		2019
	Hospital	ASL	Hospital	ASL	Hospital	ASL	Hospital	ASL	Hospital	ASL
	Centers	hospitalization	Centers	hospitalization	Centers	: hospitalization	Centers	hospitalization	Centers	hospitalization
	*	facilities (**)	*	facilities (**)	*	facilities (**)	*	facilities (**)	*	facilities (**)
Medical doctors per 10										
patient beds	8.4	6.1	8.5	6.4	8.5	6.5	9.2	6.4	9.4	6.4
Nurses per 10 patient beds	22.8	14.6	22.6	15.0	22.5	15.4	24.0	15.5	24.1	15.5
(*) NHS staff and Universit	sity staff.									
	,									

2017, 2018 and 2019

Note: the numbers of medical doctors and nurses per patient bed has been calculated considering patient beds actually used. (**) Residual mental health facilities are included.

Source: data processed by Ermeneia from the Report "Attività gestionali ed economiche delle Asl e Aziende Ospedaliere", Ministry of Health, Years 2015, 2016,

Table S/74 - Staffworking in medical institutions associated with AIOP Years 2015-2020

Role	2015	2016	2017	2018	2019	2020
Contract employee and self-employed doctors	11,948	12,191	12,340	12,136	12,364	12,303
Nurses	20,032	21,147	21,241	21,087	21,148	21,113
Other	34,445	36,307	36,572	38,015	38,705	39,119
Total	66,425	69,645	70,153	71,238	72,217	72,535

Source: processing by Ermeneia - data from AIOP

Table S/75 — Staff working in medical institutions associated with AIOP. Years 2015-2020 (% var.)

	2016/2015	2017/2016	2018/2017	2019/2018	2020/2019	2020/2015
Contract employee and self-employed doctors	2.0	1.2	-1.7	1.9	-0.5	3.0
Nurses	5.6	0.4	-0.7	0.3	-0.2	5.4
Other	5.4	0.7	3.9	1.8	1.1	13.6
Total	4.8	0.7	1.5	1.4	0.4	9.2
N. C.	7 7 70 11		TOT 4	4		

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Note: surveying data related to staff can be significantly affected by institutions entering or leaving AIOP over the years. Source: processing by Ermeneia - data from AIOP

Table S/76 – Total number of healthcare personnel employed in various healthcare institutions, by region. Year 2013

parions of rotat number of returned e-personnel employed in rations returned emission makes of e-grow, returned Parions of Parions (Alvertice employed in returned emission employed experience of the control of the co	Modical norsonnal	Museing staff	Other staff	Total staff
INEGLUIS	meancal personnel	warsing staff	Ciner stuff	Lotat staff
 Piedmont 	9,477	20,078	21,750	51,305
 Aosta Valley 	354	591	657	1,602
Lombardy	22,026	48,097	54,356	124,479
 Trentino-Alto Adige 	1,906	5,871	8,035	15,812
 Autonomous Province of Bolzano 	948	3,203	4,785	8,936
 Autonomous Province of Trento 	958	2,668	3,250	6,876
- Veneto	8,494	22,445	19,530	50,469
 Friuli Venezia Giulia 	2,715	6,527	6,555	15,797
– Liguria	3,702	8,879	7,053	19,634
– Emilia Romagna	9,854	21,905	18,513	50,272
- Tuscany	8,362	17,898	13,588	39,848
– Umbria	1,933	3,827	2,827	8,587
- Marche	3,586	8,760	6,472	18,818
- Lazio	13,243	26,276	22,904	62,423
- Abruzzo	2,530	6,023	3,940	12,493
- Molise	651	1,482	1,345	3,478
Campania	9,817	19,299	13,735	42,851
– Apulia	7,093	16,084	12,203	35,380
 Basilicata 	1,085	2,650	2,137	5,872
Calabria	3,221	6,273	4,949	14,443
- Sicily	10,223	17,923	14,206	42,352
 Sardinia 	4,156	7,282	5,377	16,815
North	58,528	134,393	136,449	329,370
Center	27,124	56,761	45,791	129,676
South	38,776	77,016	57,892	173,684
Italy	124,428	268,170	240,132	632,730
Source: ISTAT, healthcare institution facilii	institution facilities and activities			

Table S/77 - Staff working in medical institutions associated with AIOP Updated to December, 31st 2020

			Contr	Contract employee operators	ators			Self-employea	Self-employed professionals
	Medical	Nurses	Technicians	Auxiliary staff	Other	Other staff	Total	Medical	Non-medical
Regions	personnel				caregiver staff			personnel	personnel
				Social Care Settings					
- Piedmont	208	1,117	326	529	595	1,085	3,860	573	345
Aosta Valley	1	12	4	3	14	6	43	2	23
Lombardy	1,362	5,826	1,776	1,847	2,658	4,946	18,415	2,274	1,139
- A.P. of Bolzano	3	29	33	21	33	39	196	10	19
- A.P. of Trento	17	81	25	37	88	72	320	S	15
- Veneto	300	1,444	416	216	819	958	4,153	233	175
 Friuli V. Giulia 	41	119	40	15	92	112	419	29	23
Liguria	33	128	17	6	12	150	319	16	41
 Emilia Romagna 	154	1,997	475	384	826	1,095	5,083	664	544
- Tuscany	132	657	180	130	414	382	1,895	398	168
– Umbria	13	98	61	11	96	44	311	71	10
Marche	123	416	6	80	275	312	1,303	124	100
- Lazio	672	3,297	1,189	1,638	1,127	2,458	10,381	1,303	845
Abruzzo	65	355	100	142	39	153	854	33	40
- Molise	106	305	86	71	19	226	825	5	417
Campania	781	2,025	731	718	628	1,468	6,351	539	489
- Apulia	209	943	431	293	881	681	3,438	86	143
 Basilicata 	10	89	27	7	133	70	315	•	3
Calabria	117	312	139	127	193	268	1,156	190	105
Sicily	350	1,457	345	608	203	1,136	4,300	801	194
Sardinia	103	401	63	84	179	235	1,065	165	66
Italy	4,770	21,113	6,573	7,171	9,476	15,899	65,002	7,533	4,937
Source: AIOP									

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4. Spending data

4.1. Economic flow trends over the years

The expenditure for the components analyzed at consolidated values attributed to the National Health Service was also processed for 2019 starting from information extrapolated from various institutional sources, since there have been no updates to the "Health Report" previously contained in the various editions of the General Report on the country's economic situation since 2013. From this work, published by the Ministry of Economy and Finance until the year 2012, it was possible to extract the historical series of coordinated data flows on healthcare expenditure, with a specific detail dedicated to the various functions that make it up. The historical series presented this year for the 2015-2019 period is thus no longer affected by the methodological break that occurred in 2012, as the criteria for defining the various components of healthcare expenditure adopted by the sources used from 2013 – Court of Auditors, Agenas and MEF – are characterized by their temporal coherence.

Total public spending for the area of hospitalizations is estimated at just over EUR 65.9 billion for 2019, compared to EUR 64.9 million a year earlier (with a 1.5% increase) (Table S/78).

Within this funding aggregate, the amount assigned to the activity of accredited hospitals alone (thus excluding the other types that fall under the "Accredited hospital" expenditure item such as, for example, Institutes for Treatment and Research and religiously-affiliated classified hospitals) is EUR 4.4 billion, or 6.7% of total public hospital expenditure; this amount then sees a slight decrease after the more marked one reported in 2013 as a direct consequence of the effects of the spending review measure (Law 135/12), described in previous editions of the Report, and of the subsequent penalizing measures to contain healthcare spending in the following years.

The analysis at constant prices, which presents the levels of expenditure in real terms (Table S/79), is always based on the calculation on the GDP deflator which, however, is aligned, starting from the comparison two years ago, with the new ISTAT series linked to 2015; the change in total public hospital expenditure between the new base year and 2019 is slightly up (1.7%), compared to the substantial invariance recorded by overall healthcare spending. In the same period, on the other hand, spending for accredited hospitals experienced, in real terms, a more marked reduction (-2.7%), above all due to the cuts in the fees paid in this area (both in terms of fee levels and budgeting). The real GDP evaluation continues to affect the generally negative trend of spending data at constant prices; according to the estimates confirmed also in the 2021 Economic and Financial Document (DEF), in fact, the national wealth indicator significantly reversed its negative trend only starting from 2015, starting to record a slight increase from 2018 compared to 2010 (0.5%). The value of GDP at constant prices then underwent heavy downsizing in 2020 as a consequence of the closure of many economic activities during the most acute phase of the pandemic (-8.9% compared to 2019).

4.2. Health expenditure comparisons

The November 2021 edition of OECD "Health Data" allows us to construct the usual framework for comparing health care spending within the group of 24 of the largest member countries of the organization. Table S/80 shows those most commonly indicators used by industry analysts: the incidence of total health expenditure and of public health expenditure compared to GDP.

In 2019, the propensity for the gradual decline in resources in terms of GDP assigned to the NHS is confirmed for Italy, thereby accentuating the gap accumulated over time compared to the average for both OECD Europe countries and those of the G7 group (6.5% compared to 7.2% and 9.2%, respectively). This propensity definitely reversed starting in 2020, but only as a consequence of the maneuvers planned to deal with the dramatic effects that the spread of Covid 19 is causing on the stability of almost all regional health systems: in fact, in contrast to the forecasts contained in the Economic and Financial Document released by the MEF in April 2019, which indicated a trend in the spending curve – GDP projected towards a value of 6.4% for 2022, the DEF version released in April 2021, supplemented by the September update note, indicates values for 2020 and 2021 of 7.5% (+6.7%) and

7.3% (+3%), respectively, with a nominal value of the healthcare spending which should be slightly in excess of EUR 129 billion in 2021.

And there are forecasts for an increase in the funding of the National Health Fund that the 2022 Budget Bill quantifies at 2 billion per year between 2022 and 2024.

These values that are still far from the average of the G7 countries and will probably be even lower than those of the OECD European countries, which are also being forced to adapt their health systems to the new critical issues caused by the pandemic. Returning to the comparisons with 2019, even in terms of total health expenditure, Italy shows a ratio to GDP below the average of the G7 countries (8.7% compared to 11.5%), still remaining below the average of OECD Europe (which is 9.3%).

The trend towards stabilization of the overall Italian health expenditure indicated by the OECD for the three-year period 2017-2019 shows how, in the face of the progressive reduction of public commitment, a significant part of healthcare needs continue to be financed directly by citizens or through old and new forms of intermediation. Again in terms of total healthcare spending, Italy still ranks below the values of the most industrialized countries in 2019: in fact, the United States, France, Germany and Canada show values that are 16.8%, 11.1%, 11.7% and 10.8%, respectively). And this is markedly true for the first three countries mentioned also with regard to public healthcare spending.

Finally, taking into consideration the amount of healthcare spending reserved for hospital activities provided by the publicly-operated and privately-operated components of the NHS (Table S/81), and again with reference to the year 2019, it can be seen that Italy has:

- a higher proportion (56.4%) of total public healthcare spending compared to the average for the G7 countries (41.7%), and compared to that of European OECD countries (45.6%);
- a GDP spending ratio slightly below the average of the G7 countries but still higher than that of European OECD countries (3.7% and 3.2%, respectively).

The events linked to the onset of the pandemic are causing a reversal of the trend with respect to the previous political lines of downsizing the commitment in terms of the use of resources for health in relation to the wealth produced; projects of undeclared and progressive defunding that would have pushed the Italian health system towards that selective universalism, in the context of which new tools still in the planning phase and attributable to the so-called "Second Pillar", would have revolutionized the overall sustainability framework of Italian healthcare.

The hope is that, once the emergency has been overcome, politics will not go back to sketching out rearguard scenarios, with healthcare once again situated among the sectors from which to draw upon heavily in order to restore public finances.

Table S/78 – Current health spending. Years 2015-2019 (in billions of euro)					
	2015	2016	2017	2018	2019
Public hospital facilities	53.847	54.566	55.226	56.378	57.299
Accredited hospitals (as a whole)	8.466	8.484	8.419	8.493	8.559
of which: accredited hospitals ¹	4.335	4.351	4.321	4.359	4.387
Total public hospital system expenditure	62.313	63.050	63.645	64.871	65.858
Other expenditure features	50.354	50.681	50.694	50.842	51.070
Total public healthcare expenditure	112.667	113.731	114.339	115.713	116.928

Source: data processed by Ermeneia from the 2016, 2017, 2018, 2019, 2019, 2020 and 2021 "Report on the coordination of public finance" by the Court of Auditors, the 2018-2019 Agenas Report on the monitoring of the health spending of the Regions and the 2021 MEF Report on the monitoring of the healthcare spending (1) Code 5.1 Institutes (Accredited private healthcare facilities) in the ministerial classification.

	2015	2016	2017	2018	2019
Public hospital facilities	53.847	53.954	54.213	54.759	55.149
Accredited hospitals (as a whole)	8.466	8.389	8.265	8.249	8.238
of which: accredited hospitals ¹	4.335	4.302	4.242	4.234	4.222
Total public hospital system expenditure	62.313	62.343	62.477	63.008	63.386
Other expenditure features	50.354	50.113	49.764	49.382	49.153
Total public healthcare expenditure	112.667	112.455	112.241	112.390	112.540
(*) GDP deflator calculated on the basis of the new ISTAT series in a chained series with reference to 2015, November 2021.	ed series with refer	rence to 2015, No	vember 2021.		
(1) Code 5.1 Institutes (Accredited private healthcare facilities) in the ministerial classification.	terial classification				
THE TOTAL OF THE CONTROL OF THE CONT	43 10001 0000	,		, 1, 1, 1, 1	

Source: data processed by Ermeneia from the 2016, 2017, 2018, 2018, 2019, 2020 and 2021 "Report on the coordination of public finance" by the Court of Auditors, the 2018-2019 Agenas Report on the monitoring of the health spending of the Regions and the 2021 MEF Report on the monitoring of the healthcare spending

 ${\it Table S/80-A mount\ of\ total\ healthcare\ expenditure\ and\ public\ healthcare\ spending\ in\ relation\ to\ the\ GDP}$

% Values	Total he	althcare exp	penditure	Public he	althcare ex	penditure
% values	2017	2018	2019	2017	2018	2019
United States	16.8	16.7	16.8	13.9	13.8	13.9
Japan	10.8	10.9	11.0	9.1	9.2	9.3
Germany	11.3	11.5	11.7	9.6	9.7	9.9
France	11.3	11.2	11.1	9.4	9.4	9.3
Italy	8.7	8.7	8.7	6.5	6.5	6.5
United Kingdom	9.8	9.9	10.2	7.7	7.8	8.0
Canada	10.8	10.8	10.8	7.6	7.6	7.6
Average of G7 countries (*)	11.4	11.4	11.5	9.1	9.1	9.2
Australia	9.3	9.2	9.4	6.1	6.1	6.5
Austria	10.4	10.3	10.4	7.7	7.7	7.9
Belgium	10.8	10.8	10.7	8.3	8.3	8.2
Denmark	10.0	10.1	10.0	8.4	8.4	8.3
Finland	9.1	9.0	9.2	7.0	7.0	7.1
Greece	8.1	8.0	7.8	4.9	4.7	4.7
Iceland	8.3	8.4	8.6	6.8	7.0	7.1
Ireland	7.1	6.9	6.7	5.2	5.1	5.0
Luxembourg	5.3	5.3	5.4	4.4	4.4	4.6
Holland	10.1	10.0	10.2	8.3	8.2	8.4
New Zealand	9.0	9.0	9.1	7.0	7.1	7.2
Norway	10.3	10.0	10.5	8.8	8.6	9.0
Portugal	9.3	9.4	9.5	5.7	5.8	5.8
Spain	9.0	9.0	9.1	6.3	6.3	6.4
Sweden	10.8	10.9	10.9	9.1	9.3	9.3
Switzerland	11.5	11.2	11.3	7.6	7.3	7.5
Turkey	4.2	4.1	4.3	3.2	3.2	3.4
Average of European OECD						
countries (*)	9.2	9.2	9.3	7.1	7.1	7.2
Average of all OECD countries						
(*)	9.7	9.6	9.7	7.4	7.4	7.5

^(*) Averages are calculated as unweighted arithmetic means.

Source: Ermeneia processing of "OECD Health Data 2021", OECD, Paris, November 2021

 $Table \ S/81-Public \ and \ accredited \ hospital \ expenditure \ in \ relation \ to \ the \ public \ healthcare \ spending \ and \ the \ GDP$

% Values	expend	d accredite liture / Tota lthcare spen	l public		d accredited penditure/G	
	2017	2018	2019	2017	2018	2019
United States	36.0	35.8	36.2	5.0	4.9	5.0
Japan	44.0	43.5	-	4.0	4.0	-
Germany	32.0	31.7	31.5	3.1	3.1	3.1
France	43.9	43.3	43.1	4.1	4.0	4.0
Italy	57.1	56.4	56.4	3.7	3.6	3.6
United Kingdom	49.5	48.7	47.5	3.8	3.8	3.8
Canada	35.9	35.9	35.3	2.7	2.7	2.7
Average of G7 countries (*)	42.6	42.2	41.7	3.8	3.7	3.7
Australia	50.1	51.3	-	3.1	3.1	-
Austria	47.1	46.8	46.8	3.6	3.6	3.7
Belgium	36.7	36.5	39.0	3.1	3.0	3.2
Denmark	49.5	49.2	48.9	4.2	4.2	4.1
Finland	45.4	46.4	45.1	3.2	3.2	3.2
Greece	47.1	48.5	49.8	2.3	2.3	2.3
Iceland	47.3	47.6	46.9	3.2	3.3	3.3
Ireland	36.2	36.7	37.5	1.9	1.9	1.9
Luxembourg	35.6	37.3	37.6	1.6	1.7	1.7
Holland	38.0	37.9	37.3	3.1	3.1	3.1
New Zealand	-	-	-	-	-	-
Norway	44.6	44.3	44.5	3.9	3.8	4.0
Portugal	54.6	54.8	55.3	3.1	3.2	3.2
Spain	55.7	55.5	55.9	3.5	3.5	3.6
Sweden	44.7	44.8	45.1	4.1	4.2	4.2
Switzerland	44.6	44.1	44.5	3.4	3.2	3.4
Turkey	55.8	54.5	53.7	1.8	1.7	1.8
Average of European OECD						
countries (*)	45.5	45.5	45.6	3.2	3.2	3.2
Average of all OECD countries						
(*)	44.8	44.8	44.7	3.3	3.3	3.3

^(*) Averages are calculated as unweighted arithmetic means.

Source: Ermeneia processing of "OECD Health Data 2021", OECD, Paris, November 2021

Appendices

1. Methods applied

The 2021 Report still reflects a particular situation that has its roots in 2020, the (official) initial year of the Covid-19 coronavirus pandemic, with two waves of infections, in the first half of the year and then in the fall, respectively.

But even the beginning of 2021, although accompanied by the vaccination campaign, saw a third wave which gradually diminished with the arrival of the summer season, obviously supported by the effects of the extension of the aforementioned campaign.

The fall saw a further strengthening of the vaccination campaign, due also to the mandatory extension of the *Green Pass* to workers and other categories, but also witnessed a fourth wave and a new vaccination campaign for the second or third dose, depending on the vaccines initially used.

Given this context, this Report has decided to further utilize the doubleoversight approach inaugurated in 2020: that of accounting for the dynamics of the provision of hospital services, looking at the positive aspects as well as the problematic ones independent of the pandemic, as well as verifying the impact of the latter on the experiences had by users.

In this second case, two field surveys were carried out, of which:

- the first was carried out on a representative national sample of Covid-19 infected people, which was constructed based on the percentage of the latter within the population sample, to which the questionnaire for the survey referred to in the next point was administered: but a further number of Internet "backup" interviews were also performed to obtain a more representative sample (see the following pages for more information on the methods used). The aim was to be able to make an initial assessment of the experience had in terms of the Covid services received but also of the regular inpatient services that were needed and that may or may not

- have been provided in view of the extraordinary condition that we all experienced (see Part Two of the Report);
- the second was directed precisely at a specific national representative sample, made up of the Panel permanently used by this Report, comprised of people aged 18 and over, in order to detect access or non-access to inpatient healthcare services for non-Covid patients and to compare all of this with the relative data for this from the year 2020 (see Part Three of this Report);
- and finally as per tradition the battery of suitably updated statistical indicators has been included (see Part Four of this Report).

Alongside of these three Parts of the 2021 Report, Part One, as always, is dedicated to providing an overall cross-sectional interpretation of the Italian hospital system which took into consideration:

- a) a set of phenomena that have accentuated the "dual-nature" characteristic of the Italian hospital system: that of the significant assets (appreciated by citizens and users) of the mixed public and accredited facility system, capable of expressing a national statistical average with the continuous increase of highly complex hospital services, however, one that also sees an often unsatisfactory "average" level of overall performance, in terms of quantity and quality and distribution in the various territories throughout the country. To accentuate this second problematic "nature" of the system, a further weakness was observed during the pandemic that is linked to the indirect impact of the virus on regular patients, represented by the interruptions/postponements of services, which also affected patients with serious and urgent illnesses, putting people's current and future health at risk (see Chapter 1 of Part One);
- b) the summary of the experiences of former Covid patients and, in parallel, of non-Covid patients through two specific surveys which showed not only the indirect impact of the former on the latter following the interruptions/postponements of regular services, but also of the "explosion" of demand for the latter by Covid patients themselves, especially downstream of treatment and/or hospitalization, under the pressure of the widespread phenomena of *long Covid* (see Chapter 2 of Part One);
- c) the phenomena concerning the financial resources of the health system (and of the hospital system in particular) towards which, under the negative thrust of the pandemic and the positive thrust deriving from the provision of European resources included in the national recovery plan

¹ The term "average" implies the ability of the services to offer an acceptable level of performance, in terms of quantity and quality, but also with adequate coverage to and within the various territories of Italy.

(PNRR), attention is returning to the issue of the progressive de-funding of the system in recent years: with a greater awareness of the need to reconsider and relocate resources with respect to the changing needs and expectations of citizens; which requires promoting an intelligent strategy of convergence between public and accredited facilities under the banner of a qualification of services and facilities as well as a consequent "third" evaluation process of the levels of performance effectiveness and management efficiency for both types of facilities (see Chapter 3 of Part One).

Precisely with reference to the question of management efficiency the monitoring of the Income Statements of 33 public Hospital Centers continued this year (with reference to revenues, costs and operating results), which compared 8 fiscal years (from 2013 to 2020). Table App. 1 below shows the absolute values of the items (in thousands of euros) for the individual Hospital Centers, grouping the results by the Regions they belong to and by the territorial areas of reference. The percentage deviations of each single item reported in the Income Statement were also calculated next to the absolute values, taking into account the increases/decreases relating to the period 2013-2019 (up to the eve of the pandemic) and for the two-year period 2019-2020, to compare the impact of the first year of Corona Virus on the Income Statements.

It should be mentioned that the 33 Hospital Centers represent more than 3/4 of the national total, with 12 units located in the North, 7 in Central Italy, and 14 in the South. Not all of the Hospital Centers that were examined in the last Report were used this time, as Lombardy (with 29 Hospital Centers) has changed its organizational system, incorporating territorial-type activities within the Centers. This has also been the case for some specific Centers in the Region of Friuli Venezia Giulia, Sardinia and Emilia Romagna.

Some summary comparison tables were subsequently prepared, starting from the table App. 1, which was also commented on in Chapter 3 of Part One.

Hospital Contees and Contexes (1) 2013 2014 2015 2016 2017 2018 2019 %var. 2020 %var. Contex (1) Contex (1) 2013 2014 2015 2016 2017 2018 2010 %var. 2020 H.C. 1 29200 28,200 21,500	Innatient admissions and dav-hosnital admissions	(A)			Inpatient ad	missions and	lav-hospital ad	missions	(
ty rospital 2013 2014 2015 2017 2019 %var, (13.19) 19.239 19.239 18.300 17.050 16.800 16.715 17.032 17.063 17.063 16.80 16.715 17.032 17.063 16.839 18.300 17.050 16.800 16.715 17.032 17.063 17.054 17.054	Hospital Centers and					(2)	an mark for fu				
19,239 18,300 17,050 16,800 16,715 17,032 17,063 -11,3 16,359 18,300 28,200 28	University Hospital Centers (1)	2013	2014	2015	2016			2019	% var, 13-19	2020	% var, 19-20
29,200 28,200 28,500 28,500 28,500 28,600 28,365 -1.2 24,137 28,700 27,500 27,500 27,500 27,210 28,365 -1.2 24,137 28,700 27,500 <	H.C. 1	19,239	18,300	17,050	16,800	16,715	17,032	17,063	-11.3	16,359	4.1
28,700 27,500 27,500 27,550 27,210 28,050 28,363 -1.2 24,46 26,000 22,5100 22,560 25,560 25,560 25,560 25,670 100,070 28,480 29,476 30,311 16.6 24,446 4,000 22,300 22,500 25,600 21,000 22,880 28,687 20,687 20,559 -1.2 76,469 4,100 22,300 21,860 32,600 21,000 21,000 22,887 20,589 -1.2 76,469 4,100 21,800 31,800 31,800 31,800 31,800 31,800 31,830 41,133 44,143 44,143 44,143 44,261 45,801 46,133 44,136 46,234 48,500 46,234 48,500 46,236 48,500 48,300 48,300 48,300 48,300 48,300 48,300 48,300 48,300 48,300 48,300 48,300 48,300 48,300 48,300 48,300 48,300 48,300	H.C. 2	29,200	28,200	32,590	28,500	32,807	33,675	34,247	17.3	30,480	-11.0
26,000 25,100 25,550 25,450 25,450 25,460 24,446 24,46 10,20,00 22,200 22,500 22,550 22,880 22,855 1.1 19,640 nt Total 10,20,200 22,200 21,000 42,367 22,387 22,555 1.1 19,640 nt Total 226,509 22,200 22,900 21,000 25,950 32,660 21,000	H.C. 3	28,700	27,500	27,500	27,350	27,210	28,050	28,363	-1.2	24,137	-14.9
23,300 22,900 21,000 22,880 22,355 1.1 19,640 ut Total 22,300 22,900 21,000 22,880 22,355 1.1 19,640 ut Total 226,589 284,150 94,300 24,325 20,687 22,5693 -0.7.5 76,469 st,150 22,680 224,000 214,000 214,000 214,367 22,613 66,310 13.6 61,038 out 104,580 11,960 59,260 64,335 64,312 64,835 63,933 24.1 56,260 out 104,580 114,320 116,360 120,485 123,473 124,243 14,631 124,243 14,132 117,298 out 114,260 47,243 47,204 44,143 44,631 44,631 44,632 68,393 24,1 56,260 out 114,280 31,880 31,680 44,143 44,631 44,631 44,631 45,560 cond 114,143 41,631 41	H.C. 4	26,000	25,100	25,600	25,550	25,430	29,476	30,311	16.6	24,446	-19.3
trond 20,070 94,150 95,050 94,800 94,225 90,687 92,554 -7.5 76,469 tr Toul 226,599 226,599 220,680 24,100 219,367 221,315 226,093 -0.2 191,531 chall 53,080 52,260 55,950 64,325 64,317 64,855 63,933 24.1 56,206 51,500 51,900 51,900 52,260 120,485 123,077 124,243 18.8 117,298 chall 104,580 104,320 116,360 120,485 123,077 124,473 124,243 18.8 117,298 chall 47,900 47,483 47,204 44,143 44,651 44,651 44,651 44,651 45,102 40,1350 chall 47,900 47,384 31,689 31,289 31,133 32,494 32,780 40,550 45,560 5,070 47,910 47,910 46,534 46,130 46,130 46,130 46,130 46,130	H.C. 5	23,300	22,200	22,900	21,000	22,880	22,395	23,555	1.1	19,640	-16.6
tr Total 226,509 205,450 220,640 214,000 219,367 221,315 226,093 -0.2 19,531 61038 55,360 52,360 57,100 55,950 38,765 38,618 60,310 13.6 61,038 61430 51,500 51,960 57,100 55,950 38,765 38,618 60,310 13.6 61,038 61431 104,580 116,360 17,048 17,044 44,147 174,243 18,8 17,298 608 33,698 32,574 32,198 47,204 44,147 44,651 45,612 -9.1 37,596 69,833 68,374 67,884 68,336 68,300 66,700 -4.5 48,568 17ALYTOTAL 31,898 180,490 179,374 18,909 31,183 32,494 32,749 47,198 46,730 17ALYTOTAL 515,077 490,260 516,424 513,494 52,761 32,494 32,789 32,450 17ALYTOTAL 51,80	H.C. 6	100,070	84,150	95,050	94,800	94,325	289,06	92,554	-7.5	76,469	-17.4
6ual 53,080 52,360 57,100 55,950 58,765 58,018 60,310 13.6 61,038 found 51,500 51,960 59,260 64,535 64,312 64,835 63,933 24.1 56,260 found 104,80 104,320 116,360 120,485 123,077 123,435 43,612 43,612 40.1 42,536 a 47,90 47,438 47,438 47,204 41,500 46,430 40.1 40.1 42,536 a 66,833 68,334 67,884 68,736 68,890 66,700 4.5 46,350 fol 32,494 32,784 67,884 68,736 68,800 40.1 40.1 40.1 fol 32,494 32,784 68,392 68,800 66,700 4.5 48,568 fol 32,494 68,392 68,800 60,200 3.4 157,64 fol 42,51 31,83 31,83 31,83 32,494 32	Piedmont Total	226,509	205,450	220,690	214,000	219,367	221,315	226,093	-0.2	191,531	-15.3
full 51,500 51,500 59,260 64,535 64,312 64,855 63,933 24.1 56,260 full 58 116,360 120,485 123,077 123,473 124,433 18.8 117,298 full 47,660 47,380 47,243 44,651 44,651 43,612 -9.1 37,596 full 33,690 32,749 32,198 31,680 41,613 44,650 46,300 4-5 48,568 full 69,833 68,374 67,884 68,392 46,300 67,108 40.1 42,350 full 132,497 32,104 32,780 66,392 32,494 32,780 48,568 48,568 full 183,988 180,490 179,374 178,909 185,168 192,375 190,290 3.4 157,964 full 40,101 40,524 51,334 52,612 537,163 36,274 37,94 37,87 36,274 full 40,101 40,520 <	H.C. 7	53,080	52,360	57,100	55,950	58,765	58,618	60,310	13.6	61,038	1.2
out 104,320 116,360 120,485 123,077 123,473 124,243 18.8 117,298 47,960 47,438 47,485 47,204 44,143 44,651 43,612 -9.1 37,596 47,960 47,438 47,284 67,130 46,430 47,198 40.1 42,356 69,837 63,249 67,884 68,700 4.6	H.C. 8	51,500	51,960	59,260	64,535	64,312	64,855	63,933	24.1	56,260	-12.0
47,960 47,438 47,244 44,143 44,651 43,612 -9.1 37,596 47,960 47,438 47,248 47,204 44,143 44,651 43,612 -9.1 47,350 48,688 32,574 32,198 31,689 41,500 46,430 47,198 40.1 42,350 48,836 88,334 68,334 68,800 -4.5 48,568 29,450 -4.5 48,568 17ALY TOTAL 183,988 180,490 179,374 178,909 185,168 192,375 190,290 3.4 157,964 17ALY TOTAL 515,077 490,260 516,424 513,394 527,612 537,163 540,626 5.0 466,793 17ALY TOTAL 516,202 31,183 30,183 30,183 30,183 30,183 30,183 30,183 30,183 30,183 30,183 30,183 30,183 30,183 30,183 30,183 30,183 30,183 31,867 30,971 15,364 46,023 46,122 <	Veneto Total	104,580	104,320	116,360	120,485	123,077	123,473	124,243	18.8	117,298	-5.6
33,698 32,574 32,198 31,680 41,500 46,430 47,198 40.1 42,350 69,833 68,374 67,884 68,396 66,392 68,800 66,700 -4.5 48,568 1. Total 183,988 32,104 31,899 31,289 31,484 32,80 34 157,964 1. TALY TOTAL 515,077 490,400 516,424 518,394 52,761 32,494 32,80 34 157,964 1. TALX TOTAL 515,077 490,400 516,424 513,394 52,761 32,80 3,9 46,793 1. Author 515,077 490,78 46,033 46,122 47,939 48,026 47,337 3,3 37,851 1. Author 75,970 79,102 76,333 46,122 47,939 48,026 47,337 33,475 33,475 1. Author 49,610 47,922 38,706 34,599 38,340 38,835 21,17 24,514 2. Author 25,459 23,22	H.C. 9	47,960	47,438	47,483	47,204	44,143	44,651	43,612	-9.1	37,596	-13.8
69,833 68,374 67,884 68,326 68,390 66,700 -4.5 48,568 1. Total 32,497 32,104 31,899 31,289 31,133 32,494 32,780 0.9 29,450 1. TALY TOTAL 518,077 490,490 179,374 178,999 185,168 192,375 190,290 3.4 157,964 1. TALY TOTAL 515,077 490,490 516,424 513,394 527,612 537,163 540,626 5.0 406,793 Total 26,77 49178 46,023 46,122 47,527 47,527 -3.3 37,851 Total 75,970 79,102 76,236 76,303 80,047 79,893 78,508 3.3 60,592 Ap,610 47,922 38,706 34,599 38,340 38,835 -21,71 35,475 Ap,610 47,922 38,706 34,599 38,340 38,350 -21,71 35,475 Ap,610 47,922 38,706 34,599 38,340	H.C. 10	33,698	32,574	32,198	31,680	41,500	46,430	861'24	40.1	42,350	-10.3
32,497 32,104 31,809 31,239 31,133 32,494 32,780 0.9 29,450 185,888 180,490 179,374 178,999 185,168 192,375 190,290 3.4 157,964 515,077 490,280 516,424 513,394 527,612 537,163 540,226 5.0 466,793 49178 40,183 30,183 30,181 32,108 43,267 43,271 -13.6 22,741 49178 40,182 46,122 47,192 46,122 47,193 32,108 45,27 -3.3 37,851 49,180 47,192 46,122 46,122 47,193 46,122 47,83 33,40 45,28 -3.3 46,59 49,610 47,92 38,706 34,599 38,340 38,855 -21,71 35,475 49,610 47,92 38,706 34,599 38,340 38,855 -21,71 35,475 55,459 23,224 48,843 59,175 54,083 51,460	H.C. 11	69,833	68,374	67,884	68,736	68,392	008,890	66,700	-4.5	48,568	-27.2
183,988 180,490 179,374 178,909 185,168 192,375 190,290 3.4 157,964 515,077 490,260 516,424 513,394 527,612 537,163 540,626 5.0 466,793 26792 31,183 30,181 32,108 31,867 30,971 15.6 27,41 4917 46,122 46,123 47,037 48,026 47,337 43,871 33,3785 37,851 49,610 47,912 38,706 34,599 38,592 38,340 38,855 -21.7 35,475 49,610 47,922 38,706 34,599 38,592 38,340 38,855 -21.7 35,475 65,373 61,261 52,344 48,843 59,175 54,083 51,460 -21.3 32,694 65,373 61,261 52,344 48,843 59,175 54,083 51,460 -21.3 32,694 20,474 20,604 22,738 16,699 16,499 16,499 16,499 <t< td=""><th>H.C. 12</th><td>32,497</td><td>32,104</td><td>31,809</td><td>31,289</td><td>31,133</td><td>32,494</td><td>32,780</td><td>6.0</td><td>29,450</td><td>-10.2</td></t<>	H.C. 12	32,497	32,104	31,809	31,289	31,133	32,494	32,780	6.0	29,450	-10.2
\$15,077 490,260 \$16,424 \$13,394 \$27,612 \$37,163 \$40,626 \$0 466,793 \$26792 31,183 30,183 30,181 32,108 31,867 30,971 15,6 22,741 \$49178 47,919 46,122 47,939 48,026 30,971 15,6 22,741 \$45,070 75,236 76,336 80,432 78,083 78,508 3.3 60,592 \$45,070 49,010 76,336 38,592 38,340 38,855 -21,7 35,475 \$25,439 23,227 21,884 19,783 28,117 28,179 29,061 14.1 24,514 \$65,373 61,261 52,344 48,843 59,175 54,083 51,460 -21,3 32,694 \$27,172 26,600 22,793 21,177 22,137 22,781 -16,2 17,832 \$34,586 34,586 35,476 24,489 51,77 22,137 24,489 -11,77 \$4,884 36,175<	Emilia R. Total	183,988	180,490	179,374	178,909	185,168	192,375	190,290	3.4	157,964	-17.0
26792 31,183 30,183 30,181 32,108 31,867 30,971 15.6 22,741 49178 47,919 46,023 46,122 47,939 48,026 47,337 -3.3 37,851 49,10 75,970 79,102 76,343 80,047 79,893 78,608 33 60,592 49,610 47,922 38,706 34,599 38,852 38,340 38,855 -21,7 35,475 49,610 47,922 38,706 38,592 38,340 38,855 -21,7 35,475 65,373 61,261 52,344 48,843 59,175 54,083 51,460 -21,31 32,694 56,537 34,89 31,27 22,137 22,137 22,781 -16.2 16,522 34,89 31,27 29,761 24,083 166,39 -18,0 179,96 166,739 -18,0 165,52 40,200 27,172 27,007 22,137 24,439 -18,0 127,06 170,2	NORTH ITALY TOTAL	515,077	490,260	516,424	513,394	527,612	537,163	540,626	5.0	466,793	-13.7
49178 47,919 46,025 47,939 48,026 47,537 -3.3 37,851 75,970 79,102 76,236 76,303 80,047 79,893 78,508 3.3 60,592 49,610 47,922 38,706 34,599 38,592 38,340 38,855 -21.7 35,475 25,459 23,227 21,884 19,783 28,111 28,179 29,061 14.1 24,514 65,373 61,261 32,344 19,783 28,117 22,137 22,781 -16.2 17,832 20,200 22,793 21,77 21,071 22,137 22,781 -16.2 17,832 20,200 134,499 166,999 154,69 170,950 166,739 244,393 -12.1 187,69 40,202 278,170 273,607 244,393 -12.1 187,659	H.C. 13	26792	31,183	30,183	30,181	32,108	31,867	30,971	15.6	22,741	-26.6
75,970 79,102 76,236 76,303 80,047 79,893 76,508 3.3 60,592 49,610 47,922 38,706 34,599 38,592 38,340 38,855 -21.7 35,475 55,445 23,227 21,884 19,783 28,111 28,179 29,061 14.1 24,514 65,373 61,261 52,344 48,843 59,175 54,083 51,460 -10.2 17,832 27,112 25,480 22,793 21,177 21,071 22,137 16,278 17,832 34,580 31,272 29,767 21,071 22,137 16,522 20,200 13,489 154,169 170,96 166,739 16,532 4,499 166,999 154,169 170,96 244,393 -12.1 187,65 4,490 243,235 230,472 250,997 244,393 -12.1 187,659	H.C. 14	49178	47,919	46,053	46,122	47,939	48,026	47,537	-3.3	37,851	-20.4
49,610 47,922 38,706 34,599 38,592 38,340 38,855 -21.7 35,475 25,459 23,227 21,884 19,783 28,117 28,179 29,061 14.1 24,514 - 65,373 61,261 52,344 48,843 59,175 54,083 51,460 -21.3 32,694 - 27,172 26,600 22,793 21,177 24,077 22,137 22,781 -16,2 17,832 - 34,586 35,489 15,27 24,077 24,037 165,892 -18,0 165,522 - L 278,170 246,63 166,739 165,892 -18,0 17,067 - L 278,170 246,63 244,33 -12.1 187,639 -	Marche Total	75,970	79,102	76,236	76,303	80,047	79,893	78,508	3.3	60,592	-22.8
25,459 23,227 21,884 19,783 28,111 28,179 29,061 14.1 24,514 65,373 61,261 52,344 48,843 59,175 54,083 51,460 -21,3 32,694 27,172 26,600 22,793 21,177 21,071 22,137 22,781 -16.2 17,832 34,586 35,489 31,272 29,767 24,000 23,728 -31,4 16,552 4,499 166,999 154,69 166,739 166,739 166,83 -18,0 127,66 4,78,77 278,778 276,637 244,333 -12,1 187,65	H.C. 15	49,610	47,922	38,706	34,599	38,592	38,340	38,855	-21.7	35,475	-8.7
65,373 61,261 52,344 48,843 59,175 54,083 51,460 -21.3 32,694 27,172 26,600 22,793 21,177 21,077 22,137 22,781 -16.2 17,832 34,586 35,489 31,272 29,767 24,000 24,000 23,728 -16,252 16,552 L 20,770 10,499 154,169 154,69 154,63 166,999 127,007 L 278,170 278,70 244,99 166,999 236,997 246,632 244,993 -12.1 187,659	H.C. 16	25,459	23,227	21,884	19,783	28,111	28,179	190'67	14.1	24,514	-15.6
27,172 26,600 22,793 21,177 21,071 22,137 22,781 -16.2 17,832 17,832 34,586 35,489 31,272 29,767 24,001 24,000 23,728 -31.4 16,532 202,200 194,499 166,999 154,169 170,950 170,950 244,393 -12.1 187,657 L 278,170 243,335 230,472 250,997 246,632 244,393 -12.1 187,659	H.C. 17	65,373	61,261	52,344	48,843	59,175	54,083	51,460	-21.3	32,694	-36.5
34,586 35,489 31,272 29,767 24,001 24,000 23,728 -31.4 16,532 202,200 194,499 166,999 154,169 170,950 166,739 165,885 -18.0 127,067 L 278,170 243,335 230,472 250,997 246,632 244,393 -12.1 187,659	H.C. 18	27,172	26,600	22,793	21,177	21,071	22,137	22,781	-16.2	17,832	-21.7
202,200 194,499 166,999 154,169 170,950 166,739 165,885 -18.0 127,067 L 278,170 273,601 243,235 230,472 250,997 246,632 244,393 -12.1 187,659	H.C. 19	34,586	35,489	31,272	29,767	24,001	24,000	23,728	-31.4	16,552	-30.2
L 278,170 273,601 243,235 230,472 250,997 246,632 244,393 -12.1 187,659	Lazio Total	202,200	194,499	166,999	154,169	170,950	166,739	165,885	-18.0	127,067	-23.4
	CENTRAL ITALY TOTAL	278,170	273,601	243,235	230,472	250,997	246,632	244,393	-12.1	187,659	-23.2

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

(command) racio ribbenina i	comparison of	me aggerent ne	comparison of the miles of the means of the means of page 1103pmm courses	c statements of	paoue mospia	control of the	0707 01 010	come do composito in	a oo)	
Hospital Centers and				Inpatient ac	Imissions and (2)	Inpatient admissions and day-hospital admissions (2)	lmissions			
University Hospital Centers (1)	2013	2014	2015	2016	2017	2018	2019	% var, 13-19	2020	% var, 19-20
H.C. 20	74,633	70,926	69,99	66,300	50,432	48,041	47,798	-36.0	36,181	-24.3
H.C. 21	40,937	38,194	36,511	36,200	36,020	35,739	32,327	-21.0	24,773	-23.4
Apulia Total	115,570	109,120	103,170	102,500	86,452	83,780	80,125	-30.7	60,954	-23.9
H.C. 22	28,168	26,527	26,083	28,213	26,115	24,796	24,830	-11.9	21,352	-14.0
H.C. 23	27,294	25,989	25,746	24,277	24,160	23,850	28,043	2.7	23,600	-15.8
H.C. 24	10,305	9,830	698'6	9,855	018'6	016'6	10,150	-1.5	8,850	-12.8
H.C. 25	27,173	25,554	25,022	23,556	23,450	23,750	24,455	-10.0	20,722	-15.3
Calabria Total	92,940	87,900	86,720	85,901	83,535	82,306	87,478	-5.9	74,524	-14.8
H.C. 26	25,812	21,525	20,377	22,009	21,243	20,536	21,656	-16.1	17,982	-17.0
H.C. 27	34,129	28,738	27,531	32,213	32,055	29,319	29,353	-14.0	23,349	-20.5
H.C. 28	46,968	40,938	39,860	44,207	43,986	42,359	40,660	-13.4	32,110	-21.0
H.C. 29	19,918	16,538	15,211	16,918	16,850	15,791	16,173	-18.8	10,626	-34.3
H.C. 30	25,948	23,380	23,242	26,679	26,552	32,847	33,221	28.0	17,683	-46.8
H.C. 31	34,593	29,411	27,965	27,188	27,150	26,729	26,278	-24.0	20,330	-22.6
H.C. 32	35,437	30,527	27,117	31,202	31,055	28,550	27,680	-21.9	23,418	-15.4
H.C. 33	26,636	23,048	23,775	30,272	30,150	27,598	25,530	-4.2	21,175	-17.1
Sicily Total	249,441	214,105	205,078	230,688	229,041	223,729	220,551	-11.6	166,673	-24.4
SOUTH ITALY TOTAL	457,951	411,125	394,968	419,089	399,028	389,815	388,154	-15.2	302,151	-22.2
ITALY	1,251,198	1,174,986	1,154,627	1,162,955	1,177,637	1,173,610	1,173,173	-6.2	956,603	-18.5

Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)	– Comparison of	the different ite	ms of the Incom	e Statements of	public Hospita	Centers from 4	013 to 2020 (m	thousands of et	uros)	
Hospital Centers and		~	Revenues from healthcare services and health-related social health services as per the (3)	ealthcare serv	ices and health (3)	i-related social	health service	s as per the IS		
University Hospital Centers (1)	2013	2014	2015	2016	2017	2018	2019	% var, 13-19	2020	% var, 19-20
H.C. 1	106,572	104,135	107,649	108,473	106,711	115,705	124,213	16.6	109,718	-11.7
H.C. 2	181,948	183,365	190,873	193,471	196,411	216,567	229,405	26.1	195,206	-14.9
H.C. 3	174,424	168,874	174,785	179,357	181,174	192,057	195,887	12.3	168,272	-14.1
H.C. 4	153,780	149,070	154,878	162,387	165,300	174,991	184,651	20.1	165,103	-10.6
H.C. 5	125,885	119,436	119,526	124,437	129,356	125,654	133,662	6.2	133,008	-0.5
H.C. 6	540,499	529,186	542,128	540,077	537,733	550,225	579,477	7.2	517,805	-10.6
Piedmont Total	1,283,108	1,254,066	1,289,839	1,308,202	1,316,685	1,375,199	1,447,295	12.8	1,289,112	-10.9
H.C. 7	420,359	411,834	417,531	419,487	441,893	446,562	456,570	8.6	514,059	12.6
H.C. 8	394,620	401,961	429,078	443,432	458,691	473,846	491,491	24.5	451,869	-8.1
Veneto Total	814,979	813,795	846,609	862,919	900,584	920,408	190'876	16.3	965,928	1.9
H.C. 9	293,863	299,822	303,994	305,869	306,399	310,592	310,512	5.7	279,444	-10.0
H.C. 10	206,473	205,873	206,136	205,278	324,698	325,917	329,236	59.5	324,519	-1.4
H.C. 11	427,878	432,141	434,604	445,392	457,158	464,286	469,915	8.6	451,254	-4.0
H.C. 12	199,118	202,904	203,645	202,749	208,151	214,493	218,938	10.0	212,259	-3.1
Emilia R. Total	1,127,332	1,140,740	1,148,379	1,159,288	1,296,406	1,315,288	1,328,601	6.71	1,267,476	-4.6
NORTH ITALY TOTAL	3,225,419	3,208,601	3,284,827	3,330,409	3,513,675	3,610,895	3,723,957	15.5	3,522,516	-5.4
H.C. 13	151,700	144,679	141,250	145,348	160,829	174,678	180,366	18.9	156,611	-13.2
H.C. 14	278,445	260,532	257,758	271,644	281,848	298,289	300,348	7.9	266,267	-11.3
Marche Total	430,145	405,211	399,008	416,992	442,677	472,967	480,714	11.8	422,878	-12.0
H.C. 15	241,829	238,751	232,965	224,195	224,616	232,156	234,085	-3.2	220,600	-5.8
H.C. 16	124,100	115,718	131,718	128,192	128,269	126,890	158,703	27.9	152,249	-4.1
H.C. 17	318,664	305,205	315,050	316,490	324,679	335,899	336,909	5.7	282,974	-16.0
H.C. 18	132,453	132,524	137,186	140,622	148,428	156,660	162,388	22.6	147,512	-9.2
H.C. 19	168,593	176,806	188,218	192,885	199,476	205,500	210,304	24.7	171,894	-18.3
Lazio Total	985,639	969,004	1,005,137	1,002,384	1,025,468	1,057,105	1,102,389	11.8	975,229	-11.5
CENTRAL ITALY TOTAL	1,415,784	1,374,215	1,404,145	1,419,376	1,468,145	1,530,072	1,583,103	11.8	1,398,107	-11.7
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(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

Continued Table Appendix $1 - $ Comparison of the different tiens of the income statements of public Hospital Centers from 2013 to 2020 (in thousands of earliers)	– сотранзон ој	me ailJereni ne	ms of the Incom	e statements of	рионс погрна	Centers from 2	013 to 2020 (III	i mousanus oj ei	ar os)	
Hospital Centers and		~	Revenues from healthcare services and health-related social health services as per the IS (3)	nealthcare serv	ices and health	-related social	health service	s as per the IS		
University Hospital	2013	2014	2015	2016	2017	2018	2019	% var,	2020	% var,
Centers (1)								13-19		19-20
H.C. 20	299,622	305,360	317,373	298,153	282,993	267,378	292,035	-2.5	233,369	-20.1
H.C. 21	164,363	164,439	173,831	162,790	171,709	165,123	169,137	2.9	144,872	-14.3
Apulia Total	464,015	469,799	491,204	460,943	454,702	432,501	461,172	9.0-	378,241	-18.0
H.C. 22	750,86	97,212	96,652	117,375	118,268	125,549	124,945	27.4	132,954	6.4
H.C. 23	95,012	95,238	95,405	101,520	110,625	111,850	133,368	40.4	133,249	-0.1
H.C. 24	35,871	36,024	42,958	46,927	58,102	58,265	70,485	96.5	69,815	-1.0
H.C. 25	94,593	93,643	92,720	103,693	111,982	127,776	138,727	46.7	128,775	-7.2
Calabria Total	323,533	322,117	327,735	369,515	398,977	423,440	467,525	44.5	464,793	-0.6
H.C. 26	117,627	113,251	121,004	121,030	131,098	130,198	135,576	15.3	122,276	8.6-
H.C. 27	155,528	151,207	163,486	177,138	176,793	178,167	182,379	17.3	150,872	-17.3
H.C. 28	214,039	215,396	236,698	243,093	238,783	249,016	252,030	17.7	230,867	-8.4
H.C. 29	892'06	87,012	90,324	93,034	90,269	86,352	91,942	1.3	84,545	-8.0
H.C. 30	118,246	123,015	138,017	146,708	144,996	152,279	158,853	34.3	132,986,0	-16.3
H.C. 31	157,644	154,744	166,061	174,053	174,303	183,470	173,505	10.1	161,343	-7.0
H.C. 32	161,492	160,615	161,024	171,581	167,388	177,908	172,192	9.9	153,535	-10.8
H.C. 33	121,383	121,264	141,180	166,466	155,068	160,492	153,176	26.2	126,223	-17.6
Sicily Total	1,136,727	1,126,504	1,217,794	1,293,103	1,278,698	1,317,882	1,319,653	16.1	1,162,647	-11.9
SOUTH ITALY TOTAL	1,924,275	1,918,420	2,036,733	2,123,561	2,132,377	2,173,823	2,248,350	16.8	2,005,681	-10.8
ITALY	6,565,478	6,501,236	6,725,705	6,873,346	7,114,197	7,314,790	7,555,410	15.1	6,926,304	-8.3

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)	- Comparison oj	the different iter	ns of the Incom	e Statements of	public Hospital	Centers from 2	013 to 2020 (in	thousands of eu	ros)	
Hospital Centers and		Rev	enues from co-	payment charg	es for external (4)	specialist serv	ices as per the	Revenues from co-payment charges for external specialist services as per the IS (Cod. A0940) (4)	<u>~</u>	
University Hospital Centers (1)	2013	2014	2015	2016	2017	2018	2019	% var, 13-19	2020	% var; 19-20
H.C. 1	2,601	2,511	2,615	2,569	2,033	2,100	2,190	-15.8	1,284	-41.4
H.C. 2	6,534	006'9	6,564	5,598	5,567	5,875	880'9	8.9-	3,451	-43.3
H.C. 3	5,441	5,227	2,067	5,007	5,084	5,349	5,558	2.2	3,261	-41.3
H.C. 4	3,336	3,142	3,297	3,273	3,250	3,174	3,400	1.9	2,125	-37.5
H.C. 5	4,035	4,039	3,862	3,738	3,597	4,035	3,580	-11.3	2,071	-42.2
H.C. 6	14,648	15,181	13,454	12,178	12,072	12,714	12,455	-15.0	6,925	44.4
Piedmont Total	36,595	37,000	34,859	32,363	31,603	33,247	33,271	1.6-	19,117	-42.5
H.C. 7	8,663	8,821	8,635	8,373	10,847	10,495	11,131	28.5	9,142	-17.9
H.C. 8	6,541	6,800	6,974	7,510	9,804	10,208	10,382	58.7	7,416	-28.6
Veneto Total	15,204	15,621	15,609	15,883	20,651	20,703	21,513	41.5	16,558	-23.0
H.C. 9	699'9	6,889	6,739	6,794	6,431	6,875	6,273	-5.9	3,525	-43.8
H.C. 10	3,138	3,152	3,255	3,849	5,366	5,769	5,315	4.69	3,096	-41.7
H.C. 11	LLLL	7,393	6,805	7,103	7,846	7,267	6,851	-11.9	4,913	-28.3
H.C. 12	6,094	6,129	6,085	6,043	5,703	5,397	3,579	-41.3	2,492	-30.4
Emilia R. Total	23,678	23,563	22,884	23,789	25,346	25,308	22,018	-7.0	14,026	-36.3
NORTH ITALY TOTAL	75,477	76,184	73,352	72,035	009'22	79,258	76,802	1.8	102'65	-35.3
H.C. 13	3,286	3,186	3,364	3,607	3,729	3,769	3,791	15.4	2,166	-42.9
H.C. 14	4,504	4,422	4,318	4,437	4,441	4,543	4,809	8.9	2,971	-38.2
Marche Total	062'2	2,608	7,682	8,044	8,170	8,312	8,600	10.4	5,137	-40.3
H.C. 15	6,418	6,222	5,336	4,743	4,119	4,106	4,062	-36.7	2,912	-28.3
H.C. 16	3,515	3,370	3,179	2,980	2,720	2,780	2,994	-14.8	1,475	-50.7
H.C. 17	11,307	10,950	10,188	10,386	10,060	8,152	7,771	-31.3	3,667	-52.8
H.C. 18	4,760	4,464	4,168	4,146	3,784	4,260	4,618	-3.0	2,643	-42.8
H.C. 19	600'9	5,580	5,572	5,213	4,528	4,130	4,162	-30.7	1,953	-53.1
Lazio Total	32,009	30,586	28,443	27,468	25,211	23,428	23,607	-26.2	12,650	-46.4
CENTRAL ITALY TOTAL	39,799	38,194	36,125	35,512	33,381	31,740	32,207	-19.I	17,787	-44.8

(Continued) Table Appendix I — Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)	– Comparison oj	t the different tte	ms of the Incom	te Statements of	public Hospital	Centers from 2	1013 to 2020 (11)	ı tnousands oj ei	rros)	
Hospital Centers and		Rev	enues from co-	payment charg	ges for external	specialist serv	ices as per the	Revenues from co-payment charges for external specialist services as per the IS (Cod. A0940 (4)	<u> </u>	
University Hospital Centers (1)	2013	2014	2015	2016	2017	2018	2019	% var, 13-19	2020	% var, 19-20
H.C. 20	5,989	5,708	5,675	4,569	4,899	5,284	5,344	-10.8	4,092	-23.4
H.C. 21	2,820	2,806	2,793	2,437	2,657	2,858	2,999	6.3	1,710	-43.0
Apulia Total	8,809	8,514	8,468	2,006	7,556	8,142	8,343	-5.3	5,802	-30.5
H.C. 22	2,042	2,054	1,849	2,036	1,945	2,767	1,937	-5.1	841	-56.6
H.C. 23	2,560	2,332	2,451	2,510	2,338	2,479	2,578	0.7	1,738	-32.6
H.C. 24	1,778	1,610	1,560	1,508	1,564	1,713	1,791	0.7	1,090	-39.1
H.C. 25	1,586	1,694	1,695	1,502	1,387	1,495	1,470	-7.3	783	-46.7
Calabria Total	996'2	069'2	7,555	7,556	7,234	8,454	2,776	-2.4	4,452	-42.7
H.C. 26	1,464	1,380	1,366	1,404	1,554	1,459	1,363	6.9-	784	-42.5
H.C. 27	2,430	2,303	2,333	2,335	2,333	2,362	2,388	-1.7	1,405	-41.2
H.C. 28	4,248	3,979	3,944	3,917	3,586	3,473	3,220	-24.2	1,483	-53.9
H.C. 29	1,322	1,231	1,237	1,161	566	1,045	1,008	-23.8	624	-38.1
H.C. 30	2,639	2,466	2,479	2,371	2,296	2,345	2,380	8.6-	1,280,0	-46.2
H.C. 31	2,033	1,985	1,873	1,744	1,838	1,752	1,765	-13.2	886	-44.0
H.C. 32	2,084	1,890	1,749	1,736	1,633	1,517	1,508	-27.6	947	-37.2
H.C. 33	1,884	1,806	1,754	1,715	1,722	1,636	1,629	-13.5	711	-56.4
Sicily Total	18,104	17,040	16,735	16,383	15,957	15,589	15,261	-15.7	8,222	-46.1
SOUTH ITALY TOTAL	34,879	33,244	32,758	30,945	30,747	32,185	31,380	-10.0	18,476	-41.1
ITALY	150,155	147,622	142,235	138,492	141,728	143,183	140,389	-6.5	85,964	-38.8

(Continued) Fable Appendix 1 — Comparison of the aijJerent tiems of the Income statements of public Hospital Centers from 2013 to 2020 (in mousands of euros)	– Comparison oj	ıne ailJereni ile	ms of the Incom	e statements y	public Hospital	Cemers from 2	013 to 2020 (th	mousanas oj el	u os)	
Hospital Centers and			Revenues from	FSR transfer	Revenues from FSR transfer for "by function" activities as per the IS (Cod. AA0030 (5)	n" activities as	per the IS (Co	d. AA0030)		
University Hospital Centers (1)	2013	2014	2015	2016	2017	2018	2019	% var, 13-19	2020	% var, 19-20
H.C. 1	36,673	31,600	34,500	40,908	41,647	45,163	42,988	17.2	61,810	43.8
H.C. 2	64,002	66,200	74,041	89,816	67,365	97,021	628,66	56.1	123,298	23.4
H.C. 3	48,028	48,500	49,400	53,977	55,340	53,734	55,934	16.5	76,053	36.0
H.C. 4	62,321	60,010	65,400	72,369	75,350	75,439	74,788	20.0	96,250	28.7
H.C. 5	37,884	42,438	42,360	51,755	46,076	50,654	48,686	28.5	62,344	28.1
H.C. 6	366,810	357,400	362,282	369,228	394,630	294,928	302,071	-17.6	467,627	54.8
Piedmont Total	615,718	606,148	627,983	678,053	680,408	616,939	624,346	1.4	887,382	42.1
H.C. 7	94,209	138,893	136,414	165,421	120,010	111,750	110,609	17.4	112,843	2.0
H.C. 8	97,171	107,648	130,392	121,234	107,626	131,529	106,691	8.6	118,900	11.4
Veneto Total	191,380	246,541	266,806	286,655	227,636	243,279	217,300	13.5	231,743	9.9
H.C. 9	47,817	62,711	58,155	58,978	63,145	71,374	73,281	53.3	103,962	41.9
H.C. 10	33,897	43,200	44,960	45,929	63,663	58,863	63,940	9.88	92,223	44.2
H.C. 11	76,387	89,465	91,752	97,560	103,694	100,959	118,790	55.5	162,626	36.9
H.C. 12	36,703	77,290	85,221	73,050	70,575	71,417	79,693	117.1	91,653	15.0
Emilia R. Total	194,804	272,666	280,088	275,517	301,077	302,613	335,704	72.3	420,464	34.2
NORTH ITALY TOTAL	1,001,902	1,125,355	1,174,877	1,240,225	1,209,121	1,162,831	1,177,350	17.5	1,569,589	33.3
H.C. 13	56,448	66,451	62,730	72,419	71,190	45,344	44,457	-21.2	60,697	36.5
H.C. 14	73,269	91,200	102,162	94,570	88,831	74,503	77,837	6.2	115,317	48.2
Marche Total	129,717	157,651	164,892	166,989	160,021	119,847	122,294	-5.7	176,014	43.9
H.C. 15	60,354	69,985	53,605	46,153	49,027	52,080	55,249	-8.5	65,278	18.2
H.C. 16	21,463	30,429	20,918	17,432	16,244	17,150	22,468	4.7	30,072	33.8
H.C. 17	95,541	106,828	85,192	81,914	81,444	85,428	84,923	-11.1	128,314	51.1
H.C. 18	19,436	23,952	20,043	18,632	18,618	25,684	19,045	-2.0	34,763	82.5
H.C. 19	31,207	35,118	34,016	33,981	38,947	40,050	40,880	31.0	57,708	41.2
Lazio Total	228,001	266,312	213,774	198,112	204,280	220,392	222,565	-2.4	316,135	42.0
CENTRAL ITALY TOTAL	357,718	423,963	378,666	365,101	364,301	340,239	344,859	-3.6	492,149	42.7

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

Hospital Centers and			Revenues from	FSR transfer	Revenues from FSR transfer for "by function" activities as per the IS (Cod. AA0030) (5)	on" activities a	s per the IS (C	od. AA0030)		
University Hospital Centers (1)	2013	2014	2015	2016	2017	2018	2019	% var, 13-19	2020	% var, 19-20
H.C. 20	160,843	188,356	156,616	155,241	160,050	152,643	153,943	4.3	183,728	19.3
H.C. 21	78,809	81,625	73,454	73,154	78,004	70,138	75,400	4.3	105,112	39.4
Apulia Total	239,652	269,981	230,070	228,395	238,054	222,781	229,343	-4.3	288,840	25.9
H.C. 22	84,427	83,950	87,790	86£'99	72,140	60,264	57,761	-31.6	62,284	7.8
H.C. 23	67,476	66,200	66,222	58,416	43,626	43,626	39,759	-41.1	44,593	12.2
H.C. 24	14,849	14,349	444	22,888	17,594	17,594	22,213	49.6	19,651	-11.5
H.C. 25	963,996	966'89	58,681	58,579	59,323	49,689	52,203	-18.4	50,550	-3.2
Calabria Total	230,748	228,495	213,137	206,281	192,683	171,173	171,936	-25.5	177,078	3.0
H.C. 26	63,525	67,730	67,494	67,685	58,646	56,821	56,503	-11.1	87,620	55.1
H.C. 27	71,728	80,684	74,643	75,078	74,559	76,706	72,906	1.6	124,283	70.5
H.C. 28	136,862	139,702	145,198	142,094	128,190	132,712	138,075	6.0	203,612	47.5
H.C. 29	79,450	103,931	88,302	79,646	762,797	62,287	57,447	7.72-	77,398	34.7
H.C. 30	57,758	57,620	54,844	54,525	61,581	73,327	66,434	15.0	149,061	124.4
H.C. 31	117,156	131,790	122,478	109,141	106,019	116,767	117,947	0.7	167,631	42.1
H.C. 32	146,799	167,800	165,573	149,380	130,427	153,134	102,237	-30.4	184,560	80.5
H.C. 33	61,744	93,812	92,770	79,042	78,493	80,718	81,522	32.0	129,734	59.1
Sicily Total	735,022	843,069	811,302	756,591	703,712	752,472	693,071	-5.7	1,123,899	62.2
SOUTH ITALY TOTAL	1,205,422	1,341,545	1,254,509	1,191,267	1,134,449	1,146,426	1,094,350	-9.2	1,589,817	45.3
ITALY	2,565,042	2,890,863	2,808,052	2,796,593	2,707,871	2,649,496	2,616,559	2.0	3,651,555	39.6

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

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Hospital Centers and				0	Other revenues as per the IS (6)	as per the IS				
University Hospital Centers (1)	2013	2014	2015	2016	2017	2018	2019	% var, 13-19	2020	% var, 19-20
H.C. 1	7,707	8,909	10,756	11,843	14,590	5,881	7,778	6.0	9,347	20.2
H.C. 2	10,563	10,730	14,850	14,151	49,751	13,118	11,504	6.8	826-	-108.5
H.C. 3	8,228	7,249	9,277	7,714	7,555	4,515	6,358	-22.7	8,957	40.9
H.C. 4	8,343	8,400	9,790	9,364	8,500	9,181	7,675	-8.0	8,304	8.2
H.C. 5	7,635	3,023	5,331	5,342	8,473	-3,456	1,612	6.87-	3,429	112.7
H.C. 6	80,607	73,454	94,942	94,845	63,887	84,042	88,727	10.1	64,639	-27.1
Piedmont Total	123,083	111,765	144,946	143,259	152,756	113,281	123,654	0.5	93,698	-24.2
H.C. 7	42,946	-6,708	17,972	-11,858	32,525	45,018	44,331	3.2	43,807	-1.2
H.C. 8	15,710	10,969	9,347	17,958	31,118	1	23,285	48.2	43,714	87.7
Veneto Total	58,656	4,261	27,319	001'9	63,643	45,018	919'29	15.3	87,521	29.4
H.C. 9	28,629	12,199	17,145	15,817	14,260	15,853	20,333	-29.0	277,853	1,266.5
H.C. 10	20,628	8,957	10,375	11,308	18,561	33,690	32,557	57.8	60,164	84.8
H.C. 11	46,192	29,029	48,284	29,688	29,095	48,252	57,801	25.1	83,285	44.1
H.C. 12	62,889	21,445	25,967	28,387	26,430	27,725	24,809	9.09-	34,077	37.4
Emilia R. Total	158,338	71,630	101,771	85,200	88,346	125,520	135,500	-14.4	455,379	236.1
NORTH ITALY TOTAL	340,077	187,656	274,036	234,559	304,745	283,819	326,770	-3.9	636,598	94.8
H.C. 13	8,733	3,514	11,438	173	-3,929	11,692	11,901	36.3	25,195	111.7
H.C. 14	14,683	20,208	18,638	10,794	13,453	18,451	23,877	62.6	40,017	9.79
Marche Total	23,416	23,722	30,026	10,967	9,524	30,143	35,778	52.8	65,212	82.3
H.C. 15	24,450	15,140	18,058	15,875	15,399	15,902	13,969	-42.9	14,948	7.0
H.C. 16	18,157	17,360	20,947	29,177	15,534	38,131	14,548	-19.9	18,480	27.0
H.C. 17	31,871	29,370	30,508	38,406	24,373	26,674	25,175	-21.0	28,352	12.6
H.C. 18	17,193	14,761	14,351	13,984	20,361	13,024	18,432	7.2	20,880	13.3
H.C. 19	7,965	7,426	9,887	8,324	8,975	5,120	7,412	6.9-	11,439	54.3
Lazio Total	96,636	84,057	93,751	105,766	84,642	98,851	79,536	-20.2	64,066	18.3
CENTRAL ITALY TOTAL	123,052	107,779	123,827	116,733	94,166	128,994	115,314	-6.3	159,311	38.2

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

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Hospital Centers and				•	Other revenues as per the IS (6)	as per the IS				
University Hospital Centers (1)	2013	2014	2015	2016	2017	2018	2019	% var, 13-19	2020	% var, 19-20
H.C. 20	6,530	1,858		696'L	23,895	31,489	29,676	354.5	22,172	-25.3
H.C. 21	3,600	2,975	2,871	7,642	7,375	8,964	10,226	184.1	860'8	-20.8
Apulia Total	10,130	4,833	2,871	15,611	31,270	40,453	39,902	293.9	30,270	-24.1
H.C. 22	2,517	5,549	4,765	4,330	4,280	7,917	10,586	320.6	4,997	-52.8
H.C. 23	4,165	6,454	12,201	6,109	5,438	3,466	7,467	79.3	4,675	-37.4
H.C. 24	12,731	5,969	9,588	4,996	6,952	6,364	1,859	-85.4	3,032	63.1
H.C. 25	4,415	8,886	12,708	6,822	5,760	7,475	8,073	82.9	18,322	127.0
Calabria Total	23,828	26,858	39,262	22,257	22,430	25,222	27,985	17.4	31,026	10.9
H.C. 26	6,084	11,715	5,580	10,539	8,203	11,479	12,030	7.76	2,789	8.9/-
H.C. 27	8,684	4,172	8,629	2,739	10,125	068'6	14,728	9.69	1,681	9.88-
H.C. 28	27,166	32,415	19,009	14,562	16,383	40,637	40,297	48.3	45,048	11.8
H.C. 29	5,143	5,524	3,641	7,606	11,621	13,918	12,415	141.4	86-	-100.8
H.C. 30	6,450	5,042	3,505	6,174	3,837	4,426	17,086	164.9	5,123	-70.0
H.C. 31	13,994	5,403	4,157	8,624	18,710	17,018	19,670	40.6	202	-97.4
H.C. 32	23,346	19,446	20,861	36,929	39,298	25,102	13,065	-44.0	7,628	-41.6
H.C. 33	14,122	-	-	8,459	7,017	9,401	11,379	-19.4	6,785	-40.4
Sicily Total	104,989	83,717	65,382	95,632	115,194	131,871	140,670	34.0	69,461	-50.6
SOUTH ITALY TOTAL	138,947	115,408	107,515	133,500	168,894	197,546	208,557	50.1	130,757	-37.3
ITALY	602,076	410,843	505,378	484,792	567,805	610,359	650,641	8.1	999,926	42.4

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

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Hospital Centers and				Total Re	venues as per (7)	Total Revenues as per the IS (Code AZ999) (7)	(666Z			
Centers (1)	2013	2014	2015	2016	2017	2018	2019	% var, 13-19	2020	% var, 19-20
H.C. 1	153,553	147,155	155,520	163,793	164,981	168,849	177,169	15.4	182,159	2.8
H.C. 2	263,047	267,195	286,328	303,036	319,094	332,581	346,876	31.9	320,977	-7.5
H.C. 3	236,121	229,850	238,529	246,055	249,153	255,655	263,737	11.7	256,543	-2.7
H.C. 4	227,780	220,622	233,365	247,393	252,400	262,785	270,514	18.8	271,782	0.5
H.C. 5	175,439	168,936	171,079	185,272	187,502	176,887	187,540	6.9	200,852	7.1
H.C. 6	1,002,564	975,221	1,012,806	1,016,328	1,008,322	941,909	982,730	-2.0	1,056,996	7.6
Piedmont Total	2,058,504	2,008,979	2,097,627	2,161,877	2,181,452	2,138,666	2,228,566	8.3	2,289,309	2.7
H.C. 7	566,177	552,840	580,552	581,423	605,275	613,825	622,641	10.0	679,851	9.2
H.C. 8	514,042	527,378	575,791	590,134	607,239	611,827	631,849	22.9	621,899	-1.6
Veneto Total	1,080,219	1,080,218	1,156,343	1,171,557	1,212,514	1,225,652	1,254,490	191	1,301,750	3.8
H.C. 9	376,978	381,621	386,033	387,458	390,235	404,694	410,399	6.8	664,784	62.0
H.C. 10	264,136	261,182	264,726	266,364	412,288	424,239	431,048	63.2	480,002	11.4
H.C. 11	558,234	558,028	581,445	579,743	597,793	620,764	653,357	17.0	702,078	7.5
H.C. 12	304,804	307,768	320,918	310,229	310,859	319,032	327,019	7.3	340,481	4.1
Emilia R. Total	1,504,152	1,508,599	1,553,122	1,543,794	1,711,175	1,768,729	1,821,823	21.12	2,187,345	20.1
NORTH ITALY TOTAL	4,642,875	4,597,796	4,807,092	4,877,228	5,105,141	5,133,047	5,304,879	14.3	5,778,404	8.9
H.C. 13	220,167	217,830	218,782	221,547	231,819	235,483	240,515	9.2	244,669	1.7
H.C. 14	370,901	376,362	382,876	381,445	388,573	395,786	406,871	7.6	424,572	4.4
Marche Total	890,165	594,192	601,658	266,209	620,392	631,269	647,386	9.5	669,241	3.4
H.C. 15	333,051	330,098	309,964	290,966	293,161	304,244	307,365	L.L	303,738	-1.2
H.C. 16	167,235	166,877	176,762	177,781	162,767	184,951	198,713	18.8	202,276	1.8
H.C. 17	457,383	452,353	440,938	447,196	440,556	456,153	454,778	9.0-	443,307	-2.5
H.C. 18	173,842	175,701	175,748	177,384	191,191	199,628	204,483	17.6	205,798	9.0
H.C. 19	213,774	224,930	237,693	240,403	251,926	254,800	262,758	22.9	242,994	-7.5
Lazio Total	1,345,285	1,349,959	1,341,105	1,333,730	1,339,601	1,399,776	1,428,097	6.2	1,398,113	-2.I
CENTRAL ITALY TOTAL	1,936,353	1,944,151	1,942,763	1,936,722	1,959,993	2,031,045	2,075,483	7.2	2,067,354	-0.4

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

Hospital Centers and		2	.	Total R	evenues as per	Total Revenues as per the IS (Code AZ999)	(666Z	3		
University Hospital Centers (1)	2013	2014	2015	2016	2017	2018	2019	% var, 13-19	2020	% var, 19-20
H.C. 20	473,014	501,282	476,073	465,932	471,837	456,794	480,998	1.7	443,361	-7.8
H.C. 21	249,592	251,845	252,949	246,023	259,745	247,083	257,762	3.3	259,792	0.8
Apulia Total	722,606	753,127	729,022	711,955	731,582	703,877	738,760	2.2	703,153	-4.8
H.C. 22	187,043	188,765	191,056	190,139	196,633	196,497	195,229	4.4	201,076	3.0
H.C. 23	169,213	170,224	176,279	168,555	162,027	161,421	183,172	8.2	184,255	9.0
H.C. 24	62,229	57,952	54,550	76,319	84,212	83,936	96,348	47.7	93,588	-2.9
H.C. 25	164,590	168,219	165,804	170,596	178,452	186,435	200,473	21.8	198,430	-1.0
Calabria Total	586,075	585,160	587,689	602,609	621,324	628,289	675,222	15.2	677,349	0.3
H.C. 26	188,700	194,076	195,444	200,658	199,501	199,957	205,472	6.8	213,469	3.9
H.C. 27	238,370	238,366	249,091	257,290	263,810	267,125	272,401	14.3	278,241	2.1
H.C. 28	382,315	391,492	404,849	403,666	386,942	425,838	433,622	13.4	481,010	10.9
H.C. 29	176,683	197,698	183,504	181,447	168,682	163,602	162,812	6.7-	162,469	-0.2
H.C. 30	185,093	188,143	198,845	209,778	212,710	232,377	244,753	32.2	288,450	17.9
H.C. 31	290,827	293,922	294,569	293,562	300,870	319,007	312,887	9.7	330,467	5.6
H.C. 32	333,721	349,751	349,207	359,626	338,746	357,661	289,002	-13.4	346,670	20.0
H.C. 33	199,133	212,679	233,128	255,682	242,300	252,247	247,706	24.4	263,453	6.4
Sicily Total	1,994,842	2,066,127	2,108,637	2,161,709	2,113,561	2,217,814	2,168,655	8.7	2,364,229	9.0
SOUTH ITALY TOTAL	3,303,523	3,404,414	3,425,348	3,479,273	3,466,467	3,549,980	3,582,637	8.4	3,744,731	4.5
ITALY	9,882,751	9,946,361	10,175,203	10,293,223	10,531,601	10,714,072	10,962,999	10.9	11,590,489	5.7

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

Continued) Lable Appendix 1	Comparison of the afferent nems of the meanerins of phone trospinal centers from 2015 to 2020 (in thousands of euros)	me aggerent ne	ns y me meon	e statements of	puone mospina	centers from 2	012 02 010	mousamas of en	et Os)	f
Hospital Centers and				Cost for t	he Purchase of (8)	Cost for the Purchase of Goods (Cod. BA010) (8)	3A010)			
Centers (1)	2013	2014	2015	2016	2017	2018	2019	% var, 13-19	2020	% var, 19-20
H.C. 1	46,390	45,969	51,422	55,241	57,241	61,256	68,548	47.8	68,734	0.3
H.C. 2	61,468	64,774	74,082	76,095	78,570	85,724	96,743	57.4	105,152	8.7
H.C. 3	57,997	57,513	60,922	64,109	65,142	71,931	75,111	29.5	79,640	0.9
H.C. 4	54,787	52,129	55,272	61,916	63,900	098'89	72,179	31.7	77,003	6.7
H.C. 5	39,444	37,781	40,423	42,051	44,735	45,025	47,312	6.61	58,368	23.4
H.C. 6	216,951	209,926	230,646	229,825	237,212	250,906	262,911	21.2	263,372	0.2
Piedmont Total	477,037	468,092	512,767	529,237	546,800	583,702	622,804	30.6	622,269	4.7
H.C. 7	187,067	180,174	204,019	200,265	210,030	214,402	227,219	21.5	246,405	8.4
H.C. 8	138,086	145,114	174,411	172,379	186,165	189,677	204,480	48.1	211,901	3.6
Veneto Total	325,153	325,288	378,430	372,644	396,195	404,026	431,699	32.8	458,306	6.2
H.C. 9	84,489	90,865	87,417	93,791	99,682	111,471	106,349	25.9	319,033	200.0
H.C. 10	53,030	54,987	58,822	60,574	102,295	101,645	196,861	9.98	126,080	27.4
H.C. 11	127,769	135,059	174,518	164,324	177,786	196,587	211,683	65.7	227,918	7.7
H.C. 12	58,801	89,468	69,69	692,99	69,822	76,848	76,794	30.6	88,336	15.0
Emilia R. Total	324,089	341,379	390,416	385,458	449,585	486,551	493,787	52.4	761,367	54.2
NORTH ITALY TOTAL	1,126,279	1,134,759	1,281,613	1,287,339	1,392,580	1,474,332	1,548,290	37.5	1,871,942	20.9
H.C. 13	52,925	54,593	57,104	58,368	65,235	68,065	66,742	26.1	67,257	8.0
H.C. 14	105,185	108,958	122,782	120,650	126,471	137,065	139,255	32.4	138,426	9.0-
Marche Total	158,110	163,551	179,886	179,018	191,706	205,130	205,997	30.3	205,683	-0.2
H.C. 15	85,856	86,638	84,898	81,706	74,813	82,016	83,779	-2.4	87,919	4.9
H.C. 16	39,491	38,729	43,674	45,850	48,172	55,220	61,537	55.8	64,736	5.2
H.C. 17	173,123	170,228	181,357	177,454	189,812	183,018	184,608	9.9	176,934	-4.2
H.C. 18	57,720	62,116	60,353	62,234	72,944	83,812	86,824	50.4	81,772	-5.8
H.C. 19	101,041	106,257	104,687	97,605	98,621	101,700	104,007	2.9	100,706	-3.2
Lazio Total	457,231	463,968	474,969	464,849	484,362	505,766	520,755	13.9	512,067	-I.7
CENTRAL ITALY TOTAL	615,341	627,519	654,855	643,867	676,068	710,896	726,752	18.1	717,750	-1.2

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

Hosnital Centers and		20		Cost for	Cost for the Purchase of Goods (Cod. BA010)	f Goods (Cod. 1	3A010)			
Initionity Hearital					(8)					
Centers (1)	2013	2014	2015	2016	2017	2018	6102	% var, 13-19	2020	% var, 19-20
H.C. 20	156,332	152,227	175,965	152,259	131,792	139,200	140,024	-10.4	131,798	-5.9
H.C. 21	72,117	78,259	82,473	74,060	80,436	70,035	71,781	-0.5	77,683	8.2
Apulia Total	228,449	230,486	258,438	226,319	212,228	209,235	211,805	-7.3	209,481	-1.1
H.C. 22	38,241	37,379	40,174	41,988	44,311	48,072	53,489	39.9	49,941	9.9-
H.C. 23	34,905	32,756	37,857	36,442	38,300	41,562	43,486	24.6	46,331	6.5
H.C. 24	23,373	22,286	22,540	23,150	32,502	37,872	36,971	58.2	41,981	13.6
H.C. 25	36,966	39,668	39,705	41,773	47,626	54,692	59,780	61.7	61,540	2.9
Calabria Total	133,485	132,387	140,276	143,353	162,739	182,198	193,726	45.1	199,793	3.1
H.C. 26	44,129	44,904	47,546	50,062	54,008	56,727	55,313	25.3	57,410	3.8
H.C. 27	53,451	56,307	68,120	69,107	71,428	76,531	78,380	46.6	83,181	6.1
H.C. 28	111,358	116,388	139,112	139,517	138,094	150,865	159,331	43.1	170,499	7.0
H.C. 29	30,986	32,779	35,358	35,998	38,328	38,770	41,927	35.3	45,386	8.3
H.C. 30	41,608	43,988	58,936	57,888	63,248	74,333	78,875	9.68	90,143	14.3
H.C. 31	69,449	73,519	81,139	78,493	85,622	87,748	90,590	30.4	102,580	13.2
H.C. 32	73,644	76,283	75,215	80,939	78,063	85,576	90,736	23.2	89,107	-1.8
H.C. 33	56,170	62,848	83,827	87,994	79,596	81,307	85,659	52.5	099'06	5.8
Sicily Total	480,795	507,016	589,253	866,665	608,387	651,857	680,811	41.6	728,966	7.1
SOUTH ITALY TOTAL	842,729	886,889	987,967	969,670	983,354	1,043,290	1,086,342	28.9	1,138,240	4.8
ITALY	2,584,349	2,632,167	2,924,435	2,900,876	3,052,002	3,228,518	3,361,384	30.1	3,727,932	10.9

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

(Continued) Lable Appendix 1 — Comparison of the different tiems of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)	– comparison of	me ailJereni nei	ms of the Income	statements of h	опонс погрна	Centers from 2	n) 0707 01 C10	mousanas of e	uros)	
Hospital Centers and			Cos	st for the Purcl	hase of Non-He	Cost for the Purchase of Non-Health Services (Cod. BA1570) (9)	Cod. BA1570)			
University Hospital Centers (1)	2013	2014	2015	2016	2017	2018	2019	% var, 13-19	2020	% var, 19-20
H.C. 1	11,267	13,188	11,200	11,094	10,499	11,586	12,268	8.9	11,491	-6.3
H.C. 2	23,147	25,817	26,899	27,121	28,120	27,987	29,851	29.0	30,053	0.7
H.C. 3	23,005	23,247	23,804	25,232	27,375	27,982	30,234	31.4	30,216	-0.1
H.C. 4	23,023	24,569	23,655	23,471	24,100	25,993	26,437	14.8	26,972	2.0
H.C. 5	13,740	16,597	16,599	16,768	17,396	25,249	26,650	94.0	26,755	0.4
H.C. 6	85,610	80,845	78,423	75,484	71,398	70,917	67,412	-21.3	63,330	-6.1
Piedmont Total	179,792	184,263	180,580	179,170	178,888	189,714	192,852	7.3	188,817	-2.1
H.C. 7	61,354	60,575	60,297	54,561	52,588	53,272	46,507	-24.2	54,747	17.7
H.C. 8	73,027	69,925	67,850	998,89	62,902	61,141	60,480	-17.2	56,904	-5.9
Veneto Total	134,381	130,500	128,147	118,427	115,490	114,413	106,987	-20.4	111,651	4.4
H.C. 9	43,662	44,653	43,155	38,961	38,451	37,683	36,541	-16.3	42,065	15.1
H.C. 10	31,037	31,950	30,996	27,073	57,527	62,478	64,040	106.3	54,476	-14.9
H.C. 11	266'95	53,019	51,089	57,562	57,706	55,810	56,449	-1.0	60,124	6.5
H.C. 12	46,737	47,169	46,543	44,684	40,817	46,832	48,414	3.6	47,441	-2.0
Emilia R. Total	178,433	176,791	171,783	168,280	194,501	202,803	205,444	15.1	204,106	-0.7
NORTH ITALY TOTAL	492,606	491,554	480,510	465,877	488,879	506,930	505,283	2.6	504,574	1.0-
H.C. 13	23,821	23,028	23,162	22,406	24,418	24,860	24,834	4.3	25,225	1.6
H.C. 14	24,412	24,831	23,369	23,471	22,306	21,901	21,792	-10.7	22,023	1.1
Marche Total	48,233	47,859	46,531	45,877	46,724	192'95	46,626	-3.3	47,248	1.3
H.C. 15	46,153	45,364	41,604	35,671	34,493	34,629	27,416	-40.6	35,501	29.5
H.C. 16	27,622	28,036	30,036	28,705	28,169	25,460	27,492	-0.5	28,224	2.7
H.C. 17	998'09	995'69	65,115	70,198	77,214	63,283	62,483	2.7	65,725	5.2
H.C. 18	31,187	33,210	32,955	25,706	24,162	24,802	25,305	-18.9	25,251	-0.2
H.C. 19	35,443	34,869	32,777	33,014	34,251	33,950	35,477	0.1	33,907	4.4
Lazio Total	201,271	211,045	202,487	193,294	198,289	182,124	178,173	-II.5	188,608	5.9
CENTRAL ITALY TOTAL	249,504	258,904	249,018	239,171	245,013	228,885	224,799	6.6-	235,856	4.9

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

			Co	st for the Purc	Cost for the Purchase of Non-Health Services (Cod. BA1570)	ealth Services	(Cod. BA1570)		,	
Hospital Centers and					6					
University Hospital Centers (1)	2013	2014	2015	2016	2017	2018	2019	% var, 13-10	2020	% var,
H.C. 20	60.482	56.000	55.787	53,795	56.674	54,539	55.118	6.8-	60.302	9.4
H.C. 21	27,514	27,751	27,667	26,114	28,088	27,733	28,523	3.7	35,239	23.5
Apulia Total	87,996	83,751	83,454	606'62	84,762	82,272	83,641	6.7-	95,541	14.2
H.C. 22	25,278	25,728	26,232	27,362	27,170	26,468	20,766	-17.8	20,990	1.1
H.C. 23	21,459	21,752	21,978	22,155	20,827	21,152	22,091	2.9	21,981	-0.5
H.C. 24	6,456	7,248	7,150	886'9	7,935	7,935	7,151	10.8	7,095	-0.8
H.C. 25	15,331	16,676	15,726	16,056	17,409	17,922	17,408	13.5	17,321	-0.5
Calabria Total	68,524	71,404	21,086	72,561	73,341	73,477	67,416	9.1-	67,387	-0.0
H.C. 26	20,725	21,458	21,345	21,339	20,149	21,768	23,334	12.6	23,533	0.0
H.C. 27	18,513	17,457	16,890	16,472	17,907	19,336	18,654	8.0	20,467	7.6
H.C. 28	33,399	28,315	26,611	27,696	28,383	31,077	35,541	6.4	36,805	3.6
H.C. 29	15,660	14,171	12,865	13,256	13,860	14,526	14,838	-5.2	11,734	-20.9
H.C. 30	23,750	20,430	18,338	18,865	22,030	23,665	23,305	-1.9	24,216	3.9
H.C. 31	25,246	24,549	24,050	24,766	24,526	25,510	25,829	2.3	27,896	8.0
H.C. 32	28,871	24,950	23,617	19,254	18,243	17,926	18,702	-35.2	19,595	4.8
H.C. 33	14,454	13,067	14,543	15,451	14,121	15,856	16,937	17.2	19,546	15.4
Sicily Total	180,618	164,397	158,259	157,099	159,219	169,664	177,140	6·I-	183,792	3.8
SOUTH ITALY TOTAL	337,138	319,552	312,799	309,569	317,322	325,413	328,197	-2.7	346,720	5.6
ITALY	1,079,248	1,070,010	1,042,327	1,014,617	1,051,214	1,061,228	1,058,279	-1.9	1,087,150	2.7

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

			1	1						
Hospital Centers and				P	Personnel costs (Cod. BA2080) (10)	Cod. BA2080)				
University Hospital Centers (1)	2013	2014	2015	2016	2017	2018	2019	% var, 13-19	2020	% var, 19-20
H.C. 1	68,257	68,937	68,500	68,242	66,571	68,433	70,550	3.4	75,686	7.3
H.C. 2	124,016	124,323	130,325	131,059	133,700	137,482	141,921	14.4	156,545	10.3
H.C. 3	116,907	116,958	118,070	117,977	118,078	120,267	121,825	4.2	126,929	4.2
H.C. 4	610,011	108,828	112,093	113,350	113,150	117,297	120,866	6.6	128,337	6.2
H.C. 5	92,680	91,428	91,455	91,255	91,112	93,734	95,429	3.0	100,788	5.6
H.C. 6	473,756	473,869	476,016	469,123	467,466	475,758	480,352	1.4	489,775	2.0
Piedmont Total	985,635	984,343	996,459	901,006	220,066	1,012,971	1,030,943	4.6	1,078,060	4.6
H.C. 7	207,052	203,814	208,069	209,295	210,304	214,789	220,183	6.3	275,294	25.0
H.C. 8	228,240	220,412	219,722	222,050	221,148	223,719	228,538	0.1	240,188	5.1
Veneto Total	435,292	424,226	427,791	431,345	431,452	438,508	448,721	3.1	515,482	14.9
H.C. 9	167,899	167,288	169,137	170,411	171,193	176,035	187,322	11.6	201,273	7.4
H.C. 10	109,604	110,715	111,171	111,411	112,214	115,517	122,761	12.0	195,046	58.9
H.C. 11	226,774	222,428	217,790	215,994	222,659	229,945	235,706	3.9	251,131	6.5
H.C. 12	126,695	124,263	123,733	12,203	123,843	125,724	128,807	1.7	133,501	3.6
Emilia R. Total	630,972	624,694	621,831	610,018	676,609	647,221	674,596	6.9	780,951	15.8
NORTH ITALY TOTAL	2,051,899	2,033,263	2,046,081	1,932,370	2,051,438	2,098,700	2,154,260	5.0	2,374,493	10.2
H.C. 13	102,663	102,813	100,746	101,551	103,301	104,930	105,724	3.0	107,056	1.3
H.C. 14	162,827	161,704	159,555	161,828	166,898	172,399	173,664	6.7	182,923	5.3
Marche Total	265,490	264,517	260,301	263,379	270,199	277,329	279,388	5.2	289,979	3.8
H.C. 15	242,361	236,001	232,783	231,558	226,686	226,611	222,824	-8.1	228,059	2.3
H.C. 16	127,590	123,966	122,989	123,684	122,805	124,018	126,227	-1.1	136,630	8.2
H.C. 17	119,291	116,237	123,581	142,486	141,307	146,019	149,218	25.1	159,152	6.7
H.C. 18	89,239	89,507	90,359	90,553	90,197	91,106	95,639	7.2	108,466	13.4
H.C. 19	52,179	51,521	51,892	55,048	58,782	59,055	65,243	25.0	71,237	9.2
Lazio Total	630,660	617,232	621,604	643,329	639,777	646,806	659,151	4.5	703,544	6.7
CENTRAL ITALY TOTAL	896,150	881,749	881,905	906,708	906,626	924,138	938,539	4.7	993,523	5.9

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

Hospital Centers and				P	Personnel costs (Cod. BA2080) (10)	Cod. BA2080)				
University Hospital Centers (1)	2013	2014	2015	2016	2017	2018	2019	% var, 13-19	2020	% var, 19-20
H.C. 20	193,950	193,159	197,474	194,126	194,362	195,676	202,042	4.2	211,339	4.6
H.C. 21	108,565	108,993	109,989	111,581	112,148	114,682	120,508	11.0	150,204	24.6
Apulia Total	302,515	302,152	307,463	305,707	306,510	310,358	322,550	9.9	361,543	12.1
H.C. 22	104,152	102,133	101,131	100,768	101,621	101,159	101,159	-2.9	101,370	0.2
H.C. 23	93,112	91,855	92,167	92,110	96,822	99,334	102,123	1.6	107,117	4.9
H.C. 24	32,346	32,281	32,455	32,015	38,050	39,623	40,064	23.9	42,814	6.9
H.C. 25	83,682	82,873	81,080	83,613	87,816	89,528	94,551	13.0	699'96	2.2
Calabria Total	313,292	309,142	306,833	308,506	324,309	329,644	337,897	6.7	347,970	3.0
H.C. 26	83,756	83,149	83,514	82,904	83,793	85,260	87,144	4.0	89,014	2.1
H.C. 27	114,212	113,964	113,706	114,625	118,696	120,310	122,887	9.7	124,323	1.2
H.C. 28	155,086	151,990	149,678	149,251	151,313	153,565	159,588	2.9	170,389	8.9
H.C. 29	98,062	96,926	92,886	86,392	77,257	77,311	77,428	-21.0	77,950	0.7
H.C. 30	87,486	87,751	86,983	90,339	66,030	77,026	83,074	-5.0	88,683	8.9
H.C. 31	145,249	140,907	141,391	140,780	141,710	142,838	143,515	-1.2	147,339	2.7
H.C. 32	164,280	161,480	158,094	154,749	155,264	157,334	153,454	9.9-	157,196	2.4
H.C. 33	61,164	960,09	61,179	62,852	63,533	64,731	68,655	12.2	73,540	7.1
Sicily Total	909,295	896,263	890,431	881,892	857,596	878,375	895,745	-I.5	928,434	3.6
SOUTH ITALY TOTAL	1,525,102	1,507,557	1,504,727	1,496,105	1,488,415	1,518,377	1,556,192	2.0	1,637,947	5.3
ITALY	4,473,151	4,422,569	4,432,713	4,335,183	4,449,829	4,541,215	4,648,991	3.9	5,005,963	7.7

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

Hospital Centers and					Provisions (Cod. BA2690)	od. BA2690)				
TI					Ξ					
University Hospital Centers (1)	2013	2014	2015	2016	2017	2018	2019	% var, 13-19	2020	% var, 19-20
H.C. 1	2,269	306	350	472	2,337	570	999	-75.1	2,272	301.4
H.C. 2	3,546	593	1,906	300	4,137	5,948	2,108	-40.6	1,203	-42.9
H.C. 3	1,720	142	169	849	1,628	1,643	166	-42.4	2,927	195.4
H.C. 4	2,657	645	1,486	1,301	1,120	1,209	792	-70.2	2,003	152.9
H.C. 5	1,740	629	2,129	1,958	1,504	1,389	1,390	-20.1	1,357	-2.4
H.C. 6	15,198	13,853	12,236	15,124	20,062	22,737	19,566	28.7	27,908	42.6
Piedmont Total	27,130	16,218	18,276	20,004	30,788	33,496	25,413	-6.3	37,670	48.2
H.C. 7	21,015	18,020	10,763	12,781	15,445	15,267	13,899	-33.9	15,218	9.5
H.C. 8	5,562	4,741	7,694	17,586	17,776	20,864	20,331	265.5	29,148	43.4
Veneto Total	26,577	22,761	18,457	30,367	33,221	36,131	34,230	28.8	44,366	29.6
H.C. 9	3,289	2,622	5,180	8,489	4,831	6,657	5,912	8.67	13,060	120.9
H.C. 10	6,338	3,325	5,346	10,407	9,139	9,498	6,521	2.9	7,430	13.9
H.C. 11	17,485	28,078	21,082	11,648	10,251	8,044	19,018	8.8	11,080	-41.7
H.C. 12	3,124	2,587	4,539	4,935	4,671	6,481	5,754	84.2	7,051	22.5
Emilia R. Total	30,236	36,612	36,147	35,479	28,892	30,680	37,205	23.0	38,621	3.8
NORTH ITALY TOTAL	83,943	75,591	72,880	85,850	106'26	100,307	96,848	15.4	120,657	24.6
H.C. 13	6,110	7,983	7,494	9,630	7,934	3,426	6,314	3.3	9,249	46.5
H.C. 14	11,254	11,352	600'6	8,415	9,402	9,712	6,300	-44.0	13,272	110.7
Marche Total	17,364	19,335	16,503	18,045	17,336	13,138	12,614	-27.4	22,521	78.5
H.C. 15	9,610	10,873	7,486	16,580	15,980	10,258	8,053	-16.2	12,379	53.7
H.C. 16	6,114	10,544	17,863	6,455	9,246	8,880	6,061	6.0-	8,298	36.9
H.C. 17	45,178	46,443	37,404	40,816	12,488	10,823	14,618	9.29-	16,217	10.9
H.C. 18	3,226	6,720	6,462	7,483	8,176	6,663	7,091	119.8	6,135	-13.5
H.C. 19	2,841	7,109	9,830	10,640	6,401	5,900	3,896	37.1	7,815	100.6
Lazio Total	696,999	81,689	79,045	81,974	52,291	42,524	39,719	-40.7	50,844	28.0
CENTRAL ITALY TOTAL	84,333	101,024	95,548	100,019	69,627	55,662	52,333	-37.9	73,365	40.2

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

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Hospital Centers and					Provisions (Cod. BA2690) (11)	.d. BA2690)				
University Hospital Centers (1)	2013	2014	2015	2016	2017	2018	2019	% var, 13-19	2020	% var, 19-20
H.C. 20	8,913	14,375	2,014	3,099	8,852	12,619	7,862	-11.8	11,867	50.9
H.C. 21	3,154	5,518	4,876	3,753	6,004	7,591	2,361	-25.1	3,644	54.3
Apulia Total	12,067	19,893	068'9	6,852	14,856	20,210	10,223	-15.3	15,511	51.7
H.C. 22	3,424	6,403	6,873	4,096	4,982	4,685	11,738	242.8	8,978	-23.5
H.C. 23	1,424	1,250	1,289	1,315	1,505	2,079	803	43.6	22,186	2,662.9
H.C. 24	3,249	2,280	2,295	2,850	551	773	10,015	208.2	16,682	9.99
H.C. 25	3,270	2,943	3,314	2,545	1,903	2,075	471	-85.6	1,025	117.6
Calabria Total	11,367	12,876	13,771	10,806	8,941	9,612	23,027	102.6	48,871	112.2
H.C. 26	6,201	9,047	8,994	15,268	7,801	5,012	5,539	-10.7	099'9	20.2
H.C. 27	8,374	10,758	10,026	10,218	7,039	4,940	6,308	-24.7	7,955	26.1
H.C. 28	8,345	12,851	17,167	18,468	16,483	7,514	4,133	-50.5	11,887	187.6
H.C. 29	3,398	11,283	10,825	17,986	8,837	5,366	3,408	0.3	3,992	17.1
H.C. 30	6,655	8,131	6,010	8,835	4,694	9,155	2,280	-65.7	13,463	490.5
H.C. 31	7,167	8,714	12,737	8,353	7,814	12,297	11,788	64.5	12,060	2.3
H.C. 32	12,269	18,689	23,436	31,623	15,041	16,288	6,939	-43.4	18,707	169.6
H.C. 33	4,947	3,277	3,708	4,269	3,678	4,232	4,845	-2.1	12,441	156.8
Sicily Total	57,356	82,750	92,903	115,020	71,387	64,804	45,240	-21.1	87,165	92.7
SOUTH ITALY TOTAL	80,790	115,519	113,564	132,678	95,184	94,626	78,490	-2.8	151,547	93.1
ITALY	249,066	292,134	281,992	318,547	257,712	250,595	227,671	9.8-	345,569	51.8

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

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Hospital Centers and					Other Costs (12)	Costs				
University Hospital Centers (1)	2013	2014	2015	2016	2017	2018	2019	% var, 13-19	2020	% var, 19-20
H.C. 1	24,606	24,951	24,078	23,529	23,167	25,001	26,284	8.9	25,306	-3.7
H.C. 2	50,034	55,472	58,841	63,168	76,653	66,799	66,550	33.0	50,171	-24.6
H.C. 3	27,644	28,722	26,975	27,634	28,493	27,458	27,342	-1.1	24,125	-11.8
H.C. 4	31,425	36,211	39,278	36,888	35,230	43,000	45,779	45.7	42,987	-6.1
H.C. 5	23,445	23,111	26,420	26,716	27,896	661'6	11,849	-49.5	18,953	0.09
H.C. 6	197,833	204,449	200,390	206,214	205,000	216,080	228,997	15.8	214,001	-6.5
Piedmont Total	354,987	372,916	375,982	384,149	396,439	387,537	406,801	14.6	375,543	-7.7
H.C. 7	98,745	98,716	96,835	850'86	99,209	103,318	91,414	4.7-	93,862	2.7
H.C. 8	72,214	74,354	86,775	95,171	99,280	98,143	97,714	35.3	99,092	1.4
Veneto Total	170,959	173,070	183,610	193,229	198,489	201,461	189,128	9.01	192,954	2.0
H.C. 9	68,100	65,258	70,544	64,036	64,117	66,859	72,085	5.9	75,678	5.0
H.C. 10	55,392	52,335	50,363	48,972	123,848	129,624	137,229	147.7	85,483	-37.7
H.C. 11	115,356	109,213	110,857	122,452	117,318	119,894	120,864	4.8	137,417	13.7
H.C. 12	61,801	63,570	62,488	172,500	64,599	56,624	58,111	0.9-	55,319	-4.8
Emilia R. Total	300,649	290,376	294,252	407,960	369,882	373,001	388,289	29.2	353,897	6.8-
NORTH ITALY TOTAL	826,595	836,362	853,844	985,338	964,810	666,196	984,218	1.61	922,394	-6.3
H.C. 13	27,434	23,941	23,682	23,441	24,182	27,070	30,395	10.8	29,758	-2.1
H.C. 14	56,563	58,639	56,715	57,921	57,164	59,432	65,330	15.5	60,344	9.7-
Marche Total	83,997	82,580	80,397	81,362	81,346	86,502	95,725	14.0	90,102	-5.9
H.C. 15	83,525	87,508	76,387	65,353	908'09	59,720	64,144	-23.2	57,736	-10.0
H.C. 16	41,312	35,163	43,305	42,627	23,216	36,640	35,122	-15.0	35,529	1.2
H.C. 17	139,328	124,487	125,606	130,571	118,127	127,168	118,500	-14.9	980,96	-18.9
H.C. 18	41,957	33,965	37,064	34,093	31,719	26,530	29,183	-30.4	27,399	-6.1
H.C. 19	80,348	82,692	77,907	71,573	62,988	63,660	58,488	-27.2	56,874	-2.8
Lazio Total	386,470	363,815	360,269	344,217	296,856	313,718	305,437	-21.0	273,624	-10.4
CENTRAL ITALY TOTAL	470,467	446,395	440,666	425,579	378,202	400,220	401,162	-14.7	363,726	-9.3

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

	,		4		Other Costs	Costs				
Hospital Centers and					(12)					
Contors (1)	2013	2014	2015	2016	2017	2018	2019	% var,	2020	% var,
Centers (1)								13-19		19-20
H.C. 20	54,728	63,037	60,617	70,429	70,985	81,006	81,283	48.5	73,978	-9.0
H.C. 21	24,545	20,590	20,363	22,416	23,856	19,803	26,563	8.2	27,430	3.3
Apulia Total	79,273	83,627	80,980	92,845	94,841	100,809	107,846	36.0	101,408	-6.0
H.C. 22	10,350	12,275	14,466	14,858	13,264	11,554	14,348	38.6	11,882	-17.2
H.C. 23	13,611	14,481	15,356	18,250	18,734	14,457	17,249	26.7	27,417	58.9
H.C. 24	7,418	9,783	14,747	27,016	14,239	11,323	83,184	1,021.4	18,835	4.77-
H.C. 25	18,414	18,438	18,705	19,483	19,914	18,760	22,634	22.9	17,100	-24.4
Calabria Total	49,793	54,977	63,274	209,62	15199	56,094	137,415	176.0	75,234	-45.3
H.C. 26	24,793	25,011	26,597	25,819	27,343	27,399	28,121	13.4	38,381	36.5
H.C. 27	32,837	28,127	29,951	38,611	40,904	38,579	37,606	14.5	34,044	-9.5
H.C. 28	61,783	66,025	60,643	54,748	43,943	76,654	69,539	12.6	78,918	13.5
H.C. 29	19,706	28,389	23,549	25,395	23,999	22,314	19,270	-2.2	22,678	17.7
H.C. 30	17,471	19,480	18,052	27,412	49,867	41,099	44,056	152.2	35,201	-20.1
H.C. 31	25,967	27,185	23,732	32,002	32,871	37,876	30,134	16.0	28,836	-4.3
H.C. 32	41,864	52,845	56,535	61,663	60,262	71,275	88 € '09	44.2	56,692	-6.1
H.C. 33	56,098	62,341	60,564	75,464	73,624	77,061	63,084	12.5	58,616	-7.1
Sicily Total	280,519	309,403	299,623	341,114	352,813	392,257	352,218	25.6	353,366	0.3
SOUTH ITALY TOTAL	409,585	448,007	443,877	513,566	513,805	549,160	597,479	45.9	530,008	-11.3
ITALY	1,706,647	1,730,764	1,738,387	1,924,483	1,856,817	1,911,379	1,982,859	16.2	1,816,128	-8.4

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

Continued) Labe Appendix 1—Comparison of the affection tiens of the income statements of patient trooping centers from 2013 to 2020 (in mousands of ear os)	- Comparison of	me afferent ne	ns of the theorie	c statements of	paoue mospiia	center s from 2	012 02 02 010	mousains of c	al Os)	
Hospital Centers and					Total Costs (Cod. BZ999) (13)	od. BZ999))				
University Hospital Centers (1)	2013	2014	2015	2016	2017	2018	2019	% var, 13-19	2020	% var, 19-20
H.C. 1	152,789	153,351	155,550	158,578	159,815	166,846	178,216	16.6	183,489	3.0
H.C. 2	262,211	270,979	292,053	297,743	321,180	323,940	337,173	28.6	343,124	1.8
H.C. 3	227,273	226,582	229,940	235,801	240,716	249,281	255,503	12.4	263,837	3.3
H.C. 4	221,911	222,382	231,784	236,926	237,500	256,359	266,053	19.9	277,302	4.2
H.C. 5	171,049	169,596	177,026	178,748	182,643	174,596	182,630	8.9	206,221	12.9
H.C. 6	989,348	982,942	997,711	995,770	1,001,138	1,036,398	1,059,238	7.1	1,058,386	-0.1
Piedmont Total	2,024,581	2,025,832	2,084,064	2,103,566	2,142,992	2,207,420	2,278,813	12.6	2,332,359	2.3
H.C. 7	575,233	561,299	579,983	574,960	587,576	601,048	599,222	4.2	685,526	14.4
H.C. 8	517,129	514,546	556,452	571,052	587,271	593,544	611,543	18.3	637,233	4.2
Veneto Total	1,092,362	1,075,845	1,136,435	1,146,012	1,174,847	1,194,592	1,210,765	10.8	1,322,759	9.2
H.C. 9	367,439	370,686	375,433	375,688	378,274	398,705	408,209	11.1	621,109	59.5
H.C. 10	255,401	253,312	256,698	258,437	405,023	418,762	429,512	68.2	468,515	9.1
H.C. 11	544,381	547,797	575,336	571,980	585,720	610,280	643,720	18.2	029,670	8.9
H.C. 12	297,158	298,057	306,962	301,091	303,752	312,509	317,880	7.0	331,648	4.3
Emilia R. Total	1,464,379	1,469,852	1,514,429	1,507,196	1,672,769	1,740,256	1,799,321	22.9	2,138,942	18.9
NORTH ITALY TOTAL	4,581,322	4,571,529	4,734,928	4,756,774	4,990,608	5,142,268	5,288,899	15.4	5,794,060	9.6
H.C. 13	212,953	212,358	212,188	215,396	225,070	228,351	234,009	6.6	238,545	1.9
H.C. 14	360,241	365,484	371,430	372,285	382,241	400,509	406,341	12.8	416,988	2.6
Marche Total	573,194	577,842	583,618	587,681	118'209	628,860	640,350	11.7	655,533	2.4
H.C. 15	467,505	466,384	443,158	430,868	412,778	413,234	406,216	-13.1	421,594	3.8
H.C. 16	242,129	236,438	257,867	247,321	231,608	250,218	256,439	6.5	273,417	9.9
H.C. 17	537,786	526,961	533,063	561,525	538,948	530,311	529,427	-1.6	514,114	-2.9
H.C. 18	223,329	225,518	227,193	220,069	227,198	232,913	244,042	9.3	249,023	2.0
H.C. 19	271,852	282,448	277,093	267,880	261,043	264,265	267,111	-1.7	270,539	1.3
Lazio Total	1,742,601	1,737,749	1,738,374	1,727,663	1,671,575	1,690,941	1,703,235	-2.3	1,728,687	1.5
CENTRAL ITALY TOTAL	2,315,795	2,315,591	2,321,992	2,315,344	2,278,886	2,319,801	2,343,585	1.2	2,384,220	1.7

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

Ì		2.2			Total Costs (Cod DZ000)	OUOLG Po				
Hospital Centers and					1 0tal Costs (C) (13)	.ou. <i>D£2777</i>) ()				
Contour (1)	2013	2014	2015	2016	2017	2018	2019	% var,	2020	% var,
Centers (1)								13-19		19-20
H.C. 20	474,405	478,798	491,857	473,708	462,665	483,040	486,329	2.5	489,284	9.0
H.C. 21	235,895	241,111	245,368	237,924	250,532	239,844	249,736	5.9	294,200	17.8
Apulia Total	210,300	606'612	737,225	711,632	713,197	722,884	736,065	3.6	783,484	6.4
H.C. 22	181,445	183,918	188,876	189,072	191,348	191,938	201,500	11.1	193,161	-4.1
H.C. 23	164,511	162,094	168,647	170,272	176,188	178,584	185,752	12.9	225,032	21.1
H.C. 24	72,842	73,878	79,187	92,019	93,277	97,526	177,385	143.5	127,407	-28.2
H.C. 25	157,663	160,896	158,530	163,470	174,668	182,977	194,844	23.6	193,655	9.0-
Calabria Total	276,461	580,786	595,240	614,833	635,481	651,025	759,481	31.7	739,255	-2.7
H.C. 26	179,604	183,569	187,996	195,392	193,094	196,166	199,451	11.1	214,998	7.8
H.C. 27	227,387	226,613	238,693	249,033	255,974	259,696	263,835	16.0	269,970	2.3
H.C. 28	369,971	375,569	393,211	389,680	378,216	419,675	428,152	15.7	468,498	9.4
H.C. 29	167,812	183,548	175,483	179,027	162,281	158,287	156,871	-6.5	161,740	3.1
H.C. 30	176,970	179,780	191,319	203,339	205,869	225,278	231,590	30.9	251,706	8.7
H.C. 31	273,078	274,874	283,049	284,394	292,543	306,269	301,856	10.5	318,711	5.6
H.C. 32	320,928	334,247	336,897	348,228	326,873	348,399	330,219	2.9	341,297	3.4
H.C. 33	192,833	201,629	223,821	246,030	234,552	243,187	239,180	24.0	254,803	6.5
Sicily Total	1,908,583	1,959,829	2,030,469	2,095,123	2,049,402	2,156,957	2,151,154	12.7	2,281,723	6.1
SOUTH ITALY TOTAL	3,195,344	3,260,524	3,362,934	3,421,588	3,398,080	3,530,866	3,646,700	14.1	3,804,462	4.3
ITALY	10,092,461	10,147,644	10,419,854	10,493,706	10,667,574	10,992,935	11,279,184	11.8	11,982,742	6.2

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

(command) racio ribbonais i	comparison of me	aggerent teems of the	a meeting statements	of public Hospital	come and if come	menom m) ozoz o	as of car os)	
Hospital Centers and University Hospital				Operating Results (Cod. ZZ999) (14)	(Cod. ZZ999)			
Centers (1)	2013	2014	2015	2016	2017	2018	2019	2020
H.C. 1	0	-10,147	-7,716	0	1,926	0	0	-6,603
H.C. 2	-5,990	-12,852	-18,864	-6,428	-2,406	,	1,814	-19,419
H.C. 3	0	-5,619	0	0	0	1,156	•	-13,741
H.C. 4	0	-5,737	-4,486	0	1,180	•	•	-13,978
H.C. 5	0	-8,432	-6,568	0	-1,495	-3,818	511	-12,963
H.C. 6	-12,750	-30,648	-15,081	-11,040	-17,478	-120,997	-102,504	-31,338
Piedmont Total	-18,740	-73,435	-52,715	-17,468	-18,273	-123,659	-100,179	-98,042
H.C. 7	-25,609	-22,835	-17,047	-10,491	0	0	5,637	-24,375
H.C. 8	-24,950	-13,451	1,000	0	0	0	1,425	-33,486
Veneto Total	-50,559	-36,286	-16,047	-10,491	-	-	7,062	-57,861
H.C. 9	0	0	0	0	0	0	0	0
H.C. 10	0	0	0	0	0	0	0	0
H.C. 11	0	0	0	0	0	0	0	0
H.C. 12	0	0	0	0	0	0	0	0
Emilia R. Total	•	•	•	•	•	•	•	•
NORTH ITALY TOTAL	-69,299	-109,721	-68,762	-27,959	-18,273	-123,659	-93,117	-155,903
H.C. 13		0	0	0	0	0	0	0
H.C. 14		0	0	0	0	0	0	0
Marche Total	0	0	0	0	0	0	0	0
H.C. 15	-151,274	-158,632	-161,799	-155,718	-130,712	-116,314	-113,719	-132,948
H.C. 16	-91,594	-102,291	-98,853	-81,733	-83,599	-77,401	-57,726	-83,397
H.C. 17	-77,273	-74,610	-92,543	-140,252	-104,166	-87,743	-88,327	-92,648
H.C. 18	-102,291	-53,708	-54,160	-49,108	-41,510	-40,432	-48,230	-51,327
H.C. 19	-55,349	-73,601	-62,567	-41,794	-24,902	-19,500	-19,589	-34,213
Lazio Total	-477,78I	-462,842	-469,922	-468,605	-384,889	-341,390	-327,591	-394,533
CENTRAL ITALY TOTAL	-477,781	-462,842	-469,922	-468,605	-384,889	-341,390	-327,591	-394,533

(Continued) Table Appendix 1 – Comparison of the different items of the Income Statements of public Hospital Centers from 2013 to 2020 (in thousands of euros)*

Hosnital Centers and	out of the state o	One ratio Results (Cod. ZZ299)		Operating Results (Cod. Z2999)	(Cod. ZZ999)	mmonous 111) 0=0= 01	45 c) cm co)	
University Hospital				(14)				
Centers (1)	2013	2014	2015	2016	2017	2018	2019	2020
H.C. 20	0	0	-28,102	-19,736	-9,740	-41,114	-14,876	-61,644
H.C. 21	0	0	0	0	0	0	0	-45,316
Apulia Total	•	•	-28,102	-19,736	-9,740	-41,114	-14,876	-106,960
H.C. 22	-4,584	-6,007	-1,880	0	0	0	-12,231	999-
H.C. 23	-1,682	-3,764	-2,265	0	-12,930	-27,743	-14,544	-54,257
H.C. 24	-15,516	-14,562	-29,858	-42,000	-12,319	-20,942	-101,787	-72,371
H.C. 25		-17,377	-20,279	0	0	0	0	
Calabria Total	-21,782	-41,710	-54,282	-42,000	-25,249	-48,685	-128,562	-127,294
H.C. 26	0	0	0	0	0	0	0	0
H.C. 27	0	0	0	0	0	0	0	0
H.C. 28	0	788	0	0	0	0	0	0
H.C. 29	0	0	0	0	0	0	0	0
H.C. 30	0	0	0	0	0	0	0	
H.C. 31	0	2,456	2,680	0	0	0	0	0
H.C. 32	0	0	0	0	0	0	-50,699	0
H.C. 33	0	2209	0	1120	0	1,666	0	0
Sicily Total	-	5,453	2,680	1,120	-	1,666	-50,699	•
SOUTH ITALY TOTAL	-21,782	-36,257	-79,704	-60,616	-34,989	-88,133	-194,137	-234,254
ITALY	798'895-	-608,820	-618,388	-557,180	-438,151	-553,182	-614,845	-784,690

NOTES

- (*) The values of the individual items refer to the Income Statements contained in the approved and published Financial Statements of the various Fiscal Years.
- 1 The 33 Hospital Centers and University Hospital Centers (both public Institutes) that were monitored are listed.
- 2 The number of hospitalizations is expressed in units, whereas the economic values of the various items of both Revenues and Costs are expressed in thousands of euros and have been reported starting from the approved and published Financial Statements.
- 3 The total of health and social and healthcare services with health relevance refers to Code A00320 on the Income Statement.
- 4 The value of the Revenues from co-payment charges, understood as sharing the expense, refer to the Income Statement Code A0940.
- 5 The value of the Revenues from transfers of "by-function activities" have been recognized in the Income Statement, Code A0020/A0030.
- 6 The item Other Revenues constitutes the difference between column 7 and the sum of columns 3, 4 and 5 (if negative results are obtained, this is due to "Contribution Adjustments".
- 7 The value of the Total Revenues is obtained from Income Statement Code AZ999.
- 8 The item Purchase of Assets has been reported in the Income Statement, Code BA010.
- 9 Cost for the Purchase of non-health services: these are mainly outsourced/contracted services referred to by Code BA1570 on the Income Statement.
- 10 The item Personnel Costs was taken from the Income Statement, Code BA2080.
- 11 The item Costs for Provisions refers to Code BA2690 of the Income Statement.
- 12 The value of the item Other Costs was calculated as the difference between the values in column 13 and the sum of the values in columns 8, 9, 10 and 11.
- 13 The item Total Costs corresponds to the Code BZ999 of the Income Statement.
- 14 The item Results for the Fiscal Year was taken from Code ZZ999 of the Income Statement

As regards the two field surveys dedicated to Covid patients and non-Covid patients 18 years of age and older, respectively, a single questionnaire was used, containing a first section that was filled in exclusively by Covid patients, and additional sections that were filled in by both Covid patients and by the general population sample. The questionnaire was structured as follows:

- there was a set of three "filter" questions at the beginning, dedicated to the entire population and aimed at collecting information on those who may have had one or more experiences of treatment and/or hospitalization as a Covid patient and one or more experiences as a non-Covid patient or both types of experiences, to which a direct question was added to detect whether one or more cases of Covid-19 had occurred in the immediate family or the extended family in the period 2020-2021²; and finally, we wanted to report the perception of the respondents about the presence of a real emergency of Covid-19 infections in their home Region (or Autonomous Province), taking into account the four semesters of reference in the two-year period considered;
- Section A: reserved for respondents who had direct personal experiences of infection with Covid-19 during 2020 and/or 2021², who were asked questions about the experience they had and the relative intensity, the treatment paths experienced, the evaluation of the services received from the healthcare facilities, any experience of the phenomena of long Covid, and their opinion of their state of health after the infection experience, to which some questions were added on the topic of whether they had been vaccinated or not and on their disposition to taking the vaccine;
- Section B: aimed at all respondents and dedicated to ascertaining the experiences with waiting lists for access to local health services and for access to hospital admissions, also reporting the experience with any interruptions/postponements of one or more services and their duration in the two reference years 2020 and 2021²; it was also asked whether the services interrupted/postponed in the year 2020 and/or in the year 2021² had been recouped, again reporting the self-assessment of the state of health of those individuals who experienced an interruption/postponement of regular health services; in addition, the respondents were asked their opinion about the ability of the healthcare facilities in their home Region (or Autonomous Province) to react, with reference to both Covid and non-Covid patients;

² Until the second half of September 2021, the period in which the questionnaire was administered.

Section C: dedicated to certain behaviors and attitudes of the respondents with regard to how they observed daily hygiene and sanitization conditions in order to protect themselves from the virus, along with the behaviors and dispositions towards the vaccine and Green Pass, concluding with the evaluation of some statements concerning the possible priorities of the treatments to be made available for Covid patients and for non-Covid patients, as well as the possible introduction of some charges for the provision of hospital care for Covid patients who personally chose not to get vaccinated (regardless of the limits from specific health conditions).

The survey – carried out by means of the above questionnaire – was conducted using a special panel (Telepanel) based on a representative sample of the Italian population of 2,000 families. The sample construction method was based on a proportional stratification of "sampling cells" in order to guarantee representativeness according to the main social-demographic variables of sex (2 levels), age (6 levels), education (4 levels), work status (7 levels), geographical distribution (8 levels), and size of the municipality of residence (5 levels): for a total of 32 sampling cells. On the basis of the ISTAT demographic data, the number of adult Italians present in each of the aforementioned cells was determined both in absolute and percentage terms, with reference to a population of 49,424,499 individuals.

The questionnaire was administered in the second half of September 2021, resulting in the collection of 3,615 valid questionnaires, whose numbers were subsequently corrected by means of specific weighting, according to the socio-demographic variables mentioned above. The sampling error, with a confidence interval of 95%, is equal to $\pm 1.63\%$.

The comparison between universe and sample is shown in Table App. 1 below.

An oversample survey, complementary to that of the adult population was conducted using an Internet panel made up of people who had contracted the Covid-19 virus in 2020 and/or 2021³, the aim of this being to "strengthen" the overall number of respondents with these characteristics. A completely homogeneous questionnaire was submitted to this group of respondents with respect to the one prepared for the population. One hundred (100) valid questionnaires were thus collected following administration of this oversample survey. The oversample sample was then checked and weighted according to the main socio-demographic variables, taking as the reference universe the

³ Until the second half of September 2021, the period in which the questionnaire was administered.

profile that characterizes the survey of the population, corresponding to the same type of people or individuals who had contracted Covid-19.

The processing of the data collected for the set of respondents who contracted the virus is therefore based on an overall sample of 404 individuals, deriving from 304 cases originating from the survey on the population and from 100 cases originating from the oversample survey.

The summary of the "raw" respondents and the weighted respondents of Covid-19 patients is shown in Table App. 2.

The sampling error for this database, with a confidence interval of 95%, is equal to \pm 4.88%.

The information thus collected was processed in order to obtain simple distribution tables, which were then used to make some cross-checks of variable groups considered particularly significant, as shown in Sections 3 and 4 of the Appendices.

The overall results of the two surveys, with reference to the responses obtained through the questionnaire, have been placed – along with the related comment – in Part Two of this Report for Covid patients and in Part Three of the Report for the general population.

Table Appendix 1 — Universe-sample comparison, with reference to the population survey (individuals aged 18 years and older)

Socio-demographic variables	Univer:	se.	Raw respo	ndents	Weight respond	ted ents
Socio-aemographic variables	A.V.	%	A.V.	%	A.V.	%
GENDER	21.7.	,,,	21.7.	70	21.7.	
Male	23,586,982	47.7	1,737	48.0	1,918	47.7
Female	25,837,517	52.3	1,878	52.0	2,102	52.3
Total	49,424,499	100.0	3,615	100.0	4,020	100.0
SIZE OF THE MUNICIPALITY	., ,		- /		,	
Up to 5,000 inhabitants	8,664,530	17.5	475	13.1	703	17.5
5,001-20,000 inhabitants	14,827,458	30.0	930	25.7	1,210	30.1
20,001-50,000 inhabitants	9,207,758	18.6	695	19.2	748	18.6
50,001-100,000 inhabitants	5,239,541	10.6	551	15.2	426	10.6
100,000 inhabitants more	11,485,212	23.2	964	26.7	933	23.2
Total	49,424,499	100.0	3,615	100.0	4,020	100.0
NIELSEN REGION						<u></u>
Piedmont+Liguria+Aosta Valley	5,150,039	10.4	306	8.5	418	10.4
Lombardy	8,065,824	16.3	531	14.7	656	16.3
Triveneto	5,901,062	11.9	496	13.7	479	11.9
Emilia Romagna	3,657,153	7.4	391	10.8	298	7.4
Tuscany+Marche+Umbria+Sardinia	6,548,538	13.2	551	15.2	531	13.2
Lazio	4,591,716	9.3	406	11.2	374	9.3
Abruzzo+Molise+Campania+Apulia	9,321,821	18.9	510	14.1	761	18.9
Sicily+Calabria+Basilicata	6,188,345	12.5	424	11.7	503	12.5
Total	49,424,499	100.0	3,615	100.0	4,020	100.0
QUALIFICATION						
No qualifications/Primary school	11,450,263	23.2	49	1.4	933	23.2
Lower secondary school certificate	17,545,950	35.5	553	15.3	1,427	35.5
Higher secondary school certificate	14,724,308	29.8	2,049	56.7	1,198	29.8
First cycle degree, Second cycle	5,703,978	11.5	964	26.7	462	11.5
degree, Third cycle degree						
Total	49,424,499	100.0	3,615	100.0	4,020	100.0
AGE RANGE						
18-24 years	4,240,198	8.6	277	7.7	346	8.6
25-34 years	7,057,113	14.3	402	11.1	575	14.3
35-44 years	9,360,064	18.9	675	18.7	760	18.9
45-54 years	8,915,288	18.0	769	21.3	724	18.0
55-64 years	7,467,295	15.1	709	19.6	607	15.1
>64 years	12,384,541	25.1	783	21.7	1,009 4,020	25.1 100.0
Total OCCUPATIONAL ACTIVITY	49,424,499	100.0	3,615	100.0	4,020	100.0
	5 624 790	11.4	394	10.9	458	11.4
Self-employed	5,624,780	11.4		29.6	458 760	11.4
Employed Laborer	9,332,266	18.9 15.4	1,069 456	12.6	619	15.4
Housewife	7,602,018 8,322,598	16.8	440	12.0	675	16.8
Pensioner	11,467,163	23.2	729	20.2	933	23.2
Job seekers	2,016,961	4.1	332	9.2	933 165	4.1
Other	5,058,713	10.2	195	5.4	410	10.2
Total	49,424,499	10.2	3,615	100.0	4,020	10.2
10101	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	100.0	3,013	100.0	7,020	100.0

Table Appendix 2 – Profile of the "backup" sample of people who contracted Covid-19, with relative comparison between "raw" respondents and weighted respondents

	Raw resp	ondents	Weighted re.	spondents
Socio-demographic variables	A.V.	%	A.V.	%
GENDER				
Male	198	49.0	190	52.7
Female	206	51.0	171	47.3
Total	404	100.0	360	100.0
SIZE OF THE MUNICIPALITY				
Up to 5,000 inhabitants	51	12.6	53	14.8
5,001-20,000 inhabitants	90	22.3	92	25.6
20,001-50,000 inhabitants	79	19.6	71	19.7
50,001-100,000 inhabitants	70	17.3	50	13.7
100,000 inhabitants more	114	28.2	94	26.2
Total	404	100.0	360	100.0
NIELSEN REGION			4.0	
Piedmont+Liguria+Aosta Valley	27	6.7	19	5.4
Lombardy	63	15.6	72	20.1
Triveneto	66	16.3	57	15.9
Emilia Romagna	48	11.9	38	10.5
Tuscany+Marche+Umbria+Sardinia	58	14.4	72	20.0
Lazio	50	12.4	43	12.0
Abruzzo+Molise+Campania+Apulia	46	11.4	30	8.4
Sicily+Calabria+Basilicata	46	11.4	28	7.7
Total CHAILERGA TION	404	100.0	360	100.0
QUALIFICATION	2	0.7	20	0.2
No qualifications/Primary school	3 46	0.7 11.4	29 97	8.2 27.0
Lower secondary school certificate Higher secondary school certificate	230	56.9	156	43.2
First cycle degree, Second cycle degree,	230	36.9	130	43.2
Third cycle degree, Second cycle degree,	125	30.9	78	21.6
Total	404	100.0	360	100.0
AGE RANGE	707	100.0	300	100.0
18-24 years	49	12.1	56	15.5
25-34 years	61	15.1	72	20.0
35-44 years	92	22.8	91	25.1
45-54 years	91	22.5	56	15.4
55-64 years	60	14.9	50	14.0
>64 years	51	12.6	36	9.9
Total	404	100.0	360	100.0
OCCUPATIONAL ACTIVITY				
Self-employed	51	12.6	54	15.1
Employed	161	39.9	110	30.5
Laborer	48	11.9	60	16.7
Housewife	35	8.7	23	6.4
Pensioner	49	12.1	49	13.6
Job seekers	38	9.4	39	10.7
Other	22	5.4	25	6.9
Total	404	100.0	360	100.0

The socio-demographic profile of Covid patients, appropriately weighted as just mentioned, is provided in the Tables from App. 3 to App. 9.

Table Appendix 3 – Gender of the respondents (%)

Gender	%
- Male	52.7
- Female	47.3
Total	100.0
A.V.	360

Source: survey by Ermeneia – Studi & Strategie di Sistema, 2021

Table Appendix 4 – Age of the respondents (%)

Age range	%
- 18-24 years	15.5
- 25-34 years	20.0
- 35-44 years	25.2
- 45-54 years	15.4
- 55-64 years	14.0
$- \geq 65 \text{ years}$	9.9
Total	100.0
A.V.	360

Source: survey by Ermeneia – Studi & Strategie di Sistema, 2021

Table Appendix 5 – Geographical distribution of respondents by residence (%)

t dote Appendix 5 Geographical distribution of respondents	by restuence (70)
Distribution	%
- North-West	25.5
- North-East	26.4
- Center	27.7
- South and Islands	20.4
Гotal	100.0
A.V.	360

Source: survey by Ermeneia – Studi & Strategie di Sistema, 2021

Table Appendix 6 – Distribution of respondents by size of town of residence (%)

Size	%
- Up to 5,000 inhabitants	14.8
- 5,001-20,000 inhabitants	25.6
- 20,001-50,000 inhabitants	19.7
- 50,001-100,000 inhabitants	13.7
- 100,000 or more inhabitants	26.2
Total	100.0
A.V.	360

Table Appendix 7 – Occupational Activity stated by the respondents (%)

00	ecupational Activity	%
_	Self-employed	15.1
_	Employed	30.6
-	Laborer	16.7
_	Housewife	6.4
_	Pensioner	13.6
_	Job seekers	10.7
_	Other	6.9
To	otal	100.0
A.	V.	360

Source: survey by Ermeneia – Studi & Strategie di Sistema, 2021

Table Appendix 8 – Highest level of education achieved by the respondent (%)

Qualification	%
 No qualifications/Primary school 	8.2
 Lower secondary school certificate 	27.0
 High school diploma 	43.2
 First cycle degree, Second cycle degree, Third cycle degree 	21.6
Total	100.0
A.V.	360

Source: survey by Ermeneia – Studi & Strategie di Sistema, 2021

Table Appendix 9 – Socioeconomic status stated by the respondents (%)

Status	%
High socio-economic level	2.7
 Medium-High socio-economic level 	15.5
Medium socio-economic level	49.9
Medium-Low socio-economic level	16.4
 Low socio-economic level 	15.5
Total	100.0
A.V.	360

Source: survey by Ermeneia – Studi & Strategie di Sistema, 2021

The social-personal profile of the respondents, appropriately weighted as just mentioned, is provided in the Tables from App. 10 to App. 16.

Table Appendix 10 – Gender of the respondents (%)

Gender	%
- Male	47.7
- Female	52.3
Total	100.0
A.V.	4,020

Table Appendix 11 – Age of the respondents (%)

Age range	%
- 18-24 years	8.6
- 25-34 years	14.3
- 35-44 years	18.9
45-54 years	18.0
- 55-64 years	15.1
$- \ge 65 \text{ years}$	25.1
Total	100.0
A.V.	4,020

Source: survey by Ermeneia – Studi & Strategie di Sistema, 2021

Table Appendix 12 – Geographical distribution of respondents by residence (%)

Distribution	%
- North-West	26.7
North-East	19.3
- Center	19.2
 South and Islands 	34.8
Total	100.0
A.V.	4,020

Source: survey by Ermeneia – Studi & Strategie di Sistema, 2021

Table Appendix 13 – Distribution of respondents by size of town of residence (%)

Tuble Appendix 15 Distribution of respondents by size of town of restdent	CC (70)
Size	%
- Up to 5,000 inhabitants	17.5
- 5,001-20,000 inhabitants	30.1
- 20,001-50,000 inhabitants	18.6
- 50,001-100,000 inhabitants	10.6
- 100,000 or more inhabitants	23.2
Total	100.0
A.V.	4,020

Source: survey by Ermeneia – Studi & Strategie di Sistema, 2021

Table Appendix 14 – Occupational activity stated by the respondents (val. %)

Occupational Activity	%
- Self-employed	11.4
- Employed	18.9
- Laborer	15.4
 Housewife 	16.8
- Pensioner	23.2
 Job seekers 	4.1
- Other	10.2
Total	100.0
A.V.	4,020

Table Appendix 15 – Education of the respondents (%)

Qualification	%
- No qualifications/Primary school	23.2
 Lower secondary school certificate 	35.5
 High school diploma 	29.8
 First cycle degree, Second cycle degree, Third cycle degree 	11.5
Total	100.0
A.V.	4,020

Source: survey by Ermeneia – Studi & Strategie di Sistema, 2021

Table Appendix 16 – Socioeconomic status stated by the respondents (%)

Status	%
 High socio-economic level 	1.1
 Medium-High socio-economic level 	6.1
 Medium socio-economic level 	48.5
 Medium-Low socio-economic level 	32.3
 Low socio-economic level 	12.0
Total	100.0
A.V.	4,020

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La passione per le conoscenze

he "Health&Hospitals" Report provides an annual overview and interpretation of the performance of the Italian hospital system. Regulated partly by public law and partly by private law, the system as a whole is conceived as a mixed public-private system and is recognized and governed by the Legislative Decree 502, issued in 1992.

With a total of 187 thousand patient beds (131 thousand in public hospitals and 56 thousand in private accredited hospitals), Italy's hospital system handles 8 million admissions per year, resulting in 57.5 million in-hospital days overall. Public expenditure of 65.9 billion Euros is paid into the system, accounting for 56.3% of public health spending as a whole.

From the outset, the Report opted to focus on two aspects most, analyzed by the third-party organization independently conducting the surveys: the first aspect concerns the dynamics (whether positive or problematic) affecting hospital services, whilst the second examines the opinions and feedback of citizens and users in relation to the above services.

In 2021, hospital and local health systems were forced to handle two tension factors. The first concerns the quantitative and qualitative disparities (neither of which is new) between services delivered to people living in different territories. As a result, 21 Regional Health Services were formed as opposed to a single, relatively uniform National Health Service: a phenomena that have started well before the onset of the Covid-19 pandemic. The second tension factor (a recent event) concerns all the problems involved in striking a balance between the services delivered to infected people and those delivered (or yet to be delivered) to ordinary patients: the latter have suffered as a result of the backlog in cancelled/postponed treatments from 2020 and subsequently 2021, whilst the fourth wave of the pandemic generated a further burden for hospital admissions, particularly amongst the unvaccinated.

This year, two separate surveys have been conducted: the first one focuses in an unprecedented way on those people who have been infected and have since recovered (albeit in many cases with problems linked to *long Covid*), while the second one has the goal to evaluate the indirect impact the pandemic has had on non-Covid patients who, for two consecutive years, have suffered cancellations or delays to treatments, with inevitable knockon consequences in terms of their current and future state of health.

Since 2020, this two-fold emergency helped foster greater cooperation between public and private accredited hospital facilities, enhancing ways in which the latter could work alongside the former. This has opened up the way to a potential Alliance, which will hopefully make it possible to catch up on the backlog of services for those non-Covid patients currently on a waiting list, a category that has increased due to the pandemic.

But it is equally important to promote this Alliance in order to cover the many areas shared by both types of medical facilities. Only together, they can face the review of the hospital system, considered as part of a broader effort in protecting and promoting health. After the deeply-felt effects of the *spending review*, the aim should be to restore a funding level in line with other OECD countries and to wisely invest the resources from the national recovery plan (PNRR): all this will breathe new life into the National Health Service making it more in touch with patient needs and, at the same time, more efficient when it comes to managing its resources.

Ermeneia – Studi & Strategie di Sistema is a company that specializes in providing analytical and consulting activities to trade associations and public and private clients, including those operating in the healthcare service sector, who are actively redesigning their presence and operational methods to remain in step with progressive changes in Italy.

AIOP – Associazione Italiana Ospedalità Privata (Italian Association of Private Hospitals) is a trade association that represents hospital facilities of the privately-operated component of the NHS and private healthcare facilities, throughout every region of Italy, which employ just over 72,000, accounting for 11% of the operators of the entire system, who provide hospital services to 15% of patients.

