The Italian model

Monica Calamai, MD
Chief Executive Officer
Careggi University Hospital - Florence
SUMMARY
European Law
European networks
Italian model
National performance systems
Research
Education
As set out in the Treaty, the EC has a unique role to improve and protect health and in addition to facilitate cooperation on health. Given Member States' responsibilities in health at national, regional and local levels, and the need to respect subsidiarity, they must be closely involved in the implementation of the Strategy.
Member States have the main responsibility for health policy and provision of healthcare to European citizens. The EC's role is not to mirror or duplicate their work. However, there are areas where Member States cannot act alone effectively and where cooperative action at Community level is indispensable. These include major health threats and issues with a cross-border or international impact.
EU healthcare policy has furthered cooperation between EU countries, including networking. Some networks benefit from the EU's public health and research programmes, especially in the areas of rare diseases, paediatric cancer and neurological complex diseases.

Such cooperation has been based mainly on bilateral agreements or joint projects in specific fields. Moreover, healthcare access varies widely across the EU. More efficient and coordinated sharing of resources and expertise was thus needed, and can be achieved through the creation of European Reference Networks (ERNs).
HOPE: Hospital For EurOPE

HOPE, the European Hospital and Healthcare Federation, is an international non-profit organisation, created in 1966 in Roma. HOPE represents national public and private hospital associations and hospital owners, either federations of local and regional authorities or national health services. Today, HOPE is made up of 35 organisations coming from the 28 member States of the European Union, Switzerland and the Republic of Serbia.

HOPE mission is to promote improvements in the health of citizens throughout Europe, high standard of hospital care and to foster efficiency with humanity in the organisation and operation of hospital and healthcare services.
The EHC will address different political, medical and economic topics from across all of Europe.

On next conference European Hospital and Healthcare Federation (HOPE), the European Association of Hospital Managers (EAHM) and the Association of European Hospital Physicians (AEMH) will take a detailed stance on the following topics:

- Patient-oriented hospital care in the future
- Patient-oriented hospital care in the practice
EUROPLAN Project

Since 2008 rare diseases have become a priority area for action in Public Health Programmes. Considering rare diseases as a whole, and not singularly, helps highlighting and recognizing a series of healthcare problems and planning focused public health actions involving groups of population with common needs, safeguarding at the same time their peculiarities and differences.

"Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on Rare Diseases: Europe's challenges (COM(2008) 679 final)" and "Council Recommendation of 8 June 2009 on an action in the field of rare diseases (2009/C 151/02)" allowed common policy guidelines to be shared everywhere in Europe.


The European Project for Rare Diseases National Plans Development (EUROPLAN) is a project co-funded by the EU Commission (DG-SANCO) to promote and implement National Plans or Strategies to tackle rare diseases, to share relevant experiences within Countries, linking national efforts with a common strategy at European level. This “double-level” approach ensures that progress is globally coherent and follows common orientations throughout Europe.
The EUCERD Joint Action: Working for Rare Diseases (N° 2011 22 01) is co-funded by the European Commission (Executive Agency for Health and Consumers, now CHAFAEA) in the context of the European Union’s Second Programme of Community Action in the field of Health. It started on 1 March 2012 and supported the activities and mandate of the European Union Committee of Experts on Rare Diseases until the end of 2013 when the EUCERD ended its mandate. From 2014 it supports the activities of the European Commission Expert Group on Rare Diseases which replaces the EUCERD.
Deepening the partnership with CCI Europe

Cancer in children and young people remains an important global public health issue and one that only cooperation between all stakeholders – health professionals, researchers, parents, patients and survivors, as well as political bodies, regulatory agencies, pharmaceutical companies, and fundraising charities – can overcome.

As part of its aim to integrate all stakeholders from the European paediatric oncology community, SIOPE is therefore further developing its close partnership with engaged parent/patient and survivors advocates from all over Europe.
Structure-based drug design for diagnosis and treatment of neurological diseases: dissecting and modulating complex function in the monoaminergic systems of the brain.

Descriptions are provided by the Actions directly via e-COST.

The therapy of neuropsychiatric disorders is limited by the high variability of symptoms and behavioural disturbances. Few drugs are available to address specific subsets of neurological/mental symptoms, and none to aid in diagnosis or to stop the progress of neurodegenerative disorders.
WHAT IS IMPLEMENT?

- IMPLEMENT is a 2 year EU FP7 project that started on September 1 2013.
- IMPLEMENT aims at accelerating improvements in care and support for people with chronic illnesses.
- IMPLEMENT does this by closing the ‘knowledge gaps’ concerning implementation, in developing an Implementation Research Agenda and an IMPLEMENT Network.

Need for Improvements

Europe’s population is growing older at a rapid pace. This demographic trend is threatening the financing, future access to and quality of healthcare in Europe.

CALL FOR EXPERTS

We invite experts in research, industry, policy and daily practice to contribute to - and benefit from - IMPLEMENT!

TELL ME MORE

ORGANISATIONS BEHIND
The European Parliament after the Treaty of Lisbon: a major role in shaping Europe

The Treaty of Lisbon entered into force in 2009. Not only does it bestowes new powers upon the European Parliament but it equalizes these powers to those of the Council of Ministers in deciding the Union tasks and how to expend money as well.

Moreover, the Treaty of Lisbon has also changed the way in which the Parliament interacts with the other Institutions and has given the Member of European Parliament more influence on those leading the UE.
New legislative powers

The Lisbon Treaty extended Parliament’s legislative power to over 40 new fields and made it a truly equal lawmaker with the Council.

Previous areas of codecision:
- Environment
- Transport
- Internal market
- Jobs and social policy
- Education
- Public health
- Consumer protection

Additional new areas with Lisbon Treaty:
- Agriculture and fisheries
- Support for poorer regions
- Security and justice
- Commercial policy
- Cooperation with countries outside EU
- Implementing acts

International agreements

International agreements — right to approve/reject

Citizens initiative

new form of participatory democracy, EP sought to facilitate the procedures and commits itself to holding hearings of initiatives that have collected the required signatures

Budgetary powers

EP decides on the full budget (rather than on non-compulsory expenditure only)
In a changing world, we want the EU to become a smart, sustainable and inclusive economy. These three mutually reinforcing priorities should help the EU and the Member States deliver high levels of employment, productivity and social cohesion.

Concretely, the Union has set five ambitious objectives - on employment, innovation, education, social inclusion and climate/energy - to be reached by 2020. Each Member State has adopted its own national targets in each of these areas. Concrete actions at EU and national levels underpin the strategy.
Health, Demographic Change and Wellbeing

Responding to this challenge, research and innovation (R&I) under Horizon 2020 is an **investment in better health for all**. It aims to keep older people active and independent for longer and supports the development of new, safer and more effective interventions. R&I under Horizon 2020 also contributes to the sustainability of health and care systems.

During the first two years of Horizon 2020 (Work Programme for 2014/15), the EU will invest some € 1.200 million in this Challenge.
Personalising health and care

Research & Innovation supported by this call will:

• improve our **understanding of the causes** and mechanisms underlying health, healthy ageing and disease;
• improve our **ability to monitor** health and to prevent, detect, treat and manage disease;
• support older persons to **remain active and healthy**;
• and test and demonstrate **new models and tools** for health and care delivery.
Italian Healthcare Service (SSN)

Everyone is entitled to Healthcare and this right is safeguarded by Italian Constitution (article 32)

According to article 32 of the Italian Constitution, the National Healthcare Service is a system of facilities and services whose aim is to guarantee and supply to all citizens universal access to Healthcare services.
Italian Healthcare Service’s principles

(the Ssn was established in 1978 -Law no. 833)

Universality
Healthcare services for everyone. Ssn implements this principle through promotion, preservation and recovery of physical and psychological health. Health services are supplied by Hospitals, University Hospitals and private-run clinics licensed by Ssn.

Equality
All citizens are entitled to Ssn healthcare services with no individual, social or economic distinction.

Equity
Equal access to healthcare services must be guaranteed to all citizens in accordance with their health needs.
An individual-centered system
The State takes on full responsibility for safeguarding citizen’s right to healthcare
Cooperation at different administrative levels within the Ssn
Enhancement of healthcare personnel’s competence
Social and healthcare integration
<table>
<thead>
<tr>
<th>Types of Hospital Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Hospital (PO)</td>
</tr>
<tr>
<td>Hospital (AO)</td>
</tr>
<tr>
<td>University Hospital (AOU)</td>
</tr>
<tr>
<td>General hospital</td>
</tr>
<tr>
<td>IRCCS Healthcare Institute for treatment and research</td>
</tr>
<tr>
<td>Private-run facilities licensed by SSN</td>
</tr>
</tbody>
</table>
Hospital main features (according to Art. 4)

– departmental organization
– to have its own asset management and economic-accounting system
– at least 3 high-specialized Units
– a second level emergency department
Hospital main features (according to Art. 4)

- a landmark for healthcare integrated programmes on a regional and national basis;

- hospitalisation capacity for patients coming from other Regions (> 10% compared to the average regional value), during the last three years;

- indicator of complexity for clinical records (> 20% compared to the average regional value), during the last three years;

- to own real estate assets.
THE UNIVERSITY HOSPITAL (AOU)
Legislative decree n. 517 issued in 1999 regulates the relationship between National Healthcare System and Universities

It regulates:

– University involvement in Hospital planning
– Public funding for University Hospitals
– Criteria and parameters for activities
– University-hospital personnels
– University hospital organization
– Criteria for implementing the Hospital regulation
– Cooperation on education
– Involvement of Regions and Universities in hospital management outcomes
The 21st century from quantity to quality
The National Healthcare system guarantees healthcare through the LEA (*basic levels of care*) standards.

- The LEA were provided for by Government decree issued on November 29th 2001 (into force since 2002)

- The Constitution reform of 2001 gave to the 20 Italian Regions autonomy in the use of their own resources in order to guarantee additional healthcare services (never less then) to those already included in the LEA

- This means that the LEA can be different from Region to Region (being it understood that the LEA standards are guaranteed all over the Italian territory)
Italian Regions: different levels of the LEA compliance

Legend:
- Green: Compliance
- Yellow: Almost compliance
- Red: Negative
- Gray: Not subject to assessment
CATEGORISATION OF LEVELS OF CARE

**Collective healthcare in life and work environment**

- Hospital healthcare
- District healthcare

**FONTE**: Decreto Presidente del consiglio - 29 Novembre 2001
Services included in the setting of hospital healthcare

- Emergency care
- Ordinary hospitalisation
- Day Hospital
- Day Surgery
- Hospital care services at home
- Rehabilitation
- Long term hospitalisation
- Tissues taking, preservation and distribution
- Organ and tissue graft

(collection, processing, control, distribution of haematic elements and transfusion services)

(Government decree Nov. 2001)
New Healthcare Legislation

Law n. 135 issued on August 7th 2012

Urgent provisions for reviewing public spending without decreasing services to citizens, and strengthening measures

Chapter 3 – rationalising and reducing health care costs
Art. 15 - Urgent provisions for balancing health care and measures to control the pharmaceutical expenditure
Not only expenditure but also reorganization of the system

- reduction of the hospital bed standard accredited to a level not higher than 3.7 beds per 1000 inhabitants (including 0.7 beds per 1000 inhabitants. For rehabilitation and long term hospitalization)
- hospitalization rate equal to 160/1000 inhab. Whose 25% concerns day hospitals
- rimodulation of complex operating units
Legislative decree no. 158 issued in 2012 (decree Balduzzi)

- it introduces the concepts of “amount and outcome” related to the hospitals network reorganization

- it was issued in order to guarantee homogeneous levels of care all over Italy (regarding the quality and quantity of facilities and HR according to the number of patients and the type of Hospital)
Legislative decree no. 158 issued in 2012
(degree Balduzzi)

- it identifies three types of hospital on a complexity basis
- it identifies the lowest threshold for amounts of activities and performance outcomes due
- it introduces the concepts of networks
National trend of discharge and hospitalization days (period 2001-2014)
National trend of average hospitalization and average weight (period 2001-2014)
Average hospitalisation trend (AOU Careggi) period 2010-2015
Average weight trend AOU Careggi – period 2010-2015
Standardized hospitalization rate per age and gender in Tuscany and in Italy (period 2012-2014)
Standardized hospitalization rate per age and gender in Italy (first semester 2014)
Ward beds in Tuscany in the period 2010–2014
Ward beds at AOUC in the period 2010–2014
Decree no. 70 issued on April 2nd, 2015

It identifies the **standards** to be met by Hospitals regarding **quality, quantity, facilities and technology**

The decree (issued in 2015) starts restructuring process for Hospital health care network.
Basic hospital (80.000 - 150.000 inhabitants)

• Pronto Soccorso, Medicina interna, Chirurgia generale, Ortopedia, Anestesia e servizi di supporto in rete di guardia attiva e/o in regime di pronta disponibilità sulle 24 ore (h.24) di Radiologia, Laboratorio, Emoteca;

• letti di “Osservazione Breve Intensiva”.

Type of hospital : 3 hierarchical levels
First level hospital (150,000 - 300,000 inhabitants)
- Dipartimento di Emergenza Accettazione (DEA) di I livello,
- Medicina Interna, Chirurgia Generale, Anestesia e Rianimazione, Ortopedia e Traumatologia, Ostetricia e Ginecologia (se prevista per numero di parti/anno), Pediatria, Cardiologia con U.T.I.C., Neurologia, Psichiatria, Oncologia, Oculistica, Otorinolaringoiatria, Urologia, presenti o disponibili in rete h. 24 i Servizi di Radiologia (T.A.C.) ed Ecografia, Laboratorio, Servizio Immunotrasfusionale.
- letti di “Osservazione Breve Intensiva” e di letti per la Terapia Subintensiva
- per le patologie complesse (quali i traumi, quelle cardiovascolari, lo stroke) devono essere previste forme di teleconsulto e protocolli di trasferimento con II livello;
Second level hospital (600.000 - 1.200.000 inhabitants)
- Aziende ospedaliere, Aziende ospedaliero universitarie, taluni Istituti di ricovero e cura a carattere scientifico (IRCCS) e Presidi di grandi dimensioni della Azienda sanitaria locale (ASL).
- Dipartimento di Emergenza Accettazione (DEA) di II livello.
- Cardiologia con emodinamica interventistica h. 24, Neurochirurgia, Cardiochirurgia e Rianimazione cardiochirurgica, Chirurgia Vascolare, Chirurgia Toracica, Chirurgia Maxillo-facciale, Chirurgia plastica, Endoscopia digestiva ad elevata complessità, Broncoscopia interventistica, Radiologia interventistica, Rianimazione pediatrica e neonatale, Medicina Nucleare e altre eventuali discipline di alta specialità;
- Servizi di Radiologia con almeno T.A.C. ed Ecografia (con presenza medica), Laboratorio, Servizio Immunotrasfusione h.24.

Type of hospital : 3 hierarchical levels
Activity standard amount per unit, specifically:

- oncological surgery;
- surgical methods;
- diagnostic-therapeutic pathways

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Activity Standard Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interventi chirurgici per Ca mammella</td>
<td>150 interventi annui su casi di tumore della mammella incidenti per struttura complessa</td>
</tr>
<tr>
<td>Colecistectomia Laparoscopica</td>
<td>100 interventi annui per struttura complessa</td>
</tr>
<tr>
<td>Intervento chirurgico per frattura di femore</td>
<td>75 interventi annui per struttura complessa</td>
</tr>
<tr>
<td>Infarto miocardico</td>
<td>100 casi annui di infarti miocardici in fase acuta di primo ricovero per ospedale</td>
</tr>
<tr>
<td>by pass aorto-coronarico</td>
<td>200 interventi/annui di by pss aorto-coronarico isolato per struttura complessa</td>
</tr>
<tr>
<td>Angioplastica coronarica percutanea</td>
<td>250 procedure/anno di cui almeno il 30 % angioplastiche primarie in infarto del miocardio con sopraslivellamento del tratto ST (IMA-STEMI)</td>
</tr>
<tr>
<td>maternità</td>
<td>Si applicano le soglie di volume di attività di cui all'accordo stato regioni 16 dicembre 2010</td>
</tr>
</tbody>
</table>
## Minimum threshold for outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proporzione di colecistectomia laparoscopica con degenza post-operatoria inferiore a tre giorni minimo</td>
<td>minimo 70%</td>
</tr>
<tr>
<td>Proporzione di interventi chirurgici entro 48 H su persone con fratture del femore di età&gt;=65 anni</td>
<td>minimo 60%</td>
</tr>
<tr>
<td>Proporzione dei tagli cesarei primari in maternità di I livello o comunque con un &lt; 1000 parti</td>
<td>massimo 15%</td>
</tr>
<tr>
<td>Proporzione dei tagli cesarei primari in maternità di I livello o comunque con un &gt; 1000 parti</td>
<td>massimo 25%</td>
</tr>
<tr>
<td>Proporzione di angioplastica coronarica percutanea entro 90 min dall'accesso in pazienti con infarto miocardico STEMI in fase acuta</td>
<td>minimo 60%</td>
</tr>
<tr>
<td>Intervento di by pass aorto-coronarico isolato. Mortalità aggiustata per gravità a 30 giorni</td>
<td>massimo 4%</td>
</tr>
<tr>
<td>Intervento di valvuloplastica o sostituzione di valvola isolata trasfemorale e transapicali- TAVI) mortalità aggiustata per gravità a 30 giorni</td>
<td>massimo 4%</td>
</tr>
</tbody>
</table>
### Tipologia di strutture per bacino di utenza

<table>
<thead>
<tr>
<th>Disciplina o Specialità clinica</th>
<th>Bacino di Utenza per dimensionare strutture rete pubblica e privata (milioni di abitanti)</th>
<th>Strutture di degenza</th>
<th>Servizi senza posti letto</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Bacino max</td>
<td>Bacino min</td>
</tr>
<tr>
<td>Anatomia e istologia patologica</td>
<td></td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Cardiochirurgia infantile</td>
<td></td>
<td>1,2</td>
<td>0,6</td>
</tr>
<tr>
<td>Cardiochirurgia</td>
<td></td>
<td>0,3</td>
<td>0,15</td>
</tr>
<tr>
<td>Cardiologia</td>
<td></td>
<td>0,6</td>
<td>0,3</td>
</tr>
<tr>
<td>Emodinamica (come unità semplice nell'ambito della Cardiologia)</td>
<td></td>
<td>0,6</td>
<td>0,3</td>
</tr>
<tr>
<td>Chirurgia generale</td>
<td></td>
<td>0,2</td>
<td>0,1</td>
</tr>
<tr>
<td>Chirurgia maxillo-facciale</td>
<td></td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Chirurgia pediatrica</td>
<td></td>
<td>1,5</td>
<td>0,8</td>
</tr>
<tr>
<td>Chirurgia plastica</td>
<td></td>
<td>0,8</td>
<td>0,4</td>
</tr>
<tr>
<td>Chirurgia toracica</td>
<td></td>
<td>1,2</td>
<td>0,6</td>
</tr>
<tr>
<td>Chirurgia vascolare</td>
<td></td>
<td>1,2</td>
<td>0,6</td>
</tr>
<tr>
<td>Ematologia</td>
<td></td>
<td>1,2</td>
<td>0,6</td>
</tr>
<tr>
<td>Malattie endocrine, nutrizione e ricamb.</td>
<td></td>
<td>1,2</td>
<td>0,6</td>
</tr>
<tr>
<td>Immunologia e centro trapianti</td>
<td></td>
<td>1,2</td>
<td>0,6</td>
</tr>
<tr>
<td>Geriatria</td>
<td></td>
<td>0,8</td>
<td>0,4</td>
</tr>
<tr>
<td>Malattie infettive e tropicali</td>
<td></td>
<td>1,2</td>
<td>0,6</td>
</tr>
<tr>
<td>Medicina del lavoro</td>
<td></td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Medicina generale</td>
<td></td>
<td>0,15</td>
<td>0,08</td>
</tr>
<tr>
<td>Nefrologia</td>
<td></td>
<td>1,2</td>
<td>0,6</td>
</tr>
<tr>
<td>Neurochirurgia</td>
<td></td>
<td>1,2</td>
<td>0,6</td>
</tr>
</tbody>
</table>
To guarantee **over – regional centralization** for some activities (i.e. Trauma centre / paediatric CCH) characterized by economy of scale and by services amount/ quality ratio.
Decree 70/2015
Hospital network per pathology

- Heart attack network
- Stroke network
- Trauma network
- Neonatology and birth centres network
- Specialized medicine network
- Oncology network
- Paediatric network
- Transplant network
- Pain therapy network
- Rare diseases network
Stroke network in Tuscany
Over-regional centralisation

AN HIGH-SPECIALISED AND HIGH-COMPLEX ACTIVITY:

ECMO network

Extracorporeal membrane oxygenation

www.ecmonet.org
Italy ECMO network

National centralized coordination and call centre
14 ECMO centres in Italy

www.ecmonet.org

ECMO at CAREGGI
75 Transfers with ECMO
85% dei paz trasferiti

12 Ventilation transfers

125 telephone helpline

116 Patients transferred
73% di ECMO tot

11 10 17 15 17 30 16

ECMO death rate
36.6% from AOUC
41.4% Trasferred from outlying centre

Careggi ECMO activity 2009-2015
National performance assessment systems

Mes hospital Network

PNE Agenas
Tuscany started the performance evaluation system in 2004.

The aim of the performance evaluation system is to provide an overview of healthcare providers’ activities, not only for the stated purpose of evaluation, but also to exploit the results obtained.

The evaluation process is therefore intended to promote “best practices”, thus enabling managers and organizations to evolve and improve.
Health condition of the population

Ability to comply with regional guidelines

Assessment of operational efficiency and economic-financial dynamics

Internal assessment

External assessment

Social-health performance assessment

the MES target a multidimensional system
Performance triage

4 - 5  VERDE  OUTSTANDING performance (strength)
3 - 4  VERDINO  GOOD performance
2 - 3  GIALLO  AVERAGE GRADE performance
1 - 2  ARANCIO  POOR performance
0 - 1  ROSSO  VERY POOR performance (weakness)

the MES target a multidimensional system
Tuscany Region target 2006
Tuscany hospitals performances

Sintesi monitoraggio Gennaio - Marzo 2015
Azienda: Regione Toscana

Monitoraggio Gennaio - Marzo 2015

2015: PERFORMANCE MIGLIORE NEL CONTESTO SPECIFICO E RISPETTO ALLA MEDIA REGIONALE

PERFORMANCES 2015
2015 monitoring outcomes higher or equal to the regional performance in 94% of the indicators.
Performance Evaluation System of Network of Regions

Since 2008 MeS Lab has been implementing a Network of Regions, in order to carry out a systematic analysis and comparison of performance, at regional and local health authority levels. The aim of this initiative is to allow regions to compare the results obtained in terms of healthcare performance on the basis of a set of shared indicators.

The Network is currently composed by the following regions: Basilicata, Calabria, Emilia Romagna, Friuli Venezia Giulia, Lazio, Liguria, Lombardia, Marche, P.A. Trento, P.A. Bolzano, Sardegna, Toscana, Umbria e Veneto.
The National Outcome Evaluation Program (PNE) aims to measure the outcome variability among providers and/or health professionals and among Local Health Units (ASL) in Italy, with possible applications in terms of accreditation, remuneration as well as patient information.

The outcome measures represent assessment tools to support clinical and organizational audit programs aimed at improving both effectiveness and equity in the national health system. The program does not classify or judge hospitals or health professionals.

**National Outcome Evaluation Program - PNE**

- **Outcome measures by Hospital/Local Health Unit**
- **Report Card by Hospital/Local Health Unit**
- **Audit tools**
- **ER Information System**
- **Pilot studies**

**News**
- **01/09/2014**
- **01/09/2014**
  - New indicators: definition and results.
- **01/09/2014**
  - New Section "Audit tools".
- **01/09/2014**
  - New Section "E.R. Information System".
Intervento chirurgico per TM colon: proporzione di interventi in laparoscopia - Italia 2013

A.O.U.U. di Ferrara-Ferrara-EMILIA ROMAGNA
A.O.U.U. di Bologna-Bologna-EMILIA ROMAGNA
A.O.U.U. di Modena-Modena-EMILIA ROMAGNA
A.O. di Reggio Emilia I-Reggio nell’emilia-EMILIA ROMAGNA
A.O.U.U. di Parma-Parma-EMILIA ROMAGNA
Osp. Ceccarini-Riccione-EMILIA ROMAGNA
Osp. Infermi-Rimini-EMILIA ROMAGNA
Osp. M. Bufalini-Cesena-EMILIA ROMAGNA
Osp. Morgagni Pierantoni-Forlì-EMILIA ROMAGNA
Osp. S. Maria delle Croci-Ravenna-EMILIA ROMAGNA
Osp. C.A. Pizzardi-Bologna-EMILIA ROMAGNA
Osp. Nuovo Osp. Civile S. Agostino Este-Modena-EMILIA ROMAGNA
Osp. G. da Saliceto-Placenza-EMILIA ROMAGNA

A.O.U.U. Careggi-Firenze-TOSCANA
A.O.U.U. Senese-Siena-TOSCANA
A.O.U.U. Pisana-Pisa-TOSCANA
Osp. S. Giuseppe-Empoli-TOSCANA
Osp. S.Giovanni di Dio Torregalli-Firenze-TOSCANA
Osp. della Misericordia-Grosseto-TOSCANA
Osp. Area Aretina Nord-Arezzo-TOSCANA
Osp. di Livorno-Livorno-TOSCANA
Osp. F. Lotti-Pontedera-TOSCANA
Osp. Nuovo Ospedale di Prato S. Stefano-Prato-TOSCANA
RESEARCH WITHIN THE NATIONAL SETTING

GENERAL HOSPITALS
Hospitals belonging to Universities

IRCSS
Healthcare Institutes for treatment and research

UNIVERSITY HOSPITAL

SHARE

INTEGRATION AMONG HEALTH CARE, EDUCATION and RESEARCH
HIGH COMPLEXITY ACTIVITIES
INNOVATION DEVELOPMENT
VOCATION FOR TRANSLATIONAL RESEARCH
Research quality assessment
(period 2011-2014)

L’ANVUR ha fra i suoi compiti istituzionali più rilevanti la valutazione della ricerca, in particolare con il progetto di Valutazione della Qualità della Ricerca (VQR), la valutazione e l’accreditamento delle sedi universitarie e dei corsi di studio (Autovalutazione, Valutazione Periodica, Accreditamento - AVA) e l’accreditamento e la valutazione dei corsi di dottorato. Interviene inoltre nelle procedure dell’abilitazione scientifica nazionale (ASN) con compiti di determinazione dei valori degli indicatori e di verifica del possesso dei requisiti da parte degli aspiranti a far parte delle commissioni di abilitazione. Le attività di valutazione e di accreditamento si traducono in rapporti che sono resi pubblici nel sito istituzionale dell’Agenzia.
Research and bioethics

According to European Directive 2001/20/CE the Ethics Committee’s role is to assess research projects.

Specifically, the Committee must guarantee the right to health, safety and well-being for all subjects involved in trials and it must issue official advices on trials protocol, researcher and facilities suitability, methods and documents.

Declaration of Helsinki (1964-human beings trials) and Ovieto agreement
ETHICS COMMITTEE

Since July 2013, the regional committee is set in 4 section defined according to local context.

<table>
<thead>
<tr>
<th></th>
<th>Avviati nel 2014</th>
<th>Attivi nel 2014</th>
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<tbody>
<tr>
<td></td>
<td>PROFIT</td>
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<tr>
<td>Sperimentali</td>
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<tr>
<td>Farmacologici</td>
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<td>Dispositivi medici</td>
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<td>6</td>
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<tr>
<td>Osservazionali</td>
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<tr>
<td>Raccolte dati epidemiologici (inclusi i registri)</td>
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<tr>
<td>Studi farmacologici</td>
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<tr>
<td>Dispositivi medici</td>
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<tr>
<td>Studi genetici (nota 2)</td>
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<tr>
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<tr>
<td>Totale Generale</td>
<td>107</td>
<td>176</td>
</tr>
</tbody>
</table>

Trials started in 2014: **150**

Ongoing trials in 2014: **203**

TRIALS AND STUDIES AT CAREGGI
Research ↔ investment

Good healthcare ↔ good research

Research ↔ innovation ↔ integration

Research is unique and irreplaceable tool to contribute to the system development, to process innovation and to the improvement of healthcare quality.
For the modern clinical and health research to develop and to be competitive at national and international level, it is necessary to focus not only on the individual researcher’s interest, but also on the commitment of the system which supports it.
B15 CAPACITÀ ATTIVITÀ DI RICERCA, ANNO 2014

RESEARCH CAPACITY
La rete dei grandi ospedali europei
Il modello italiano

B15.2.2 IMPACT FACTOR MEDIO PER ARTICOLO, 2014

B15.2.2 - Impact Factor medio per articolo

[Graph showing impact factors for different entities, with a comparison line at 1.880]

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EXCELLENCE CENTRES
To enhance the main clinical organizational research activity, characterized by the capacity to transfer to the health care organizational practice the outcomes of the most innovative research in the biomedical field in compliance with the public interest.

INNOVATION CENTRES
To enhance the capacity to create technological and organizational innovation characterized by the capacity to manage technology, methods, and innovative health equipments in compliance with the public interest or to propose and implement management models based on thorough scientific analysis focused on an efficient and effective use of resources.

with new tools...