



## Le consulenze in Malattie Infettive

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## The Value of an Infectious Diseases Specialist



Posted on October 25, 2013 by CDC's Safe Healthcare Blog



Guest Author - [Steven Schmitt, MD, FIDSA](#)

Chair of the Infectious Diseases Society America's Clinical Affairs Committee and infectious diseases physician at Cleveland Clinic

We're all well aware that infection is a major problem among hospitalized patients, sometimes arriving with infection as a reason for admission and sometimes developing infection in the hospital. In either case, infection is among the top causes of death in the hospital and hospital-acquired infections affect one in 20 patients. Many of these infections are resistant to antibiotics, making them extremely difficult to treat. So what is the answer? Get patients the type of care they deserve - in this case, treatment provided by physicians who are experts in infectious diseases. A recent [study published in Clinical Infectious Diseases](#) - based on Medicare data from nearly 130,000 hospitalized patient cases - provides strong evidence that infectious diseases expertise is invaluable.

## The Pattern and Impact of Infectious Diseases Consultation on Antimicrobial Prescription

Jaffar A Al-Tawfig

The most common antimicrobial use prior to the initiation of ID consult

|                  | Number | %    |
|------------------|--------|------|
| Cephalosporin    | 367    | 31.0 |
| Carbapenem       | 333    | 28.1 |
| Fluoroquinolones | 266    | 22.5 |
| Vancomycin       | 230    | 19.4 |
| PCN              | 170    | 14.4 |
| Metronidazole    | 64     | 5.4  |
| Aminoglycoside   | 53     | 4.5  |
| Antifungal       | 45     | 3.8  |
| Clindamycin      | 42     | 3.6  |
| Anti-TB          | 25     | 2.1  |
| Macrolide        | 8      | 0.7  |

PCN: Penicillin; TB: Tuberculosis

Most common diagnoses associated with antibiotic change

|  | Antibiotic changed | Total | %    |
|--|--------------------|-------|------|
| <i>Clostridium difficile</i> infection | 16                 | 19    | 94.7 |
| Empyema                                | 9                  | 10    | 90.0 |
| Eebriile neutropenia                   | 13                 | 15    | 86.7 |
| Candidemia                             | 10                 | 12    | 83.3 |
| Septic arthritis                       | 7                  | 9     | 77.8 |
| Osteomyelitis                          | 32                 | 44    | 72.7 |
| Endocarditis                           | 30                 | 42    | 71.4 |
| SSI                                    | 45                 | 66    | 68.2 |
| Bacteremia                             | 105                | 155   | 67.7 |
| Prosthetic joint infection             | 16                 | 24    | 66.7 |
| TB                                     | 27                 | 43    | 62.8 |
| CNS infection                          | 18                 | 29    | 62.1 |
| SSTI                                   | 56                 | 95    | 58.9 |
| DFU                                    | 40                 | 68    | 58.8 |
| Discitis                               | 15                 | 27    | 55.6 |
| Epididymoorchitis                      | 7                  | 13    | 53.8 |

SSI: Surgical site infection; TB: Tuberculosis; CNS: Central nervous system;

SSTI: Skin and soft tissue infection; DFU: Diabetic foot ulcer

**ID consultation is important to reduce inappropriate antimicrobial therapy and to limit the number of dual therapy**

## The impact of infectious disease specialists on antibiotic prescribing in hospitals

Clin Microbiol Infect 2014; 20: 963–972

C. Pulcini<sup>1,2</sup>, E. Botelho-Nevers<sup>3,4</sup>, O. J. Dyar<sup>5</sup> and S. Harbarth<sup>6</sup>

1) Service de Maladies Infectieuses, CHU de Nancy, 2) Université de Lorraine, EA 4360 APEMAC, Nancy, France, 3) Service de Maladies Infectieuses, CHU de Saint-Etienne, 4) PRES Lyon GIMAP EA 3064, Université de Saint-Etienne, Saint-Etienne, France, 5) Medical Education Centre, North Devon District Hospital, Barnstaple, UK and 6) Infection Control Programme, Geneva University Hospitals and Faculty of Medicine, Geneva, Switzerland

A review of the impact of infectious disease specialists (IDSs) on the quality and quantity of antibiotic use in acute-care hospitals, and discuss the main factors that could limit the efficacy of IDS recommendations. A total of 31 studies were included in this review, with a wide range of infections, hospital settings, and types of antibiotic prescription.

IDS intervention was associated with a significant improvement in the appropriateness of antibiotic prescribing as compared with prescriptions without any IDS input, and with decreased antibiotic consumption.

## MAJOR ARTICLE

## Clinical Infectious Diseases 2014;58(1):22–8

## Infectious Diseases Specialty Intervention Is Associated With Decreased Mortality and Lower Healthcare Costs

Steve Schmitz,<sup>a</sup> Daniel P. McQuillen,<sup>b</sup> Russell Nahmias,<sup>c</sup> Lawrence Martindale,<sup>d</sup> Michael Rubin,<sup>e</sup> Kay Schwabedis,<sup>f</sup> Russell Petrucc,<sup>g</sup> J. Tracy Ritter,<sup>h</sup> David Chaisson,<sup>i</sup> Thessa Sterns,<sup>j</sup> Edward M. Doerr,<sup>k</sup> Shannendo F. Brathwaite,<sup>l</sup> Michael Johnson,<sup>m</sup> and Eric Hommelen<sup>n</sup>

<sup>a</sup>Department of Infectious Diseases, Medicine Institute, Cleveland Clinic, Ohio; <sup>b</sup>Center for Infectious Diseases and Prevention, Lahey Hospital & Medical Center, Tufts University School of Medicine, Burlington, Massachusetts; <sup>c</sup>D. Cox, Hillborough, New Jersey; <sup>d</sup>Covenant Health, Lubbock, Texas; <sup>e</sup>Divisions of Clinical Endocrinology and Infectious Diseases, University of Utah School of Medicine, Salt Lake City; <sup>f</sup>Opuswright, East Prairie, Minnesota; <sup>g</sup>Monic ID Consultants, LLC, Blue Ridge, North Carolina; <sup>h</sup>French Hospital Medical Center, San Leandro, California; <sup>i</sup>Infectious Disease Consultants of Oklahoma City, Oklahoma; <sup>j</sup>Indiana University School of Medicine, Indianapolis, Indiana; <sup>k</sup>Data Analytics, and <sup>l</sup>Health Economics and Outcomes Research, Aetna Health, Washington, D.C.

## Summary Statistics of Patient Condition

| Condition                              | No ID Intervention |         | ID Intervention |         |
|--|--------------------|---------|-----------------|---------|
|  | Number             | Percent | Number          | Percent |
| Bacteremia                             | 20 377             | 12.0    | 14 066          | 13.8    |
| <i>Clostridium difficile</i> infection | 31 853             | 18.7    | 13 681          | 13.4    |
| Central line infections                | 3308               | 1.9     | 3980            | 3.9     |
| Endocarditis                           | 8585               | 5.0     | 5773            | 5.7     |
| HIV/opportunistic infections           | 24 087             | 14.1    | 9648            | 9.5     |
| Meningitis                             | 279                | 0.2     | 644             | 0.6     |
| Osteomyelitis                          | 16 754             | 9.8     | 19 959          | 19.6    |
| Prosthetic joint infections            | 30 608             | 18.0    | 21 957          | 21.5    |
| Septic arthritis                       | 3215               | 1.9     | 4809            | 4.7     |
| Septic shock                           | 35 659             | 20.9    | 19 975          | 19.6    |
| Vascular device infections             | 8232               | 4.8     | 6885            | 6.8     |
| Total unique stays                     | 170 366            |         | 101 991         |         |

Many patients had more than 1 condition during an index stay.

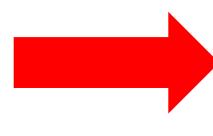
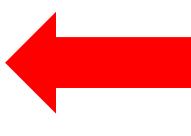
Abbreviations: HIV, human immunodeficiency virus; ID, infectious diseases.

The ID intervention cohort demonstrated **significantly lower mortality** (odds ratio [OR], 0.87; 95% confidence interval [CI], .83 to .91) **and readmissions** (OR, 0.96; 95% CI, .93 to .99) than the non-ID intervention cohort.; the ID intervention cohort ICU LOS was 3.7% shorter (95% CI, -5.5% to -1.9%).

Patients receiving ID intervention within 2 days of admission had significantly lower 30-day mortality and readmission, hospital and ICU length of stay, and Medicare charges and payments compared with patients receiving later ID interventions.

**ID interventions are associated with improved patient outcomes. Early ID interventions are also associated with reduced costs for Medicare beneficiaries with select infections.**

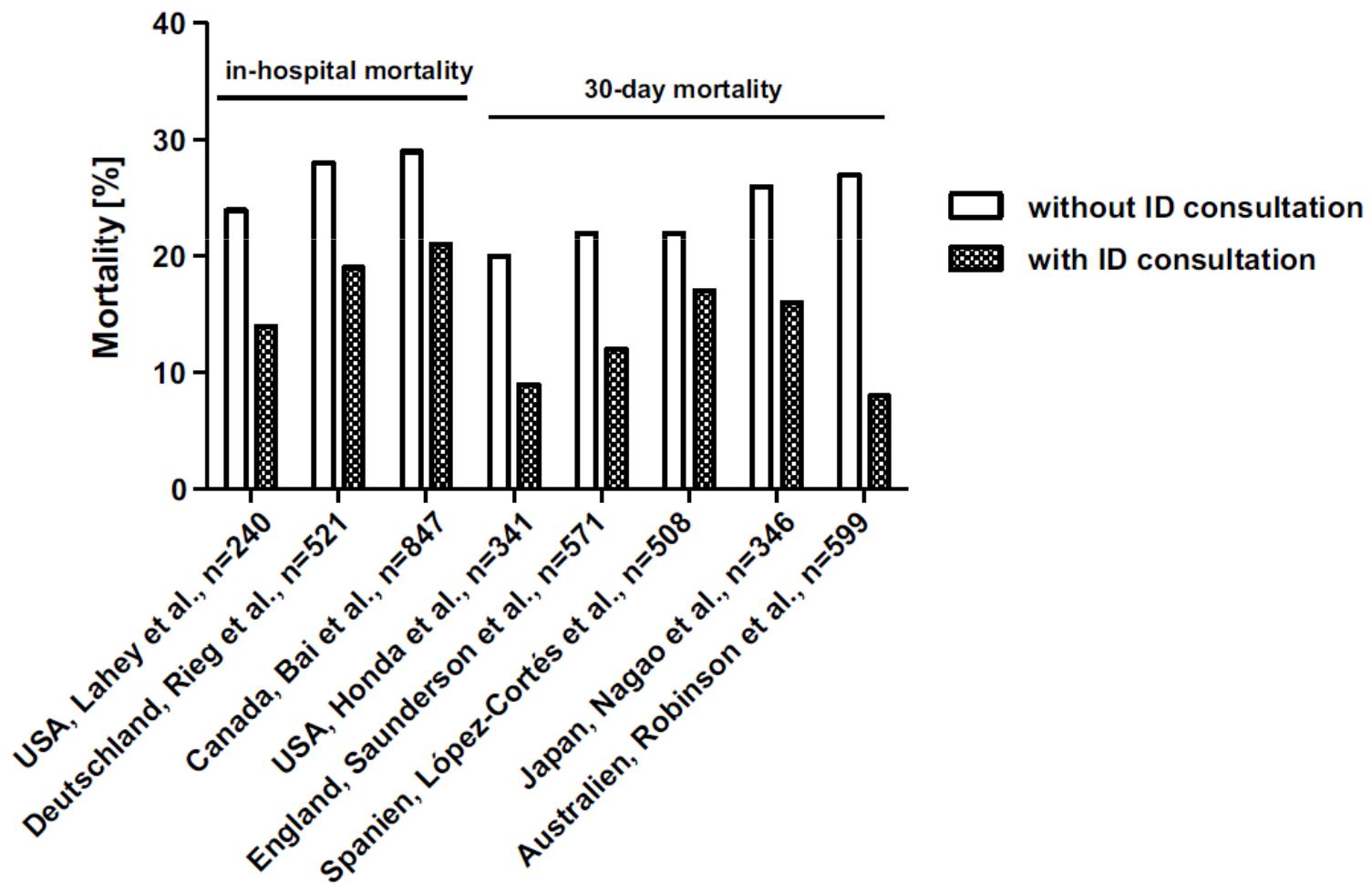
## Risk-Adjusted Outcomes for Stays Receiving Early Versus Late Infectious Diseases Interventions

|  | No ID | ID   |       |
|--|-------|------|-------|
| 30-day mortality (%) <sup>b</sup>        | 8.7   | 7.7  | <.001 |
| 30-day readmission rate (%) <sup>b</sup> | 22.7  | 22.1 | .009  |

## Infectious diseases consultations can make the difference: a brief review and a plea for more infectious diseases specialists in Germany

Siegbert Rieg<sup>1</sup> · Marc Fabian Küpper<sup>1</sup>

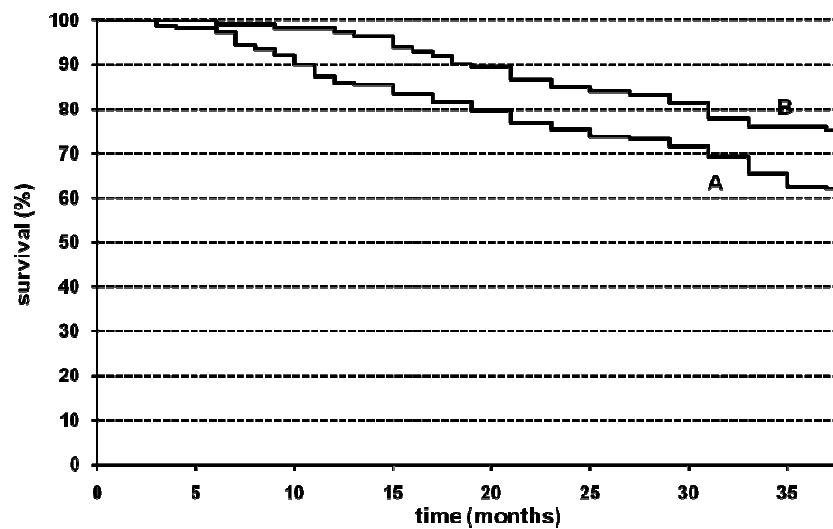


# Multivariata

| Variables      | OR    | 95% CI OR     | p     |
|----------------|-------|---------------|-------|
| Age > 65 years | 2.152 | 1.259 – 3.667 | 0.005 |
| ICD            | 0.520 | 0.298 – 0.906 | 0.021 |

Kaplan Meier: Sopravvivenza con e senza consulenza infettivologica

A: senza IDC  
B: con IDC



Effective Antimicrobial Stewardship in a Long-Term Care Facility  
through an Infectious Disease Consultation Service:  
Keeping a LID on Antibiotic Use

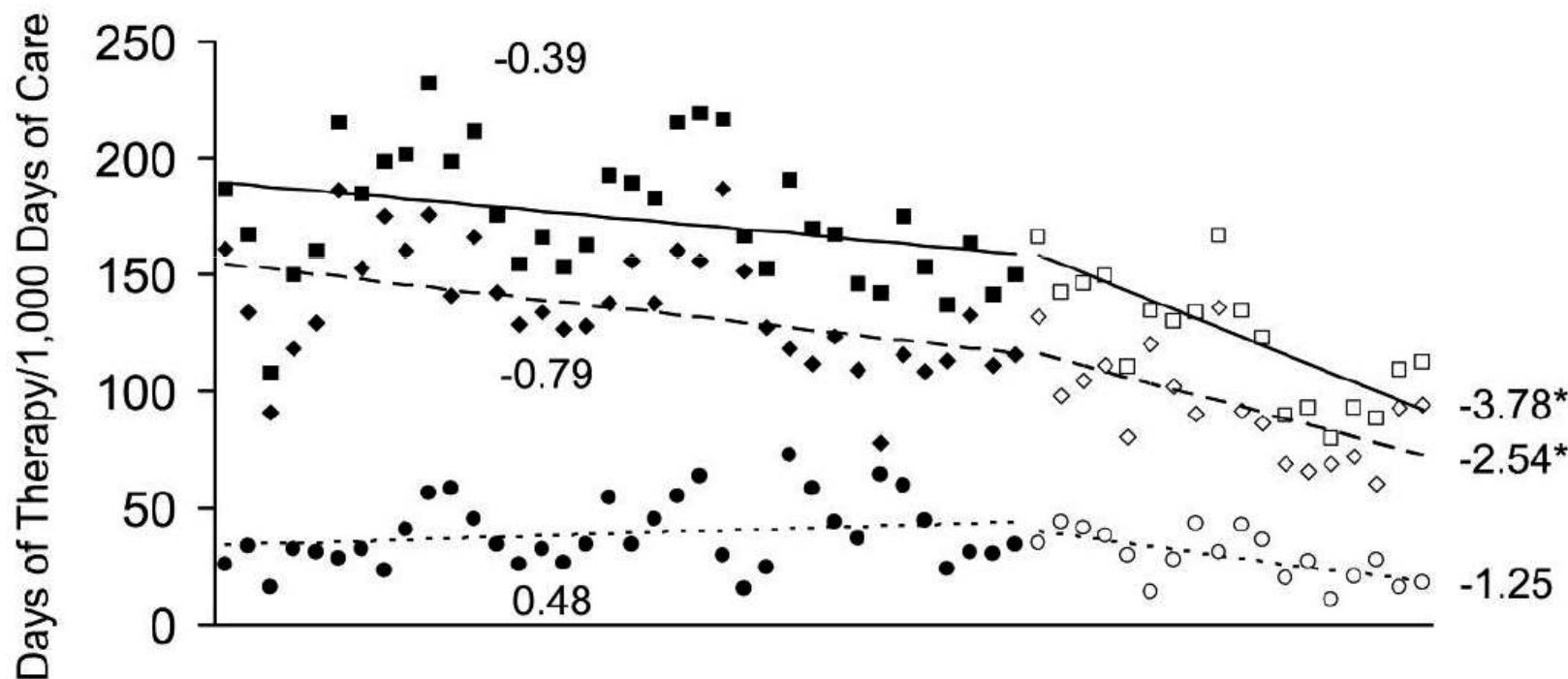
*Infect Control Hosp Epidemiol* 2012;33(12):1185-1192

Robin L. P. Jump, MD, PhD;<sup>1,2,3</sup> Danielle M. Olds, RN, PhD;<sup>4</sup> Nasim Seifi, MS;<sup>1</sup> Georgios Kypriotakis, MS;<sup>1,3</sup>

Lucy A. Jury, RN, CNP;<sup>1</sup> Emily P. Peron, PharmD;<sup>5</sup> Amy A. Hirsch, PharmD;<sup>3,6</sup> Paul E. Drawz, MD;<sup>2,3</sup>

Brook Watts, MD;<sup>2,3</sup> Robert A. Bonomo, MD;<sup>1,2,3,7,8</sup> Curtis J. Donskey, MD<sup>1,2,3,7</sup>

Observed rates of antibiotic use before and after initiation of the long-term care facility (LTCF) infectious diseases consultation service (LID), shown as filled and open symbols



Implementation of an LTCF - ID service led to a significant reduction in total antimicrobial use.

# L'esperienza della Clinica di Malattie Infettive del Policlinico di Modena

**Adopt a Department**  
with a **2 times a week visit**  
**(in addition to the regular consultation)** in order to supervise all antibiotic prescriptions

## STRATEGIES IMPLEMENTED

Antimicrobial Stewardship Program



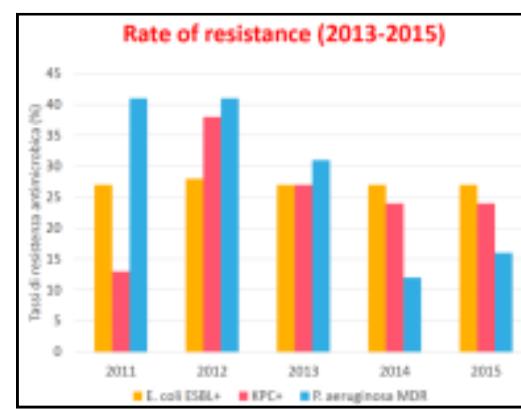
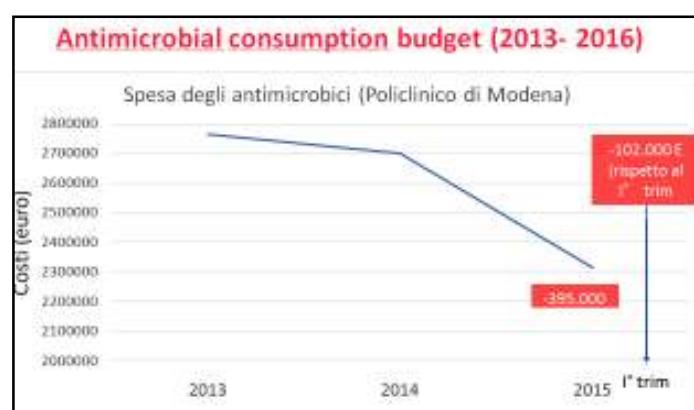




- ↑ ID Consultants
- Control of antimicrobial prescriptions with the clinicians of the ward
- Clinical Audit 2/week

- Guidelines Prophylaxis in surgery
  - UTIs
  - BSIs
  - Pneumonia

- Computerized Control of Carbapenems Prescription



## What we did obtain?

### 1 stable position

1 Contract since 3 years ago  
1 contract in collaboration with hospital hygiene  
2 PhDs with a contract with the hospital

RESEARCH ARTICLE

For reprint orders, please contact: reprints@futuremedicine.com

Future  
MICROBIOLOGY  
(2015) 10(1), 15–20

## Resource-saving advice from an infectious diseases specialist team in a large university hospital: an exportable model?

Massimo Fantoni<sup>1</sup>, Rita Murri<sup>\*1</sup>, Giancarlo Scoppettuolo<sup>1</sup>, Massimiliano Fabbiani<sup>1</sup>, Giulio Ventura<sup>1</sup>, Raffaella Losito<sup>1</sup>, Filippo Berioco<sup>1</sup>, Teresa Spanu<sup>1</sup>, Maurizio Sanguinetti<sup>1</sup> & Roberto Cauda<sup>1</sup>

**Table 4. Factors correlated to resource-saving advice.**

| Factors                  | Discontinuation of inappropriate antibiotic therapy or prophylaxis |                           | De-escalation               |                           | Switch to oral therapy      |                           | Any resource-saving advice  |                           |
|--------------------------|--|---------------------------|-----------------------------|---------------------------|-----------------------------|---------------------------|-----------------------------|---------------------------|
|                          | Unadj. risk,<br>OR (95% CI)  | Adj. risk, OR<br>(95% CI) | Unadj. risk,<br>OR (95% CI) | Adj. risk, OR<br>(95% CI) | Unadj. risk,<br>OR (95% CI) | Adj. risk, OR<br>(95% CI) | Unadj. risk,<br>OR (95% CI) | Adj. risk, OR<br>(95% CI) |
| Recent surgery           | 1.93<br>(1.46–2.56)  | 1.82<br>(1.35–2.45)       | 2.48<br>(1.78–3.46)         | 2.20<br>(1.54–3.14)       | 1.68<br>(1.25–2.27)         | 1.42<br>(1.03–1.97)       | 2.12<br>(1.73–2.61)         | 1.85<br>(1.49–2.31)       |
| Central venous catheter  | 1.49<br>(1.06–2.09)  | 1.36<br>(0.94–1.96)       | 2.81<br>(1.96–4.01)         | 1.61<br>(1.09–2.38)       | 0.70<br>(0.45–1.08)         | 0.69<br>(0.44–1.10)       | 1.51<br>(1.17–1.95)         | 1.21<br>(0.92–1.59)       |
| Bloodstream infection    | 1.11<br>(0.81–1.53)  | 1.00<br>(0.71–1.41)       | 4.27<br>(3.05–5.98)         | 3.94<br>(2.73–5.70)       | 0.87<br>(0.61–1.25)         | 1.08<br>(0.74–1.58)       | 1.63<br>(1.30–2.04)         | 1.65<br>(1.29–2.10)       |
| Abdominal infection      | 1.61<br>(1.02–2.53)  | 1.29<br>(0.81–2.06)       | 1.80<br>(1.08–2.99)         | 1.77<br>(1.02–3.05)       | 1.42<br>(0.87–2.33)         | 1.48<br>(0.88–2.48)       | 1.48<br>(1.04–2.11)         | 1.34<br>(0.93–1.94)       |
| Bone and joint infection | 0.33<br>(0.10–1.06)  | 0.33<br>(0.10–1.08)       | 1.29<br>(0.58–2.87)         | 1.74<br>(0.76–3.99)       | 5.02<br>(3.01–8.39)         | 5.35<br>(3.16–9.03)       | 2.09<br>(1.30–3.37)         | 2.32<br>(1.42–3.78)       |
| Surgical site infection  | 1.63<br>(0.88–3.00)  | 1.18<br>(0.62–2.24)       | 1.20<br>(0.54–2.65)         | 1.27<br>(0.55–2.93)       | 2.95<br>(1.71–5.11)         | 2.82<br>(1.57–5.07)       | 2.60<br>(1.65–4.11)         | 2.21<br>(1.37–3.57)       |

Adj.: Adjusted; OR: Odds ratio; Unadj.: Unadjusted.

**Resource-saving advices were possible in 41% of cases.** Recent surgery, having a central venous catheter, bloodstream, abdominal, surgical site or bone and joint infections were correlated to a higher probability of receiving R-SA. In a high number of patients hospitalized in nonintensive care units, an ID consultation is useful to limit the overuse of antibiotic therapy. The role of the ID will be greatly represented in multidisciplinary consultation teams with the aim to optimize the indications and management of antibiotics in infectious diseases of hospitalized patients.

## UNA RIVALUTAZIONE ATTIVA DELLA TERAPIA ANTIBIOTICA A 72 ORE DALLA DIAGNOSI DI SEPSI È CORRELATA AD UNA MINORE DURATA DI TERAPIA ANTIBIOTICA E A MINORE DURATA DELLA DEGENZA

Murri, F. Taccari, I. Mastrorosa, T. Spanu, F. Giovannenze, G. Scoppettuolo, G. Ventura, C. Palazzolo, B. Fiori, M. Sanguinetti, R. Cauda, M. Fantoni Dept of Infectious Diseases, Catholic University of Rome, Italy - Poster SIMIT 2015

|  | Total<br>N=743 | UDCI<br>standard<br>N=197 | UDCI standard<br>+ call<br>N=233 | UDCI standard +<br>call + rivalutaz a<br>72h N=313 | p          |
|--|----------------|---------------------------|----------------------------------|--|------------|
| INTERVENTO (%)                               | 400 (53.8)     | 79 (40.1)                 | 82 (35.2)                        | 239 (76.3)   |            |
| - De-Escalation or Sospensione (%)           | 295 (39.9)     | 63 (32.0)                 | 63 (27.2)                        | 169 (54.3)   | <0.00<br>1 |
| - Escalation (%)                             | 105 (14.2)     | 16 (8.1)                  | 19 (8.2)                         | 70 (22.5)  |            |
| INTERVENTO NON FATTIBILE (%)                 | 220 (29.6)     | 66 (33.5)                 | 72 (30.9)                        | 72 (23.0)  |            |
| - Paziente troppo grave o non migliorato (%) | 55 (7.4)       | 10 (5.1)                  | 12 (5.2)                         | 33 (10.6)  | <0.00<br>1 |
| - Già terapia ottimale(%)                    | 165 (22.3)     | 56 (28.4)                 | 70 (30.2)                        | 39 (12.5)  |            |
| NO INTERVENTION (%)                          | 120 (16.2)     | 52 (26.4)                 | 68 (29.3)                        | 0 (0)  | <0.00<br>1 |

Nei pazienti con sepsi, la **rivalutazione attiva a 72h da parte dell'Unità di Consulenza Infettivologica** si correla a un più rapido inizio di terapia antibiotica, a minore durata della terapia e minori tempi di degenza

# **Quali sono alcune delle principali caratteristiche delle richieste di consulenze infettivologiche da parte delle varie UOC in ospedale?**

- 1. MOLTO IMPEGNATIVE PER L'ELEVATA COMPLESSITA' CLINICA DEI PAZIENTI**
- 2. SEMPRE URGENTI**
- 3. CON RICHIESTE IMMEDIATE DI TRASFERIMENTO PRESSO UOC DI MALATTIE INFETTIVE (ANCHE MEDIANTE "PRESSANTI INVITI" TELEFONICI)**
- 4. DIFFICILI SE SI CONSIGLIA L'ISOLAMENTO DEI PAZIENTI IN STANZA SINGOLA PRESSO LE UOC RICHIEDENTI**
- 5. COMPLICATE ED INTERLOCUTORIE SE SI CONSIGLIANO FARMACI SCONOSCIUTI A MOLTI COLLEGHI ED CON COSTI ELEVATI**

# **Indagine SIMIT sulle consulenze delle UOC di Malattie Infettive in Italia – Anno 2015**

# Email SIMIT ai Direttori delle UOC – 1 Giugno 2016

**Da:** SIMIT [<mailto:SIMIT@promoleader.com>]

**Inviato:** mercoledì 1 giugno 2016 14:58

**A:** undisclosed-recipients:

**Oggetto:** I: Report 2015 riferiti alle consulenze

**Ai Direttori UOC di Malattie Infettive**

**LORO SEDI**

Cari amici,

nell'intento di avere più dati possibili a disposizione per la nostra Società, relativamente agli indicatori di attività delle nostre UOC, ti chiediamo di trasmetterci i tuoi **report 2015 riferiti alle consulenze** che sono state erogate in quell'anno.

In tal modo si potranno completare, ad un livello molto più strutturale, i dati riportati nel recente "Libro Bianco delle Malattie Infettive" riguardo l'indicatore "consulenze", essendo stati trasmessi molto parzialmente, spesso incompleti e quindi poco fruibili per considerazioni gestionali a livello di scala (es: tempo uomo dedicato alle consulenze, maggiore valorizzazione delle consulenze, ecc.).

Ti chiediamo pertanto di indicarci **prioritariamente il numero delle consulenze totali** comprensive dei vari reparti, PS ed eventualmente extra aziendali (si intendono per extra aziendali quelle in altri ospedali non appartenenti alla tua azienda, RSA-lungodegenze, territorio, ecc.) e, indicativamente qual è **a tuo parere la tipologia in % delle consulenze erogate** (es: batteriche/fungine 80%, HIV 8 %, epatologia 10%, extraziendali 2%).

Se hai anche ha disposizione il **dato analitico** riguardo il numero e la sede dove sono state eseguite le consulenze (tipo di reparto della tua azienda , PS, ed eventualmente anche la tipologia di struttura extra aziendale es. RSA, ambulatorio esterno ecc.) esso sarà utilissimo per avere un quadro ancora più completo. Il dato analitico, rispetto ai dati sopra richiesti possiamo considerarlo **facoltativo** in quanto non sempre è facilmente a disposizione di tutte le aziende. Se tu l'hai facilmente a disposizione, ti chiediamo di inviarlo su un file a parte (meglio se possibile in formato excel) .

Ti alleghiamo il file excel dove troverai indicati i dati principali che ti chiediamo di trasmettere a: [SIMIT@promoleader.com](mailto:SIMIT@promoleader.com) cortesemente entro il prossimo **15 giugno**.

Ti saluto con amicizia,

Marco Tinelli

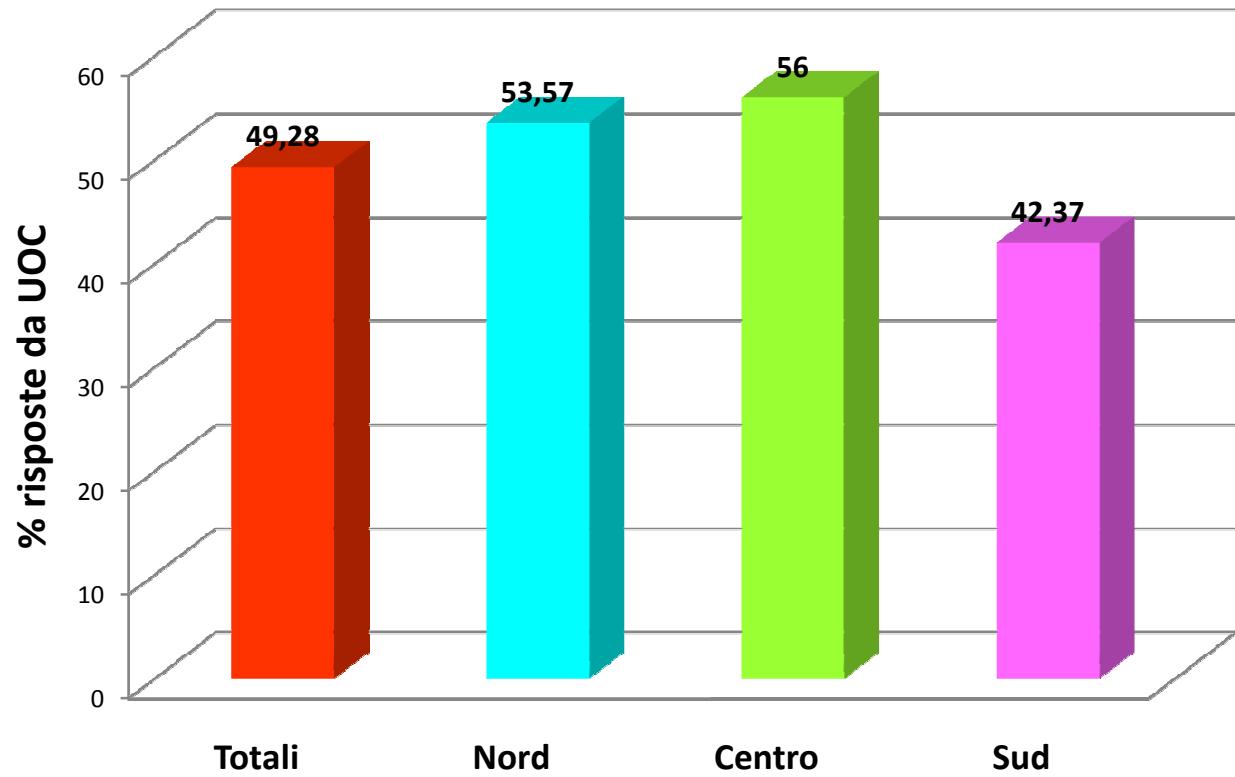
Antonio Chirianni

Massimo Galli



| NORD        | Emilia Romagna        |
|-------------|-----------------------|
|             | Friuli Venezia Giulia |
|             | Liguria               |
|             | Lombardia             |
|             | Piemonte              |
|             | Trentino Alto-Adige   |
|             | Valle d'Aosta         |
|             | Veneto                |
| CENTRO      | Lazio                 |
|             | Marche                |
|             | Toscana               |
|             | Umbria                |
| SUD e ISOLE | Abruzzo               |
|             | Basilicata            |
|             | Calabria              |
|             | Campania              |
|             | Puglia                |
|             | Sardegna              |
|             | Sicilia               |

# Indagine SIMIT su consulenze – Anno 2015

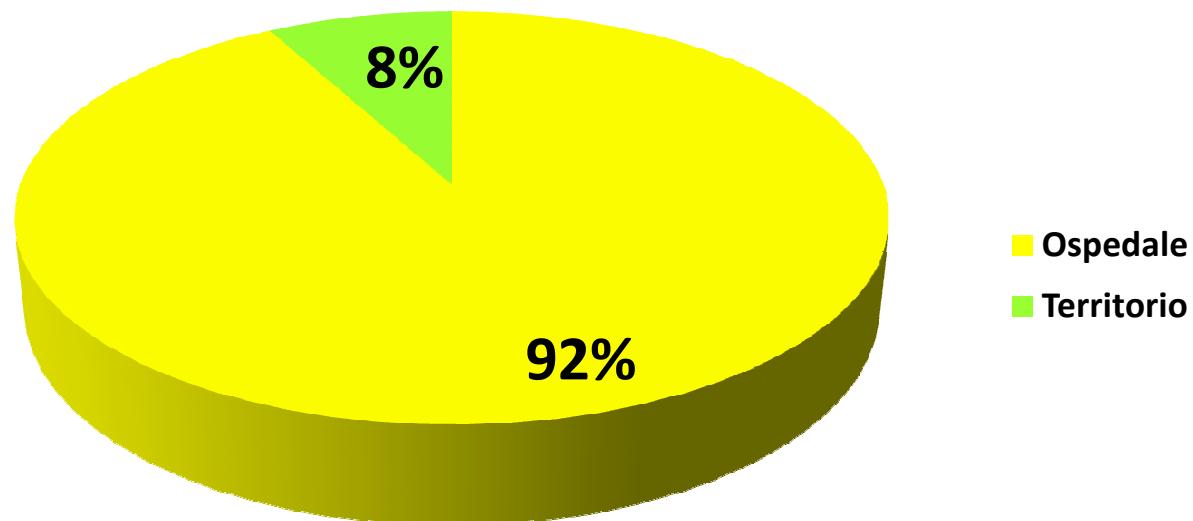


| Indagine su Consulenze     | No.    | %     |
|----------------------------|--------|-------|
| No. Totale Risposte da UOC | 69/140 | 49,28 |
| No. Risposte Nord          | 30/56  | 53,57 |
| No. Risposte Centro        | 14/25  | 56,00 |
| No. Risposte Sud           | 25/59  | 42,37 |

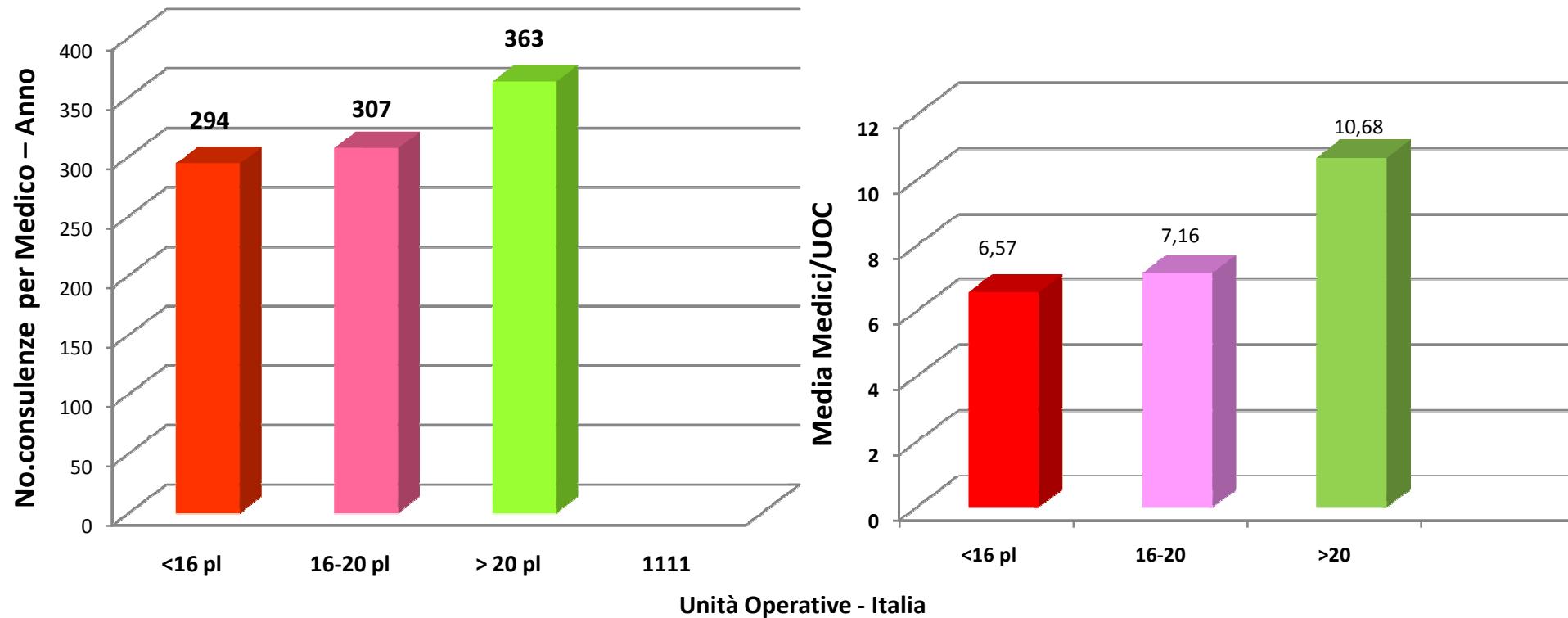
# No. Consulenze totali Italia – Anno 2015

No. 69/140 UOC

|                              | No.            | %          |
|------------------------------|----------------|------------|
| <b>CONSULENZE TOTALI</b>     | <b>152.167</b> | <b>100</b> |
| <b>CONSULENZE OSPEDALE</b>   | <b>140.478</b> | <b>92</b>  |
| <b>CONSULENZE TERRITORIO</b> | <b>11.689</b>  | <b>8</b>   |

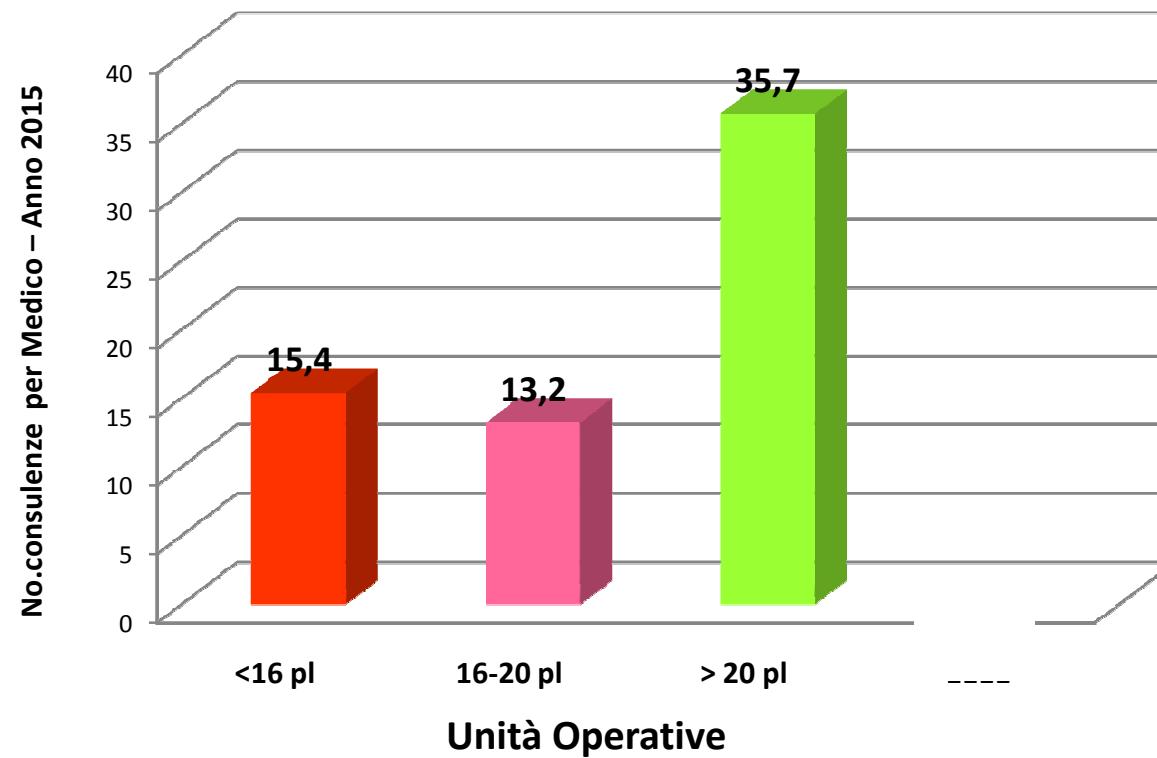


# Indicatori delle attività consulenziali (Aziendali + extra aziendali) – Anno 2015



| No. UOC | No. Posti letto | No. Tot Medici | Media Medici/UOC | Consulenze totali (Aziend.+ extra) | Consulenze / UOC/anno | Consulenze/ Medico/anno | % Consul./ Med./anno |
|---------|-----------------|----------------|------------------|------------------------------------|-----------------------|-------------------------|----------------------|
| 26      | <16             | 171            | 6,57             | 50.213                             | 1931                  | 293,64                  | 30,4                 |
| 12      | 16-20           | 86             | 7,16             | 26.373                             | 2197                  | 306,66                  | 31,8                 |
| 22      | >20             | 235            | 10,68            | 85.259                             | 3875                  | 362,80                  | 37,7                 |

# Indicatori delle attività consulenziali (Extra aziendali) – Anno 2015

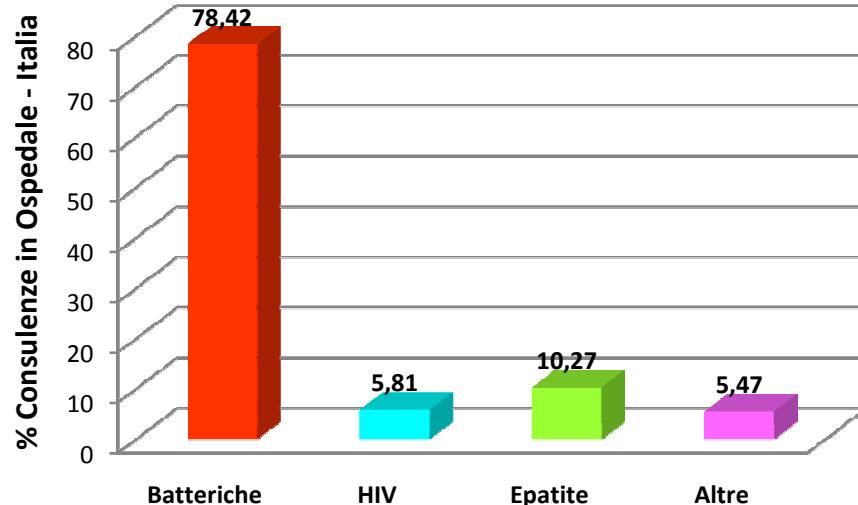


| No. UOC | No. Posti letto | No. Tot Medici | Media Medici/UOC | Consulenze totali extra az. | Consulenze / UOC/anno | Consulenze/ Medico/anno | % Consul./ Med./anno |
|---------|-----------------|----------------|------------------|-----------------------------|-----------------------|-------------------------|----------------------|
| 26      | <16             | 171            | 6,57             | 2638                        | 101                   | 15,4                    | 23,8                 |
| 12      | 16-20           | 86             | 7,16             | 1136                        | 95                    | 13,2                    | 20,5                 |
| 22      | >20             | 235            | 10,68            | 8392                        | 381                   | 35,7                    | 58,3                 |

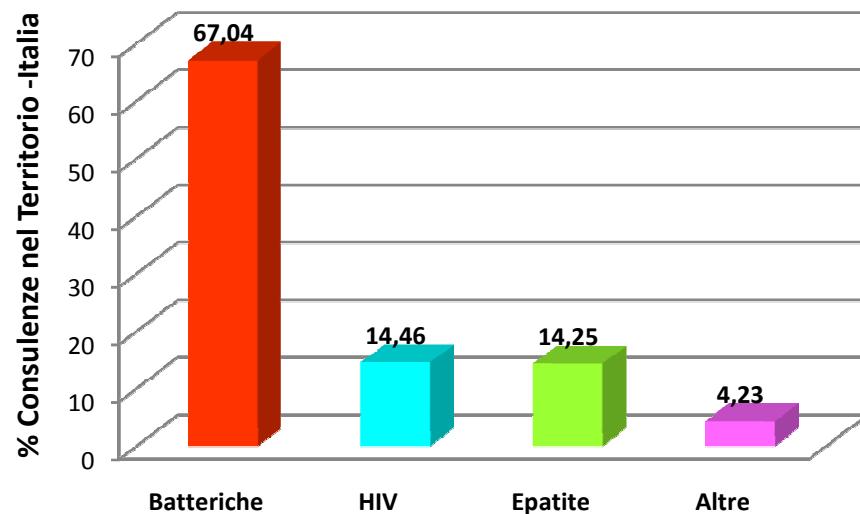
# % Consulenze per sede e tipologia: totale Italia 2015

## No. 69/140 UOC

**% OSPEDALE**



**% TERRITORIO**



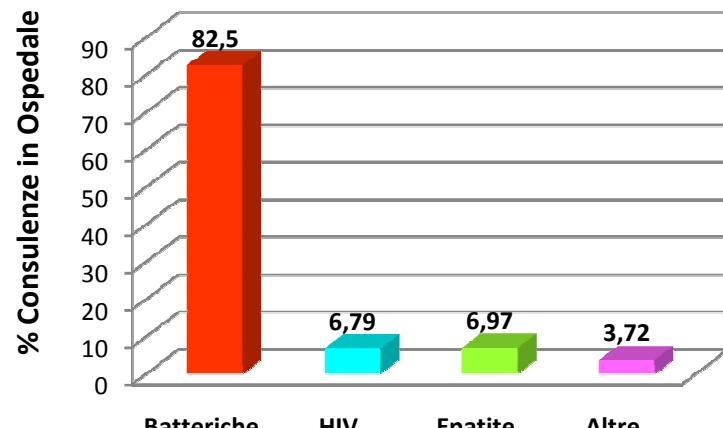
|                                   | *No.          | %          |
|-----------------------------------|---------------|------------|
| <b>TOTALE CONSULENZE OSPEDALE</b> | <b>140478</b> | <b>100</b> |
| Batteriche/fungine                | 110173        | 78,42      |
| HIV                               | 8168          | 5,81       |
| Epatite                           | 14431         | 10,27      |
| altre                             | 7696          | 5,47       |

|                                     | *No.         | %          |
|-------------------------------------|--------------|------------|
| <b>TOTALE CONSULENZE TERRITORIO</b> | <b>11698</b> | <b>100</b> |
| Batteriche/fung                     | 7837         | 67,04      |
| HIV                                 | 1691         | 14,46      |
| Epatite                             | 1666         | 14,25      |
| altre                               | 495          | 4,23       |

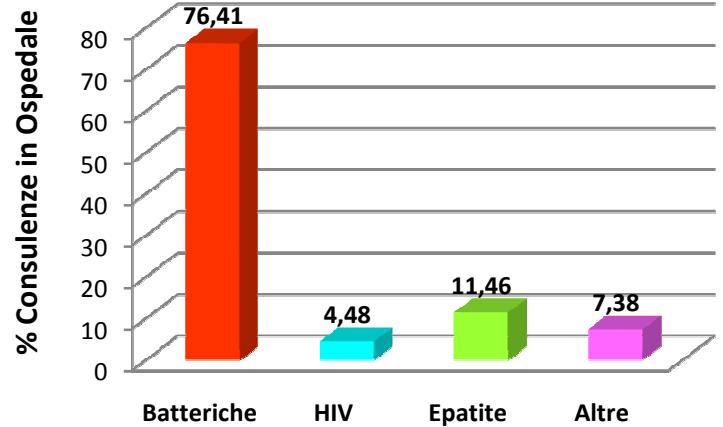
\*I dati numerici assoluti riportati sono stati calcolati mediante trasformazione delle percentuali trasmesse dalle varie UOC

## % Consulenze in Ospedale Nord, Centro, Sud - 2015

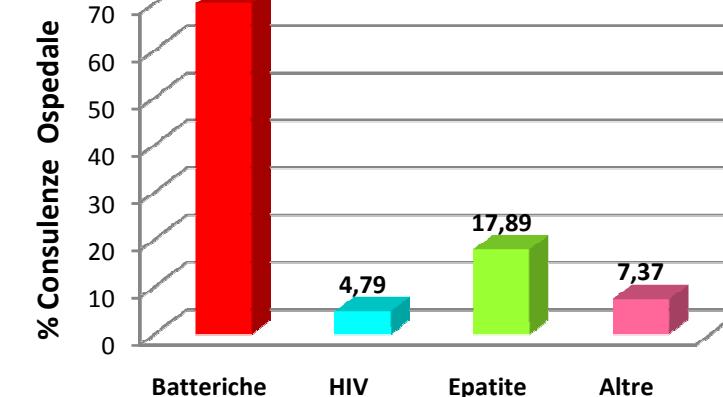
**Nord**



**Centro**



**Sud**



| UOC : 28/56              | *No.         | %          |
|--------------------------|--------------|------------|
| <b>TOTALE CONSULENZE</b> | <b>73207</b> | <b>100</b> |
| Batteriche/fungine       | 60401        | 82,5       |
| HIV                      | 4976         | 6,79       |
| Epatite                  | 5107         | 6,97       |
| altre                    | 2724         | 3,72       |

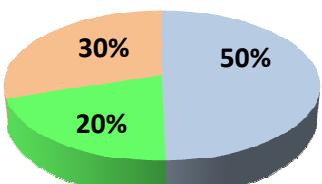
| UOC : 14/25              | *No.         | %          |
|--------------------------|--------------|------------|
| <b>TOTALE CONSULENZE</b> | <b>42210</b> | <b>100</b> |
| Batteriche/fungine       | 32255        | 76,41      |
| HIV                      | 1892         | 4,48       |
| Epatite                  | 4840         | 11,46      |
| altre                    | 3123         | 7,38       |

| UOC : 20/59              | *No.         | %          |
|--------------------------|--------------|------------|
| <b>TOTALE CONSULENZE</b> | <b>26198</b> | <b>100</b> |
| Batteriche/fungine       | 17516        | 69,9       |
| HIV                      | 1210         | 4,79       |
| Epatite                  | 4484         | 17,89      |
| altre                    | 1848         | 7,37       |

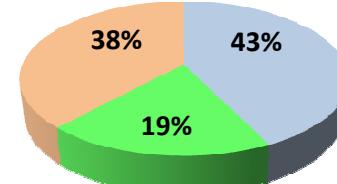
\*I dati numerici assoluti riportati sono stati calcolati mediante trasformazione delle percentuali trasmesse dalle varie UOC

## Dati DRG "Libro Bianco" -2013

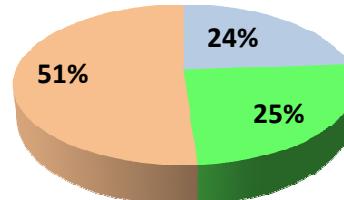
| % CASI DRG "BATTERICHE/MICOTICHE" |     |
|-----------------------------------|-----|
| Nord                              | 50% |
| Centro                            | 20% |
| Sud e Isole                       | 30% |



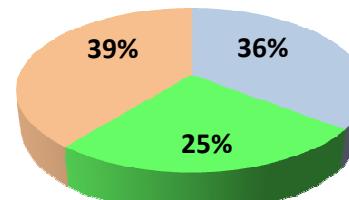
| % CASI "DRG HIV" |     |
|------------------|-----|
| Nord             | 42% |
| Centro           | 19% |
| Sud e Isole      | 39% |



| % CASI "DRG EPATITE" |     |
|----------------------|-----|
| Nord                 | 24% |
| Centro               | 25% |
| Sud e Isole          | 51% |



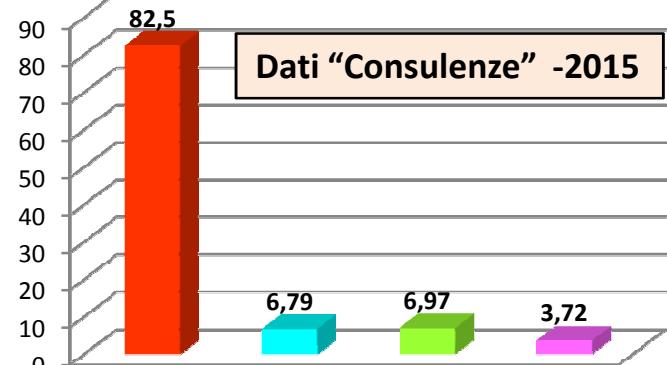
| % CASI "DRG ALTRE VIRALI" |     |
|---------------------------|-----|
| Nord                      | 36% |
| Centro                    | 25% |
| Sud e Isole               | 39% |



- NORD
- CENTRO
- SUD e ISOLE

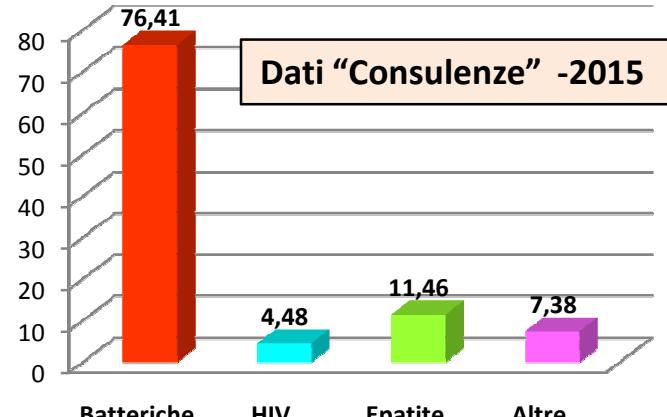
Nord

% Consulenze in Ospedale



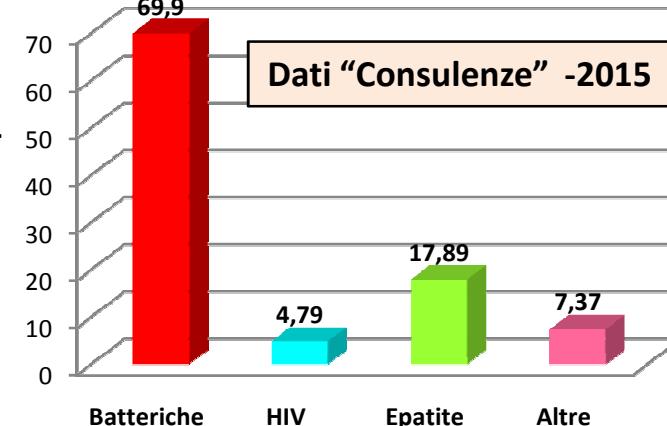
Centro

% Consulenze in Ospedale



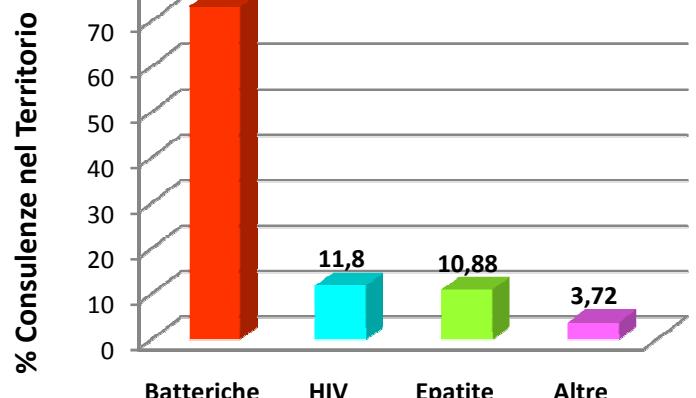
Sud

% Consulenze Ospedale



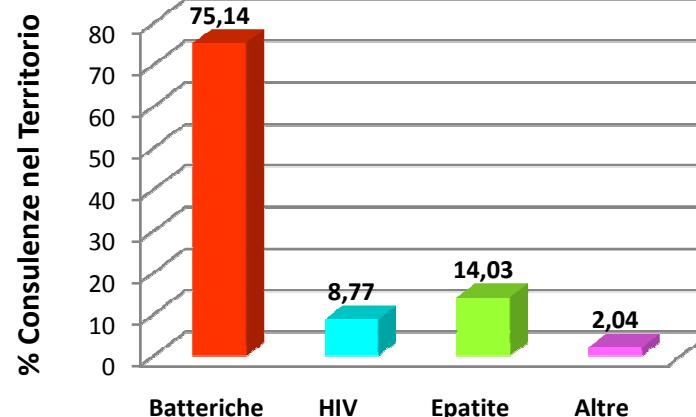
# % Consulenze nel Territorio Nord, Centro, Sud - 2015

Nord



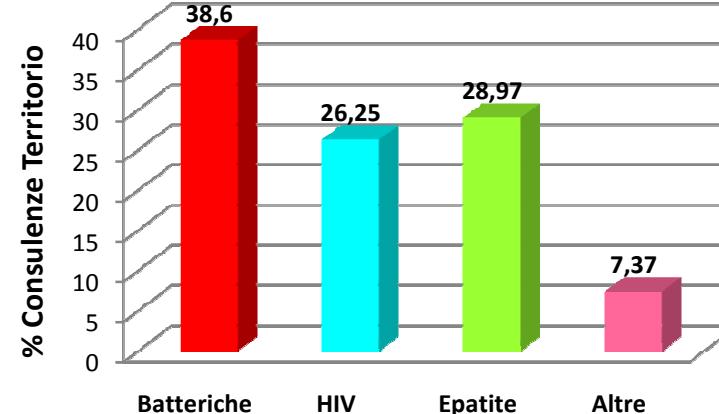
| UOC : 28/56              | *No.        | %          |
|--------------------------|-------------|------------|
| <b>TOTALE CONSULENZE</b> | <b>8834</b> | <b>100</b> |
| Batteriche/fung          | 6453        | 73,04      |
| HIV                      | 1691        | 11,80      |
| Epatite                  | 1666        | 10.88      |
| altre                    | 495         | 4,15       |

Centro



| UOC : 14/25              | *No.       | %          |
|--------------------------|------------|------------|
| <b>TOTALE CONSULENZE</b> | <b>342</b> | <b>100</b> |
| Batteriche/fung          | 257        | 75,14      |
| HIV                      | 30         | 8,77       |
| Epatite                  | 48         | 14,03      |
| altre                    | 7          | 2,04       |

Sud



| UOC : 20/59              | *No.        | %          |
|--------------------------|-------------|------------|
| <b>TOTALE CONSULENZE</b> | <b>2264</b> | <b>100</b> |
| Batteriche/fung          | 874         | 38,60      |
| HIV                      | 608         | 26,25      |
| Epatite                  | 665         | 28,97      |
| altre                    | 126         | 5,56       |

\*I dati numerici assoluti riportati sono stati calcolati mediante trasformazione delle percentuali trasmesse dalle varie UOC