



POSTER PRESENTATION

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An Infectious Disease Day-Hospital service in a metropolitan area of Northern Italy. Evolving assistance features in the last fifteen years (1994-2008)

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Background

Aim of our study is to evaluate the frequency and features of admissions performed at an Infectious Diseases Day-Hospital service at S. Orsola Hospital, Bologna, Italy.

Methods

A retrospective evaluation of all admissions of the last 15 years (1994-2008), was performed.

Results

Before the introduction of potent, combination antiretroviral treatments (cART) (years 1994-1996), the proportionally low mean number of admissions (110/year), was linked to the elevated prevalence of HIV disease, which accounted for 89.4% of Day-Hospital hospitalizations, their recurrence, and their prolonged duration. Immediately after cART introduction, the number of Day-Hospital admissions showed a significant increase, from 171 (year 1997), to 318 (2002), 338 (2003), 347 (2004), 331 (2005), 356 (2006), 341 (2007), and 378 (2008) ($p < .0001$ versus the pre-cART era), although this phenomenon paralleled a drop of percentage of HIV-related admissions (from 59.1% of 1997, to a minimum of 23.8% of the year 2005; $p < .0001$). While HIV-associated hospitalizations decreased, a temporal increase of admissions due to chronic liver disease occurred ($p < .0001$). The reduction of admission duration allowed an increase of overall number of hospitalizations of each examined year ($p < .0001$), and the mean bed occupation rate showed a continued rise (8.2

in the year 2000, to maximum value of 12.0 reached in the year 2006 ($p < .0001$).

Discussion

The modifications occurred at our Infectious Diseases Day-Hospital service during the last 15 years are largely attributable to the significant changes occurred in the spectrum of infectious disorders which came to our attention: from a low number of prolonged hospitalizations typical of patients with advanced HIV disease, the cART era led to a progressive broadening of the spectrum of disease, and a notable reduction of admission time. Notwithstanding this situation, no significant modification was observed as to mean weight of diagnosis-related group (DRG) features: from a mean 1.03 rate per patient of the year 2000, to a mean 1.33 figure in the year 2008. The evolution of assistance features in a Day-Hospital setting, seems strictly linked to the modification of prevailing disorders. A permanent monitoring of the features of health care provision at an Infectious Disease Day-Hospital service may allow to consider significant temporal modifications, and contribute to ensure adequate assistential planning, including the eventual revision of structural, professional, technical, and funding resources.

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