



CONGRESSO REGIONALE SIMEU 2013:

*Ferrara — 8 Febbraio 2013*

*Aula Magna "Nuovo Ospedale S. Anna" Cona, Ferrara*

**Il Pronto Soccorso  
e il ricovero appropriato**



# *Il Problema del Ricovero*

## **"LA BED CAPACITY"**

**Mario Cavalli**  
*Direttore Sanitario*  
*Azienda*  
*Ospedaliero-Universitaria*  
**BOLOGNA**

# **“Bed Capacity”.....**

- **Numero di posti letto per cui un ospedale è stato progettato e costruito.**
- **Numero posti letto preparati e pronti all'uso (compresa dotazione di personale).**

I have a dream . . . .





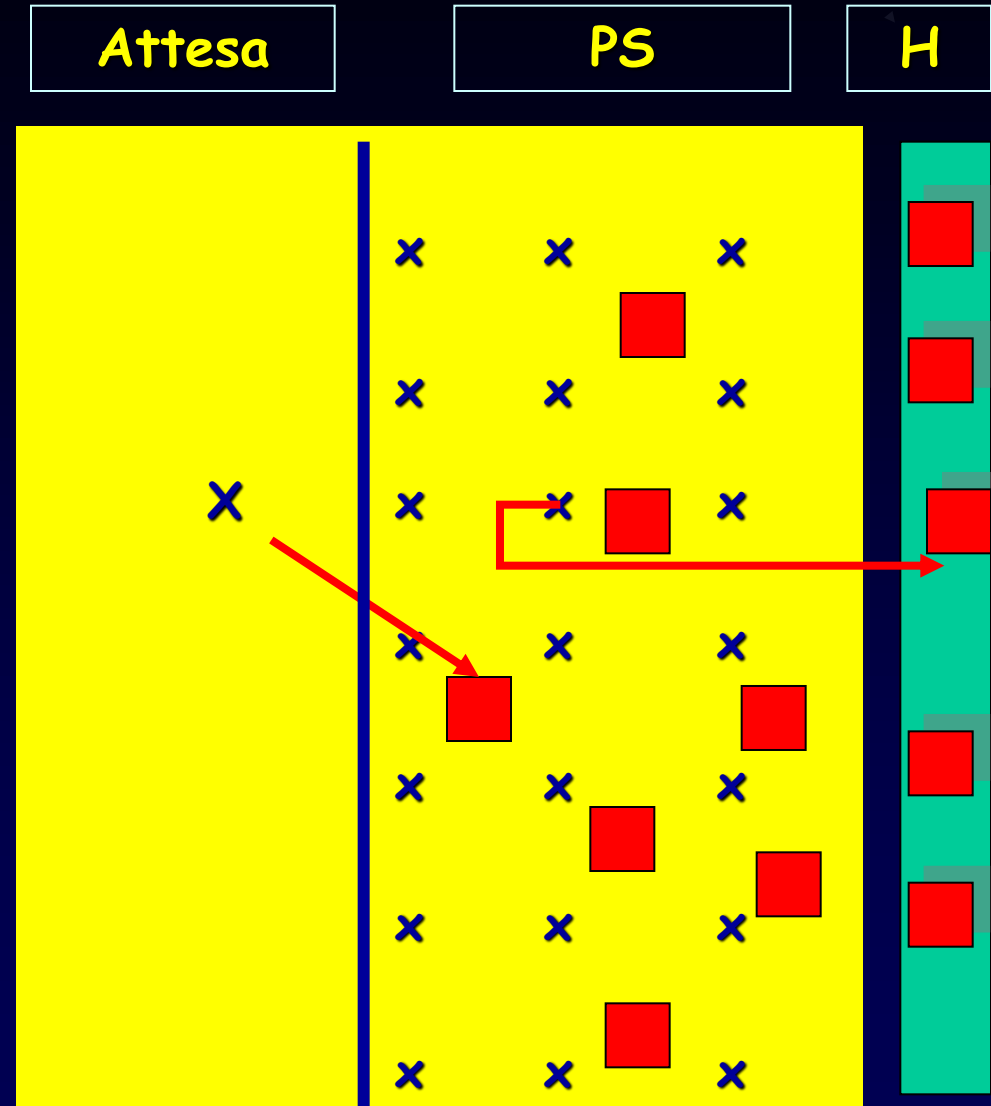
la mancanza di posti letto  
è la prima causa di  
"overcrowding" dei PS

## Posti disponibili

- Ricoveri da PS
- Letti disponibili in ospedale

## Flusso ideale

uno dentro  
e  
uno fuori



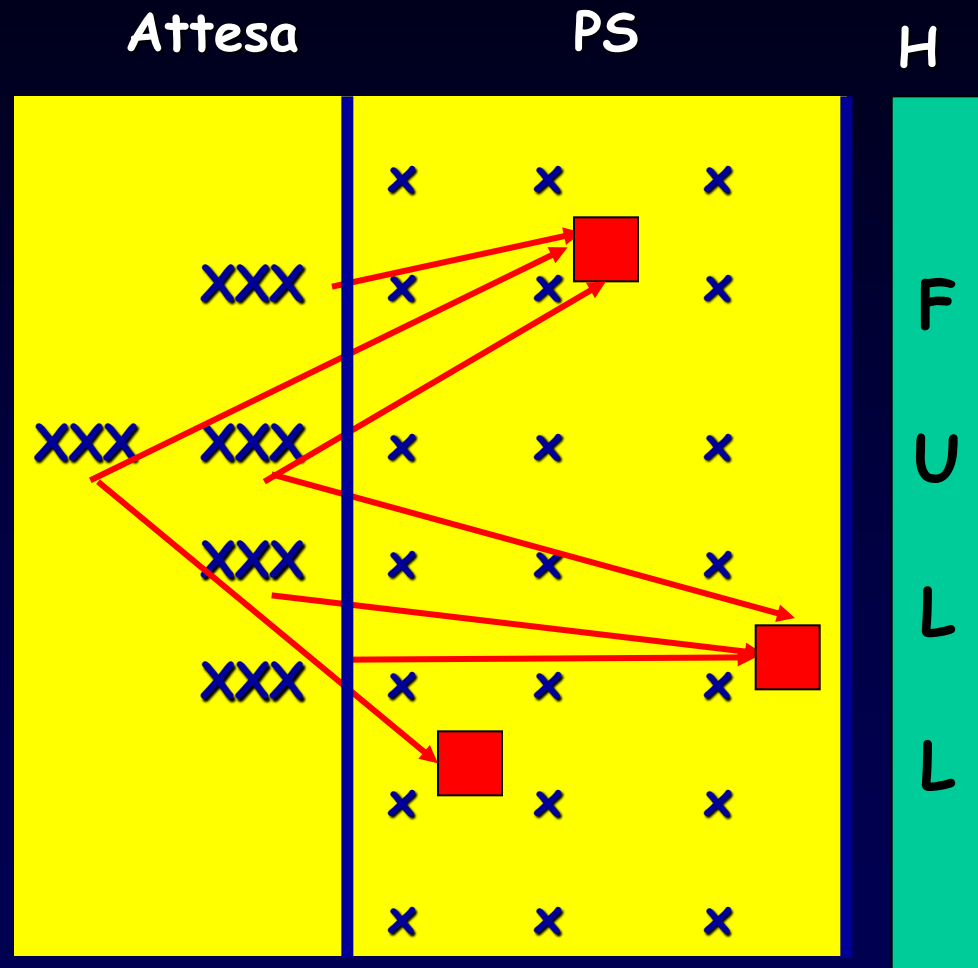
# Overcrowding .....

Aumento tempo di attesa in PS

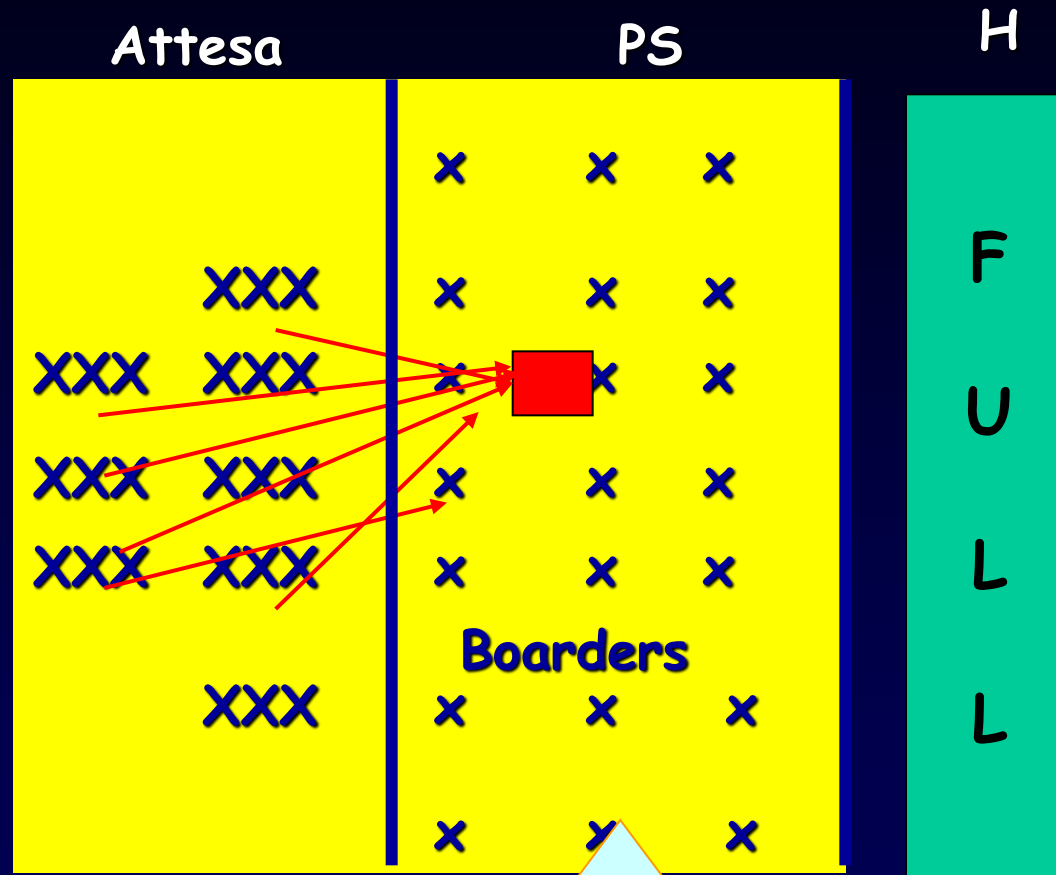
=

Riduzione di

- sicurezza
- efficienza
- efficacia
- soddisfazione



# Collasso

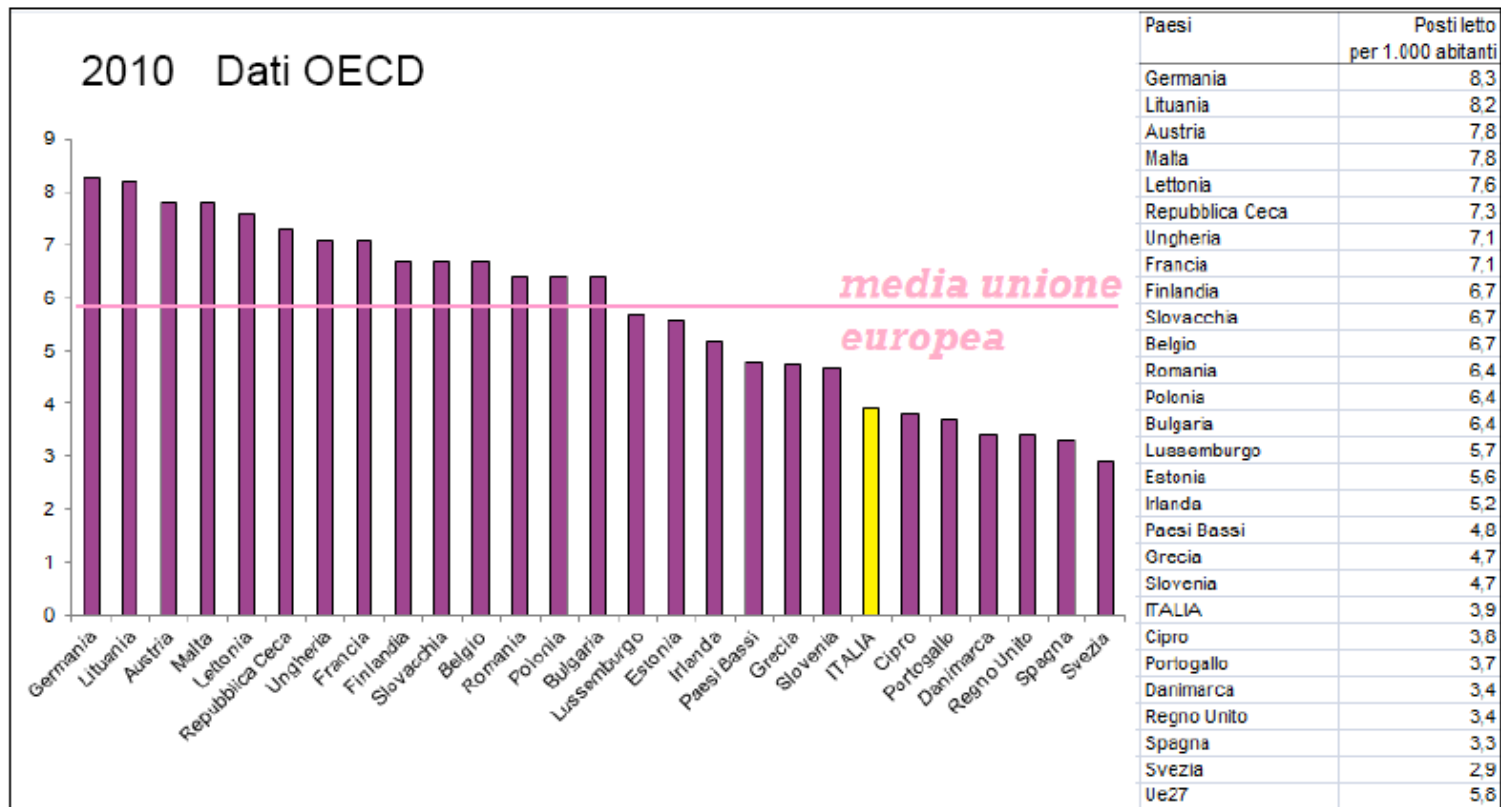


E poi.....chi si occupa di loro ?



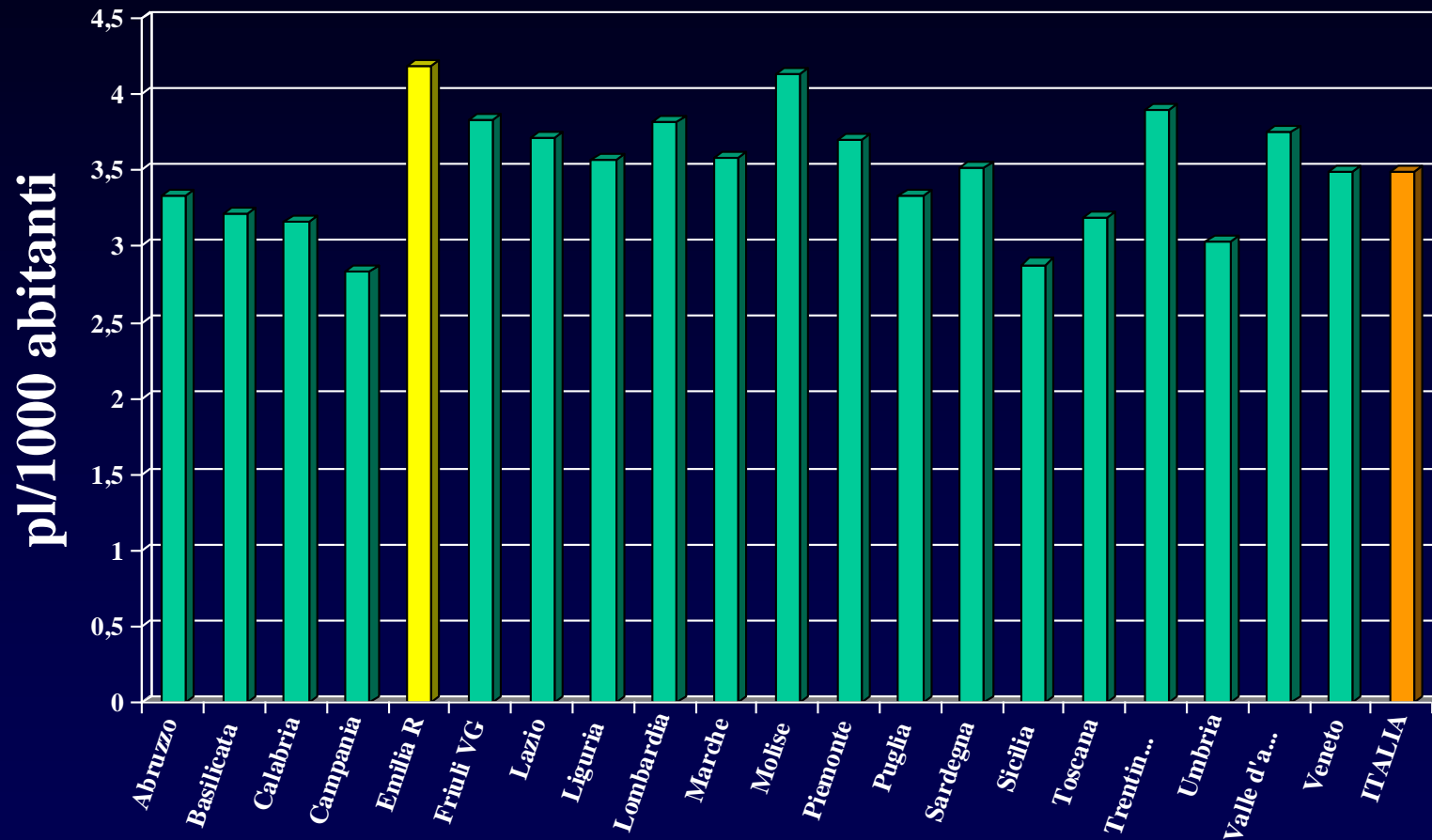


# I Posti letto in Europa -Anno 2010-



# Posti Letto in Italia Anno 2011

## -Degenza Ordinaria-





Number of beds

# Anno 2011 DO

## • Discreta variabilità regionale

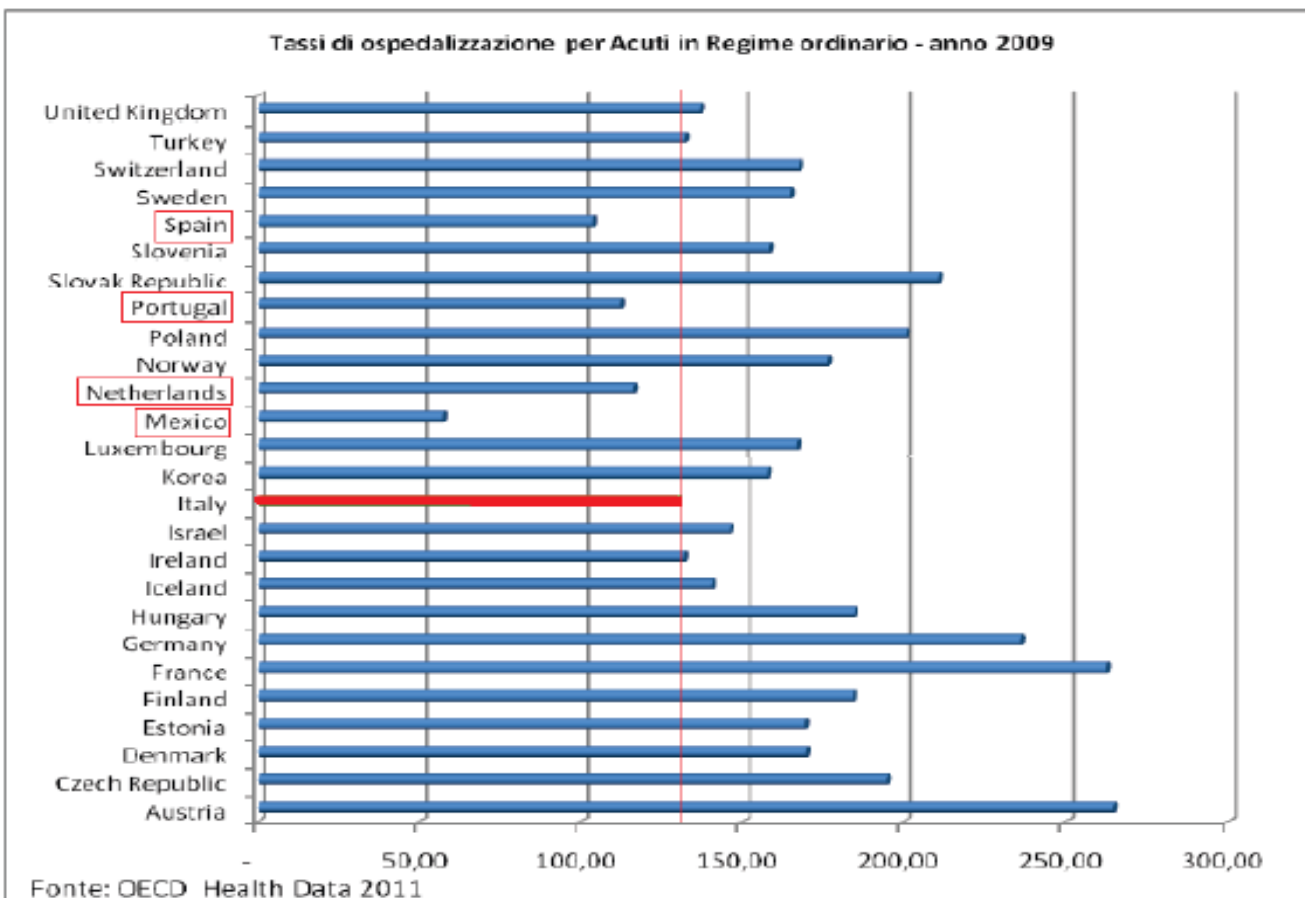
- Val max 4.18

- Val min 2.83

delta 1.34

- **DELTA MED** +/- 0.7

# Tasso di Ospedalizzazione in DO -Anno 2009-

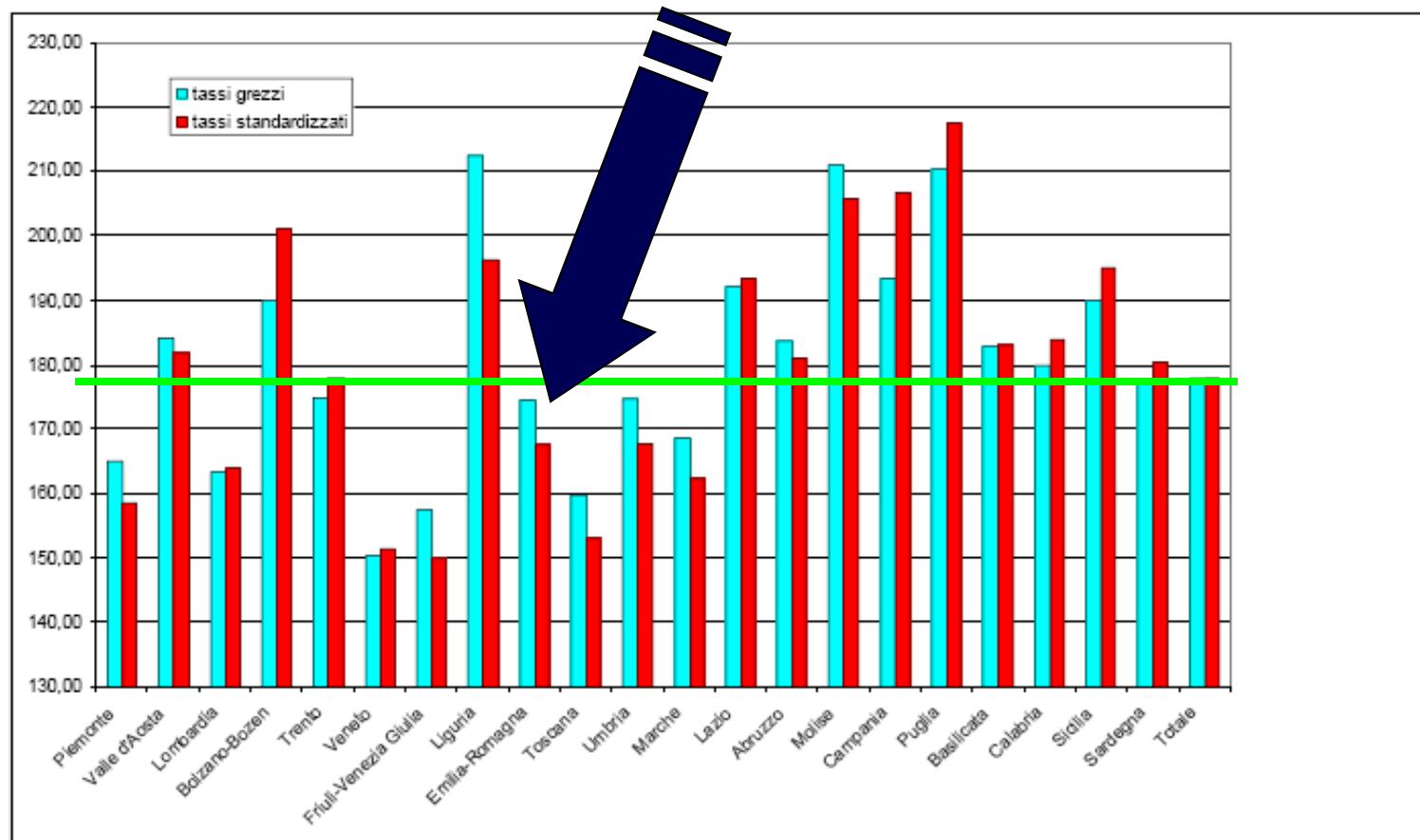


L'Italia e' tra i paesi con minor tasso di ospedalizzazione !!!

Fonte: Agenas 2012

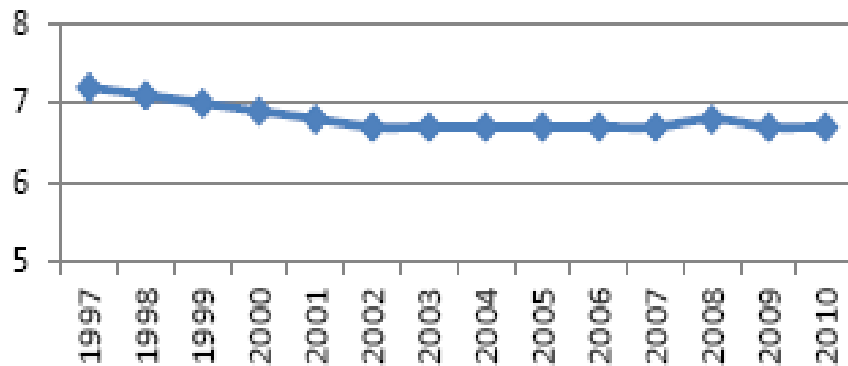
# REGIONI ITALIANE

## Tassi di ospedalizzazione 2010 per residenza (grezzi e corretti per età e genere)

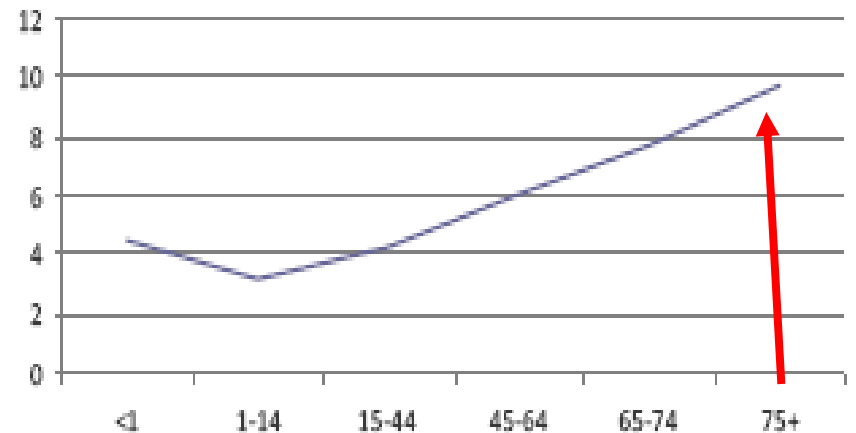


# La DM in Italia: negli anni e nelle fasce di età

DEGENZA MEDIA ACUTI  
ORDINARI

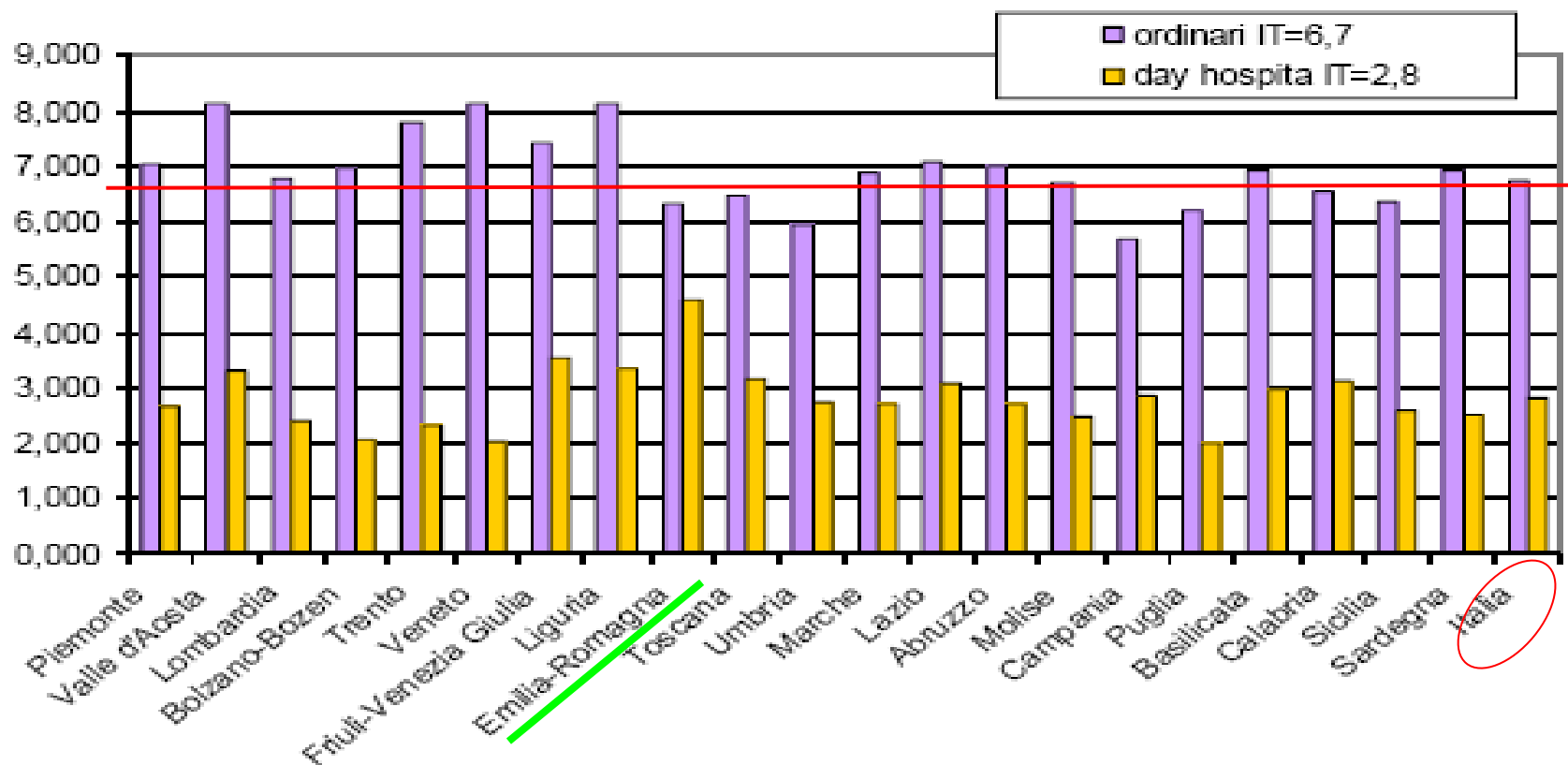


Degenza media per classi di età



# Regioni Italiane: DM Anno 2010

*degenza media ricoveri acuti*  
**2010**



*"The discharge planning function in each acute hospital will be enhanced to ensure that patients*

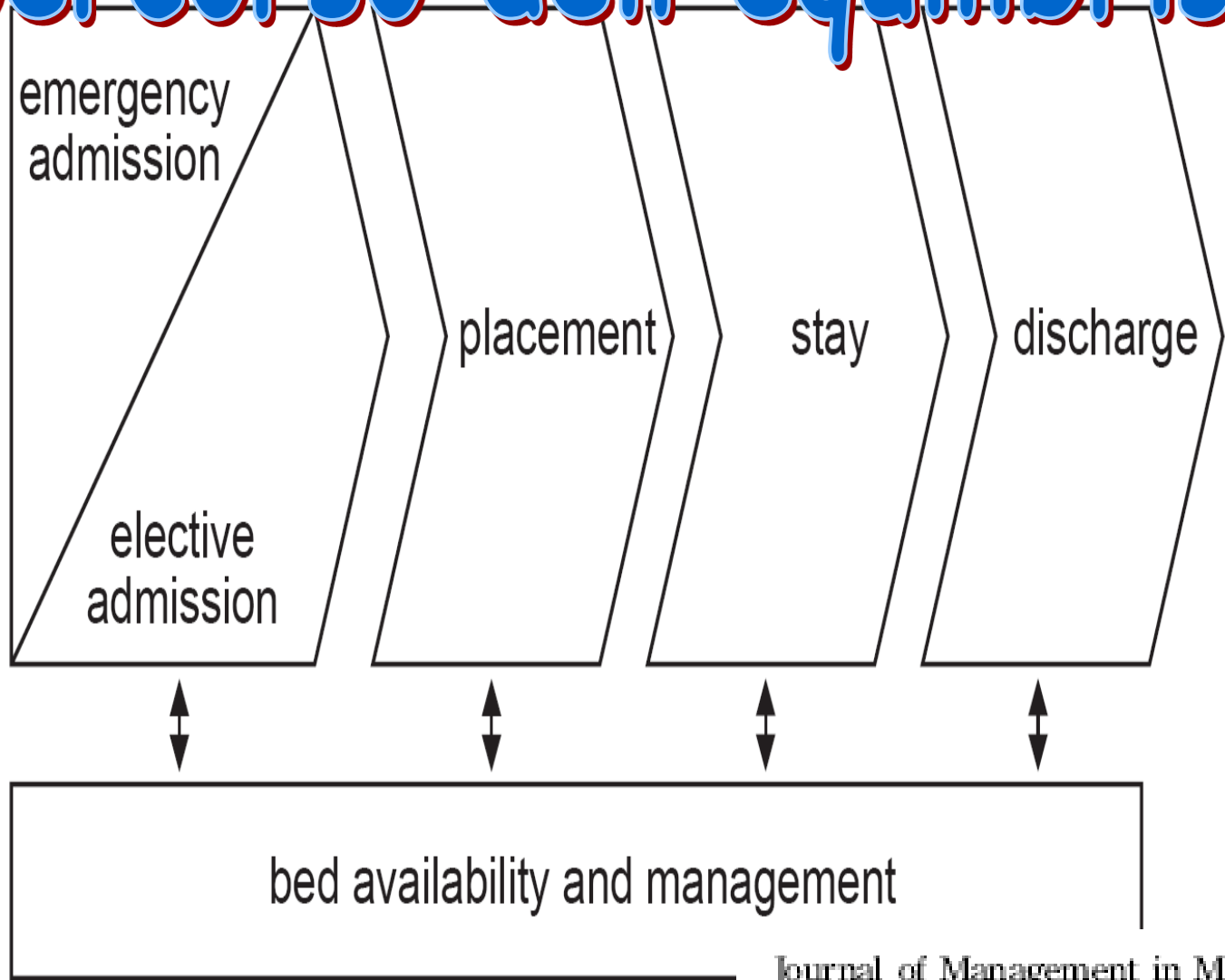
**...I pazienti urgenti sono i SOLI  
ad essere ricoverati attraverso  
il Sistema Emergenza...**

**...I pazienti restano in ospedale  
il tempo minimo necessario...**

*admitted to the hospital through the A & E Department" (Action 86)*

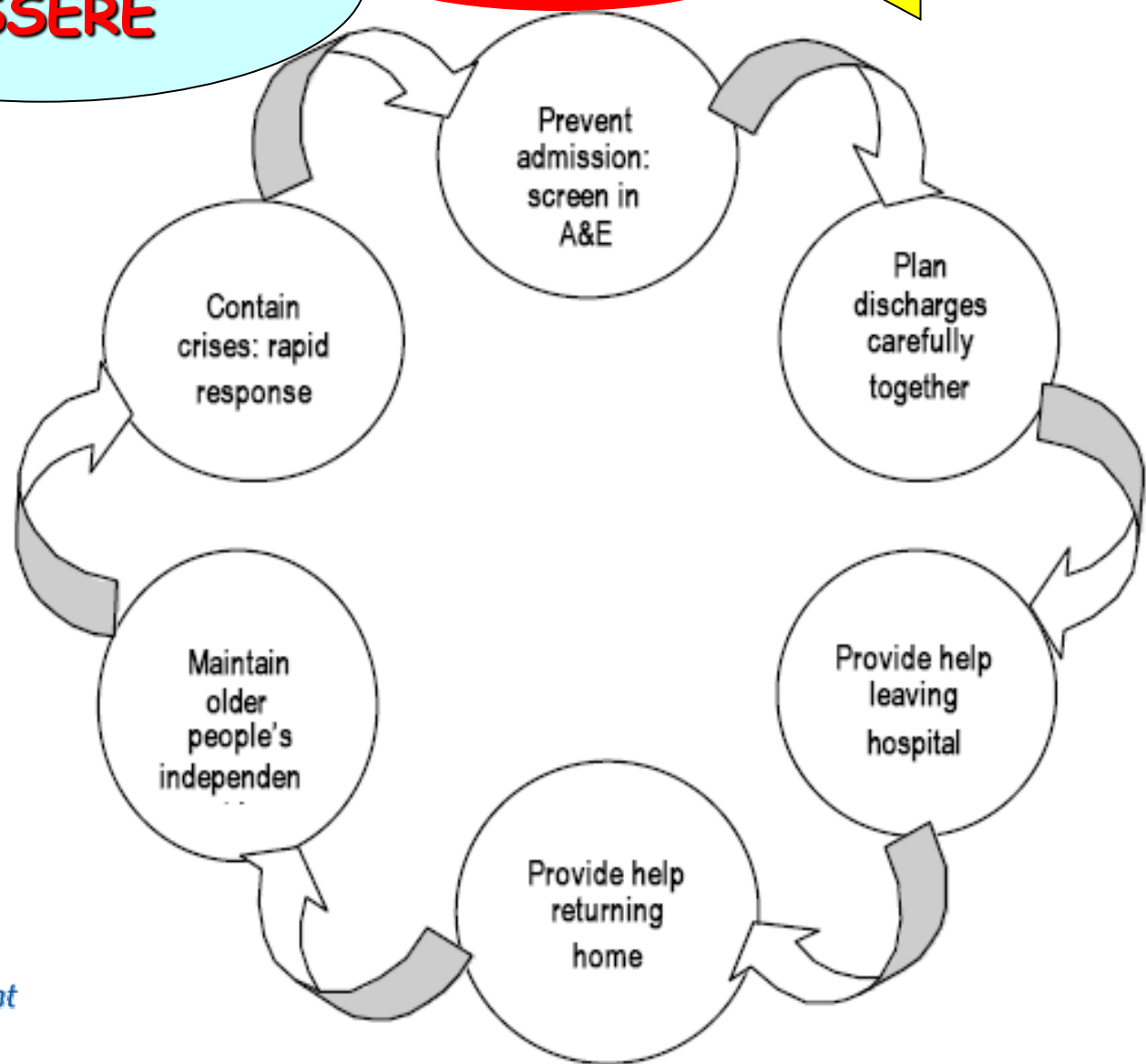
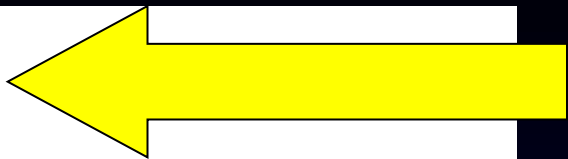


# il percorso dell'equilibrista



**DOVE VORREMMO  
ESSERE**

**a 'Virtuous Circle'**



**DOVE SIAMO**

**'Vicious Circle'**

Delayed discharges

Pressures on hospital beds are increasing

Admissions to hospital are increasing

People are being discharged sooner

Intermediate care

Intermediate care

There is less money available for preventative services

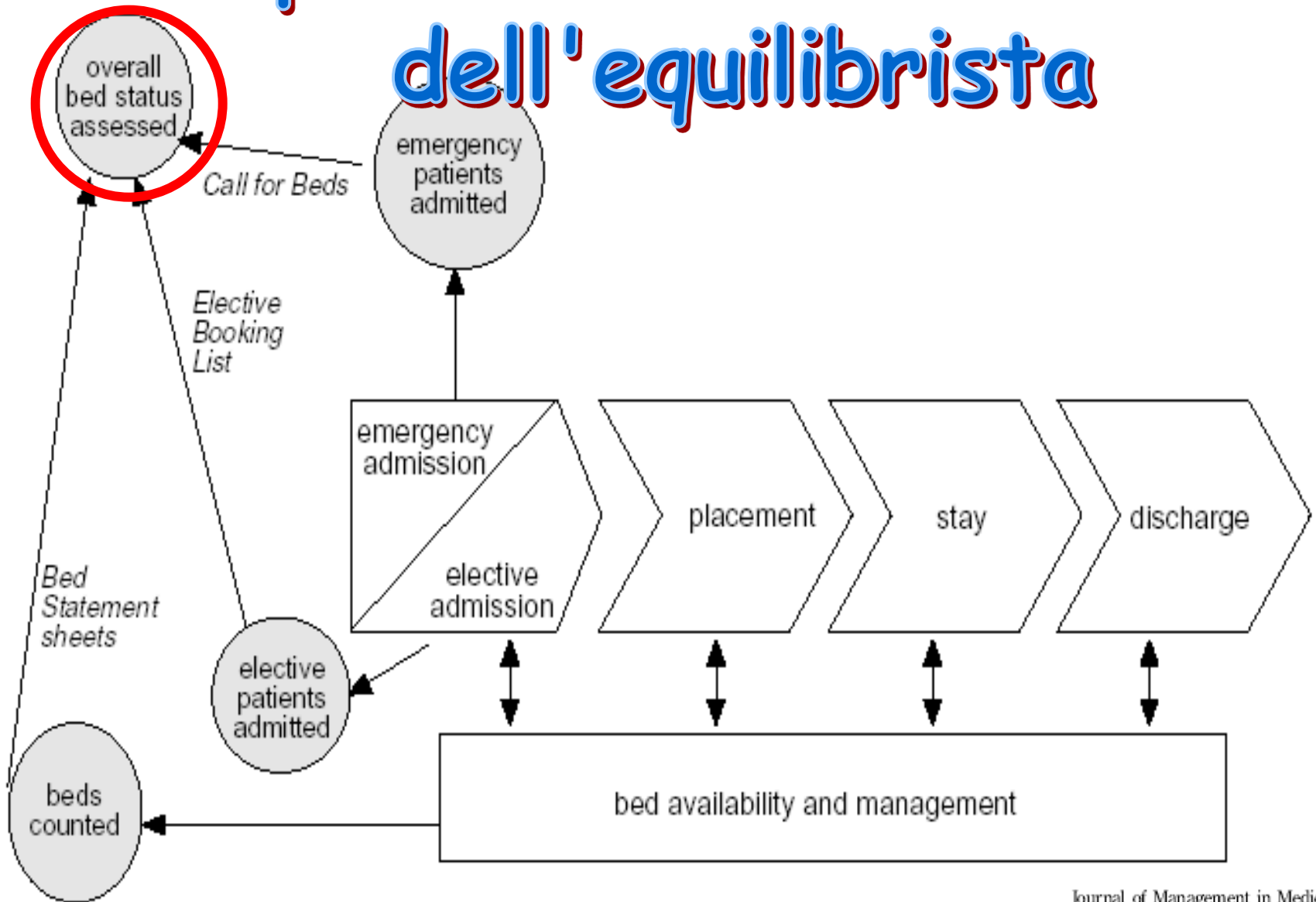
There are insufficient rehabilitation services

There is increasing use of residential and nursing home care

Preventative services

# dal percorso .... alla rete

## dell'equilibrista



# Differenti Prospettive

- II PS

- Lavora h 24, gg 7/7

- È pieno ... quando non ci sono posti neanche in piedi

- II REPARTO

- Lavora prevalentemente dalle 9 alle 17, dal lunedì al venerdì

- È pieno quando i letti ordinari sono occupati



*Ministero della Salute*

Direzione generale della Programmazione Sanitaria, dei Livelli di  
Assistenza e dei Principi Etici di Sistema

Direzione generale del Sistema Informativo

*Commissione nazionale per la definizione e l'aggiornamento  
dei Livelli Essenziali di Assistenza*

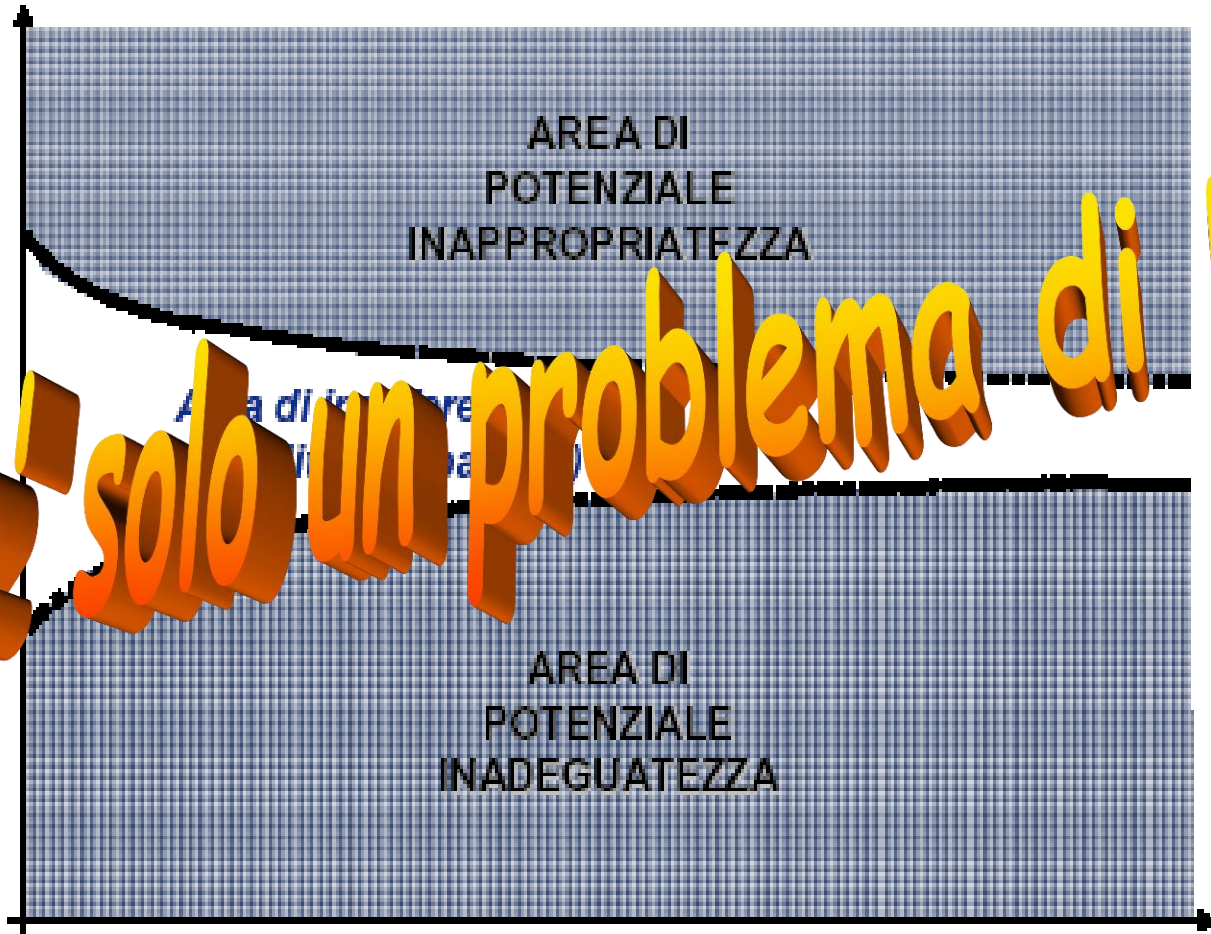
## *Analisi di variabilità dei ricoveri ospedalieri*

*Metodologia e risultati*

*(sintesi)*

*Roma 19 luglio 2006*

Domanda soddisfatta per 1.000 ab  
(Qtà P...alazione s id) \* 10000



**e' solo un problema di PS?**

Popolazione per AUSL - N. Abitanti-

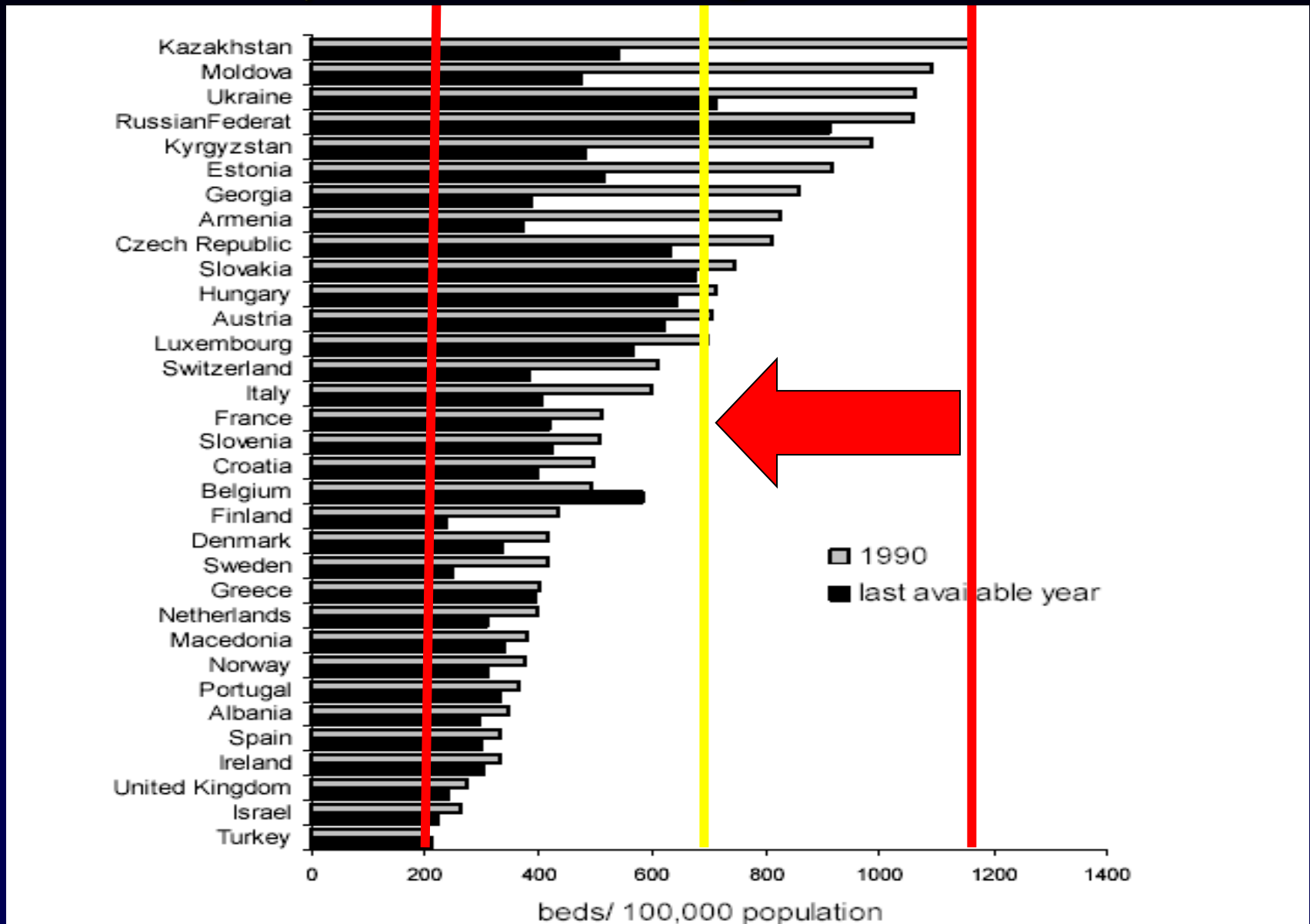
August 2003



What are the lessons learnt by countries that have had dramatic reductions of their hospital bed capacity?



# Posti letto per "Acuti" negli anni 1990 e 2002





## How many beds are needed?

This is probably the most frequently asked question about hospitals. It is also one that has no easy answer,

**QUANTI LETTI SONO NECESSARI ?**  
*Questa e' la domanda piu' frequente  
in merito ad un ospedale*  
...

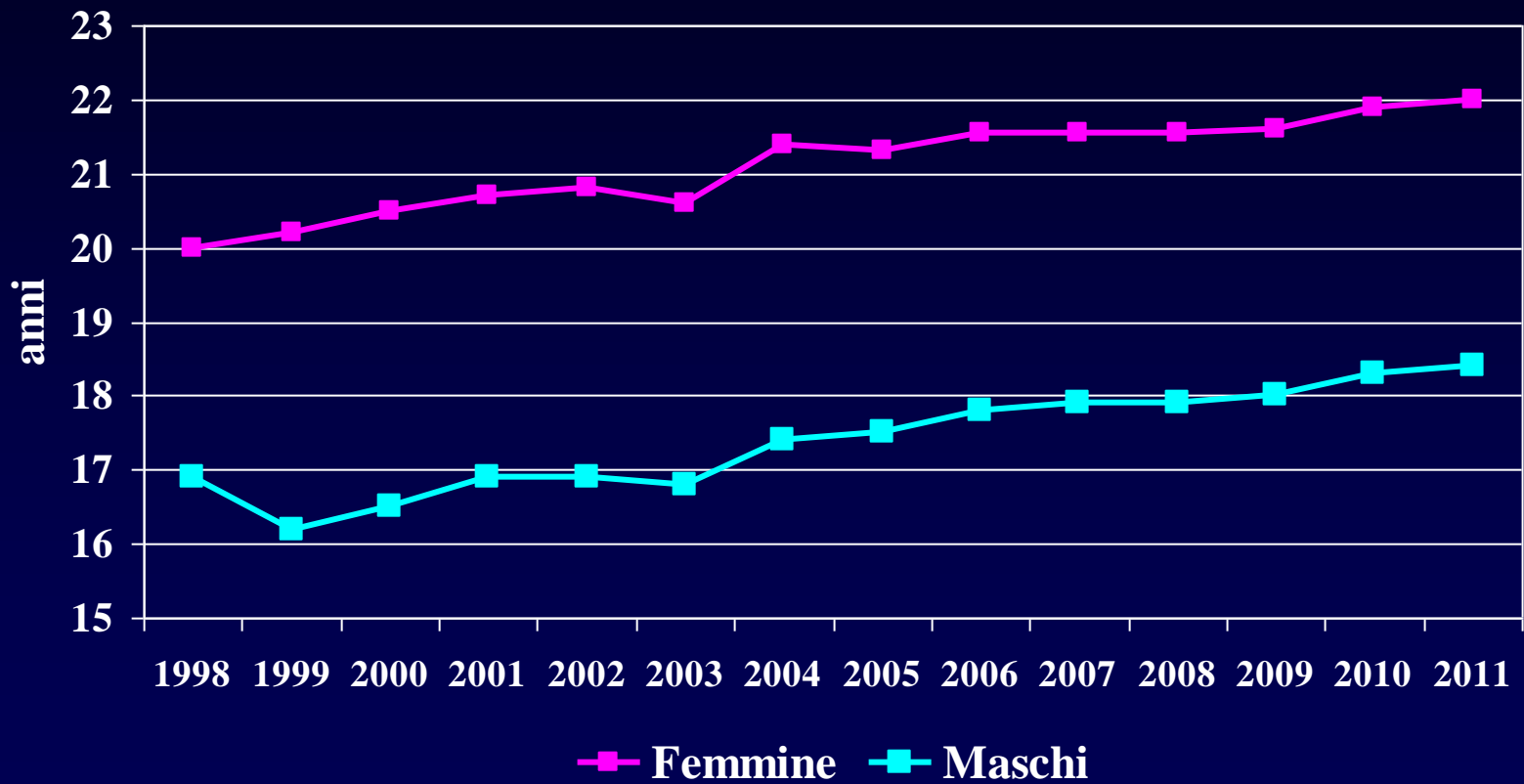
testing various assumptions, but require extensive and often unavailable data (30), and given the many and complex feedback systems involved, prediction is difficult.

What is the impact of an aging population on bed requirements?

**Quale e' l'impatto dell'aumento  
della età media  
sul fabbisogno di posti letto?**

***E' opinione diffusa che l'invecchiamento  
della popolazione comporti  
un incremento del fabbisogno  
di posti letto in ospedale ...***

# Speranza di vita a 65 anni nella popolazione italiana



## How can the need for hospital beds be reduced?

The most effective though difficult way to reduce the need for hospital beds is to enhance the health of

**Come ridurre il fabbisogno di letti  
in ospedale ?**

*...riducendo i ricoveri ...*

*...favorendo la dimissione...*

units, that can direct patients to more appropriate settings. Non-urgent admissions may be prevented by

## Do bed closures reduce costs?

La riduzione di posti letto  
riduce realmente i costi ?

UK : -20% ,  Spesa per altri Servizi  
Nord America: NO

Capacity increased the cost of hospital care. In one case this was because closure of a small hospital meant

## Conclusions

1. Numbers of acute hospital beds fell in many, but not all, countries during the 1990s, although comparisons are problematic because of differences in methods of counting. Furthermore, the number of beds is a very poor measure of health care capacity. A bed only contributes to health care if it is supported by staff and other resources.

2. The reduction in the number of beds in many countries has led to a reduction in the number of beds and

**....mentre i letti possono  
essere ridotti  
la spesa sanitaria  
totale puo' non ridursi ...**

4. Reductions in capacity can be achieved, although these can be mitigated by good communication and an appreciation of the increased workload that accompanies capacity reductions.



# Observation Care Inpatient Admission

Make the Right Decision!

## Observation Care

- ◆ Your patient cannot be evaluated or treated within 24 hours.  
*If you are unsure, select Observation Care.*
- ◆ Rapid improvement is anticipated for your patient within 24 hours.  
*If you are unsure, select Observation Care.*
- ◆ Your patient experiences postoperative complications\* that require further monitoring.  
\* postoperative bleeding, poor pain management, intractable vomiting, delayed recovery from anesthesia

## Inpatient Admission

- ◆ Your patient cannot be evaluated or treated within 24 hours
- ◆ Rapid improvement is not anticipated for your patient within 24 hours.

### Document

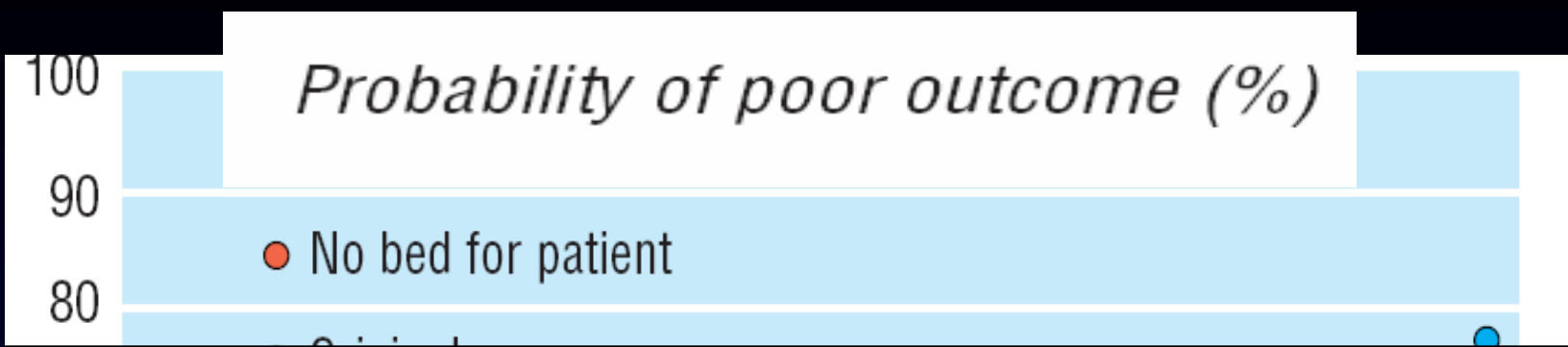
Don't forget to write the chart order:  
"Admit to Observation"  
or  
"Admit to Inpatient"  
Status



# Dynamics of bed use in accommodating emergency admissions: stochastic simulation model

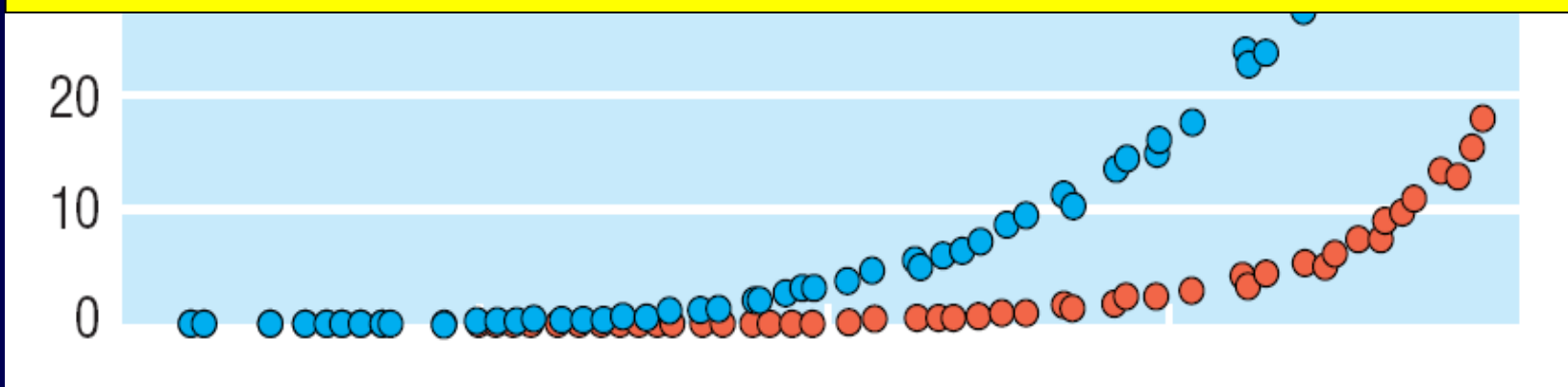
Adrian Bagust, Michael Place, John W Posnett

BMJ VOLUME 319 17 JULY 1999 [www.bmj.com](http://www.bmj.com)



**Se  $OM > 85\%$  il rischio di crisi di posto letto si puo' prevedere**

**Se  $OM > 90\%$  il sistema ospedale e' regolarmente in crisi di letti**



# Le "armi" in nostro possesso

Ridurre i ricoveri

## Key messages

Acute hospitals which operate at bed levels of 90% or more face regular problems with the associated risks to patients

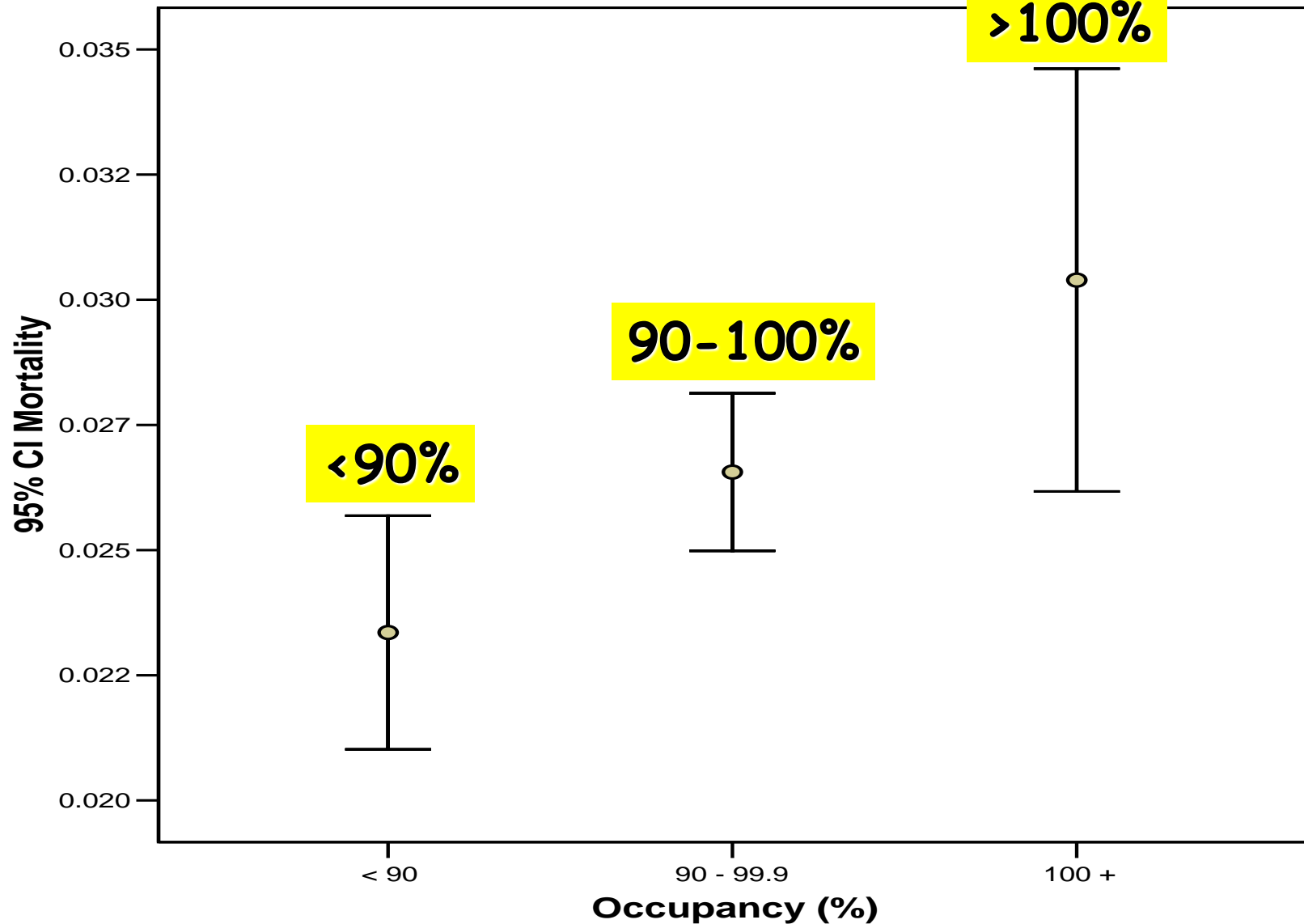
- Management interventions that focus on measures with long term benefits to counter the growth trend in demand for admission
  - Many initiatives have only a short term effect; they briefly delay the worst effects but do not address the growing mismatch between supply and demand
- ...uating management interventions at a single hospital is futile—any effect is offset by random variation

Utilizzo ottimale delle risorse esistenti

Considerare altri setting assistenziali diversi dal ricovero

Favorire la dimissione precoce

# Mortalita' ed occupazione media



# OM Area Medica (AOSP -S.ORSOLA-)

|             | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|-------------|------|------|------|------|------|------|
| Posti letto | 428  | 428  | 428  | 428  | 428  | 395  |
| OM<br>-%-   | 91.9 | 92.6 | 92.0 | 91.7 | 91.2 | 96.1 |

# Un Messaggio da Portare a Casa

PS

Appropriatezza  
Sicurezza

OSPEDALE

Efficienza  
Flessibilità

TERRITORIO

Progettualità  
Continuità



CONGRESSO REGIONALE SIMEU 2013:

Ferrara — 8 Febbraio 2013

Aula Magna "Nuovo Ospedale S. Anna" Cona, Ferrara

Il Pronto Soccorso

appropriato



bed manager

or

emergency physician?





medico d'urgenza felice....

GRAZIE PER  
L'ATTENZIONE