

30th June 2014

**EFIM EXCHANGE PROGRAMME AT INTERNAL MEDICINE A UNIT, MAGGIORE HOSPITAL,
BOLOGNA, ITALY**

FINAL REPORT

The duration of my stay in Maggiore Hospital went from 5th to 30th of May 2014. This one month-exchange programme in an Internal Medicine Unit of another country has been for me a definitely high enriching experience. It gave me the only chance to observe the differences about health systems and social properties between Italy and Turkiye.

In Italy, the Health Care system related to the hospital admission of acute patients is organized in three levels of hospital dimension: peripheral (60-90 beds), medium-size (100-300 beds) and third level hospitals (> than 300 beds). Moreover the care and referral of outpatients is ensured by a defined number of general practitioners (GPs) which are assigned to specific geographical area of a province (e.g. 1 GP by 1500 residents in the city of Bologna, that equals to about 300 GPs).

The Maggiore Hospital is a 3rd level General Hospital in the geographical area of Bologna, the main city in Emilia Romagna region, which belongs to the AUSL of Bologna together with other 7 smaller hospitals and it has also the characteristic of being a regional reference Trauma Centre. During my stay I have spent my time in the Medical Department and particularly in the Medicine A Unit which has an attached Centre for Ultrasound. Moreover I had also the opportunity to visit the Triage Unit of the Emergency Department and the Endoscopic Ultrasound Unit of Surgery Department as well.

In the Emergency Department, the initial triage is performed by nurses and patients on arrival are classified with codes according to the severity of patients' condition at admission. These codes (red, yellow, green and white) are intended to define the time for attending the physician's evaluation (red: life threatening-immediate, white: no urgency-may wait more than 60 min to be visited) and represents the urgency of the clinical condition. During the subsequent physical examination a VIEW score* is evaluated and finalized by doctors. This score gives evidence of the need for admission to high or low intensity care areas of the Hospital– eg. *red* (high) and *blue* (low): also the number of transfers between areas is based upon the intensity and the severity of the clinical condition. The patient is finally admitted to different areas of the Hospital according to its range of VIEWs score: 0-3 *blue*, $\geq 4-6$ *red*, 7-10 *subintensive*, >10 *intensive care unit*, respectively.

In the Hospital where I work (Hacettepe University Hospital in Ankara, Turkiye) there are also codes like red, green, yellow and white in the Emergency Department, and the nurse/doctor team makes the triage in consideration of the codes. By contrast a score like

the VIEW is not usually evaluated in the Emergency Department. However, in only one internal medicine unit which is called Acute Care Unit, this score is used. I consider that using this score also in the Emergency Department is a great support for determining the patients' condition and it may be very useful for the internal medicine service team to speed up matters.

SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale di Bologna

Scheda n.1 Scheda PS e OBI med. D'urgenza

Codice a barre nosografico

DATA ___/___/___ ORA RILEVAZIONE _____
COGNOME _____ NOME _____

Inviato in UNITA'OPERATIVA _____

NOTE _____

VIEWS	3	2	1	0	1	2	3	Score
Coscienza				Alert			Voce, Dolore, Non risponde	
Pressione arteriosa sist (mmHg)	≤90	91-100	101-110	111-249	≥250			
Frequenza cardiaca		≤40	41-60	61-90	91-110	111-130	≥130	
Frequenza respiratoria	≤8		9-11	11-20		21-40	≥40	
Temp. corporea (°C)	≤35		36.1-36	36.1-36		38.1-38	≥39.1	
Saturazione periferica O ₂ (SpO ₂)	≤84	85-89	90-94	≥95				
Percentuale Ossigeno erogata				≥21% (ana)			≥22	
Firma _____							TOTALE	

* Bleyer AJ, Vidya S, Russell GB, et al. Longitudinal analysis of onemillion vital signs in patients in an academic medical center. Resuscitation 2011;82:1387–92.

In Internal Medicine Unit A, since 2 years ago there were two care areas: a) *red*, with 14 beds and higher resources dedicated to patients with a need of medium-high intensity care; and b) *blue*, with 22 beds and lower resources for a medium intensity care.

Now, after the new plan of reorganization of the Medical Area of the Maggiore Hospital which started on february 2014, the 36 bed at the 6th floor of the Hospital are totally dedicated to the *blue* area (eg. for patients with a VIEW score 0-3), as the other 90 beds allocated in the floors 7, 9, 11, of the Maggiore Hospital. By the contrary 36 bed dedicated to patients coded with VIEW scores ≥4-6 have all been concentrated in a unique *red* area at the 12th floor, near the Emergency Department.

When a patient is admitted from the Emergency to the Medical Department, here the team (nurse-doctor) re-evaluates the patient and plans the future treatment and procedures to be conducted in the unit.



The basic differences between Hacettepe University and Maggiore Hospital originate from the type of the hospitals. My hospital is a University Hospital and the majority of the affairs is based on the residents' working. All kinds of diseases are followed up in the very same service with a total number of 100 beds, while only the Oncology Department has its own separated service with 50 beds. All different Department's consultant physicians (Endocrinology, Rheumatology, Nephrology, Gastroenterology, Geriatrics, Hematology and General Internal Medicine) visit the patients on specific days. Moreover all internal medicine services have one service consultant who has ward round usually 5 days a week.

I have noted also a significant difference between our two health care systems as concerns the economics of admissions and diagnostic exams. As a matter of fact in Italy when a patient is referred as an outpatient by his GP, he is charged to pay only a proportion of bills for physician fees, radiology exams, labs results, etc. The amount of payment changes according to the patient's yearly income. However there are no cost charged to the patient if he is admitted to the Hospital by the Emergency Department, but if he is considered a white code at triage, it is possible to charge him the costs of the visits and exams performed in the Emergency.

On the other hand in my hospital in Turkiye the patients with a health insurance only pay the proportion of bills of prescription but not other radiologic images. Likewise in inpatient clinics, all patients are charged for bed cost daily free from their yearly income.

The most exciting part of my programme is the rotation in the Centre of Ultrasound and the short visit in the endosonographic ultrasound (EUS) unit. In my country ultrasonography unit serves under the radiology department. Internal medicine specialists are not experienced in performing ultrasonography except gastroenterologists and nephrologists. In Maggiore Hospital the internal medicine specialists of the Medicine A Unit

have been long trained in clinical ultrasound and I have had great chance to observe abdominal, urinary, neck and vascular ultrasound examinations. Moreover, as a 3rd level Centre they perform interventional ultrasound (US-guided FNA and biopsies, drainages, percutaneous tumor ablation with alcohol, RF and laser).

In the Medical as well in other Departments they perform consulting-type clinical ultrasound (ultrasound, doppler ultrasound, ultrasound contrast medium). Patients with dyspepsia, malabsorption syndromes, inflammatory bowel disease, acute and chronic liver disease, focal lesions of the liver are evaluated; diagnostic and therapeutic interventional ultrasound and / or contrast media for the study of tissue characterization of neoplastic and inflammatory lesions are assessed. In my opinion, internal medicine specialists must support their clinical skills by the basic level of ultrasound performing. Also bedside ultrasound, which provides physicians a lot of time, will definitely take a very important place in internal medicine daily practice and thus will be considered to be more often performed in the future. During my period in Maggiore Hospital, I also had chance to observe EUS of pancreatic and biliary lesions, which was a really important clinical experience for me, as I have never seen directly an EUS procedure before.



While I was in Bologna my tutor invited me to participate at the following events:

- a) a joint meeting with surgeons, internists, radiologists, pathologists and oncologists at Maggiore Hospital on May 14th 2014, where Dr. A.maestri, the Chief of the Oncology Unit of the Imola Hospital held a presentation on the topic: *“A proposed neoadjuvant protocol to be applied in patients with gastric cancer”*
- b) a full presentation day dedicated to “Bedside ultrasound” at the Summer School Ultrasound Clinic 10th Edition organized by the Centre of Ultrasound of Medicine A under the auspices of the Society of Italian Internal Medicine (SIMI), on May 27th 2014 at the Villaggio della Salute in Monterenzio, a small charming town in the surroundings of Bologna.

There are also differences between our two countries in other settings like pediatrics and geriatrics. Indeed in our country pediatricians take care patients until the age of 18 yrs, while in Italy the upper limit of age is 14. Moreover in Italy geriatrics take care of patients over 75 yrs while in Turkiye this age-limit starts from 65. This is probably related to the fact that in Italy average survival is 80 yrs for men and 85 for women, while Turkiye is 68 for men and 70 for women. Also learning this kind of differences attract my attention.

Language was unfortunately the main challenge in my Exchange programme, not with consultant physicians, but rather with the patients. Medical terms and body language were big time savers though.

THANKS

I would like to thank all the staff especially the Chief of the Medicine A and Centre of Ultrasound, Dr. Vincenzo Arienti and his first collaborator and my tutor Dr. Stefano Pretolani. It was an amazing and enjoyable month for me. I would definitely recommend this exchange programme to all other residents in Internal Medicine of EFIM. This is the best way to have a broad perspective.

H. Arzu Yaşar, MD

Hacettepe University, Faculty of Medicine
Department of Internal Medicine
06100 Sıhhiye - Ankara/TURKEY