FEDER SANITÀ anci
Federazione Friuli V.G.

REGIONE AUTONOMA FRIULI VENEZIA GIULIA

FONDAZIONE CRUP

ATLAS

SOCIAL AND HEALTH SERVICES IN FRIULI VENEZIA GIULIA



If I can stop
one heart from breaking,
I shall not live in vain.

If I can ease one life the aching,
or cool one pain,
or help one fainting robin
unto his nest again,
I shall not live in vain.

(Emily Dickinson)

ATLAS

SOCIAL AND HEALTH SERVICES IN FRIULI VENEZIA GIULIA

We thank for their cooperation and for their valuable daily activities
all operators of regional health systems and community health,
together with general practitioners, pharmacists, associations of patients and their families,
volunteers, unions and all other subjects of
"Network for Health in Friuli Venezia Giulia ".

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Print by Tipografia Tomadini, via Sabbadini 55 - 33100 UDINE
Published, June 2011

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PRESENTATIONS



PROFESSOR VLADIMIR KOSIC
REGIONAL MINISTER FOR HEALTH, COMMUNITY HEALTH INTEGRATION AND SOCIAL POLICIES

The public health and social security systems of Friuli Venezia Giulia are of a high standard, with some examples of state-of-the-art care. Personally, I have always felt this to be the case, and I believe the inhabitants of the Region share my view. But facts speak louder than personal opinions. What counts are the reports written by outside observers, who base their findings on objective data. Over the past years, many have described the health care provided by our Region as one of the best in the country. The last of these was Osservatorio Nazionale sulla Salute nelle Regioni Italiane, which gave the Region a positive rating in its Rapporto Osservasalute 2010. We are naturally proud of this record.

However, this does not mean we can sit on our laurels. The *Libro Verde*, which is the result of an extraordinary dialogue with the various interest groups during the first year of the administration, has enabled us to bring to light a series of critical factors which we are determined to overcome through the Health and Social Security Plan, especially with the introduction of new management techniques designed to give initiatives renewed efficiency and effectiveness, establish an improved rapport between the institutes and care professionals, avoid unnecessary problems in administering care to patients needing the help of several care professionals, and prevent spiralling costs and the dissipation of resources.

As I think is already well known, we have accelerated the reorganisation of the hospital network so as to concentrate on sophisticated treatment provided by the main hospitals, where the higher number of cases improves the quality of the care that can be offered and where all emergency services are available if necessary. At the same time, medical services are being improved throughout the Region in order to ensure the required continuity in the care provided, partly through the expanded role of GPs.

But there is another point I should like to stress. In our society, with its aging population, health and welfare can no longer be guaranteed by the health and social services, but should be an integral part of all political action and be in a position to take advantage of more widespread collaboration and synergies, as well as the greater awareness of the issues among the population as a whole. The Region has developed an overall strategy which does not take into account just a patient's case history, but aims to nurture a health culture operating at various levels – by involving the local authorities, schools, companies and voluntary associations. The project incorporates such topics as safety on the roads and at the workplace, how to avoid domestic accidents and how to increase the awareness of the risks faced by adolescents and the young in general: smoke, alcohol, drugs, Saturday-night accidents and sexually-transmitted diseases.

The goal is to create an environment conducive to good health by adjusting services in accordance with people's needs, forming alliances between miscellaneous subjects both within and outside the health system in the interests of shifting the axis of system governance so that investment is channelled increasingly from the treatment of a disease to active health promotion. This also contributes considerably to the establishment of an economically sustainable system.

Information is the final aspect to be taken into consideration. The public health system should not concern itself exclusively with providing services (albeit efficiently and appropriately, and ensuring high standards and safety), but should also guarantee that everyone has equal access to them. To this end, it is essential to provide accurate information enabling people to make sensible decisions regarding their own health, making rational use of professional care and medical treatment in full awareness of the importance of prevention and healthy lifestyles.

I find the publication of the Health Atlas particularly useful in this context and I hope it will be widely distributed (including, most simply, through Internet) and thus help people to find their way among the various services provided and to form an idea of how their right to good health and wellbeing can be promoted.

I therefore extend my sincerest thanks to Friul Venzia Giulia Federsanità Anci for its active collaboration and to Fondazione Crup for its invaluable help in ensuring this important initiative was realised.



DR. GIUSEPPE NAPOLI
PRESIDENT OF FEDERSANITÀ ANCI FVG

Two years ago, we started collecting data, information, references, in order to publish an Atlas that might facilitate access to the wide range of services and facilities available in the Friuli Venezia Giulia Region, responding to the citizens' social and health needs. The initiative was the result of a series of actions taken within the Regional and Interregional "Ospedale-territorio" Commission, that had worked hard to improve (also at international level) non-stop medical assistance.

Since the 80s, thanks to organizational, managerial and technological innovations, both achieved and in progress, the health and sociomedical services of our Region have, as a matter of fact, played an key role in the field, as data and scientific evidence on health results show.

Honestly, as citizens and local administrators, we tend to pay attention mainly on hospital-related issues (infrastructures, waiting lists, technologies), which unquestionably are points of excellence, acknowledged also at international level. Nonetheless, they do not seem to fully meet health requirements as a whole and for patients of all ages.

This Atlas is an opportunity to valorize all the important references and "health networks" which have improved during the last few year, both in functions and qualifications. I am referring to Local Health Authorities, Districts and Sociomedical Centres, Scientific Institutes for Research, Hospitalisation and Health Care, Community Service Centres and similar bodies, such as the CISI - Isontine Consortium for Integrated Services and the CAMPP - the Consortium for Educational, Psychological Medical Assistance, which have all subscribed to our association (see pages 8-9). We also enjoy the precious support of general practitioners (GPs) and other stakeholders which operate in coordination with a wide range of hospital facilities as part of the "Network for Health and Social Services".

The hospital network is the main reference point in case of emergency, ex. during the acute stage of a disease; nonetheless it is a fact that it cannot always manage the wide variety of needs patients have during their increasingly longer lives, and hopefully healtier and healthier. We know that there is a number of chronic medical conditions, such as self-insufficiency and other "infirmities of old age", which some of us are not able to cope with. Therefore, tribute should be paid to the FVG Region, being one of the first to implement programs and actions to provide such "*territorial services", also* by integrating the health and sociomedical systems with the social work provided also by the Municipalities.

As the WHO (Phase V) states, the objective of local administrators and other stakeholders must be "*health and equity in all local policies" (Zagreb Declaration, 2008),* because, as experts show, good health must be protected since childhood and knowing how to prevent them and which are the most effective responses is a mutually shared interest for all of us. For this reason, our Region provides quality facilities and services, sociomedical districts, prevention departments, National Rehabilitation and Mental hospitals, community nurses, Community Service Centres, rest homes, day care centres and others (health info-desks...)

These operational units are very useful to all of us, in different stages of our lives, but they are often not properly known.

It is therefore necessary to better understand and communicate what has been (and is being) accomplished so far by the several stakeholders of the regional health and sociomedical systems, in a clearer and more synthetic way, and to provide information on how to access these services.

This is the reason why this Atlas has been published and the main commitment of Federsanità ANCI FVG since its early stages, safeguarding the general interests of the citizens, the administrators and the stakeholders working in different sectors.

We therefore wish to pay tribute to the Friuli Venezia Giulia Region, by thanking President Renzo Tondo and Regional Minister for Health, Social Policies and Sociomedical Integration, Vladimir Kosic, who plan and implement "health objectives" for the regional community, and who also shares our view and has funded this publication, together with the CRUP Foundation, a prestigious body that has always shown great interest for issues of this scope and to which we wish to pay tribute, by thanking its President, Lionello D'Agostini.

During the last fifteen years, we have learnt that actions and commitment alone are not enough.

In order to succeed, long-term support is also necessary: our programs last several years and, as the Atlas is meant to report changing and evolving nature of this field, updates will be published on a periodical basis.

We urge the readers to also visit our website www.anci.fvg.it/federsanita on which homepage we'll publish atlas and its updates from 2012 on.

The importance of sharing and exchanging experience and good practices with other Italian, European and outer Regions should be also stressed, in order to further develop the dissemination of knowledge. Because Europe items are increasingly matte of our every day life, at public and individual level.

The text is also being published in Italian. That is why we wish to urge all readers to contribute to this initiative with suggestions of their own.



DR. LIONELLO D'AGOSTINI
CHAIRMAN FONDAZIONE CRUP

The Atlas of Health and Community Health Services of Friuli Venezia Giulia, edited by Federsanità ANCI FVG, has received the enthusiastic support and backing of Fondazione CRUP, which considered it to be an important project designed to improve the information about and accessibility of the social and medical services provided by our Region.

The full range of these services emerges for the first time from the detailed and up-to-date description in the Atlas and makes plain the intention, wholeheartedly shared by Fondazione CRUP, of establishing a more fully integrated welfare system and make the system's responses and actions more appropriate at all the different stages and conditions of life, drawing the focus back to the individual person and the importance of his health.

The principle of subsidiarity, viewed not as supplementing public services, but as a fruitful relationship with the service sector and other bodies in the Region, is ideally suited to this atmosphere of co-operation and the shared aim of developing an integrated system of social welfare.

It is worth recalling in this regard that the goals set by Fondazione CRUP in its 2011/2013 three-year plan are largely concerned with the emergence of pockets of social unease, which our organisation intends to address by supporting a series of welfare, health and technical and structural upgrading initiatives, among which the Atlas of Services stands out.

FEDERSANITÀ ANCI FVG – HISTORY AND ACTIVITY

FEDERSANITÀ, A.N.C.I. nazionale (National Association of Italian Municipalities) was founded in 1995 to promote "good health practices" through the passion and commitment of the mayors and the general directors, who represent the Boards of the Mayors and the Local Health Authorities respectively, and provide useful instruments to increase the quality of health and sociomedical services.

Federsanità A.N.C.I. Federazione Friuli Venezia Giulia was one of the first federations to be founded in Italy, in December 1996, as a voluntary association of hospital and medical authorities which, together with the municipalities, would act in their capacity of representative during the Conferences of Mayors of the Friuli Venezia Giulia Region. It represents the Local Authorities of the sociomedical sector, and promotes their values, working in synergy with all institutions and in all sectors, as a complementary body for local health and sociomedical services. The federation operates together with ANCI, the national association of Italian municipalities, both at regional and national level, participating in projects and work-groups.

With the Statutory Regional Assembly of 20 July 2007, the Regional Federation acknowledged the innovations introduced in the new national charter (National Assembly of 13-14 October 2006). One of the main proposals was to promote a stronger commitment of the FVG Federation in sociomedical integration, health promotion, innovation (organization, management and technology) and research within the EU context.

At present, through its associates, reference experts and partners, FEDERSANITÀ A.N.C.I. F.V.G. is particularly committed in further developing the "health network" and implement the WHO strategy "of health and equity at all local policy levels" in terms of promotion (through inter-institutional and multisector projects), of sociomedical integration, innovation, training, taking into account the medical needs of all FVG citizens. For relevant updates, please visit our website www.anci.fvg/federsanita

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updated the June 6th, 2011

FRIULI VENEZIA GIULIA REGION
HEALTH IN SHORT

POPULATION AND INSTITUTION

Regione Autonoma Friuli Venezia Giulia has a land area of 7,858 square kilometers, equivalent to 2.6% of the Italian territory.

The population recorded at 31.12.2009 (SISTAN - National Statistical System) is 1,237,050 units for a population density of 157.4 people per square kilometer.

The region, which has primary responsibility in matters of local institutions regulation, went out of the National Health Fund in 1997.

It is divided into 218 municipalities and four provinces. The four provincial capitals have the following people: Trieste: 208,762 inhabitants; Udine: 99,434 inhabitants; Gorizia: 35,971 inhabitants, Pordenone: 51,441 inhabitants.

For the rest, the majority of municipalities, above 90 %, has an average population of less than 10,000 inhabitants, mostly below 5,000.

HEALTH NUMBERS

The following information and data are part of the Osservasalute Report 2010.

Friuli Venezia Giulia is a Region where hospital management is top-level, i.e the total standardized hospital discharge rate (both in ordinary and day-hospital régimes) show the lowest value in Italy, i.e. 148.5 per 1,000 in 2008, the average national value being 187.3 per 1,000. The standardized hospital discharge rate at ordinary régime is very low in Friuli Venezia Giulia, with a value of 111.2 per 1,000 in 2008 (average Italian value of 129.1 per 1,000). The standardized hospital discharge rate at day-hospital regime is the lowest in Italy, i.e. 37.3 per 1,000, while the average national value is 58.2 per 1,000.

The population in Friuli Venezia Giulia is increasing in number: its total average natural increase rate in 2008-2009 accounted to 4.9 per 1,000 residents per annum, while the national average accounted for 6. The natural increase rate is 3.1 per 1,000; the migration rate is 8 per 1,000.

The Friuli Venezia Giulia Region has a total fertility rate (the average number of children per woman) of 1.37 children per woman (1.20 for Italian women; 2.34 children for foreign women), while the national Italian average is 1.42 – 2008 survey. The average delivery age is 31.1 years (national average age of 31.1).

The number of babies born from at least one foreign parent is low: in 2008, the percentage of babies born from a foreign father was 17.6%, against an average national vaue of 13.4%; while the percentage of babies born from a foreign mother was 20.7%, against an Italian average rate of 15.9%.

THE ELDERLY

In Friuli Venezia Giulia, in 2008, 11.9% of citizens are between 65 and 74 years of age, the national average being 10.3%; while people over 75 accounted for 11.3% of the regional population, against an Italian average of 9.8%.

Elderly living on their own: the percentage of people over 65 years of age living on their own is 15.9% for men (Italian average 14.5%), and 36% for women (Italian average 37.5%), accounting for a 27.8% of the total number of people within that age range, against a national average of 27.8%.

The rate of elderly people living on their own, over the total population value within the same age range, is an useful indicator that is taken into account when planning local sociomedical services. The reason is because the elderly who live on their own are more exposed to the risk of social exclusion and, due to their age, to serious and disabling diseases, which may result into confinement and a greater need for sociomedical assistance, during their daily life routines.

MORTALITY RATE

In Friuli Venezia Giulia, the (general) mortality rate over 1 year of age is 92 per 10,000 inhabitants (2006-2007), while the national average is 89.8; its value decreases to 54.9 per 10,000, if only women are taken into account (national average 54.5).

As far as certain mortality causes are concerned (2006-2007), FVG show a death rate due to circulatory system diseases of 29.7 per 10,000 (average national value of 31.3 per 10,000) and a cancer mortality rate of 34.1 per 10,000 (average national value of 31.1).

Within the female population, mortality rate due to circulatory system diseases is 19.6 per 10,000 (national average value of 21.5 per 10,000), while the tumour-related death rate is 19.4 per 10,000 (national average value of 16.6).

LIFE-STYLES

As far as smoking addiction is concerned, smokers account for 21.1% (2008) of the regional population over 14 years of age; the national average value is 22.2%. 51,9% of the population consists of non-smokers, while the national average value is 52.9%. FVG ex-smokers' rate is 25.2% (national average value 22.9%).

Alcohol consumption - FVG reports the following values: in 2008 non-consumer quota accounted for 25.5% (against a national average value of 29.4%). Consumers account for 72% (national average value 68%).

Consumers between 11 and 18 years of age (i.e. teenagers who perform at least one risky behaviour in terms of alcohol consumption, i.e. daily overconsumption or binge drinking or the sheer habit of drinking alcohol - drinking alcohol for teenagers under 16 years of age is illegal) account for 25.3% of the male population (national average value 18%), while data on the female population are not available (national average value 11.4%). The highest rate among male consumers between 19 and 64 years of age is 29.3% (national average value 20.8%), while it accounts for 7.7% as far as women are concerned (national average value 4.9%).

As far as eating patterns in Friuli Venezia Giulia are concerned, 7.4% of the population eats an average of 5 portions of fruit and vegetables a day, while the national average value is 5.7%. Between 2001 and 2009, in FVG an increasing trend in vegetable consumption (tomatoes, aubergines, zucchini...), pulses, olive oil was noticed, while a major increase in snack food consumption was appreciated.

OVERWEIGHT AND OBESITY

In FVG the percentage of overweight individuals (people over 18 years of age) is 34.5 %, the national average value being 35.5%. 10.4% of the population is defined as obese (national average value 9.9%).

As far as children are concerned, in FVG 5.1% of children between 8 and 9 years of age is obese, the national average value being 11.1% (2010). The overweight children quota within this age range is 17%, while the national average value is 22.9%.

As far as sports are concerned, in FVG 24% of the population over 3 years of age practices sports on a permanent basis (national average value 21.6%); 35.8% does some sport (national average value 27.7%), while 28.4% does not do any sport activity (national average value 40.2%).

FVG ranks first in terms of home accidents (20.5 per 10,000 in 2008, against a national average value of 13.5 per 10,000).

PREVENTION

As far as national vaccine coverage is concerned, the following values are reported in FVG for all children below 24 months of age (year 2009): 96.5% for polio, 96.6% for antidiphtheric and tetanus (DT) or DT and Pertussis (DTP), 95.9% for Hepatitis B, 90.8% for a single dose of Rubeola, Rubella and Parotitis vaccine (MPR) and 95.6% for Haemophilus influenzae type B (Hib), while average national values are 96.2%, 96.2%, 95.8%, 89.9%, 95.6% respectively.

Influenza vaccine coverage: during the 2009-2010 season, for people over 65 years of age, which is the most critical age in terms of flue complications and for which a minimum threshold of 75% coverage has been set, in FVG 49.7% of population within this age range was vaccinated, against a national average

value of 65.6%. In FVG a visible decrease has been reported (from 68.1% to 49.7%), compared to the previous season, within the same age range.

DISEASES

Mortality rate due to heart ischemic diseases: in 2007, FVG shows a 15.87 per 10,000 male death rate, against a national average value 15.87 per 10,000.

Female death rate, due to similar disease, accounts for 9.54 per 10,000, against a national average value of 8.56.

As far as the standardized hospital discharge rate of haemorrhagic stroke is concerned, an alarming increasing female trend was reported between 2007 (58.3 rate value) and 2008 (63.0 rate value).

Interestingly, FVG reports the highest rate of syphilis infection, with 1 case per 100,000; both within the 15-24 and 25-64 age ranges.

Mental illnesses - In Friuli Venezia Giulia, the following rates related to hospitalization due to mental illnesses (including a wide range of disorders, such as psychosis, neurosis, personality disorders and other conditions, also connected to drug overuse) are reported: 28.15 men per 10,000 in 2008 (against a national average value of 45.81), 26.23 women per 10,000 in 2008 (against a national average value of 43.11). For both genders, FVG reports the lowest hospitalization rates in Italy.

In Friuli Venezia Giulia, anti-depressants account for 27.6 of daily doses of drugs per 1,000 inhabitants in 2009. At national level, the average consumption rate accounts for 34.66 DDD/1,000 inha/day.

ENVIRONMENTAL PROTECTION

As far as environmental protection is concerned, FVG shows optimum results in terms of waste disposal management: in 2008, the Region reported a per capita urban solid waste production value of 497 Kg/inha, the national average per-capita value being 541 Kg/inha. Good results, in terms of dumping reduction, have been achieved in FVG, where only 16.26% of the total amount of waste products are dumped (national average value 49.22%), with a reduction of 11.7%, compared with 2007.

23.71% of waste disposal takes place in incinerators (national average value 12.74%).

As far as separate waste collection is concerned, with a separate waste per capita value of 211.8 Kg/inha, FVG reports a 42.6% share, in terms of separate waste collection (national average value 30.6%).

Air “health”: Friuli Venezia Giulia shows good values in terms of “average number of days exceeding the fine dusts average daily concentration limit value (PM10)” - its value may exceed a PM10 50 µg/m3 threashold for a maximum of 35 days/year: Friuli Venezia Giulia has exceeded fine dusts average daily concentration limits for 29 days a year (against a national average value of 35 days a year, exceeding the limit of PM10 50 µg/m3). Furthermore, as far as the indicator “Annual average of fine dusts daily average concentrations (PM10)” is concerned, Friuli Venezia Giulia reports a value of 26 µg/m^3 (the permitted limit value is PM10 40 µg/m3 and the national average value is 28).

MATERNAL-INFANTILE HEALTH

Organization of birth facilities - The regional objective is to reach a high birth rate at birth facilities, trying to increase the number of births managed on a yearly basis (these facilities show the most successful results because the more patients each birth facility manages, the higher the professional quality of its collaborators is).

Friuli Venezia Giulia is well organized: in 2008, in the Region, 3.51% of the births occurred at birth facilities with a yearly volume lower than 500 (national average value 9.11%); 24.29% of births occured in birth facilities with a volume between 500 and 799 cases per annum (national average value 13.97%) and 18% against the national average value 10.21% of births at birth facilities with a volume between 800 and 999 cases per annum. 54.2% of births occurred at birth facilities with activity levels higher than 1,000 (national average value 66.71%).

Caesarean section: the Region reports 23.64% of C-births (total CBs over total births - year 2008) – the lowest rate in Italy, against a national average value of 39.19%. Friuli Venezia Giulia reported a lower percentage of first time CBs (-4.58% compared with 2007), a reduction (-0.97%) of repeated CBs, with a total reduction of 3.54%.

In 2006-2007, Friuli Venezia Giulia showed birth death rates of 1.5 cases per 1,000 born alive (national average value 2.4); the infantile death rate is 1.9 cases per 1,000 born alive – the second lowest

value in Italy after Basilicata (national average 3.4 cases per 1,000 born alive).

In Friuli Venezia Giulia, in 2007, the standardized rate of voluntary terminations of pregnancy was 8.11 cases per 1,000 women, against a national average value of 9.09 cases per 1,000 women. In 2007, the rate of under-age patients (15-17 years of age) undergoing a VTP procedure was 3.4 per 1,000, against a national average value of 4.5 per 1,000 under-age.

As far as spontaneous miscarriage frequency is concerned, in 2007 FVG showed a standardized hospital discharge rate of 148.95 per 1,000 born alive, against a national average value of 124.43.

DENTAL CARE

As far as dental care is concerned, in FVG, the rate of patients over 16 years of age who, although unnecessary, underwent dental procedures, was 6.6% (national average value 9.7%).

This health aspect provides an indicator of the resources that Italian families invest for their health (medical procedures connected to oral cavity care are mostly performed by private professionals, therefore making it had for families with lower income to cover major expenses).

REGIONAL HEALTH CARE SYSTEM

Taking into consideration the "health" of the Regional Health Care System, in terms of economic and financial performance, in 2007 in FVG an expenditure/GDP rate of 5.9% was appreciated, against a national average value of 6.59%.

In FVG, per capita medical expenses account for 1,961 €, against a national average value of 1,816 € in 2009.

In Friuli Venezia Giulia, a per capita budget surplus of 8 € was reported in 2009. Friuli Venezia Giulia shows a higher per capita budget surplus accumulated between 2001-2009 of 133 €.

From the institutional and organizational point of view, in 2007 FVG reported a medical and dentistry staff rate for the National Health Service of 1.96 units per 1,000 inhabitants (national average value 1.8 units per 1,000 inhabitants). This indicator is important as it is one of the pillars of medical planning, and it has a direct impact on the offer of health services. On the other hand, in 2007 the nursing staff working for the national health service was 5.85 per 1,000 inhabitants – the highest rate in Italy, against a national average value of 4.45.

In FVG, integrated house call services (ADI) is well developed: the number of nursable patients who can be treated at their own premises is 1,944 with a standardized hospitalization rate of 148.5 per 1,000. The ADI percentage provided to the elderly is 87.7%.

DRUGS CONSUMPTION

As far as the local drugs consumption charged to the national health service is concerned (reported in "DDD/1,000 inha/day", i.e. the average number of drug doses taken on a daily basis per 1,000 inhabitants), in 2009 FVG showed a value of 872 DDD/1,000 inha/day, against a national average value of 926.

In 2009, per capita expenditure for drug consumption charged to the national health service in FVG is 185.8 € in 2009 (national average value 215.3 €).

The number of per capita prescriptions is 8.1, against a national average value of 9.4.

In FVG, data on the consumption of drugs with expired patent over the total amount of prescribed DDD is 46.2% of total consumption, the same value as the national average one (46.2%). FVG has an expenditure percentage for this kind of drugs of 26%, against a national average value of 27.8%.

HOSPITAL ASSISTANCE

In 2008, FVG reported an average standardized case mix stay in hospital of 7.1 days (national average value 6.8). In 2008, Friuli Venezia Giulia reported a Standardized Pre-Operative Average Stay of 1.57 days, against a national average value of 1.

TRANSPLANTATION

The Region has a 34.9 PMP donor rate (per million patients - donors with at least one solid organ removed and transplanted; against a national average value of 19.4 PMP – year 2009) and a 16.1% opposition rate to the transplant procedure (against a national average value of 30.3%). In 2009, transplant activity (Transplants per Million Inhabitants) is higher in FVG: 89.2 PMP.

CITIZENS' SATISFACTION FOR HOSPITAL ASSISTANCE

This year, the Report takes into consideration the level of satisfaction for hospital assistance of those citizens who had undergone hospitalization during the previous three months. The Report evaluates all aspects connected to: medical assistance, nursing assistance and hospital food, using a scale, divided into "very satisfied", "less satisfied", "absolutely not satisfied" and "not satisfied".

In 2007-2009, as far as the medical assistance provided during their stay is concerned, 4.7% of interviewed patients said to be "less or absolutely not satisfied" with it, against a national average dissatisfaction value of 7.9% of patients who underwent hospitalization.

As far as nursing assistance is concerned, 9.3% of FVG hospitalized inhabitants said to be less or absolutely not satisfied with it, against a national average value of 11.7%. As far as hospital food selection is concerned, 18.2% of hospitalized FVG inhabitants said to be less or absolutely not satisfied with it, against a national average value of 26.5%.

INTRODUCTION

This report has been entitled Atlas for two reasons: a literary one, as it provides a local geographical representation of social and health services in FVG; and a metaphorical one, as it helps citizens to find their way in the wide range of services, starting from their problems and needs (severe, chronic, disabling...), and it tries to give an answer to the question "Should I have a problem, what are my rights and who can I talk to?".

For this reason, the Atlas draws a map of the rights, services and infrastructures citizens can access to.

A health service is not a place of service production, but the fulfilment of constitutional art. 32 provisions on health rights and the operational instrument to solve the citizens' medical issues.

The text presents 30 years of legislations, plans, political decisions in the FVG Region.

It sketches a history of planning and strategic capacity, which several administrations and parties have been involved in.

The Regional Health Service and the connected citizens' rights have always been fundamental values which requires constant improvement.

The final picture is an articulated and complex outline, that put FVG in a top position at national level and, in some fields, such as psychiatry, at international level. For this reason, the text may be referred to as a great "reasoned transcription" of all that has been done and written in the legislation and by the operators of the National Health Service, so far.

The choice of the list of contents and their relevance was performed on the basis of two criteria:

- to describe the services from the citizens' perspective and not from the institutional point of view (agency, authorities...);
- to promote local services, which boost our Region's reputation at national level. Other Regions boasts good hospitals, but few provide such a wide range of community, psychiatric and primary care services.

For this reason, this Atlas will serve as a launching pad to define future policies.

SCOPE OF THIS ATLAS

This Atlas seeks to describe the health and social services of the FVG Region.

It is dedicated to non-specialized users, so as to help and inform them, together with other bodies and associations, on the opportunities offered by the Region.

TABLE OF CONTENTS

This Atlas describes regional services from two different perspectives:

- the critical points, i.e. the areas (access to services, emergency, the elderly...)
- the institutions: Health Authorities, Hospital-University and Hospital Authorities, Scientific Institutes for Research, Hospitalisation and Health Care, Community Service Centres, etc.

SCOPE

This Atlas provides a description of a number of services offered to those citizens who suffer from health or social conditions, grouping them by issue category.

The main fields are:

- the emergency network
- the primary care service network (house call, residential and demi-residential)
- the hospital network

REPRESENTATION

The aim is to provide an integrated representation at territorial level of all the opportunities offered in a specific geographical area, by service type and by medical condition.

The representation is provided by both text and thematic maps.

The health and social systems are continuously changing. For this reason, information contained in this Atlas may be modified, soon after its publication.

Therefore, the "Useful Information" chapter shows the main websites where data are updated. This Atlas will be periodically updated on-line and published on the "Federsanità – A.N.C.I. Friuli Venezia Giulia" website.

THE INSTITUTIONS

Citizens often find it hard to understand the configuration of health and social institutions. It is therefore useful to provide a brief presentation of the current institutions. The text of the Atlas will also describe all the specific functions and tasks related to each institution.

In the public health sector, the Regional Health Service is divided into (see Fig. 1):

- six health authorities (ASS no.1 Triestina, ASS no.2 Isontina, ASS no.3 Alto Friuli, ASS no.4 Medio Friuli, ASS no.5 Bassa Friulana, ASS no.6 Friuli Occidentale);
- two hospital-university bodies (S. Maria della Misericordia in Udine and "Ospedali Riuniti" in Trieste)
- a hospital authority (S. Maria degli Angeli in Pordenone, that in 2011 is expected to be renamed as "Ospedali Riuniti di Pordenone")
- two scientific institutes for research, hospitalization and care, namely "Burlo Garofolo" in Trieste and "Centro di Riferimento Oncologico" in Aviano (Province of Pordenone).

There is also another Scientific Institute for Research, Hospitalization and Health Care, namely the "Eugenio Medea" Institute, run by the "La Nostra Famiglia" Association, a private clinic operating within the national health service, which hosts the Unit for Serious Developmental Disabilities and provides hospitalization inside the premises of the hospital-university authority of Udine.

All 19 regional social and Municipalities associations are members of the social service network (which have been granted deputed functions by all associated Municipalities) and the Public Community Service Authorities (ASPs).

The network consists of hospitals, residences, demi-residences and private surgeries, all accredited and operating within the regional health service.



Public Health Authorities

ACCESS TO HEALTH SERVICES

Patients who need to treat specific pathologies may be granted access to health services in three ways:
- the general practitioner (GP)
- the freely chosen paediatrician, for children up to 14 years of age
- the emergency services: 118, first aid units and stations,

GENERAL PRACTITIONER

Each citizen living on the regional territory has the right to be assisted by a GP, freely chosen from availability lists. GPs may be chosen at the local health authority of residence.

In FVG, there are 970 (as of 31 December 2009) GPs, distributed as follows in the different health centres.

Health Authority	MMG number
ASS1 Triestina	210
ASS2 Isontina	105
ASS3 Alto Friuli	67
ASS4 Medio Friuli	280
ASS5 Bassa Friulana	83
ASS6 Friuli Occidentale	225
Total	970

Each GP can be appointed by up to 1,500 registered patients.

The GP's general contract described his or her duties.

a) the GP is usually the first level of the medical hierarchy that characterizes the heath system, it grants direct and unlimited access to the patients, it deals with several health issues, regardless of the patient's age, gender or other personal feature;
b) he efficiently uses medical resources through the coordination of cures, the collaboration with other professionals in the organizational context of primary treatments, serving as an interface for other medical profiles and defending, whenever necessary, his or her patients' interest;
c) his or her approach is individual-, family- and community-oriented;
d) he or she bases his medical advice on a consultation process, built on a personal, long-lasting relation with a patient, through effective communication patterns;
e) he or she provides comprehensive and non-stop treatments, depending on the patients;
f) he or she provides a specific decisional process based on prevalence and incidence of diseases within a specific community;
g) he or she tackles both chronic and severe conditions in each patient;
h) he or she tackles medical conditions which show a non-specific character or are at an initial stage, which may require prompt intervention;
i) he or she promotes health and well-being with appropriate and specific interventions;
j) he or she is specifically responsible for the community's health;
k) he or she deals with health problems within the physical, social, psychological, cultural and existential spheres.

The GP provides both outpatient operations and house call interventions to the patients.

The following falls under the competence of the GP:
- the prevention, diagnosis and cure of diseases
- the prescription of specialized medical examinations
- the prescription of exams/tests
- the prescription of drugs
- the prescription of thermal treatments
- the issuing of certificates (some are fee-paying; official price lists are available in each surgery).

Examinations and medical services by the GP are also free of charge, and fall within the national agreement.

GP'S SURGERY

The professional medical surgery must be open 5 days a week, preferably Monday to Friday, with at least 2 afternoon shifts a week (or morning shifts). Nonetheless, it should at least follow these criteria:

- 5 hours a week up to 500 patients.
- 10 hours a week between 500 and 1,000 patients.
- 15 hours a week between 1,000 and 1,500 patients.

As a general rule, the GP schedules surgery examinations by reservation.

HOUSE CALLS

House calls should be performed before the end of the day, if the examination is requested before 10 am; when reservation is made after 10 am, the examination must be performed by 10 am on the following day.

ASSOCIATE GPS

One of the main innovations of the last few years is the possibility for doctors to associate.
The GPs may organize themselves in different forms of association.

- Each doctor provides surgery services 5 days a week
- The surgery should be accessible for at least 6 hours a day, fairly distributed in morning and afternoon shifts

- Simple associations
  - Each doctor works in his own ambulatory.
  - At least one of the ambulatories must close after 7 pm. During one of the doctors' absence, the patient may refer to one of the other associate doctors.

- On-line medical service
  - Each doctor works in his own surgery;
  - Doctors must be connected to a dedicated network, so as to have access to all information related to patients who are to treated by a doctor who is not their personal GP;
  - At least one of the ambulatories must close after 7 pm. During one of the doctors' absence, the patient may refer to one of the other associate doctors during afternoon shifts, but only after 7 pm;

- Associate GPs
  - Doctors have their own surgeries in the same location, where common rooms are available;
  - Secretary and nursing services are also shared, if present;
  - Doctors must be connected to a dedicated network, so as to have access to all information related to patients who are to treated by a doctor who is not their personal GP

PRIMARY CARE PAEDIATRICIAN

The primary care (freely chosen paediatrician - PLS) is a specialist who supervises the health of children between 0 and 14 years of age. He or she is chosen among the paediatricians working within the national health service, operating on the child's territory of residence. There are 122 PLSs in the Region.

The following falls within the PLS's competence:

- the prevention, diagnosis and cure of diseases
- the prescription of specialized medical examinations
- the prescription of exams/tests

- the prescription of drugs
- the prescription of thermal treatments
- the issuing of certificates (some are fee-paying; official price lists are available in each surgery).

Examinations and medical services provided by the PLS are also free of charge, by convention.
The freely chosen paediatrician:
- is available at his or her surgery 5 days a week, during time shifts defined by himself or herself and communicated to the Local Health Authority.
- may receive directly, no appointment is required, or by appointment.
- displays, outside his or her surgery, the time schedule, the contact details and possible substitutions.

HOUSE CALL

- House calls (if necessary according to the paediatrician) received by 10am will be served by the end of the day
- House calls (if necessary according to the paediatrician) received after 10am may be served the following day
- During pre-holidays and holidays, the non-stop assistance service (former “Guardia Medica”) is available at Local Health Authorities.

EMERGENCY AND FIRST AID NETWORK



Based on the severity of the symptoms and the emergency of necessary interventions, the patient may: call 118, go to the closest first aid station or call the non-stop assistance service on the phone.

118 SERVICE

The 118 service (24/7/365) should be called whenever life or personal safety are in danger, i.e. impaired or lacking breathing, chest pains, prolonged loss of conscience (the person does not speak nor answer), trauma and wounds with visible bleeding, accident (home, road, sports, agriculture and industrial accident), speech difficulty, difficulty/impossibility to use one or two limbs on the same side, signs of suffocation, poisoning, drowning and burn.

Once received the call, the operative centre sends qualified staff and equipment on the spot.

For critical issues, patients may be transferred to the hospitals (Pordenone, Udine and Trieste) which may provide assistance to even more severe cases, on the basis of their pathology, i.e. serious traumas and need for neurosurgery (Udine and Trieste).

For severe traumas, and other particular pathologies, the 118 operations centres activates (only during the day) the helicopter rescue service, which flies the patient to the most suitable hospital.

The 118 service should not be called for any non-urgent situations:

- to ask for specialized medical advice
- to obtain social information: service working hours, examination booking, or diagnostic checks, pharmacies on duty.

The emergency network is represented next page. The figure shows the difference between first level CCU and reference F.A. stations (HUB).

FIRST AID STATIONS

The hospital first aid stations are those facilities which provide treatment only for emergency cases, i.e. those pathological, spontaneous or traumatic conditions, which require immediate diagnostic and therapeutic interventions.

First aid stations should only provide assistance to serious urgent cases, which cannot be solved by the GP, the freely chosen paediatrician or the NHS physician (formerly known as "first aid station doctor").

The First Aid Station is not the right place to study clinical aspects or non-urgent cases in depth.

Therefore, the F.A.S. shall not be contacted in order to:

- skip waiting lists for non-urgent specialized examinations
- obtain prescriptions and/or certificates
- obtain clinical trials not justified by urgent conditions
- avoid calling one's own GP
- have access to services which may also been obtained at other surgeries
- for convenience, habit, to avoid paying prescription charges.

Each and every unnecessary F.A.S. examination is hindrance to emergency cases. A proper use of health facilities avoids inefficiency and mismanagement for both the facilities and the patients.

FASs may be directly accessed or called by dialling 1-1-8.

TRIAGE AND COLOUR CODES:

When reaching the F.A.S., the citizen is immediately given an emergency level code by trained nurses, who assign a colour code to them setting their access priority level to medical examination, on the basis of the seriousness of the case and regardless of the order of arrival to the hospital.

This method is called "Triage" and is designed to avoid queues for urgent serious cases.

Triage is not intended to speed queues up, but to guarantee timely intervention for extremely serious cases, and save time which may be crucial for the patients' lives.

Red code: very critical, life in danger, maximum priority, immediate access to treatment
Yellow code: fairly critical, risk may evolve, potential threat for life, treatment cannot be differed
Green code: not very critical, risk should not evolve, treatment can be differed
White code: not critical, non-urgent patient.

First aid station give priority to the most critical cases and do not follow the order of arrival.
Getting to the first aid station on an ambulance does not imply a priority in medical examinations.

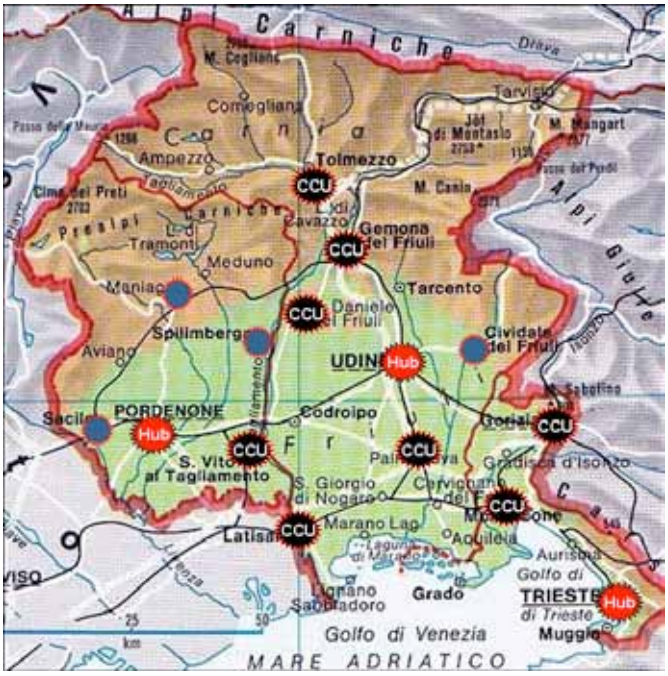
NON-STOP ASSISTANCE PHYSICIAN (FORMERLY KNOWN AS "GUARDIA MEDICA")

Through the call centre, the non-stop assistance physician (also knows as "Guardia Medica") provides free and prescription-charge-free assistance both for non deferable house calls and surgery checks, which are usually carried out by the GP or the family paediatrician, during the periods of time when they are not supposed to be available, and also guarantee his or her availability during the following working hours:

- working days: from 8 pm to 8 am of the following day;

- holidays: from 8 am to 8 am of the following day;
- Saturdays, or other pre-holiday: from 10 am to 8 am of the following day;
- during the GPs' and Family Paediatricians' compulsory refresher courses: for the whole time of the training session.

Non-stop assistance physicians are not required to accept emergency cases for which the 118 should be called.



Regional Emergency Network

ACCESS MODALITIES TO THE SERVICE

The non-stop assistance service physicians operate upon request by the patient, or one of his/her family member and/or the 118 operation centre and they provide their services to the benefit of resident, or people temporarily living in the surrounding area.

They should be contacted for non-deferrable assistance, i.e. illnesses and diseases which cannot be treated the following day by the GP.

The physician reached by the patient will ask for:

- the patient's name, surname, age and address; the caller's personal particulars and his or her relation with the patient (if different from the patient); the kind of issue, its signs, symptoms and time of its outset.

On the basis of the information given, the non-stop assistance physician may decide to:

- go to the patient's house, if house treatment seems to be a reasonable choice
- send the patient to a more suitable facility, also contacting the 118 whenever he or she believes the illness cannot be properly evaluated or treated at home
- ask the patient to come to the medical centre for clinical checks
- just provide information on the phone, if such is the request of the patient, or, assuming full responsibility for it, try to solve the problem on the phone.

In any case, the non-stop assistance service is required to register all his or her medical services.

At the end of the check, the doctor provides the patient with a form to fill be filled in two copies, with a brief summary of the treatment; one copy is directed to the patient's GP (or the hospital, in the event of hospitalization) and the other for filing purposes.

THE SERVICE

Non-stop assistance physicians are required to provide, whenever necessary, any medical service available at the GP's surgery, or at the family paediatrician's and, in particular, may:

- provide home, surgery and telephone assistance
- prescribe drugs for emergency therapies, or for therapies up to a maximum of 48/72 hours
- suggest hospitalization
- issue/extend medical certificates for workers, up to a maximum period of three days
- issue/extend certificates for industrial injuries, or occupational diseases.

The non-stop assistance physician does not usually:

- provide nursing assistance not related to the medical service provided by the same
- duplicate prescriptions for chronic therapies
- duplicate prescription issued by a physician who does not operate within the NHS, on the NHS prescription pad;
- issue diagnistic-instrumental prescriptions, or specialized examinations; vaccinate;
- stich or remove suture.

ASS N.1 TRIESTINA

In order to acces the service, 118 must be dialled.

ASS N. 2 ISONTINA

ALTO ISONTINO DISTRICT

Gorizia	viale Fatebenefratelli, 34
Sede di Cormòns	viale Venezia Giulia, 74

BASSO ISONTINO DISTRICT

Grado	via Buonarroti, 10
Monfalcone	via Galvani, 1

N.B.: In summertime, in the municipality of Grado a non-stop assistance station is active (for tourists), working in close connection with the First Aid Station. Telephone +39 0431 897906**.**

ASS N. 3 ALTO FRIULI

GEMONESE, VAL CANALE E CANAL DEL FERRO - DISTRICT 1

Gemona	c/o Gemona Hospital, piazza Rodolone n°2. It regards municipalities of: Artegna, Bordano, Gemona del Friuli, Montenars, Osoppo, Trasaghis and Venzone
Resiutta	c/o surgery, Strada statale Pontebbana Resiutta n° 13. It regards municipalities of: Chiusaforte, Moggio Udinese, Resia and Resiutta
Pontebba	c/o surgery di Pontebba, via Cardini n° 7. It regards municipalities of: Dogna e Pontebba
Tarvisio	c/o surgery of Tarvisio, via V. Veneto. It regards municipalities of Malborghetto e Tarvisio



CARNIA - DISTRICT 2

Tolmezzo c/o Tolmezzo hospital, via Morgagni n° 18. It regards municipalities of: Amaro, Cavazzo Carnico, Enemonzo, Lauco, Preone, Raveo,Tolmezzo,Verzegnis and Villa Santina

Forni di Sopra c/o surgery comunale di Forni di Sopra, via Nazionale n°1. It regards municipalities of: Forni di Sopra and Forni di Sotto

Ovaro c/o surgery di Ovaro, via Ex Ferrovia n° 1. It regards municipalities of: Comeglians, Forni Avoltri, Ovaro, Prato Carnico, Ravascletto and Rigolato

Paularo c/o ambulatorio comunale di Paularo,via B. Nascimbeni n° 7. It regards municipalities of: Paularo e tutta la Val Chiarsò (included Cedarchis)

Paluzza c/o surgery di Paluzza, piazza XXI-XII Luglio n° 7. It regards municipalities of: Arta Terme, Cercivento, Ligosullo, Paluzza, Sutrio, Treppo Carnico and Zuglio

Ampezzo c/o surgery di Ampezzo, piazzale ai Caduti n° 17. It regards municipalities of: Ampezzo, Sauris and Socchieve

ASS N. 4 – MEDIO FRIULI

CIVIDALE DISTRICT

Cividale c/o Cividale Hospital, piazzale dell'Ospedale, 2 – Cividale
It regards municipalities of: Cividale, Moimacco, Torreano, Premariacco and Prepotto.

Manzano c/o local health services Centre of Manzano via Drusin, 25 – Manzano
It regards municipalities of: Manzano, San Giovanni al Natisone and Corno di Rosazzo.

San Pietro al Natisone c/o local health services Centre of San Pietro al Natisone via Klančič, 4. It regards municipalities of: S. Pietro al Natisone, Pulfero, Savogna, S.Leonardo, Stregna, Drenchia and Grimacco

Udine via Pozzuolo, 330 – Udine. It regards municipality of Buttrio

Povoletto via Dante, 9 – Povoletto. It regards municipality of Remanzacco

CODROIPO DISTRICT

Codroipo c/o health and social services District, viale Duodo, 82
It regards municipalities of: Basiliano, Bertiolo, Camino al Tagliamento, Castions di Strada, Codroipo, Lestizza, Mereto di Tomba, Mortegliano, Sedegliano, Talmassons and Varmo.

TARCENTO DISTRICT

Tarcento c/o health and social services District, via Coianiz, 2 – Tarcento
It regards municipalities of: Lusevera, Magnano in Riviera, Nimis, Taipana and Tarcento.

Povoletto c/o il Centro Territoriale, via Dante, 9 . Comprende i Comuni di: Povoletto, Attimis, Faedis e Remanzacco.

Tavagnacco c/o local health services Centre of Feletto Umberto via Udine, 85 (Udine health and social services District). It regards municipalities of: Cassacco, Reana del Roiale e Tricesimo.

SAN DANIELE DEL FRIULI DISTRICT

San Daniele del Friuli c/o elderly residential Centre via Cadorna, 44
It regards municipalities of: Coseano, Dignano, Fagagna, Flaibano, Forgaria, Moruzzo, Ragogna, Rive d'Arcano, San Daniele del Friuli and San Vito di Fagagna

Buia c/o elderly Centre via Vidiset, 2 - Ursinis Piccolo
It regards municipalities of: Buia, Colloredo di Montalbano, Majano and Treppo Grande.

DISTRETTO DI UDINE DISTRICT

Udine via Pozzuolo, 330. It regards municipalities of: Buttrio,(Cividale District), Campoformido, Martignacco, Pasian di Prato, Pavia di Udine, Pozzuolo del Friuli, Pradamano and Udine.

Tavagnacco frazione Feletto Umberto, via Udine, 85.
It regards municipalities of: Cassacco e Tavagnacco, Pagnacco, Reana del Rojale e Tricesimo

ASS N.5 BASSA FRIULANA

CERVIGNANO DEL FRIULI DISTRICT

Cervignano del Friuli via Trieste, 75 - It regards municipalities of: Cervignano del Friuli, Aiello del Friuli, Ruda, Aquileia, Campolongo-Tapogliano,Terzo di Aquileia, Villa Vicentina and Fiumicello.

Palmanova via Molin 21. It regards municipalities of: Palmanova, Bagnaria Arsa, Bicinicco, S.Maria la Longa, Chiopris-Viscone, S. Vito al Torre, Gonars, Trivignano Udinese and Visco.

LATISANA DISTRICT

Latisana via Sabbionera, 45. It regards municipalities of: Latisana, Muzzana del Turgnano, Precenicco, Rivignano, Lignano Sabbiadoro, Ronchis, Palazzolo dello Stella, Teor and Pocenia.

San Giorgio di Nogaro via Palmanova, 1. It regards municipalities of: San Giorgio di Nogaro, Carlino, Marano Lagunare, Torviscosa and Porpetto.

ASS N. 6 FRIULI OCCIDENTALE

URBAN DISTRICT

Pordenone via Revedole, c/o Casa Serena. It regards municipalities of: Cordenons, Pordenone and Porcia.

Roveredo in Piano via Carducci 42, c/o Medical Assistance Residence (RSA). It regards municipalities of Roveredo in Piano and San Quirino.

NORTH DISTRICT

Anduins via Macilas 1, c/o surgery. It regards municipalities of: Castelnovo del Friuli, Clauzet-

to, Pinzano al Tagliamento and Vito d'Asio.

Claut via A. Giordani, 18, c/o surgery. It regards municipalities of: Andreis, Barcis, Cimolais, Claut, Erto and Casso.

Maniago via Unità d'Italia 7, c/o Hospital. It regards municipalities of: Frisanco, Maniago, Montereale Valcellina, Vivaro and Vajont.

Meduno via del Municipio 33, c/o surgery. It regards municipalities of: Arba, Cavasso Nuovo, Fanna, Meduno, Tramonti di Sopra and Tramonti di Sotto.

Spilimbergo via Raffaello 1, c/o Hospital. It regards municipalities of: San Giorgio della Richinvelda, Sequals, Spilimbergo and Travesio.

WEST DISTRICT

Sacile via Ettoreo 4, (c/o Hospital). It regards municipalities of: Brugnera, Budoia, Caneva, Polcenigo and Sacile.

Roveredo in Piano via Carducci 42. It regards municipalities of Aviano and Fontanafredda.

SOUTH DISTRICT

Azzano Decimo via 25 Aprile, 40. It regards municipalities of: Azzano Decimo, Fiume Veneto, Pasiano di Pordenone, Prata di Pordenone, Pravisdomini and Zoppola.

EAST DISTRICT

San Vito al Tagliamento, via Savorgnano 2, - c/o San Vito Hospital. It regards municipality of Chions.

THE PHARMACY NETWORK

All regional municipalities enjoy a sociomedical service guaranteed by the neighbourhood pharmacy.

In particular, in decentralized areas, pharmacies provide a proximity health service, working like a sociomedical permanent service desk and "health premises" to provide basic health care to residents.

Regional pharmacies play a crucial role for local communities, in collaboration with GPs and local health authorities, so as to meet the equity and sustainability requirements of the Regional Health System, promoting appropriate services and safety for all citizens.

In FVG, there are 381 (as of 31 December 2010) open pharmacies, both public and private, distributed as follows in the different health centres.

Health Authority	Number of pharmacies	Pharmaceutical dispensaries	Seasonal branches/ dispensaries
ASS1 Triestina	67	-	-
ASS2 Isontina	43	2	2
ASS3 Alto Friuli	36	3	1
ASS4 Medio Friuli	96	2	-
ASS5 Bassa Friulana	39	-	3
ASS6 Friuli Occidentale	85	2	-
	366	**9**	**6**

The presence of pharmacies on the regional territory is diffused.

In FVG, a pharmacy serves an average of 3,230 inhabitants, against a national average value of 3,374 inhabitants.

WORKING HOURS

The regular time of service for urban and rural pharmacies, during the working days, is 40 hours a week. On the basis of local needs, the working time may be extended to a maximum of 44 weekly hours.

PHARMACIES ON DUTY PROVIDING NON-STOP ASSISTANCE SERVICE

During the holidays, during the night and lunch shift, pharmaceutical service is guaranteed by pharmacies on (day or night) duty.

The organized non-stop assistance pharmacy network, guarantees a diffuse service, as follows:

Health Authority	**Pharmacies on duty providing non-stop assistance service**
ASS1 Triestina	4 d + 1 n
ASS2 Isontina	6 d/n
ASS3 Alto Friuli	8 d/n
ASS4 Medio Friuli	8 d/n + 1 d
ASS5 Bassa Friulana	4 d/n
ASS6 Friuli Occidentale	6 d/n + 3 d
Total	41

d = daytime shift
n = nighttime shift

Local pharmacies are characterized by widespread profile, accessibility, extended working hours - in order to function as:

- Training and awareness-raising centres for citizens on healthy life styles, and for the promotion and active participation during prevention screening and early diagnosis campaigns for diabetes, mammal carcinoma and colon-rectal carcinoma.
- Professional advice for a correct use of drugs and for the management and house storage of drugs.
- “Service facilities” for routine basic biological parameters, for health status verification. Using self-diagnostic devices, which are quick and easy to use, the patient may check his or her blood parameters, arterial pressure, weight and waist measure.
- The pharmacy may provide professional advice to critical patients, the elderly and patients affected by chronic diseases of highly social impact and cardiovascular diseases, and care-givers, for a correct implementation of proper medical treatments for cardiovascular diseases, in close collaboration with the GP and district specialized services.

On the regional territory, experimental projects are currently being implemented, in collaboration with NHS authorities, social workers and local bodies, in order to develop new service activities, i.e.:

- home delivery service of drugs and related products, for patients affected by particularly critical social conditions, the elderly and the disabled
- booking service at the pharmacy for clinical examinations and analysis, through ICT connection with the CUP call centre of the regional health service, also with prescription duties collection services. It is part of the implementation process provided for by R.L. 7/2009.

THE PRIMARY CARE DISTRICT AND THE SOCIAL SERVICES

WHAT IS A PRIMARY CARE DISTRICT?

Regional regulations provide a definition for "District"

"A district is an operational facility through which the Health Authority ensures a coordinated non-stop response to the medical needs of the population.

The district is the citizens' reference centre for all services provided by the NHS Authority, the centre of integration of health and sociomedical territorial services and it may operate so as to coordinate all private and voluntary organizations which provide health and sociomedical services. For this reason, its scope is that of a basic social service."

- The District is, therefore, an access point for the citizens to any heath service that may be provided in its surgeries, at home and other locations and it meets the general needs of a citizen.
- The District works in collaboration with social workers, planning, together with the patients' families, a number of necessary interventions.
- The GPs, the freely chosen paediatricians and the NHS physicians (non-stop service) are an integral part of a District.
- The District is also a place where "life projects" are planned, with an integrated approach with the Mental Health Department, Infantile Neuropsychiatry, etc.
- The District takes care of patients suffering from serious pathologies and different disability with an integrated approach.
- The District is a network of differentiated services which are activated to respond to the patient's needs and life projects.
- The network consists of: home services, surgery services, RSA, day care centres, residential centres, palliative treatment centres.
- The Districts also manages family advice bureaus.

WHAT ARE THE SOCIAL SERVICES DISTRICT MUNICIPALITIES ASSOCIATIONS?

The Social services district is an organization of Social Work belonging to different municipalities which manages different integrated service systems.

In our Region, there are 19 Circles, which correspond to the Health Districts, with the exception of Trieste. The integrated system provides homogeneous responses on the regional territory:

a) measures to fight poverty and to support the poor;
b) measures to facilitate an autonomous life and house stay, also supporting family assistance and demi-residential and temporary residence offer;
c) interventions for the support of the underage and their families;
d) measures for the support of family responsibility;
e) measures for the support of women in trouble;
f) measures to facilitate social integration for the disables;
g) measures to facilitate the valorization of the elderly;
h) promotion of the foster-houses;
i) promotion of the administration of legal support, as of Law 6 of 9 Jan 2004;
j) fulfillment of the need for residential protection for non-autonomous and non self-sufficient citizens;
k) socioeducational support for social disadvantaged cases;
l) information to people and families to facilitate their access to available services and promotion of the development of self-mutual aid services.

DISTRICTS AND MUNICIPALITIES ASSOCIATIONS

ASS	District, Municipalit. Ass.	Municipalities belonging to the District, Municipalities Associations (*wih the exception of Trieste, where the District does not correspond to the Municipalities Association)
ASS1	Dist. 1 TS	Roiano, Gretta, Barcola, Cologna, Scorcola, Duino Aurisina, Monrupino, Sgonico
	Dist. 2 TS	San Vito, Città vecchia Barriera Vecchia, Barriera Nuova, Città Nuova, San Giacomo
	Dist. 3 TS	Servola-Chiarbola, Valmaura – Borgo San Sergio, Muggia, San Dorligo della Valle
	Dist. 4 TS	Barriera vecchia, Chiadino, Rozzol Melara,San Giovanni
ASS2	Dist. Basso Isontino	Doberdò del Lago, Grado, Fogliano-Redipuglia, Monfalcone, Ronchi dei Legionari, San Canzian d'Isonzo, San Pier d'Isonzo, Staranzano, Turriaco
	Dist. Alto Isontino	Capriva del Friuli, Cormòns, Dolegna del Collio, Farra d'Isonzo, Gorizia, Gradisca d'Isonzo, Mariano del Friuli, Medea, Moraro, Mossa, Romans d'Isonzo, Sagrado, San Floriano del Collio, San Lorenzo Isontino, Savogna d'Isonzo, Villesse
ASS3	Dist. Gemonese	Artegna,Bordano,Chiusaforte, Dogna, Gemona del Friuli, Malborghetto Valbruna,Moggio Udinese, Montenars, Osoppo, Pontebba, Resia, Resiutta, Tarvisio, Trasaghis,Venzone
	Dist. Carnia	Amaro, Ampezzo, Arta Terme, Cavazzo Carnico, Cercivento, Comeglians, Enemonzo, Forni Avoltri, Forni di Sopra, Forni di Sotto, Lauco, Ligosullo, Ovaro, Paluzza, Paularo, Prato Carnico, Preone, Ravascletto, Raveo, Rigolato, Sauris, Socchieve, Sutrio,Tolmezzo,Treppo, Carnico, Verzegnis, Villa Santina, Zuglio
ASS4	Dist. Udine	Campoformido, Martignacco, Pagnacco, Pasian di Prato, Pradamano, Pavia di Udine, Pozzuolo del Friuli, Tavagnacco, Udine
	Dist. Tarcento	Attimis, Cassacco, Faedis, Lusevera, Magnano in Riviera, Nimis, Povoletto, Reana del Rojale, Taipana, Tarcento, Tricesimo
	Dist. Codroipo	Basiliano, Bertiolo, Camino al Tagliamento, Castions di Strada, Codroipo, Lestizza, Mereto di Tomba, Mortegliano, Sedegliano, Talmassons, Varmo.
	Dist. di S.Daniele	Buja, Colloredo di Montalbano, Coseano, Dignano, Fagagna, Flaibano, Forgaria del Friuli, Majano, Moruzzo, Ragogna, Rive d'Arcano, San Daniele, San Vito di Fagagna, Treppo Grande
	Dist. Cividale	Buttrio, Cividale del Friuli, Corno di Rosazzo, Drenchia, Grimacco, Manzano, Moimacco, Premariacco, Prepotto, Pulfero, Remanzacco, San Giovanni al Natisone, San Leonardo, San Pietro al Natisone, Savogna, Stregna, Torreano.
ASS5	Dist. Latisana	Carlino, Latisana,Lignano Sabbiadoro, Marano Lagunare, Muzzana del Turgnano, Palazzolo dello Stella, Pocenia, Porpetto, Precenicco, Rivignano, Ronchis, San Giorgio di Nogaro, Teor, Torviscosa
	Dist. Cervignano	Aiello del Friuli, Aquileia, Bagnaria Arsa, Bicinicco, Campolongo-Tapogliano, Cervignano del Friuli, Chiopris-Viscone, Fiumicello, Gonars, Palmanova, Ruda, San Vito al Torre, Santa Maria la Longa, Terzo d'Aquileia, Trivignano Udinese, Villa Vicentina, Visco
ASS6	East Dist. – S.Vito al Tagliamento	San Vito al Tagliamento, Arzene, Casarsa della Delizia, Cordovado, Morsano al Tagliamento, San Martino al Tagliamento, Sesto al Reghena, Valvasone
	North Dist. – Maniago	Andreis, Arba, Barcis, Castelnovo del Friuli, Cavasso Nuovo, Cimolais, Claut, Clauzetto, Erto e Casso, Fanna, Frisanco, Maniago, Meduno, Montereale Valcellina, Pinzano al Tagliamento, San Giorgio della Richinvelda, Sequals, Spilimbergo, Tramonti di Sopra, Tramonti di Sotto, Travesio, Vito d'Asio, Vivaro, Vajont
	West Dist. – Sacile	Sacile, Aviano, Brugnera, Budoia, Caneva, Fontanafredda, Polcenigo
	South Dist. – Azzano X	Azzano X°, Chions, Fiume Veneto, Pasiano, Prata, Pravisdomini, Zoppola
	Urban Dist. – Pordenone	Pordenone, Porcia, Cordenons, Roveredo in Piano, S. Quirino

CALL CENTER 848.448.884
SINGLE REFERENCE FOR HEALTH AND SOCIAL SERVICES



848 448 884 is unique phone number to guidance and information on social services throughout the region - information and booking of outpatient health services provided by the regional health service in the provinces of Gorizia, Udine and Pordenone (from 1.1.2012 also benefits provided in the province of Trieste).

The 848 448 884 replaces the current 800 423 445 and allow all citizens to make a booking call and get information on outpatient health services provided under the Regional Health Service in the provinces of Udine, Pordenone and Gorizia by health care providers No.2 “Isontina”, n. 3 “High Friuli”, n. 4 “Medio Friuli”, n. 5 “Lower Friuli”, n. 6 “Friuli Western” by the Hospital of Pordenone, Udine University Hospital by the Company and the CRO of Aviano and booking performance under the agreement provided by accredited private health facilities and booking services under the freedom intramural profession.

From 1 January 2012, the number may also be used to book by phone those provided by public health facilities in the province of Trieste (Azienda health n.1 Triestina, Cattinara Hospital, Hospital, Institute for Child Health Burlo Garofolo), replaced by that given the current number 040-6702011 040-6702011.

The new 848 448 884 is a “debit spread”: the burden of the call is in part dependent on the caller (at the cost of a local call or a function of their mobile phone contract) and partly out of the region FVG.

TIME TABLE
OF HEALTH SERVICES BOOKING

monday - friday	from 07.30 to 18.00

HEALTH AND SOCIAL INFORMATION

monday - friday	from 09.00 to 18.00
saturday, sunday and holidays	from 09.00 to 14.00

In summary:

a) by June 1, 2011: type in the new 848 448 884 who wants information on the various social services provided by Districts and Municipalities

b) from 1 June 2011: 848,448,884 type who wants the book made by health care facilities in the provinces of Gorizia, Pordenone and Udine.

c) until December 31, 2011: you will need to continue the number 040-6702011 040-6702011 for health services in the province of Trieste, while the new number will only be used from the beginning of 2012.

CALL CENTER 848,448,884: SINGLE POINT OF REFERENCE FOR HEALTH AND SOCIAL IS 848 448 884 telephone number only for: guidance and information on social services for the whole regional territory - information and booking of outpatient health services provided by regional health service in the provinces of Gorizia, Udine and Pordenone (from 1.1.2012 also benefits in the province of Trieste).

DISTRICT SERVICES AND FACILITIES

SINGLE ACCESS POINT (PUA)

The DGR 465/2010 establishes a Single Point of access as " … a unified interface of the system, in a first stage of limited to health services and social ones, in respect of persons with disabilities to ensure their, for levels of nursing regional qualified as essential: access, evaluation, custom project and revaluation".

PUA are then guaranteed by the four main functions:

1) the host , intended to guide the city , giving clarity and visibility response care , to reduce the information asymmetry between the citizen and the service system , to limit the waiting time in health care and administrative courses and to promote ' unexpressed needs of the emerging health
2) access to facilitate the encounter between the citizen with his demand for health services and offering system (regionaln health and social services systems)
3) orientation and demand-side management to promote the right of citizens to access the network of health and social services fair and transparent manner
4) t he director aims to improve the socio-health integration at both the managerial and professional.

The PUA is now active in most districts of the region in different ways.

HOME SERVICES

The Friuli Venezia Giulia Region has promoted the development of health services which may assist citizens in their homes, in order to keep them home with their families, as much as possible.

If necessary, the house service network is available, thanks to the collaboration of nurses and rehabilitation therapists.

In order to access the house service, the request should be submitted by the GP or, in the case of hospitalized patients, by the ward personnel.

The request is then accepted by the district evaluation unit, which consists of district personnel and GPs who evaluate the patients' needs and, together with their families, they plan personalized assistance.

The plan shows the objectives of the intervention, the type and frequency of the services provided.

NURSING SERVICE

The nursing service has been activated in most of the Districts, seven days a week, twelve hours a day and may collect patients at their homes; they also take blood samples, perform medications, injections and infusive therapies, vesical catheter removal or substitution; training courses for care-takers, so taht they can better assist the patients and their families; preventions of complications due to bed coinfinement; health education for the patients and their families.

In some of the Districts the *"Community Nursing Service"* is guaranteed by a nurse who is constantly in touch with the community he serves (one or more municipalities) and guaranteed surgery and home nursing assistance are also provided in collaboration with the appointed GP, social workers, home assistants, physiotherapists,specialized physicians, volunteers and other medical and social operators available on the territory.

Several District provide specialized home counselling, i.e. for pain relief therapy, palliative treatments, nutritional assistance.

The palliative treatment network is particularly important, as it is intended for terminally ill patients suffering from oncological diseases. In these cases the team consists of nurses, physiotherapists, and GPs, along with other professionals, such as a physician specialized in palliative treatments and, sometimes, a psychologist.

REHABILITATION SERVICE

The rehabilitation service is performed by rehabilitation professionals during home treatments. It aims to help patients keep or recover a certain degree of self-sufficiency.

Rehabilitation therapists also provide advice to facilitate access to the patient's homes

(architectural features which deny access to the handicapped) and prescribe necessary devices for disabled patients, also temporary, i.e. beds, walkers, wheelchairs, etc.

Another crucial function of home rehabilitation is that training is provided to patients and family members.

RSAs - MEDICAL ASSISTANCE RESIDENCE

The Medical Assistance Residence (RSA) is a district medical residential facility which is intended to provide top level non-stop assistance for the rehabilitation of hospitalized patients.

The RSA is intended for elderly and younger patients, temporarily and/or permanently non self-sufficient, excluding underage.

As of Regional Legislation (DGR 1487/2000), the RSA essentially meets the needs of the following categories of patients:

- patients who need non-stop assistance and who suffer from serious physical problems (i.e., orthopaedic, neurological, multipathological, broncho-pneumo-pathological, cardiological, etc.);
- patients with major social problems which require "relief" functions for family members and/or patients living in a temporarily compromised social environment and/or waiting for another social service;
- patients waiting for another sociomedical service;
- patients with prevailing global issues: i.e., terminally ill patients, patients who require highly intense non-hospitalized medical assistance.

The RSA provides:

- physical and/or psychophysical rehabilitation, providing non-stop rehabilitation assistance between the hospital and the territory and among district services;
- non-stop treatments;
- assistance to patients suffering from multi-pathological conditions, impairing self-sufficiency;
- temporary social and environmental support;
- assistance to terminally ill patients and/or patients who need highly intense non-hospitalized medical assistance.

MEDICAL ASSISTANCE RESIDENCE (RSA)

Authority	RSA	n. Beds
ASS1	Casa verde – Trieste	38
	Igea – Trieste	80
	Mademar –Trieste	75
	San Giusto – Trieste	36
ASS2	Cormons	45
	Gorizia	24
	Monfalcone	37
ASS3	Gemona del Friuli	20
	Paluzza	10
	Tolmezzo	20
ASS4	Cividale del Friuli	23
	Codroipo	27
	S.Daniele del Friuli	24
	Opera Pia C. Tarcento	34
	IGA Udine	60
	Ospedale di Udine	24
ASS5	Jalmicco	30
	Latisana	20
ASS6	Azzano X	27
	Maniago	20
	Pordenone	18
	Roveredo in Piano	36
	S.Vito al Tagliamento	26
	Sacile	32

HOSPICES

Hospices are a fundamental part of the palliative treatment network, as they are intended for terminally ill patients. These facilities have a high humane component, with single rooms which may allow family members to watch over the patient day and night. In the Region there are autonomous hospices and beds for RSA terminally ill patients. The regional hospices (excluding dedicated beds in other facilities, i.e. RSA or hospitals) are:

- public hospices: ASS4 Martignacco, ASS5 latisana, ASS6 S.Vito al Tagliamento
- NHS-accredited or private hospices: Pineta del Carso Trieste, "via di Natale" Aviano.

SERVICES FOR THE ELDERLY

The Region has progressively developed a "home" approach for the services to the elderly, avoiding - though respecting the patient's personal decisions - hospitalization.

Importantly, the basic levels of assistance provide three main services for the elderly, as follows:

- ✓ house services
  - home assistance
  - integrated home assistance (social + medical)
- ✓ demi-residential services
  - day care centres
  - assisted day centres
- ✓ residential services
  - relief homes
  - temporary homes
  - permanent homes

The development of an integrated network of services will increase the number of the aforementioned options, on the basis of feasibility, professionalism and quality of action.

Citizens may access these services by calling the Districts or the municipal social work service.

DAY CARE CENTRES

The Region includes several types of day care centres. This chapter shows the list of facilities which take care of elderly and non self-sufficient patients. When this text was edited, the permit granting process had just been resumed, therefore, the content of this document may require further updates.

The demi-residential service for elderly non self-sufficient patients are usually open 5 days a week, for at least 7 hours a day.

People hosted in demi-residential facilities must be provided with the following services:

- assistance: medical treatment and self-sufficiency promotion;
- social and rehabilitation activities: care, occupational treatment for the development and/or support of proper social, cognitive and emotional-relational behaviour skills;
- health care: medical assistance, nursing assistance and rehabilitation assistance, on the basis of the needs of the patient hosted by the Health Authority, through competent territorial health districts;
- catering service: dietary-nutritional aspects must be paid attention to, by offering special diets and food safety; the service can be managed directly o by proxy, with an external contract.

Day care centres can be accessed to through the District or the Municipalities association.

DAY CARE CENTRES FOR THE ELDERLY

Authority	**District**	**Municipality**	**Administrator**	**Day care centre**
1	4 Nord	TRIESTE	Public community service authority (ASP)	ITIS "Centro Assistito"
1	2 Sud	TRIESTE	La Quercia s. coop. Soc.	Centro diurno per anziani In Contrada -
1	4 Nord	TRIESTE	Public community service authority (ASP)	ITIS "Centro di Aggregazione"
1	Duino-Aurisina	DUINO-AURISINA	Private	Villa Verde
1	2 Sud	TRIESTE	Public community service authority (ASP)	Pro Senectute

Authority	District	Municipality	Administrator	Day care centre
1	3 Muggia San Dorligo	TRIESTE	Social Privat	Emmaus
1	2 Sud	TRIESTE	Public community service authority (ASP)	Comunità Rusconi
2	Alto Isontino	CORMONS		Centro diurno c/o RSA di Cormons
2	Basso Isontino	FOGLIANO-REDIPUGLIA	Public municipality associated	Casa Anziani "E. De Gressi"
2	Alto Isontino	GORIZIA	Municipality	Casa di Riposo per anziani A. Culot
2	Basso Isontino	RONCHI DEI LEGIONARI	Public municipality associated	Casa di riposo - "Domenico Corradini"
2	Basso Isontino	S. CANZIAN D'ISONZO	Public municipality associated	ARGO Centro per le demenze - e/o Alzheimer
2	Basso Isontino	MONFALCONE	Municipality	Residential hotel Monfalcone
3	Carnia	FORNI DI SOPRA	Municipality's social service	Centro diurno
3	Carnia	FORNI DI SOTTO	Municipality's social service	Centro diurno
3	Gemonese	GEMONA DEL FRIULI	Municipality's social service	Centro diurno
3	Gemonese	PONTEBBA	Municipality's social service	centro diurno
3	Gemonese	OSOPPO	Municipality	c/o Centro sociale per anziani
3	Carnia	PALUZZA	Public community service authority (ASP)	Casa degli Operai Vecchi e Inabili al Lavoro
3	Carnia	VILLA SANTINA	Privato	Residence Stati Uniti d'America s.r.l.
3	Carnia	VENZONE	Pubblica IPAB	Pio Istituto Elemosiniere Casa di Soggiorno Albertone del Colle
3	Carnia	TOLMEZZO	Public community service authority (ASP)	ASP della Carnia S. Luigi Scrosoppi
3	Carnia	COMEGLIANS	Pubblica	Centro di aggregazione
4	Cividale	BUTTRIO	Associazioni "Pervinca" - "Judinsi" e Alzheimer di Udine	Centro diurno
4	Udine	UDINE	Solimai società cooperativa sociale	Centro diurno Passatempo
4	codroipo	CODROIPO	Public community service authority (ASP)	ASP "Daniele Moro"
4	San Daniele	MAIANO	Municipality	Centro diurno c/o "M. Stango Rodino"
4	Udine	PRADAMANO	Public community service authority (ASP)	"Fondazione Muner De Giudici" Lovaria
4	cividale	S. GIOVANNI AL NATISONE	Privato	Sereni Orizzonti
4	Tarcento	TARCENTO	Public community service authority (ASP)	ASP Opera Pia Coianiz
4	Tarcento	TRICESIMO	Municipality	Casa di Riposo - "Nobili de Pilosio" centro diurno per autosufficienti
4	Udine	UDINE	Public community service authority (ASP) (Quiete)	Centro diurno Micesio

Authority	District	Municipality	Administrator	Day care centre
4	Codroipo	MORTEGLIANO	Municipality	Centro assistenziale Italia Rovere Bianchi
5	Est	CERVIGNANO DEL FRIULI	Municipality	Casa di Riposo - "Valentino Sarcinelli" solo per autosufficienti
5	Ovest	LATISANA	Public community service authority (ASP)	Una casa per il Giorno
5	Ovest - -	SAN GIORGIO DI NOGARO	Public community service authority (ASP) - ASP "G.Chiabà".	Centro diurno
6	Sud	AZZANO DECIMO	Comune	Centro diurno
6	Est	CASARSA DELLA DELIZIA	Comune	Centro diurno per anziani con disturbi cognitivi
6	Urbano	CORDENONS	Comune	locale dell'AISM
6	Ovest	POLCENIGO	Comune	Centro diurno
6	Urbano	ROVEREDO IN PIANO	Comune	Centro Diurno
6	Sud	ZOPPOLA	Comune	Centro diurno
6	Nord	ANDREIS	Municipality	Community house per Anziani
6	Ovest	AVIANO	Municipality	Casa di soggiorno per anziani di Aviano
6	Nord	CAVASSO NUOVO	Public community service authority (ASP)	ASP di "Cavasso Nuovo Fanna" Centro diurno per autosufficienti
6	Est	MORSANO AL TAGLIAMENTO	Public community service authority (ASP)	ASP "Daniele Moro"
6	Urbano	PORDENONE	Public community service authority (ASP)	"Casa per anziani - Umberto I" centro diurno per autosufficienti
6	Est	VALVASONE	Public community service authority (ASP)	Fondazione Colledani Bullian
6	Urbano	PORDENONE	Municipality	Casa di riposo Casa Serena
6	Nord	CIMOLAIS	Social private	Centro diurno
6	Urbano	PORDENONE		Centro Diurno per Anziani Affetti da Demenza "Casa Incontro"

updated may 2011

RESIDENTIAL FACILITIES

The Friuli Venezia Giulia Region offers a complex set of intermediate facilities, referred to as residential facilities for the elderly:
- multifunctional residences;
- multifunctional residences with "Group A" module;
- hospice community;
- residential hotels;
- residences for diversified patients;
- day care centres.

Residences are divided by user category and by available services (nursing, rehabilitation, activity, etc.)

For protected residences, usually referred to as hospices, access is granted on the basis of the result of an evaluation process performed by the District authority, that assesses the level of non self-

sufficiency, and therefore, the access to regional aid.

If access is granted, an assistance schedule is prepared, setting the medical and life goals for the hospitalized patient.

The multi-dimensional evaluation classifies the patients according to different profiles:

1) PROFILE A STAR
The profile A star includes elderly patients who, after serious or chronic-degenerative pathologies, require highly skilled medical assistance, in terms of intensity and complexity, and also medical specialized interventions.

2) PROFILE A
It includes elderly patients who, due to chronic-degenerative pathologies which evolve to more serious or terminal stages, require highly skilled medical assistance, associated to high sociomedical and protection interventions, which also require non-stop, qualified and specialized assistance, i.e. daily nursing care, rehabilitation activities, etc.

3) PROFILE B
Includes elderly patients suffering from more than one pathology, of different nature and seriousness, which affect different organs and/or apparatuses, in different combinations. They are mainly chronic-degenerative conditions, with a high risk of decompensation and/or complications, managed with multi-pharmacological treatments, always associated with a loss of self-sufficiency in daily routines. These patients require medium complexity medical assistance associated with medium-high level sociomedical and protection care.

4) PROFILE C
It includes elderly patients affected by several pathologies, mainly stable from the clinical perspective, chronic-degenerative, managed with multi-pharmacological treatments, often associated with a fairly compromised non self-sufficiency during daily routines. Therefore, they usually require low level health assistance and medium-low level medical and protection assistance, which may potentially suffer from sudden losses of functionality, therefore requiring immediate care.

5) PROFILE D
It includes patients affected by a moderate-serious cognitive deterioration, associated with significant behaviour disorders and low-moderate clinical-functional impairment.

6) PROFILE E
Profile E includes elderly patients who suffer from several, stable, usually chronic-degenerative pathologies at a time, managed through multi-pharmacological treatments and associated with a low impairment of self-sufficiency in daily routines. Patients do not show serious cognitive disabling conditions.

All patients are evaluated on a periodical basis through a methodology which takes several personal abilities into account and helps monitor health, self-sufficiency and participation in social activities.

Waiting for the new reclassification process of the regional system, all facilities will be classified as follows:

- residential facilities for self-sufficient elderly;
- residential facilities for non self-sufficient elderly, divided into:
  - facilities for base level employees
  - facilities for first level employees
  - facilities for second level employees
  - facilities for third level employees

RESIDENTIAL FACILITY FOR THE ELDERLY PER HEALTH AUTHORITY, TYPE AND JURIDICAL NATURE

Authority	Titles	Kind of institution	Legal status
ASS1	Istituzione Casa di Riposo “F.lli Stuparich” 34019 SISTIANA (DUINO-AURISINA)	Residence protected	Pubblica Comunale “Istituzione” ex L.142/90

Authority	Titles	Kind of institution	Legal status
	Casa di Riposo Salita Ubaldini, 5 34015 MUGGIA	Diversified patients	Municipality
	Casa di Riposo Salita Ubaldini, 5 34015 MUGGIA	Residential hotel	Municipality
	Casa “Rusconi” ASP via della Valle, 8 34127 TRIESTE	Residential hotel	ASP
	I.T.I.S. ASP via Pascoli, 31 34129 TRIESTE	Residence protected	ASP
	Centro per l’anziano: Casa Bartoli – Residenza Pineta Residenza Mimosa – Residenza Giardino via De Marchesetti, 8/3 34149 TRIESTE	Diversified patients	Municipality
	Residential hotel “Sacro Cuore” via del Cerreto, 2 34136 TRIESTE	Residential hotel	Social private
	Casa di riposo “S. Domenico” Strada di Guardiella, 13 34128 TRIESTE	Residence protected	Social private
	Casa di riposo “Mater Dei” viale R. Sanzio, 3-5 34128 TRIESTE	Residential hotel	Social private
	Casa di Riposo “L. Ieralla” Loc. Padriciano, 199 34012 TRIESTE	Residence protected	Social private
ASS1	Casa di Riposo “Domus Mariae” via Madonna del Mare, 5 34124 TRIESTE	Residential hotel	Social private
	Casa di Riposo “Opera M. Basiliadis” via P.L. da Palestrina, 6 34134 TRIESTE	Residential hotel	Social private
	Suore Scolastiche Francescane di Cristo Re via delle Docce, 34 34128 TRIESTE	Residential hotel	Social private
	Pia Casa Gentilomo “Abramo Stock” via Cologna, 29 34126 TRIESTE	Residence protected	Social private
	ASP “Pro Senectute” via Valdirivo, 11 34132 TRIESTE	Residential hotel	ASP
	Casa Emmaus via Svevo, 34 34145 TRIESTE	Residence protected	Social private
	“Gregoretti” via de Ralli, 1 I,II,III e IV piano 34100 TRIESTE	Residence protected	Municipality
	“Raggio di Sole” s.r.l. via Battisti, 22 34125 Trieste	Multifunctional Residence	Private

Authority	Titles	Kind of institution	Legal status
	“Danubio” via S. Francesco, 16 34133 Trieste	Multifunctional Residence	Private
	“Oasis” via Macchiavelli, 15 34132 Trieste	Multifunctional Residence	Private
	La Roccia” via Battisti, 25 34125 Trieste	Multifunctional Residence	Private
	“Nonno Felice Uno” via Belpoggio, 16 34123 Trieste	Multifunctional Residence	Private
	“Nonno Felice Due”S.r.l. via F. Venezian, 4 34124 Trieste	Multifunctional Residence	Private
	“Diamante” via XXX Ottobre, 15 34122 Trieste	Multifunctional Residence	Private
	Fiore” via Machiavelli, 22 34132 Trie	Multifunctional Residence	Private
	“Casa Rosanna” S.r.l. via G. Gozzi, 4 34133 Trieste	Multifunctional Residence	Private
	“Casa Anna “S.r.l. via S. Lazzaro, 17 34122 Trieste	Multifunctional Residence	Private
	“Alida” S.r.l. via S. Nicolò, 8 34121 Trieste	Multifunctional Residence	Private
ASS1	“Futura” S.r.l. via Coroneo, 3 34133 Trieste	Multifunctional Residence	Private
	“Senilità” S.r.l. via Coroneo, 3 34133 Trieste	Multifunctional Residence	Private
	“Elite” via Battisti, 17 34100 Trieste	Multifunctional Residence	Private
	“Le Rose” S.r.l. via Roma, 13 34132 Trieste	Multifunctional Residence	Private
	“Tiziana” S.N.C. Log 158 34018 S. Dorligo della Valle (TS)	Multifunctional Residence	Private
	“Casa Fiorita” S.n.c. Strada Nuova per Opicina, 7 34127 Trieste	Multifunctional Residence	Private
	“Dalila” S.n.c. via Machiavelli, 28 34132 Trieste	Multifunctional Residence	Private
	“Relax” via S. Maurizio, 13 34129 Trieste	Multifunctional Residence	Private
	“Relax” via del Lavatoio, 5 34132 Trieste	Multifunctional Residence	Private

Authority	Titles	Kind of institution	Legal status
	“Eden” S.r.l. Largo Barriera Vecchia, 11 34131 Trieste	Multifunctional Residence	Private
	“Il Nido” S.r.l. via Valdirivo, 22 34132 Trieste	Multifunctional Residence	Private
	“Rosy” via San Lazzaro, 23 34122 Trieste	Multifunctional Residence	Private
	“Nonna Adriana” S.a.s. via Torrebianca, 8 34132 Trieste	Multifunctional Residence	Private
	“Casa Maria” S.n.c via Battisti, 26 34125 Trieste	Multifunctional Residence	Private
	“Il Girasole” S.r.l. via Carducci, 32 34129 Trieste	Multifunctional Residence	Private
	“Favretto” via Gatteri, 6 34125 Trieste	Multifunctional Residence	Private
	“Antonella” via Prosecco, 9 34016 Opicina (TS)	Multifunctional Residence	Private
	“Pensione Brioni” Strada per Lazzaretto, 4 34015 Muggia (TS)	Multifunctional Residence	Private
	“Anni d’Argento” S.r.l. L.go Barriera Vecchia, 11 34131 Trieste	Multifunctional Residence	Private
	“Napoleone” via Pozzo del Mare, 1 34121 Trieste	Multifunctional Residence	Private
ASS1	“La tua casa” via Giulia, 5 34126 Trieste	Multifunctional Residence	Private
	“La Tua Dimora” via Torrebianca, 39 34122 Trieste	Multifunctional Residence	Private
	“Casa Maria 2” via Macchiavelli, 13 34100 Trieste	Multifunctional Residence	Private
	“Arcobaleno” S.r.l. via Cellini, 3 34132 Trieste	Multifunctional Residence	Private
	“Cinquestelle” S.r.l. via Torrebianca, 8 34132 Trieste	Multifunctional Residence	Private
	“La Primula 2” via Cellini, 2 34132 Trieste	Multifunctional Residence	Private
	“La Primula” via Molino a Vento, 72 34137 Trieste	Multifunctional Residence	Private
	“Villa del Sole” Loc. Rupingrande, 151 34016 Monrupino (TS)	Multifunctional Residence	Private

Authority	Titles	Kind of institution	Legal status
	“Arianna” V.le Venti Settembre, 16 34125 Trieste	Multifunctional Residence	Private
	“La Meridiana” S.a.s via Conconello, 29 34016 Opicina (Ts)	Multifunctional Residence	Private
	“Airone” S.r.l. via delle Zudecche,1 34131 Trieste	Multifunctional Residence	Private
	“Moschion” via Battisti, 22 34125 Trieste	Multifunctional Residence	Private
	“Cellini” via Cellini, 3 34132 Trieste	Multifunctional Residence	Private
	“Le Mimose” S.r.l. via Torrebianca,25 34132 Trieste	Multifunctional Residence	Private
	“Valdirivo “S.r.l. via Valdirivo, 22 34132 Trieste	Multifunctional Residence	Private
	“Zovenzoni” S.r.l. via Zovenzoni, 6 34125 Trieste	Multifunctional Residence	Private
	“Carlo Goldoni” via Carducci, 31 34133 Trieste	Multifunctional Residence	Private
	“La Tua Casa” via Giulia, 1 34126 Trieste	Multifunctional Residence	Private
	“La Tua Casa” S.r.l. via Genova, 23 34121 Trieste	Multifunctional Residence	Private
	“Albertina” S.r.l. via Coroneo, 3 34133 Trieste	Multifunctional Residence	Private
ASS1	“Flora” via Torrebianca, 25 34132 Trieste	Multifunctional Residence	Private
	“Villa Amica” via Rossetti, 56 34141 Trieste	Multifunctional Residence	Private
	“Flora I” via Valdirivo, 21 34132 Trieste	Multifunctional Residence	Private
	“Nuova Villa Iris” S.r.l. Log 194 34018 San Dorligo della Valle (TS)	Multifunctional Residence	Private
	“Le Magnolie” via Cologna, 29/1 34127 Trieste	Multifunctional Residence	Private
	“S. Giusto” via Milano, 18 34132 Trieste	Multifunctional Residence	Private
	“Sorriso” via Gatteri, 6 34125 Trieste	Multifunctional Residence	Private

Authority	Titles	Kind of institution	Legal status
	"Renè" S.n.c. via S. Caterina, 5 34122 Trieste	Multifunctional Residence	Private
	"Valy" via S. Francesco, 40 34133 Trieste	Multifunctional Residence	Private
	"Le Ginestre" S.r.l. via Cellini, 3 34132 Trieste	Multifunctional Residence	Private
	"Miramare" via Cellini, 3 34100 Trieste	Multifunctional Residence	Private
	"Santa Chiara." S.r.l. via Udine, 13 34100 Trieste	Multifunctional Residence	Private
	Il Melograno S.r.l. "Villa Camilla" via Revoltella, 69 34139 Trieste	Multifunctional Residence	Private
	Mademar via Madonna del Mare, 16 34100 Trieste	Multifunctional Residence	Private
	"Ad Majores" S.r.l. Corso Italia, 27 34122 Trieste	Multifunctional Residence	Private
	"Carducci" S.r.l. via Carducci, 24 34125 Trieste	Multifunctional Residence	Private
	"Villa Verde" S.r.l. via S. Croce, 12 34013 Duino - Aurisina (TS)	Multifunctional Residence	Private
	"Fiori del Carso" s.r.l. viale Stazione, 26/a – Aurisina 34011 Duino Aurisina (TS)	Multifunctional Residence	Private
	"La Fenice" S.a.s. via Imbriani, 2 34122 Trieste	Multifunctional Residence	Private
	"La Perla" S.a.s. via Imbriani, 2 34122 Trieste	Multifunctional Residence	Private
ASS2	Casa di Riposo "La cjase" viale Venezia Giulia, 74 III e IV piano 34071 CORMONS	Residence protected	Municipality
	Casa di Riposo viale Venezia Giulia, 74 II piano 34071 CORMONS	Residence protected	ASP
	Casa di Riposo "Rosa Mistica" Largo San Luigi Scrosoppi, 2 34071 CORMONS	Diversified patients	Social private
	Residential hotel "Contessa Berretta" via Dante Alighieri, 31 34070 FARRA D'ISONZO	Residential hotel	Social private
	Casa Anziani "E. De Gressi" via Cosolo, 19 34070 FOGLIANO DI REDIPUGLIA	Diversified patients	Public municipality associated

Authority	Titles	Kind of institution	Legal status
	Casa di Riposo “Villa S. Giusto” Corso Italia, 244 34170 GORIZIA	Residence protected	Social private
	Casa di Riposo “S.Vincenzo de’ Paoli” via della Bona, 15 34170 GORIZIA	Residential hotel	Social private
	Congregazione Suore di Maria della Medaglia Miracolosa “Domus Mariae SS. Reginae” Corso Italia, 120 34170 GORIZIA	Residential hotel	Social private
	Istituto “Sacra Famiglia” via Don Bosco, 66 34170 GORIZIA	Residential hotel	Social private
	Fondazione “O. Brovedani” via Eulambio, 3 34072 GRADISCA D’ISONZO	Residential hotel	Social private
	Casa di Riposo “San Salvatore “ via Campagnola, 13 34072 GRADISCA D’ISONZO	Diversified patients	Municipality
	Casa di Riposo “Casa Serena” viale Papa Giovanni XXIII, 40 34073 GRADO	Residence protected	Municipality
	Casa di Riposo per anziani “Angelo Culot” via Brigata Re, 31 34170 LUCINICO (GORIZIA)	Diversified patients	Municipality
	Residential hotel per anziani via Crociera, 14 34074 MONFALCONE	Diversified patients	Municipality
	Casa di riposo “Domenico Corradini” via D’Annunzio, 14 34077 RONCHI DEI LEGIONARI	Diversified patients	Public municipality associated
	ARGO Centro per le demenze e/o Alzheimer via Trieste, 71 34075 S. CANZIAN D’ISONZO	Alzheimer service	Public municipality associated
ASS2	“Casa Pensione I.S.A.” S.r.l. via Blaserna, 12 34074 Monfalcone (GO)	Multifunctional Residence	Private
	“Casa Alloggio 2000” S.d.f. via Blaserna, 12 34074 Monfalcone (GO)	Multifunctional Residence	Private
	“Sereni Orizzonti” S.r.l. via Roma, 46/48 Pieris 34075 S. Canzian d’Isonzo (GO)	Multifunctional Residence with “Group A” module	Private
ASS3	Residenza per anziani “Monsignor Nigris” via della Maina, 28 33021 AMPEZZO	Residence protected	Social private
	Casa di soggiorno per anziani via Croce del Papa, 31 33013 GEMONA DEL FRIULI	Residence protected	Municipality

Authority	Titles	Kind of institution	Legal status
	Casa di Riposo “S. Maria degli Angeli” Largo P.G. Fioravanti, 9 33013 GEMONA DEL FRIULI	Diversified patients	Social private
	Casa di Riposo “S. Maria degli Angeli” Largo P.G. Fioravanti, 9 33013 GEMONA DEL FRIULI	Residence protected	Municipality
	Centro Sociale Comunale via Rosselli, 7 33010 OSOPPO	Residential hotel	Social private
	ASP “Casa degli Operai Vecchi e Inabili al Lavoro” via Nazionale, 31 33026 PALUZZA	Diversified patients	ASP
	Centro residenziale per anziani via della Pineta,2 33027 PAULARO	Residential hotel	Social private
	ASP della Carnia “San Luigi Scrosoppi” via Morgagni, 5 33028 TOLMEZZO	Diversified patients	ASP
	Pio Istituto Elemosiniere Casa di Soggiorno “Albertone del Colle” via S. Giovanni, 8 33010 VENZONE	Residential hotel	ASP
	Residence Stati Uniti d’America s.r.l. - Centro Anziani - via Stati Uniti d’America, 10 33029 VILLA SANTINA	Residential hotel	Private
	“Sereni Orizzonti” S.r.l. via S. Lucia, 51 33013 GEMONA DEL FRIULI (UD)	Multifunctional Residence with “Group A” module	Private
ASS4	Community house di Attimis piazza Aldo Moro, 1 33040 ATTIMIS	Community house	Social private
	Casa di Riposo via Ursinins Piccolo, 2 int. 23 33030 BUJA	Diversified patients	Municipality
ASS4	Centro Anziani di Buja via Ursinins Piccolo, 2 int. 27 33030 BUJA	Residential hotel	Municipality
	Associazione Residenti Community house via S. Giacomo, 11 33045 CERGNEU DI NIMIS	Community house	Social private
	ASP “Casa per anziani” viale Trieste, 42 33043 CIVIDALE DEL FRIULI	Diversified patients	ASP
	ASP “Daniele Moro” viale F. Duodo, 80 33033 CODROIPO	Diversified patients	ASP
	Casa Famiglia regionale per anziani non vedenti “Villa Masieri” via Luseriacco, 8 33019 LUSERIACCO DI TRICESIMO	Residential hotel	Social private

Authority	Titles	Kind of institution	Legal status
	Associazione Comunità alloggio anziani via Pradielis, 11 33010 LUSEVERA	Community house	Social private
	Community house di Lusevera via Vedronza, 1 33010 LUSEVERA	Community house	Social private
	Community house di Lusevera via Villanova, n. 110 33010 LUSEVERA	Community house	Social private
	Centro anziani “Nelson Rockefeller” via Cividina, 56 33010 MAGNANO IN RIVIERA	Residence protected	Private
	Centro residenziale per Anziani “M. Stango Rodino” via Bertagnolli, 1 33030 MAJANO	Residential hotel	Municipality
	Residenza per anziani Zaffiro Martignacco via della Vecchia Filatura, 26/1 33035 MARTIGNACCO	Residence protected	Private
	Centro Assistenziale “Italia Rovere Bianchi” via Gonars, 11 33050 MORTEGLIANO	Diversified patients	Municipality
	ASP “Fondazione E. Muner de Giudici” via della Libertà, 19 33040 PRADAMANO	Diversified patients	ASP
	Casa di Riposo per persone non autosufficienti via Dalmazia, 33 33028 S. DANIELE DEL FRIULI	Residence protected	ASP
	Centro Sociale Residenziale via Gen. Cadorna, 50 33038 S. DANIELE DEL FRIULI	Residential hotel	Municipality
	ASP Casa di Riposo “G. Sirch” via del Klancic, 2 33049 S. PIETRO AL NATISONE	Diversified patients	ASP
ASS4	ASP “Opera Pia Coianiz” via Coianiz, 8 33017 TARCENTO	Diversified patients	ASP
	Residenza Zaffiro “Colle Verzan via Sottocolle Verzan, 30 3017 TARCENTO	Diversified patients	Private
	Casa di Riposo “Nobili de Pilosio” via S. Francesco, 98 33019 TRICESIMO	Diversified patients	Municipality
	“S. Anna” s.r.l. via Tellini, 1 33100 UDINE	Residence protected	Private
	ASP “La Quiete” via S. Agostino, 7 33100 UDINE	Diversified patients	Private

Authority	Titles	Kind of institution	Legal status
	Residenza “I Faggi” via Micesio, 31 33100 UDINE	Residential hotel	Social private
	Casa di accoglienza del clero Fraternità sacerdotale soc.coop.sociale a.r.l. via Ellero, 3/4 33100 UDINE	Diversified patients	Social private
	Residence protected “Caris” via Montello, 55 33100 UDINE	Residence protected	Private
	Casa provinciale Ancelle della Carità via Crispi, 35 33100 UDINE	Diversified patients	Social private
	“Associazione Anziani- Casa Famiglia di Taipana” via Roma, 46 33040 TAIPANA	Community house	Social private
	“Aurora” via della Statua 1/A Fraz. Terenzano 33050 Pozzuolo del Friuli	Multifunctional Residence	Private
	Coop. Soc. Universiis a.r.l. via Soffumbergo, 19 Loc. Campeglio 33040 Faedis	Multifunctional Residence	Private
	Ad venia S.r.l. “S.Chiara” viale Europa Unita, 163/1 33100 Udine	Multifunctional Residence “Group A” module	Private
	“Sereni Orizzonti” via Podgora, 16 33100 Udine	Multifunctional Residence “Group A” module	Private
	“Sereni Orizzonti” P.le Cella, 62 33100 Udine	Multifunctional Residence “Group A” module	Private
	Sereni Orizzonti viale XXIII Marzo” viale XXIII Marzo, 31 33100 Udine	Multifunctional Residence “Group A” module	Private
	“Sereni Orizzonti” viale Stazione, 70 33048 S. Giovanni al Natisone	Multifunctional Residence “Group A” module	Private
ASS4	“Sereni Orizzonti” via Roggia, 4/1 Frazione Risano 33050 Pavia di Udine	Multifunctional Residence “Group A” module	Private
	“Villa Nimis” Soc. a.r.l. via Roma, 38 33045 Nimis	Multifunctional Residence “Group A” module	Private
	“Sereni Orizzonti” via Aquileia 108 Località Percoto 33050 Pavia di Udine	Multifunctional Residence “Group A” module	Private
ASS5	Casa di Riposo per anziani via Petrarca, 30 33041 AIELLO DEL FRIULI	Residence protected	Municipality

Authority	Titles	Kind of institution	Legal status
	Casa di Riposo “Valentino Sarcinelli” via Mercato, 12 33052 CERVIGNANO DEL FRIULI	Diversified patients	Municipality
	ASP Casa di Riposo “Umberto I” via Sabbionera, 103 33053 LATISANA	Diversified patients	ASP
	ASP “Ardito Desio” piazza Garibaldi, 7 33057 PALMANOVA	Diversified patients	ASP
	Casa di Riposo via Udine, 5 33050 RIVIGNANO	Residential hotel	Municipality
	ASP “G. Chiabà” via Cristofoli, 18 33058 S. GIORGIO DI NOGARO	Diversified patients	ASP
	“Villa Rosa” S.r.l. via S. Zenone loc. Muscoli 33052 Cervignano del F. (UD)	Multifunctional Residence	Private
	“Ianus” viale S. Marco, n. 4 33057 PALMANOVA	Multifunctional Residence “Group A” module	Private
ASS6	Community house per anziani via Battisti, 77 33080 ANDREIS	Community house	Municipality
	Casa di Soggiorno per Anziani via Aldo Moro, 13 33081 AVIANO	Residence protected	Municipality
	ASP “Solidarietà” via xxv Aprile, 42 33082 AZZANO DECIMO	Residence protected	ASP
	Fondazione “Micoli Toscano” via Favetti, 7 33080 CASTIONS DI ZOPPOLA	Residence protected	Fondazione di diritto privato
	ASP di “Cavasso Nuovo Fanna” via V. Veneto, 91 33090 CAVASSO NUOVO	Diversified patients	ASP
	Casa di Riposo per Anziani via XIX Ottobre, 1 Località Signano 33080 CIMOLAIS	Residential hotel	Social private
ASS6	Soggiorno per anziani “Fondazione G. Fabricio” via Villa Dote, 17 33090 CLAUZETTO	Diversified patients	Social private
	ASP Cordenonese “Arcobaleno” via Cervel, 68 33084 CORDENONS	Diversified patients	ASP
	Centro diurno e Casa soggiorno per anziani “G. B. Santarossa” via S. Francesco, 2 33080 FIUME VENETO	Residential hotel	Municipality
	Centro Assistenza Anziani via S. Mauro, 5 33085 MANIAGO	Diversified patients	Municipality

Authority	Titles	Kind of institution	Legal status
	Community house “Pellegrin” via Cesare Battisti, 1 frazione S. Leonardo 33086 MONTEREALE VALCELLINA	Community house	Municipality
	ASP “Daniele Moro” via Roma, 27 33075 MORSANO AL TAGLIAMENTO	Residence protected	ASP
	ASP “Casa Lucia” via Roma, 54 33087 PASIANO DI PORDENONE	Residence protected	ASP
	ASP “Casa per anziani Umberto I” piazza della Motta, 12 33170 PORDENONE	Residence protected	ASP
	“Casa Serena” via Revedole, 88 33170 PORDENONE	Diversified patients	Municipality
	Centro sociale per anziani di Torre di Pordenone via Piave, 54 33170 PORDENONE	Residential hotel	Municipality
	Residenza sociale “Casa Betania” via Villanova, 14 33170 PORDENONE	Residential hotel	Social private
	Community house per anziani via Colvera, 1 33170 PORDENONE	Community house	Social private
	Casa di Riposo via Ettoreo, 4 33077 SACILE	Residence protected	Municipality
	Casa per Anziani via Piazzetta, 4 33080 S. QUIRINO	Residence protected	Municipality
	Casa di Riposo della Parrocchia dei Santi Vito, Modesto e Crescenzia Martiri via Savorgano, 47 33078 S. VITO AL TAGLIAMENTO	Diversified patients	Social private
	Casa di Riposo per il Clero Fondazione di Fraternità e solidarietà presbiteriale via Savorgnano, 47/A 33078 – S. VITO AL TAGLIAMENTO	Diversified patients	Social private
ASS6	Casa dell’Emigrante “C.E.A. Carnera” via Facchina, 82 33090 SEQUALS	Diversified patients	Municipality
	ASP di Spilimbergo viale Barbacane, 19 33097 SPILIMBERGO	Residence protected	ASP
	Fondazione “Colledani – Bulian” Borgo Sant’Antonio, 8 33098 VALVASONE	Residential hotel	ASP

Authority	Titles	Kind of institution	Legal status
	Fondazione “Casa per Anziani Valeriano” via Sottoplovia, 21 33094 Fraz.Valeriano di PINZANO	Residential hotel	Social private
	“La Panoramica” s.r.l. via Roma, 10 33094 Pinzano al T.to (Pn)	Multifunctional Residence “Group A” module	Private

updated may 2011

TELEPHONE HELPLINE AND ASSISTANCE

The Friuli Venezia Giulia Region, thanks to a regulation on home assistance for citizens (R.L. 26/96), has activated a telephone helpline and assistance, managed by a Televita sub-company, Tesan-Televita. The service is provided free of charge or almost free of charge, on an income basis.

The telephone helpline is an IT service that guarantees a rapid acquisition of patients’ calls, 24/7/365. The service includes telephone check (telephone company). The house telephone assistance consists of both services.

The telephone check is a non-stop service intended for all citizens, in order to provide company, support and monitoring of their conditions.

SERVICES AND AIDS AVAILABLE TO ALL CITIZENS

In the District/Municipalities association, several services are provided by the regional legislation to all those people who suffer from disabling conditions and non self-sufficiency.

These services are hereinafter briefly presented. For further information, please refer to your District or sociomedical Circle.

HOUSE

a- Financial aid to overcome architectural features which deny access to the handicapped. Adaptation of sanitary fittings may be necessary, along with handicap lifts and any instrument that may facilitate mobility.
b- Priority in council house granting processes. Credit facilities are available for people over 65 years of age, who have received notices to quit
c- Economic aid for expensive rental fees.
d- Power consumption preferential-rate fees for patients who use life-saver devices
e- Telephony. 50% relief for fixed line telephony fee. Total relief for families with at least one deaf member.

TRANSPORTS

a- Contribution for the adaptation of vehicles for disables people
b- Vehicle registration fee relief
c- Road tax fee relief
d- Transport service upon request (active in several municipalities, mainly provided by voluntary associations)
e- Handicapped badge issued be granted access to dedicated parking lots (active at municipal protection departments)

EMPLOYMENT

a- Work permits for family members who assist non self-sufficient patients. Certification as of Law 104 of 1993
b – Extra-ordinary medical leave. For people with at least a 50% working capacity degree
c – individual unemployability compensation program

ECONOMIC INTERVENTION

a- Civil disablement pension and accompaniment allowance. To be granted by the GP.
b- Economic contributions. "*Social card*".
c- Family allowances. *Sufficiency fund available*. Depending on the income and the level of loss of self-sufficiency, assistance funds are allocated for assistance to families, or for house help (care-takers). (R.L. 6 of 2006)
d- "*Gravi gravissimi" fund* (R.L. 17 of 30 December 2008). It is a special fund intended for people suffering for serious cerebral lesions, myelo-lesions and/or serious degenerations of developmental neurological pathologies.

PROTECTION MEASURES

Support administrator. In the event of social or medical weakness, the appointment of a support administrator may be requested, in order to manage the economic compartment of the citizen's assets. (L. 6/2004 and R.L. 19 of 16 November 2010)

SERVICES FOR THE DEVELOPMENTAL MATERNAL AND CHILD AREA AND DISABILITIES

Services in the maternal-child area play a crucial role in health promotion, prevention and therapeutic-rehabilitation interventions, in order to sustain development during the main stages of development and improve life conditions during childhood and adolescence for both women and men, families and disabled patients, providing cultural mediation and interpretation services, whenever necessary.

They also provide parental and infantile assessment and support upon notification or upon request by the judicial authority (Juvenile Court and/or Ordinary Tribunal).

FAMILY SERVICE

Family service provide a district service intended for the protection of physical, psychiatric and social health of women, couples, families, juvenile and adolescents.

The institutional and organizational model of family services is characterized by multidisciplinary work-groups and by the integration of medical and psycho-social activities. Family services operate through teams consisting of diverse professional profiles: a gynaecologist, a trained midwife, an health inspector, a paediatrician, a psychologist and a social worker.

The family advice bureau provides:

- specialized surgery obstetrical-gynaecological advice
- pregnancy (pre- and post-delivery courses) and puerperal assistance (child massage courses)
- sexual and responsible reproduction education (parental planning)
- parental capacity evaluation and support
- assistance for women and couples who request voluntary termination of pregnancy;
- assistance to women and couples with fertility issues (surgery for medically assisted reproduction)
- assistance to singles, couple and families on family-related issues (separation/divorce)
- assistance to women with menopause-related issues
- advice during adoption or foster care processes
- protection to immigrated families through a cultural mediation service, upon request.

The family service can be directly accessed to, no GP prescription being required.

Underage patients can freely access the service, even in the absence of their parents, and without their consent.

Access is granted by calling on the telephone, booking or going in person to the bureau, during the reception working hours.

MULTIDISCIPLINARY TERRITORIAL TEAM FOR CHILDREN IN THE AGE OF DEVELOPMENT / DISABLED

The multidisciplinary territorial team is a multi-professional group of operators, consisting of a juvenile neuro-psychiatrist, a psychologist, a social assistant, a rehabilitation speech and psycho-motor therapist - which coordinate, manage and elaborate "life projects" for disabled and handicapped patients.

The multidisciplinary territorial team, in collaboration with a child neuro-psychiatrist, operates for the intervention and protection of the disabled and the juvenile (0 to 18 years of age), with particular attention to prevention, diagnosis, treatment and rehabilitation, of child and juvenile developmental disorders in different fields (neuropsychomotor, linguistic, cognitive, intellectual and relationship expressions).

In particular, it provides:

- evaluation, diagnosis and therapeutic-rehabilitation interventions for the underage during the main phases of their infantile development;
- evaluation, diagnosis and rehabilitation of speech and communication disorders, motor functionality disorders and education;;
- evaluation, diagnosis and therapeutic interventions for emotional and behaviour disorders;
- assignment of children/adolescents with limited cognitive functionality, with psychic, sensory, neuromotor and disabilities, and adaptive behaviour;
- "life project" planning in order to facilitate care procedures for children, juvenile and adults suffering from disabilities;
- activation of district evaluation unit for the disabled/handicapped (UVDH), for the creation and definition of "life projects", to meet the complex needs of juvenile/adult populations suffering from disabilities
- psychodiagnostic control evaluations of the exacerbation stage as of clinical documentation, to be evaluated by the Commission for the Disabled, L. 68/99 and the FAP(Projects for the Promotion of Self-sufficiency).

The Team works in collaboration with the Services provided for the Disabled, for the formulation of "life projects" for people suffering from disabilities and/or handicapped, so as to provide non-stop assistance during the age of development and adulthood.

Access is granted by calling on the telephone or going in person to the bureau, during the reception working hours.

CHILD AND ADOLESCENCE NEUROPSYCHIATRY

The neuropsychiatry services (NPI) are interdisciplinary facilities, intended for prevention, diagnosis, treatment and rehabilitation from neurological, neuro-psychological and/or psychiatric pathologies, both in infantile and adolescent (0-18 years of age) populations, and all disorders related to the development of children in all fields (phychomotor, linguistic, cognitive, intellectual and emotional).

The NPI is organized into different regional authorities. In some cases, it is an autonomous service, in others, it is an integral part of the Department for Mental Health. It usually operates at district level, while some functions are concentrated at company level.

At district level, the NPI provide clinical diagnostic services for children and adolescents with neuropsychiatric pathologies and provides therapeutic services in collaboration with multidisciplinary team operators, also for the formulation of life projects.

Within the evaluation, diagnostic, treatment and rehabilitation projects, the NPI provides services to:

- children affected by development delays or disorders during the first years of age;
- children affected by autism and general developmental disorders;
- children and adolescents with neurologic and neuropsychological congenital or acquired disorders;
- children affected by psychopathologies
- adolescents with mood, personality, mental and behaviour disorders.

The NPI can be accessed to upon request by the territorial multidisciplinary team, hospital wards or first aid stations, freely chosen paediatricians and GPs.

GENERAL SERVICE - MEDICAL REGISTRY OFFICE

It is a bureau serving (both Italian and foreign) residents and non-residents, and it provides the following services:

- registration on the NHS and issuing of the NHS card;
- selection of the GP and the freely chosen paediatrician;
- activation of he Regional Service Charter;
- medical assistance abroad;
- relief from prescription fees (due to pathologies, disability, age/income);
- validation of requests for the telephone helpline

Specialized service for examinations, specialized assistance, instrumental and lab diagnostics, provided for by current legislation.

Services are provided at district surgeries, whereas home assistance is dedicated to those people who, due to serious disabling conditions, cannot be transported.

Medical and clinical examinations may be booked by calling:

- call center 848 448 884, single reference for health and social services
- company and inter-company CUP desks

Authorized prescriptions are not necessary for specialized examinations in: ophthalmology (limited to optometric examinations), dentistry, obstetrics and gynaecology, paediatrics (limited to patients who have already chosen a specific paediatrician), psychiatry.

REHABILITATION SERVICES

REHABILITATION IN REGIONAL PLANS

Rehabilitation is one of the main and most complex areas of the regional medical service and, in particular, of the territorial services.

Some of the above-mentioned services (i.e. RSA home rehabilitation assistance), or described in the following pages (i.e. mental health department, hospital facilities) provide crucial rehabilitation services.

This chapter presents a number of integrated rehabilitation activities performed on the territory.

The Regional Plan for Rehabilitation provides that “the rehabilitation process shall include integrated medical, educational and social services.

As a general rule, rehabilitation interventions are intended to reach some priority goals:

- the recovery of functional skills, impaired due to pathological conditions.
- the development of a skill which has remained unexpressed during the age of development
- the restriction of functional regressions, in the attempt to modify the natural course of chronic-degenerative diseases, reducing risk factors, promoting residual capabilities and controlling the progress of the disability.
- the development or preservation of the self-sufficiency
- the definition of alternative facilitations
- personal development through the enhancement, preservation and/or recovery of adaptive and social behaviours which facilitate openness with the others, interaction with the environment or the events of life.”

In order to successfully perform a rehabilitation service, several integration instruments and multiprofessional teams are necessary.

Regional regulations provide two organizational instruments for multiprofessional teams:
- RL 41 of 1996 provides for a multiprofessional team for the disabled
- the other regulations provide for district evaluation units.

The teams will:
a) take care of the single cases;
b) define life projects, for a full participation and integration of the disabled in his or her family's life;
c) provide non-stop assistance.

Therefore, a mere list of available facilities and services may not fully describe the activities performed, in particular for patients in the age of development.

Rehabilitation courses depend on the level of seriousness of a disease: acute, re-heightened or chronic phase.

In order to better understand the rehabilitation process and the regional network connected to it, schemes for the 2004 "Regional Plan for Rehabilitation" are reported.

The following chapter does not include hospital rehabilitation services.

REHABILITATION REQUIREMENTS FOR SEVERE, ACUTE AND POST-ACUTE CONDITIONS

Requirement extent			*Appropriate rehabilitation setting*
Rehabilitation	*Sociomedical*	*Clinic*	
C	**C**	**C**	Hospital
C	**C / S**	**S / C**	
C / S	**C / S**	**C / S**	
S / C	**C**	**S / C**	
S / C	**C / S**	**S**	short term residence
S	**C**	**S**	long term residence
S / C	**C / S**	**S**	day shift
S / C	**S / C**	**S**	Home
S / C	**S / C**	**S**	Surgery

Key: **C = complex;** S = simple

REHABILITATION REQUIREMENTS DURING THE CHRONIC PHASE

Requirement extent			*Appropriate rehabilitation setting*
Rehabilitation	*Sociomedical*	*Clinic*	
S	**C / S**	**S**	short term residence
S	**C**	**S**	long term residence
S	**C / S**	**S**	day shift
S	**S / C**	**S**	home
S	**S / C**	**S**	surgery

Key: **C = complex;** S = simple

SOCIOMEDICAL SERVICES OR ACTIVITIES

This sociomedical level includes the following sociomedical residential services for:

a) intensive-extensive phase:
- Non-hospital RSAs, which require medical, nursing and rehabilitation assistance to meet the patients' medical requirements
- The RSAs locate within or near hospital premises do not provide post-acute condition hospitalization
- "Progetto Spilimbergo" is dedicated to tetra/paraplegic patients
- medical short-term residences for alcoholic patients
- rehabilitation facilities which operate within the NHS, in private health care centres or in short-term centres, as of art. 26.

b) long-term assistance

- facilities belonging to the "La Nostra Famiglia" assiciation for disabled patients in the age of development
- protected facilities for adult disabled patients
- psychiatric low-intensity residence with temporary assistance by operators
- the Rittmeyer Regional Institute for the Blind in Trieste

Demi-residential rehabilitation services, guaranteed at district and district circle level, provide:

- day care centres and facilities operating within the NHS, for patients in the age of development
- day care centres for minor-medium disability patients in their adulthood, as of R.L. 41/1996
- day care centres for the elderly.

COMMUNITY AND SOCIAL SERVICES OR ACTIVITIES

At social and medical level, socio-medical services and activities are provided, fully paid for by the patients/Municipality, through which all necessary rehabilitation activities are guaranteed, based on the indications/prescriptions issued by the specialized physician for each patient.

The following subjects are included:

- the lodging community, the flat groups and the day care centres for the minor-medium level disabilities (as of R.L. 41/1996)
- residences for self-sufficient elderly and those ex R.L. 19/1997,
- some day care centres for the elderly (without medical activities)
- home assistance (SAD).

Taking into account rehabilitation in a more extensive way, as defined by the Regional Plan, the Municipalities are appointed with the following tasks, as of R.L. 41 of 1996.

- "The Municipalities guarantee the inclusion of the disabled in the family and social lives, through services and interventions, serving the whole population and provide specialized interventions and services:

a) services related to educational sociomedical support;
b) socioeducational integration activities in kindergartens and schools, as of L.D. no. 297 of 16 April 1994, and in non-educational contexts;
c) activation and support of individual modes of transport;
d) personal assistance service;
e) day socio-rehabilitation and educational centres for the disabled between 14 and 35 years of age;
f) day socio-rehabilitation and educational centres for stable handicapped patients over 35 years of age, also available in the facilities described in letter e);
g) protected rehabilitation solutions, which may serve as an alternative to institutionalization;
h) "gravi e gravissimi" residential centres;
i) activities to foster occupational inclusion".

RESIDENTIAL OFFER

The residential offer includes several regional categories, as follows. Their structural and organizational requirements are regulated by the "Operational Regulation for medical residential facilities, as of paragraph 3 and 4 of art. 15 of the R.L. 33 of 19.5.1988", approved by the DPGR 083/ Pres. of 14.2.1990.

OTHER LODGING SOLUTIONS:

A great number of lodging communities operate on the regional territory. These are new services, different from each other, created as a response to contingent phenomena, such as the lengthening of average life span and the consequent difficulty for families to constantly provide assistance to the disabled.

The patients' profile is very diversified and is not limited to the concept of "minor disabilities"; services are organized so as to guarantee interaction with the territory and an integrated territory of other existing services, in particular with day care centres.

INSTITUTES FOR THE DISABLED:

As a response to lodging requirements, three private facilities operate in the region, i.e.:

- Medea (GO), "Villa S. Maria della pace" psycho-pedagogical residential centre,
- Fraelacco (UD), "S. Maria dei Colli" pedagogical medical institute and
- S. Maria la Longa (UD), "Piccolo Cottolengo di Don Orione", these facilities host patients affected by serious and very serious disabilities, due to a psychological and/or physical deficiency, chronic in several cases.
- Palmanova Sottoselva, Centro Residenziale "Ai Girasoli" managed by CAMPP a

Patients who are hosted in these institutes require non-stop medical assistance, which the RHS frequently fails to guarantee. Only the Fraelacco institute refers to an agreement governed by art. 26 on Law 833/78.

The above-mentioned facilities cannot be fully acquired. Medea and Fraelacco Institutes have a relevant rehabilitation connotation and are characterized by day services intended for non-residential patients and by minor accommodation facilities. The Fraelacco Institute, which, as already said, includes a primary school, is a dedicated facility for children.

In the Region, there are also private facilities which already operate within the NHS and take care of disabled patients, providing health rehabilitation services, as of art. 11 of R.L. 41/96, and contribute to the implementation of relevant regulations, within their scopes of action.

SOCIO-REHABILITATION AND EDUCATIONAL DAY CARE CENTRES:

The socio-rehabilitation and educational day care centres are those instruments which allow the handicapped to continue their integration and socialization course, and the recovery of capabilities, in order to obtain the highest degree possible of self-sufficiency. Therefore, these centres must not be considered as final destinations for patients.

Day care centres perform the following functions:

- Social, for social recovery or personal promotion, his or her preservation within the family and social contexts.
- Rehabilitation, in order to achieve the highest degree possible of capability recovery, or the preservation of acquired self-sufficiency, using a set of health and sociomedical coordinated and integrated actions.
- Educational, in order to develop knowledge, communication and social skills, which are crucial to achieve self-fulfilment; action is extended to the surrounding environment for the creation of spaces and conditions for integration with the rest of the community, with particular attention to sport, social and cultural environments.
- Sociomedical, basic assistance is provided for the treatment and safety of the patient, along with the basic requirements for a fulfilling daily life.

The Day Care Centres provide socio-rehabilitation and assistance interventions in order to meet the patients' requirements, performing the following task:

-educational to promote personal self-sufficiency;
-socialization;
-educational, mainly with psycho-motor character;
-educational, mainly with occupational character;
-to conserve the cultural level achieved;
-therapeutic-rehabilitation.

As far as the educational function is concerned, the Centres must provide home assistance, if necessary.

The working hours must be guaranteed for at least 7 hours a day and, as a general rule, 5 days a week; a possible sixth day of work will be evaluated on the basis of serious sociomedical conditions from the family perspective, and not necessarily for all Centres.

A more flexible use of the facilities by the patients might be taken into account, so that temporary attendance might be permitted, either by time, or by other modalities which properly meet the requirements of the disabled and their families.

Patients are handicapped at different stages of disability (average, serious, very serious) over 14 years of age.

LONG-TERM EXTERNAL REHABILITATION OFFER FOR THE DISABLED, ADULTS AND CHILDREN

Type of offer	Current capacity
Residences infantile area	
ASS 6	
La Nostra Famiglia	27
Residenze L. 41/96 area adulti	
ASS 1	
Centro residenziale per gravi e gravissimi	30
ASS 2	
Centro residenziale per gravi e gravissimi	24
ASS 3	
Comunità di Rinascita	8
Centro residenziale per gravi e gravissimi	0
ASS 4	49
Centro residenziale per gravi e gravissimi	24 res. 25 Diurno
Comunità Piergiorgio ex art.26	22
Ist. Medico Psicopedagogico ex art.26	27
ASS 5	
Centro residenziale “Ai Girasoli” CAMPP	20 + 4
ASS 6	
Centro residenziale per gravi e gravissimi	43
TOTAL ADULTS	**154**

Available services are integrated with day care services, dedicated to the patients in the age of development and adulthood.

DAY CARE SERVICES FOR THE AGE OF DEVELOPMENT

Type of offer	Current capacity	
	Users	Facilities
Day care services as of art. 26 for patients in the age of development		
Ass.ne La Nostra Famiglia (Pasian di prato -Ass 4)	110	1
Ass.ne La Nostra Famiglia (S.Vito al Tagl. - Ass 6)	180	1
Totale servizi a ciclo diurno età evol.	290	2

DAY CARE SERVICES FOR ADULTS

Type of offer	Current capacity	
	Users	Facilities
Day care service as of R.L. 41/96 and managed by the managing authorities as provided for by the law		
ASS 1	179	10
ASS 2	144	12
ASS 3	53	3
ASS 4	308	19
ASS 5 (CAMPP)	135	9
ASS 6	251	16
Total	1008	63
Day care services as of art. 26/833		
Comunità di Rinascita (ASS 3)	5	1
Comunità Piergiorgio(ASS 4)	20	1
Centro Medico Pedagogico Santa Maria dei Colli Fraelacco di Tricesimo (ASS 4)	35	1
Total	60	3
Total day care services for adults	1068	66

IRCCS E.MEDEA LA NOSTRA FAMIGLIA
REGIONAL POLE OF FRIULI VENEZIA GIULIA



"La Nostra Famiglia" Association - IRCCS E.Medea - San Vito al Tagliamento (PN)

The "La Nostra Famiglia" Association, which has been operating in the territory for 50 years, is one of the most complex rehabilitation realities, as far as the age of development is concerned, and it is part of a national and international network, that consists of a polycentric IRCCS (4 scientific poles in Lombardia, Veneto, Puglia and Friuli Venezia Giulia) and of 35 non-hospital Rehabiltiation Centres.

Through a joint declaration of the Ministry for Health and the Ministry for University and Scientific Research, D.D..31/07/1998, the IRCCS title was granted to the Facility in S.Vito al Tagliamento (PN), and its detached office in Pasian di Prato (UD).

In the regional territory, the IRCCS "E.Medea - La Nostra Famiglia" is a system characterized by non-stop medical services and it has be included in the regional planning procedures.

This system focuses on rehabilitation practices, mainly during the age of development, and it includes a diagnostic and audit section for functional purposes, and scientific research activities.

The rehabilitation activity meets rehabilitation requirements and it focuses on 4 objectives:

- the recovery of functional skills, which have been impaired due to pathological conditions;
- the development of a skill which has remained unexpressed during the age of development;
- the need to put a stop to functional regression;
- the possibility to define alternative facilitating functional solutions.

Scientific and research activities at the IRCCS "E.Medea La Nostra Famiglia" focus on know-how and skill development which may contribute to:

- prevent different forms of physical, psychiatric and sensory disabilities;
- better understand the physiopathology (the mechanisms) of various neuro-psychiatric developmental pathologies;
- restrict their consequences, promoting the patients' social reintegration;;
- run a scientific check on rehabilitation proposals;
- validate and promote practices and methods for rehabilitation, medical, educational and social intervention.

The tasks assigned to the IRCCS "E.Medea – La Nostra Famiglia" within the Friuli Venezia Giulia framework, are:

- hospital and non-hospital rehabilitation assistance;
- scientific research
- training and refresher courses
- educational activities.
-

HOSPITAL REHABILITATION ASSISTANCE

The regional planning has appointed the RCCS "E.Medea – La Nostra Famiglia" a UDGEE function (Unit for Severely Disabled Patients in the age of development).

Regional planning has granted the UDGEE 20 ppll. (10 for the regional territory and 10 for the outer territory).

The Unit for Severely Disabled Patients in the age of development is intended to tackle the most complex and serious diagnostic, evaluational and re-educational issues, related to motor and cognitive congenital or acquired pathologies during the age of development. It operates both at regional and non-regional level.

The above-mentioned function is performed:

- in specialized wards for acute cases, on the basis of the agreements with each ward
- in rehabilitation centres, in ordinary régimes and/or day hospital.

The team, managed by the Operational Unit Medical Executive, consists of operators specialized in different disciplines, rehabilitation and medical assistance. It also has a number of functional and operational relations with highly specialized wards of the Academic Hospital of Udine.

The highly specialized unit for severe disabilities in the age of development mainly focuses on the following activities:

- aetiological and functional evaluation, and submission of the rehabilitation and therapeutic programs, plus implementation procedure evaluation in the following field:
  - developmental and acquired speech disorders
  - developmental and acquired neuropsychological disorders
  - neuropsychological disorders related to epilepsy and other electrical conditions
  - mental and autistic retardation conditions
  - major and minor psychopathological disorders
  - neurological and motor disorders
  - otolaringoiatry disorders and hypacusia or deafness
  - neurovisual disorders
- clinical research activities and documentation of scientific progress in the developmental rehabilitation sector
- planning and validation of orthodontic and auxiliary devices, experimentation of materials and innovative operational modes (communication devices for ambient control and movement)
- epidemiologic observation and DB creation.

Now, while waiting for the final definition to be released by the Maternal and Infantile Department of the Academic Hospital of Udine (AOU_Ud) at the Petracco Pavilion, the UDGEE operates within the Scrosoppi Pavilion context of the AOU_Ud, as a day hospital clinic.

SCIENTIFIC RESEARCH

IRCCSs are created as facilities which combine research and medical assistance, providing both hospitalization and treatment to patients, and vocational training to operators.

Scientific research at the "IRCCS E.Medea La Nostra Famiglia, Polo regionale del Friuli Venezia Giulia" is divided into 5 fields:

1. Neuropsychology
2. Neurolinguistics
3. Evolutive psychopathology
4. Neuroimages
5. Clinical neurosciences

Today, the main research fields at the "IRCCS E.Medea La Nostra Famiglia, Polo regionale del Friuli Venezia Giulia" are:

1) the definition of standardized processes for the diagnosis and measurement of effects in rehabilitation processes, when treating developmental and acquired speech disorders in children, and developmental and acquired neuropschological conditions;
2) the study of the effects of cerebral macro- and micro-deformities and neurophysiological disorders during the age of development.

HOSPITAL AND NON-HOSPITAL REHABILITATION ASSISTANCE

The rehabilitation centres in S.Vito al Tagliamento.(PN) and Pasian di Prato (UD) are non-hospital medical facilities which operate within the RHS and promote functional recovery, through interdisciplinary actions, which provide general care activities for the subject, mainly in his or her developmental age.

The Centres provide non-hospital diagnostic and rehabilitation activities.

The clinical-functional diagnosis focuses on the definition of a number of competences for each subject in different areas of development (motor, emotional, intellectual, relational, neuropsychological and educational), in order to receive a personalized intervention by the planning team.

The rehabilitation activity is meant to recover compromised functions (motor, psychic and sensory) and is provided in residential, daily, surgery, home and open-air form.

It ensures a personalization of rehabilitation interventions in order to guarantee the highest level possible in terms of self-sufficiency within the family, the school, the work and the social environments

Within the rehabilitation course, a personalized interventions is defined and implemented, and the following monitoring phases are managed, through the joint and coordinated effort of medical staff, psychologists and rehabilitation operators in the fields of physiotherapy, logopedia, neuro- and psychomotility of the age of development, occupational therapy, neurovisual and orthoptical re-education, of psychoeducational intervention and psychological support.

The personalized plan of intervention may also include, whenever necessary, school support and psychoeducational assistance for families.

The centres are provided with specific equipment and therapeutic pools for hydrokinesis therapy activities.

EDUCATION AND TRAINING

As the age of development is taken into account, two constitutional values are defended and may not be ignored during these activities: the right to live a healthy life, which is the main reason why disabled patients are hosted in the rehabilitation Centres, and the right to study.

During the rehabilitation courses, education and training must be provided for by competent authorities, operating within the Rehabilitation Centres, which are crucial for the rehabilitation course.

The patients who are taken care of at residential or day rehabilitation centres, attend daily classes with specialized teachers.

The Centres include:

- a nursery-school, integrated with psychoeducational projects for pre-school patients;
- a state primary school, managed by the Territorial Educational Circles;
- vocational training courses accredited by the FVG Region.

TRAINING AND REFRESHER COURSES

Training and refresher courses which pursue specific objectives, coordinated with medical assistance and scientific research, have a permanent character and are periodically checked.

The IRCCS E.Medea –"La Nostra Famiglia" plans and performs training courses for medical operators within the regional and national ECM system framework.

The UDGEE of Udine

The UDGEE (Unit for Severely Disabled Patients in the age of development) is expressly intended to tackle the most complex and serious diagnostic, therapeutic, evaluational and re-educational issues, related to motor and cognitive congenital or acquired pathologies, internal medicine complications,

during the age of development.

The above-mentioned function is performed at a highly specialized rehabilitation level:

- in specialized wards for acute cases, on the basis of the agreements with each ward;
- within the limits of rehabilitation hospitalization procedures.

The Unit for serious disabilities during the age of development is mainly characterized by:

- an evaluation activity for the investigation and diagnostic survey for serious disablement and disabilities in children;
- the operational technical analysis of the rehabilitation project and the therapeutic program, and the control and monitoring of their implementation.

The UDGEE of the IRCCS "E. Medea - La Nostra Famiglia" guarantees interventions in terms of assistance and scientific research, in the following fields, through aetiological, functional and rehabilitation evaluations:

- developmental and acquired speech disorders;
- specific developmental and acquired neuropsychological disorders;
- neuropsychological disorders related to epilepsy and other electrical conditions;
- mental and autistic retardation conditions;
- neurological, psychiatric and motor disorders, potential source of disability;
- otolaringoiatry disorders and hypacusia or deafness;
- ophtalmological and neurovisual disorders;
- multiple handicap.

The Regional planning has granted the UDGEE 20 ppll (10 for the regional territory and 10 for the non-regional territory).

Now, while waiting for the final definition to be released by the Maternal and Infantile Department of the Academic Hospital of the AOU_Ud (Academic University Hospital of Udine - Petracco Pavilion), the UDGEE operates within the Scrosoppi Pavilion context as a day hospital clinic.

The team managed by the Operative Unit Medical Executive consists of collaborators specialized in different fields, rehabilitation and nursing and medical assistance.

CISI – ISONTINE CONSORTIUM FOR INTEGRATED SERVICES



The Isontine Consortium for Integrated Services is a local authority which gathers 25 Municipalities of the provincial territory and of the Province of Gorizia. It operates on the whole provincial territory and manages several services and activities for young and adult disabled, as of R.L. 41/96. It is intended to assist, defend, promote and integrate disabled patients, paying particular attention to the overall quality of their life. The intervention mode includes the conservation of the patient in his or her family and social environment and the overcoming of a state of alienation. The CISI is located in Gradisca d'Isonzo (GO), via Zorutti, 35.

PATIENTS CATEGORIES

The consortium services provide medical assistance to patients suffering from minor, medium serious and very serious disabilities, of physical, psychic and/or sensory nature in the Province of Gorizia, who have completed their compulsory educational course. People living outside the Province of Gorizia may be accepted on the basis of a technical/economic evaluation by relevant authorities, if compatible with the organization of services, provided that an agreement exists among municipalities in terms of home emergency services, which imply payment to the Consortium to use the service.

INTERVENTION TYPE

It is governed by art. 6 of R.L. no. 41/96, i.e.: Activities to promote occupational inclusion, as of R.L. 17/94.; Day socio-rehabilitation and educational centres for disabled people between 14 and 35 years of age and over 35 years of age; Protected residence for patients affected by serious and very serious disabilities.

ACCESS MODALITIES

The request shall be written on unstamped paper, and shall be addressed to the C.I.S.I. Directorate. Patient's acceptance depends on a justified request by the Multidisciplinary Team of the Medical Health Authority no. 2 Isontina, that guarantees the patients' life project, operates in synergy with social workers, in order to find a precautionary alternative solution to hospitalization, and issues a

report/minutes, describing:
- the clinical diagnosis and the socio-environmental framework;
- clinical, welfare and rehabilitation motivations for admittance requests;
- the guidelines for life projects;
- the expected duration of treatment in the facility;
- the indications of medical activities and necessary treatments;

Once received the technical advice from the Social Work Operational Unit on the consistency and technical-organizational compatibility of the request, and once the management expenses have been verified, the person in charge of the Centre accepts the instance and sends a notification to the patient's municipality of residence.

WORK PLACEMENT SERVICE

It is an integral part of the network for the work placement of the disabled and performs its institutional tasks coordinating other medical and health services with the rehabilitation services, with vocational training agencies and occupational services. The service is intended to respond to the following objectives:

- promote the flow of work placements of disabled patients in the manufacturing sector, that can be significant from the quantity, quality and continuity point of view;
- guarantee the presence of stable reference points for the disabled, their families and the working sector, i.e. qualified professionals in the recruiting sector;
- through specific working methods and participation of local authorities, institutions and people, to serve as the basis for social cultural development of work placement for the disabled.

DAY CARE CANTERS

Day care centres: they are divided into 2 districts (Upper and Lower Isontine) and provide post-school services. They are the instruments which constantly enable the handicapped to continue their integration and socialization course, already started at school, and the recovery of existing capabilities, in order to obtain the highest degree possible of self-sufficiency. They are dedicated to patients suffering from medium and very serious physical, psychic and/or sensory disabilities. A wider and integrated planning is provided for, in order to promote openness and cooperation within the social and cultural framework in which we operate. Several activities and workshops, focusing on welfare, socialization and inclusion, conservation and development of self-sufficiency and skills, are performed in day care centres, both within and off the NHS, in collaboration with territorial subjects. There are 10 day care centres on the whole territory, operating 45 weeks a year, Monday to Friday, from 8.30 am to 3.30 pm (service is limited to emergency calls for 4 weeks during summertime, serving a maximum of 30 patients).

Branch	**Municipality**
via Palladio 30	Gorizia
"Elios" via Slataper 27	Gorizia
"Villa Olga" via Zorutti, 35	Gradisca D'isonzo
via dell'Armistizio, 11	Cormons
via Aris, 40/f	Monfalcone
via Boccaccio, 1	Monfalcone
via Soleschiano, 3	Ronchi Dei Legionari
via Galvani, 3	Turriaco
via Buonarroti, 10	Grado

RESIDENTIAL SERVICE

The service is described in letters g) and h) of par. 1 of art. 6 of R.L. 41/96 and it provides for the activation and management of Residential Centres for Serious and Very Serious Disabilities and of protected rehabilitation solutions as an alternative for institutional facilities.

These types of responses provide assistance 24 hours a day, when a disables does not enjoy the company and assistance of family members, on a temporary or permanent basis, and requires full-time assistance.

The facility is surrounded by a number of community spaces and 1-, 2-, 3-bed rooms.

Kitchens, laundries and wardrobes are also available. Entertainment and social activities are also

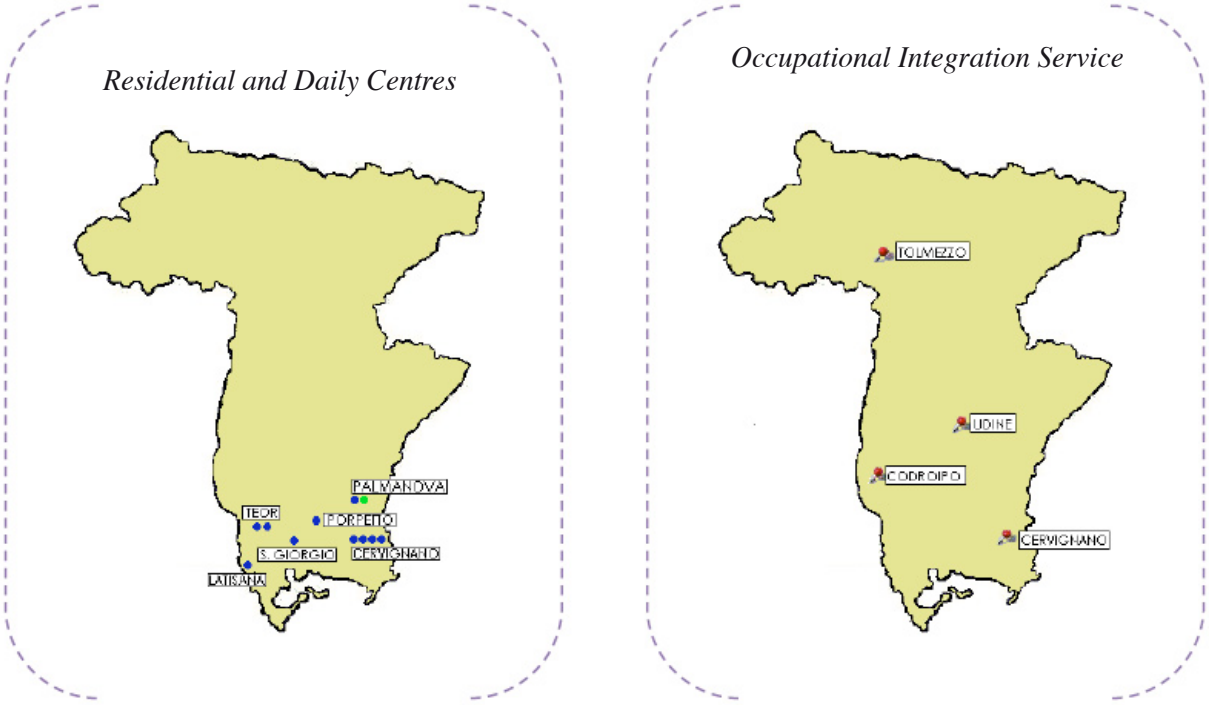
performed, in collaboration with other local players (associations, authorities, private citizens, clubs, etc.).

The Protected Residence operates 7 days a week during the whole year and requires daily attendance of patients to day care centre activities. For the objectives and purposes of the Protected Residence, that as developed a policy of promotion of its patients' wellness, the facility has been focusing on assistance, daily routines and free time activities, for the promotion and development of communication, emotional and social skills, in a cosy and friendly home dimension. Educational interventions focus on both the individual members and the groups and benefit from planning methods which consolidate work and respond to:

- Individual treatment and protection
- Research for a proper home environment
- Need for free time activities inside and outside the facility
- Respectable and stimulating life style in a cosy environment
- Promotion and conservation of emotional relations (group, family, external)

via V. Veneto, 72 - 34170 GORIZIA

CAMPP - CONSORTIUM FOR PSYCHOPAEDAGOGIC MEDICAL ASSISTANCE



The Consortium is located in Cervignano del Friuli, via Sarcinelli 113, and it gathers the Province of Udine and 31 Municipalities of the Lower Friuli area

It exclusively pursues sociomedical, educational and training aims, managing activities as stated in L. 104/1992 and R.L. 41/96 (Educational, Social and Rehabilitation Centres, Residential Centre and Occupational Integration Service), and each and every activity to support the disabled.

The Consortium activities aim to implement and manage services intended for disabled people.

It also promotes the creation and activation of a service network, in collaboration with the NHS, the socio-welfare system, the educational compartment and, in general, with all the authorities operating in their fields of expertise in the regional territory.

The fundamental principles are:

- the protection of the disabled and their civil rights, the respect of their human dignity, they rights to freedom and self-sufficiency
- the stay of the disabled with their families should be supported, integrating them in the socio-cultural and territorial context they belong to and promoting their inclusion in the working sector

- prevention and reduction of alienation, by facilitating the quality of life of the individuals affected by disabilities and of their families
- overcoming the welfare approach through the activation of promotional initiatives, to support and raise awareness on the issues related to disabilities.

C.A.M.P.P. manages Social Rehabilitation and Educational Day Care Centres (C.S.R.E.) which, as provided for by Regional Board Resolution no. 1507 of 23 May 1997: "are the instruments which constantly enable the handicapped to continue their integration and socialization courses, and the recovery of capabilities, in order to obtain the highest degree possible of self-sufficiency".

The CSREs currently available are:

Cervignano del Friuli	via Sarcinelli n. 113
Porpetto loc. Corgnolo	via Lancieri d'Aosta n. 16
Latisana	via Istria n. 18
Palmanova loc. Sottoselva	via Marconi n. 21
San Giorgio di Nogaro (New Opportunity)	via Tirrenia n. 26
Teor loc. Rivarotta (New Opportunity)	vicolo Molino n. 1
Teor loc. Rivarotta (Meridiano 35 Ovest)	vicolo Molino n. 1

FUNCTIONS OF THE CENTRES

The above-mentioned resolution describes the CSRE functions that CAMPP refers to, within the service management procedures:

- Social, for social recovery or personal promotion, his or her preservation within the family and social contexts.

Starting from an analysis of individual requirements and socio-environmental context, the social function determines favourable conditions for the implementation of other peculiar functions, namely rehabilitation and education, as provided for in Law 104/92, and it indicates the centre as an alternative, or at least a temporary alternative to hospitalization.

- Rehabilitation, in order to achieve the best results in terms of skill recovery, or the preservation of the newly acquired self-sufficiency, using a set of health and sociomedical coordinated and integrated actions.
- Educational, in order to develop knowledge, communication and social skills, which are crucial to live a rewarding life experience; action is extended to the surrounding environment for the creation of spaces and conditions for integration with the rest of the community, with particular attention to sport, social and cultural environments.
- Welfare, basic assistance is provided for the patients' treatment and safety, so that they can live a rewarding life experience."

Residential Centre Office for serious and severe disabilities and CSRE.

"AI GIRASOLI" - via G. Marconi n. 21 - 33057 Palmanova - Fraz. Sottoselva (UD)

ADDICTION SERVICES

Addiction Departments deal with medical and psycho-social issues, related to the use of illegal (traditional and new drugs) and legal (tobacco and alcohol) substances. Addiction Departments are organized into autonomous facilities located in each Health Authority, except ASS5 Bassa Friulana, where the department is located inside the Mental Health Department premises.

All Departments include very complex active initiatives, frequently shared by the departments of prevention, for addictions to legal and illegal substances in rehab centres, schools, work places, etc.

ALCOHOLOGY

Alcohology services perform treatment and rehabilitation activities for individuals with alcohol-related and complex problems, along with prevention and health education activities. The Service also provides treatment to complex alcohol-related problems in residential alcohologic structures, for 30-day cycles, or for access to residential rehabilitation communities - located in the Region and outside the regional territory- in compliance with a program which provides for the patient's stay between 6 and 24 months. Alcohology services, both at territorial and residential level, operate in close collaboration with the CAT (Alcoholics under treatment Club) and their reference associations.

TOBACCO ADDICTION

All regional services have activated programs to acquire and treat tobacco-addicted patients. Services are provided to individuals and groups.

PATHOLOGICAL GAME-OF-CHANCE-RELATED PROGRAMS

Although in different ways on different territories, addiction departments have activated programs for game-of-chance-related pathologies. These programs include: surgery activities, therapeutic groups for gamblers and their families, help groups for gamblers under treatment,

ILLEGAL DRUGS

According to the different situations, addiction departments provide:

- consulting and psychological and psychosocial support for patients and their families, with a systemic-family or individual approach
- psychotherapeutic programs for individual, family and group support (juvenile, teenager, parental groups)
- therapeutic addiction programs
- socio-rehabilitation programs
- placement in day rehabilitation centre and assistance.

The Addiction Department cooperates with institutional partners, individual social workers, associations, education and training facilities.

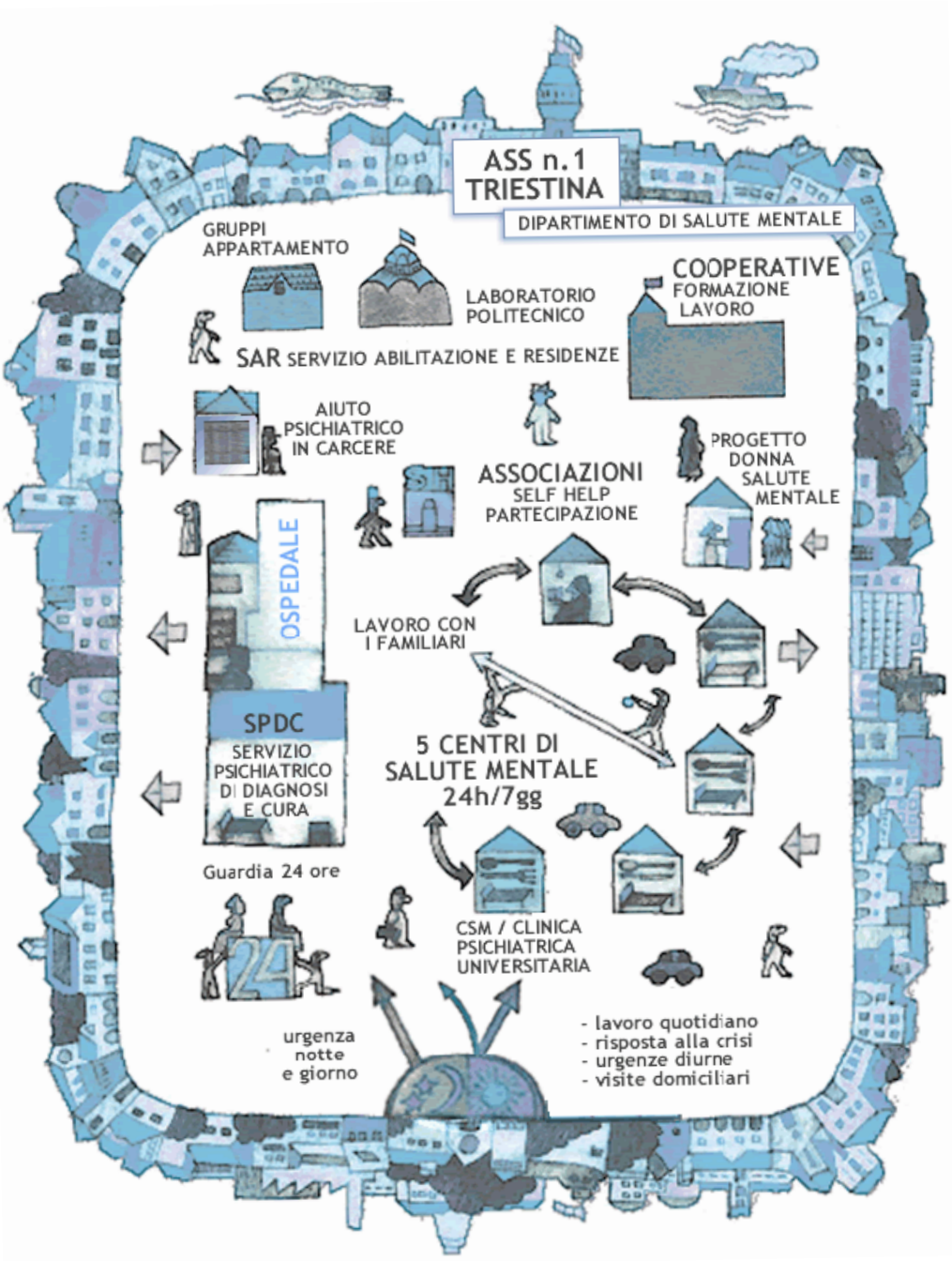
The therapeutic rehabilitation centres set different sojour periods for patients, according to the programs and methods they follow, and the organization of response measures, mainly managed by private associations and supported by the NHS, according to relevant agreements between the Government and the Regional Authorities, which require, among other things, the payment of a fee by the applicant health authority.

MENTAL HEALTH

The FVG service organization for mental health is regulated by the 2005 WHO provisions, released at the Conference of Helsinki, which serve as the basis for regulations in the field.

Top priorities:

- physical health requires mental health
- mental health promotion is necessary
- stigmatism, discrimination, inequality are to be tackled, raising awareness and supporting those who suffer from mental health disorders and their families, so that they can actively participate in the process
- comprehensive, integrated and effective mental health systems must me defined, so that they include promotion, prevention, treatment, care and social reintegration
- all services must have competent and effective medical personnel in the afore-mentioned fields
- the experience and expertise of people who have suffered or dealt with mental diseases must be acknowledged and used as a basis for the development and planning of relevant procedures to tackle mental health conditions.



ORGANIZATION

Mental health services in FVG are organized in Mental Health Departments, one for each territorial authority.

During the years, a service network has been build up, ranking our Region as an element of excellence both in Italy and in Europe.

The Mental Health Department (DSM) is an operational structure which guarantees unity and coherence to services and facilities in the implementation phase of prevention, treatment and rehabilitation projects for mentally ill patients, within the health authority, in collaboration with Health Districts, GPs, Centres and Institutions.

In order to access mental health services, no specific procedure should be followed.

Patients may get in touch in one of the following ways:

- direct access during opening hours, for examinations or medical advice
- house call, also for emergency reasons
- telephone request
- request through the patient's GPs

Patients may request services on their own initiative, or their GP's, in order to receive treatment. Access may be granted also thanks to "third parties" who are, in a way or another, affected or related to the patient's condition (family members, relatives, friends, neighbours, public officials, etc.) who may communicate or report to the operators.

If the intervention request is submitted by "third parties" and not by the patient, the team shall do its best to facilitate data collection and contact between the patient and the medical facility.

Once in contact with the patient, the operators will gather all necessary information to start medical procedures, explaining modes and times of intervention.

As a general rule, although differences may be noticed among different medical facilities, mental health departments are organized into the services described as follows.

MENTAL HEALTH CENTRES

The Mental Health Centres (CSM) is the operational structure of the DSM which operates on a certain territory.

CSM target usually correspond to the district area of the reference health district and the sociomedical circle, with few exceptions (ex., Udine, where there are two CSMs, one for the northern area and one for the southern one).

The CSM meets the medical requirements of patients and their families. It protects the community's mental health and develops programs to treat and continue treating patients.

Several CSMs host 24-hour services which provide medical care to protected patients.

The CSM guarantees medical care at surgery and territorial levels. Interventions include medical care programs, welfare programs, psychosocial and personalized rehabilitation programs, elaborated for each patient through multidisciplinary activities performed by the medical team, also in collaboration with local authorities (socio-medical circle, district, municipality)

As a general rule, Mental Health Centres provide:

- surgery medical examination
- home medical examination
- day hospitality
- night hospitality
- individual medical treatment
- medical treatment in collaboration with the families
- group activity
- rehabilitation interventions (i.e. work placement)
- support to facilitate access to right (i.e. houses)

REHABILITATION SERVICES

People suffering from serious mental health conditions are often stigmatized and socially alienated.
For this reason, rehabilitation must be conceived as a comprehensive intervention, which must guarantee:
- access to financial and economical aid, also temporary, to ensure a decent life;
- satisfying home conditions: a house of their own, or the chance to have access to protected, demi-protected of temporary flats, residences or care centres;
- work placement according to their requirements and skills;
- access to education, information and vocational training;
- access to places and events to promote socialization

One of the instruments to implement rehabilitation activities is the personalized project (*Possible Self-Sufficiency Fund*) which includes other economic aid in the house, work and social life compartments.

All mental health departments include articulated qualifying, rehabilitation, training and social integration programs for people suffering from psychic conditions.

The rehabilitation activities are usually performed in residences, day care centres and during training and work placement activities.

Rehabilitation is provided by social cooperatives, as of Law 381/1991, referred to as "firms" which defend the general interest of the community in human promotion and social integration of all citizens, through:
- the management of socio-medical and educational services (type A cooperatives);
- the implementation of different activities (agriculture, industry, trade and services) for the work placement of disadvantaged people (type B cooperatives). Disadvantage people must be members of tybe B cooperatives by at least 30%, as provided for by the law.

These facilities operate in the rehabilitation/qualification, therefore in
- day care centres
- residential centres, such as group apartments for patients of different degrees of self-sufficiency
- type B cooperatives

Residential facilities are territorial facilities where personalized rehabilitation project are put in place for people already under treatment at Mental Health Centres, in order to support patients and facilitate a positive result of treatment and life program.

Residential structures host people who require medium or long term treatments, at residential régime, in order to maintain or recover self-sufficiency and capacities for occupational and social reintegration.

In order to prevent any form of alienation and facilitate social integration, residential facilities are preferably located in urban areas, which are easily accessible.

PSYCHIATRIC DIAGNOSTIC AND TREATMENT SERVICE (SPDC)

The Psychiatric Diagnostic and Treatment Service (SPDC) is an interface facility between the hospital and the territory which gathers people affected by emergency conditions showing up at the first aid station.

It is located in the premises of the Hospital Authorities of Trieste, Udine and Pordenone.

Even if it is located inside the hospital premises, the SPDC is an integral part of the Mental Health Department service network.

The psychiatric diagnostic and treatment service provides psychiatric assistance to hospitalized patients whenever proper non-hospital measures are not available at the CSMs.

Hospitalization is part of the non-stop assistance approach of territorial authorities.

The SPDC team, after undergoing specialized evaluation and providing the first aid treatments, may regard the problem as:
- sufficiently dealt with, suggesting possible feedback for the patient's GP;
- major - unsolved, suggesting and activating contact with reference Mental Health Centres;
- very serious and problematic, activating contact with the reference CSM for immediate care.

VOLUNTARY SERVICES

Voluntary association are a crucial resource for mental health. They usually defend and promote the patients' mental-health-related rights and their families'. The role that the associations and the patients play consists of the acquisition and training of useful human resources for rehabilitation and therapeutic activities.

COMPANY SERVICES

When describing services by authority, detailed information is provided only on those facilities which enjoy particular organizational features. For the rest of them (ex. CSMs or SPDCs), please refer to the general section.

MENTAL HEALTH DEPARTMENTS

ASS N. 1 TRIESTINA

The Mental Health Department consists of the following facilities:

- **Mental Health Centre di Barcola /Altipiano Ovest – Distretto 1**

  via Miramare 111

- **Mental Health Centre Maddalena – Distretto 2**

  via Mulino a vento 123

- **Mental Health Centre di Domio – Distretto 3**

  via Morpurgo 7

- **Mental Health Centre di via Gambini**

  via Gambini 8

- **Clinica Psichiatrica Universitaria**

  via Paolo de' Ralli 5

- **Servizio psichiatrico di diagnosi e cura**

  Ospedale Maggiore, via Pietà 2/1

QUALIFICATION AND RESIDENTIAL SERVICE (SAR)

The qualification and residential service consists of programs to be implemented in different premises and includes a collaboration between the Mental Health Department and social cooperatives and associations, operating within or accredited by the NHS. It operates within an integrated framework with mental health departments, districts and addiction departments.

It provides:

- planning, coordination and monitoring of rehabilitation activities, in collaboration with type A cooperatives (*Residential Facilities Coordination Bureau*)
- planning of educational programs and work placement, in collaboration with type B cooperatives and training agencies (*Training and Work Placement Bureau*)
- day care centre activities, in collaboration with training agencies (*Informal Resources Coordination*)

Residential facilities are divided into:

- high therapeutic care centre, with non-stop medical assistance (more than 8 beds)
- family groups, with an capacity-building approach, with 10 to 14 hours of medical assistance (max 6-8 beds)
- cohabitation groups, for long stays and the support of social life, operators' assistance being provided for some hours a day

QUALIFICATION AND WORK PLACEMENT BUREAU

Created to qualify training and work placement activities, it develops the following programs to sustain training and work placement:

- professional training courses, also in collaboration with training courses
- monthly monitoring of work placement programs and training/work grants
- training for operators on issues related to qualifying courses, for work placement and orientation

DAY CARE CENTRE FOR INFORMAL RESOURCES COORDINATION

Day Care Centres activities are performed in different places, but the main centres are: the Polytechnic (Pavilion M) and Aurisina Day Care Centre.

POLYTECHNIC-DAY CARE CENTRE

The Polytechnic promotes and coordinates projects, laboratories and artistic, artisan and cultural education activities. Teachers, art masters, artists, cultural and voluntary associations work for it. The Polytechnic organizes basic training courses as part of projects financed by the Region, or the European Social Fund, in collaboration with training agencies.

DAY CARE CENTRE OF AURISINA

Aurisina Day Care Centre is managed within a wider context of coordination of qualifying activities, socialization, health promotion, proactive projects to build citizenship and self-awareness. Each department operations unit contributes to the project, through at least one dedicated operator, in activities which directly depend on the Centre and for coordinating actions between the Mental Health Centre and informal resources.

ASS N. 2 ISONTINA

MENTAL HEALTH DEPARTMENT
via Vittorio Veneto, 174, Director office, 34170 Gorizia

Alto isontino Mental Health Centre
via Vittorio Veneto, 155, Pav. ex Pneumologico, 34170 Gorizia

Basso Isontino Mental Health Centre
via Romana, 94, 34074 Monfalcone

ASS N. 3 ALTO FRIULI

MENTAL HEALTH DEPARTMENT
via S. Lucia, 81 - 33013 Gemona del Friuli (UD)

Mental Health Centre Gemona
via S. Lucia, 81 - 33013 Gemona del Friuli (UD)

Mental Health Centre Tolmezzo
via Bonanni, 2 - 33028 Tolmezzo (UD)

Residential Psychiatric service
via S. Lucia, 81 - 33013 Gemona del Friuli (UD)

ASS N. 4 MEDIO FRIULI



ASS. 4: Direction office

MENTAL HEALTH DEPARTMENT
via Pozzuolo,330, 33100 Udine

Mental Health Centre Cividale del Friuli
viale Trieste, 26 – 33043 Cividale del Friuli (UD)
***It regards municipalities of*:** Buttrio, Cividale del Friuli, Corno di Rosazzo, Drenchia, Grimacco, Manzano, Moimacco, Premariacco, Prepotto, Pulfero, Remanzacco, San Giovanni al Natisone, San Leonardo, San Pietro al Natisone, Savogna, Stregna, Torreano.

Mental Health Centre Codroipo
viale Duodo, 82 – 33033 Codroipo (UD)
It regards municipalities of: Basiliano, Bertiolo, Camino al Tagliamento, Castions di Strada, Codroipo, Lestizza, Mereto di Tomba, Mortegliano, Sedegliano, Talmassons and Varmo.

Mental Health Centre San Daniele del Friuli
viale Trento Trieste, 2 – 33038 San Daniele del Friuli (UD)
***It regards municipalities of:*:** Buia, Colloredo di Montalbano, Coseano, Dignano, Fagagna, Flaibano, Folgaria, Majano, Moruzzo, Ragogna, Rive d'Arcano, S. Daniele del Friuli, S. Vito di Fagagna, Treppo Grande.

Mental Health Centre Tarcento
piazza del Mercato, 6/5 - 33017 Tarcento (UD)
It regards municipalities of: Attimis, Cassacco, Faedis, Lusevera, Magnano in Riviera, Nimis, Povoletto, Reana del Rojale, Taipana, Tarcento, Tricesimo.

Mental Health Centre Udine Sud
via Pozzuolo, 330 -3310 Udine
It regards municipalities of: Udine, Campoformido, Pasian di Prato, Pavia di Udine, Pozzuolo del Friuli, Pradamano.

Mental Health Centre Udine Nord
via Commessatti, 5 – 33100 Udine
It regards municipalities of: Udine, Martignacco, Pagnacco, Tavagnacco.

Psychiatric services, diagnosis and care (S.P.D.C.)
c/o Teaching Hospital S.M.M. of Udine – II° floor Pav. 6, piazzale S. Maria della Misericordia, 15 -33100 Udine

SOCIAL RESIDENCE

- Udine in via R. di Giusto, 82
- Udine in via Cosattini, 42/12
- Udine in viale Volontari della Libertà,34
- Udine in via Marangoni, 82, dotata di 7 posti letto;
- Udine all'interno del comprensorio aziendale di via Pozzuolo, 330: Casa dell'Economo; Casa del Direttore, Comunità 11 bis
- Pagnacco in piazza della Libertà, 11
- Codroipo in via Candotti, 136
- San Daniele del Friuli via Dalmazia, 31
- San Daniele del Friuli via Garibaldi, 17
- Villuzza di Ragogna via Tagliamento, 3, struttura semi-residenziale dedicata a progetti riabilitativi
- Tarcento in via Madonna, 2
- Manzano in via Drusin, 25

EATING DISORDERS SURGEY
via Manzoni, 3, 33100 Udine

The eating disorders surgery cares people affected by anorexia or bulimia. The activities includes prevention care and rehabilitation. The team is multiprofessional and the approach consider social, behavioural and medical problems. The service is strictly integrated with other local and regional eating disorders services.

ASS N. 5 BASSA FRIULANA

MENTAL HEALTH DEPARTMENT (DSM)

Borgo Aquileia 2, 33057 Palmanova, 1° floor. It is also reference center for addiction services and integrated social services. Mental Health department enforces social integration in network with municipalities for personalized integrated care project.



ASS. 5: Mental health department

Mental Health Centre 24 h - Palmanova
via Molin 21 – 33057 Palmanova (UD)

Mental Health Centre 12 h - Latisana
via Sabbionera 45 – 33053 Latisana (UD)

Anxiety and depression surgery
via Molin 21 – 33057 Palmanova (UD)

The surgery deals with the following diseases: depression-related disorders, anxiety, phobias, compulsive obsessive disorders, nutritional behaviour disorders, panic attack, somatization disorders, major existential crisis conditions, post-stress psychic disorders, traumas and severe physical diseases. It is intended for people over 18 years of age.

ASS N. 6 FRIULI OCCIDENTALE

The Mental Health Department consists of the following facilities:

Mental Health Centre "URBANO"
via De Paoli n°21 - 33170 Pordenone

Mental Health Centre "OVEST"
via Ettoreo n°4 - 33077 Sacile

Mental Health Centre ''NORD''
via Unità d'Italia n. 5 - 33085 Maniago
via Milaredo n. 17 - 33097 Spilimbergo

Mental Health Centre "SUD"
via 25 Aprile n°58 - 33082 Azzano Decimo

Mental Health Centre "EST"
via Tina Modotti n°7 - 33078 San Vito al Tagliamento



ASS. 6: Direction office

Diagnosis and care services
"Santa Maria degli Angeli" Pordenone Hospital - Pav. B
Centre for Nutritional Disorders

The Mental Health Centre is a diagnostic, treatment and rehabilitation service for problems related to food behaviour. It is located inside the hospital centre in San Vito al Tagliamento.

The DSM also hosts the following activities:
PSYCHO-SOCIAL Rehabilitation activities (Rehabilitation Facilities and Day Care Centres)
They are divided into operational territorial units, belonging to the Mental Health Department, where rehabilitation, socialization, training and social integration activities are performed, along with expressive activities integrated with care programs.
They are performed at:
- Mental hygiene centres
- "Villa Bisutti" therapeutic day care centre, which hosts almost 15 patiens with medium-long term (personalized and group) care programs, is located in the Municipality of Pordenone.
- The "Il Circolo delle Idee" community centre is located in the "Glorialanza" Municipal Community Centre in Villanova di Pordenone. It has been an important reference point for the promotion of socialization with a low psychiatric impact.
- The "Il Seme" social cooperative is located in Fiume Veneto and offers training and work placement opportunities;

Training and Work Placement Office
It includes planning, monitoring and evaluation of training and work opportunities.

Residential Rehabilitation Activity

The Mental Health Department, during treatment and rehabilitation procedures, provides individual therapeutic projects which, for specific situations, are implemented through "Welfare and rehabilitation facilities". Facilities are divided by project categories, namely high, medium and low welfare-rehabilitation intensity. The facilities are open 24/7. Facilities host patients with different needs, on the basis of which assistance is modulated.

Facilities provide DSM rehabilitation assistance support:
24 hours a day
- Villa Jacobelli, Sacile
- via Colle, Maniago

within 12 ore
- Ortigara, Maglio, Pordenone
- Monte Raut, Porcia
- Modotti, San Vito al Tagliamento

Social private residence
- Richieri, Pordenone
- La Selina, Montereale Valcellina
- Galileo, Sacile

Social residential community in cooperation with patient associations
- Casa Nostra, Pordenone
- Iride, Pordenone
- via De Gasperi, Sacile
- via Burtolo, Azzano Decimo

Territorial activities
This area includes health promotion activities at local level, in collaboration with local authorities, schools and voluntary associations.

Centre for Nutritional Disorders

Head Office: Ospedale di San Vito al Tagliamento - Old pav., first floor

The centre for Nutritional Disorders tackles anorexia, bulimia and obesity. It provides: Information and PR services, First Interviews, Psychodiagnostic Interview (diagnostic tests are also performed), Internal medicine examination, nutritional rehabilitation program (including a therapeutic cycle to readjust nutritional behaviour and hold support pshychological interviews), group psychotherapy, psychoeducational information group, mutual help groups, hospital advice.

PUBLIC HEALTH
AND THE PUBLIC HEALTH DEPARTMENT

Prevention is clearly one of the priority functions of the RHS. In order to valorize this commitment and promote health, defined by the WHO as *"a state of general personal physical, psychic and social well-being, and not a mere absence of medical conditions",* within the general health, socio-medical integration and social policies framework, a dedicated area has been created: health prevention and promotion.

For its nature which require action in the fields of environment, infrastructures (planning, mobility, etc.), social and economic aspects (quality of life and work), the communities and the individuals, prevention is a widespread function, across several sectors and institutions, and many stakeholders are not part of the NHS. For this reason, in the last few years, cooperation with all regional directorates have intensified (transport and mobility, employment, environment, ARPA, training, etc.)

In several cases it is necessary to create projects with various institutions and authorities: for example, car accident prevention requires the collaboration of the Municipalities, police o and traffic officers, families and enterprises, while obesity requires the intervention of city planners (to facilitate mobility), canteen service planners and educational authorities (schools), along with the production sector.

The central health directorate, together with Federsanità ANCI FVG and the ASS prevention departments, in 2007, activated some long-term and significant projects, along with specific technical-political work groups in order to properly involve also local autonomous regions, through communication and training projects. This and others relevant projects are indicate in regional prevention plan 2010/2012.

Prevention is therefore to be promoted at all levels, also through GPs. At the same time, prevention, as psychiatry is, is successful if it is intended as a "border" discipline, that is that it can interact with different stakeholders and provide know-how and expertise.

The health service has nonetheless deputed the prevention departments as the main functional bodies.

PREVENTION DEPARTMENT

The prevention department is the operational bureau which supervises the protection of collective health, promoting health objectives and prevention against diseases and disabilities, through actions intended to detect and tackle harmful sources of diseases, of environmental, human and animal origin.

Its mission is to provide defence measures for the health of local communities, following a single effective policy to meet medical demand, in particular, promoting strategies based on the promotion of health and healthy life-styles; prevention of acute and chronic diseases; animal health and feed safety, in order to defend the health of the citizens.

There are six prevention departments in each health authority.

Prevention departments are performed in facilities, with some exceptions, dedicated to different functions.

- **public hygiene and health**
- **food hygiene and nutrition**
- **working place safety and prevention**
- **veterinary assistance**
- **forensic medicine**

Some departments have developed other specific areas of action which will be described in the following chapters.

PUBLIC HYGIENE AND HEALTH

The Public Hygiene and Health Facility protects collective health, acting in the field of prevention of widespread contagious diseases and of environmental and human pollution-related factors.

Usually, the scope of action includes the following activities.

ENVIRONMENT AND FACILITIES

This field includes sanitary conditions of buildings used as workplaces, which have a complex profile, with particular attention to medical facilities, schools, kindergartens, premises where risky activities are performed; guideline and protocol definition for the project implementation; collaboration with public bodies within procedures related to advice reports on the issuing of permits.

It also supervises the sanitary conditions of building for residential and socio-medical use, paying particular attention to:

- the issuing of preliminary health and sanitary advice or report for the issue of permits for socio-medical activities
- monitoring activities on socio-medical facilities and issuing of formal advice report for unsanitary/inhabitable/unsuitable buildings
- water control
- monitoring and protection of waters for human consumption from sources of supply (including advice on water system plants and new sources of supply)
- monitoring and protection of bathing waters in swimming facilities (including advice on plant projects);
- prevention and environmental control of legionnaire's disease (including examinations against notification on legionnaire's disease and relations with the Region, the Ministry for Health and the Health Institute of Advanced Studies).

It also issues advice on: regulatory plans, municipal regulations for rural police, urban police, sewage system and waste disposal, reconversion plants of industrial drain waters, environmental impact evaluation, productive settlements, farms, unhealthy factories ranking, sanitary inconveniences, fuel plants, use of toxic gases; participation in commissions and technical conferences and service conferences; risk assessment and communication in case of exposure to chemical and physical agents; guidelines definition on environmental issues of particular interest; health impact assessment of atmospheric pollution in urban and industrial areas.

CONTAGIOUS DISEASES CONTROL

Vaccination is a universally recognized prevention instrument against contagious diseases, indispensable for the conservation of health for individuals and communities.

Prevention departments guarantee:

- the implementation of scheduled vaccination programs
- the implementation of recommended vaccinations

Travel medicine. Importantly, in order to enter some countries, certain vaccinations are required; for other countries, vaccinations are optional. For further information, please refer to the dedicated surgery on:

- which precautions should be adopted to prevent issues related to climate change and different sanitary conditions of the place of destination
- which vaccinations are required
- antimalarial prophylaxis

CANCER SCREENING

The Friuli Venezia Giulia Region has activated all three oncologic screening tests which are available for early tumour diagnosis. Screening is free of charge, that is, patients receive individual letters offering an examination at a specific date.

Screening may be:

- uterine cervix cancer screening every three years for women between 25 and 65 years of age
- breast cancer screening every two years for women between 50 and 69 years of age
- colon-rectum cancer screening every two years for both men and women between 50 and 69 years of age.

FOOD HYGIENE AND NUTRITION

FOOD

Food safety is dealt with in this area, promoting consumers' health protection. It provides a verification of the sanitary conditions of public activities, public places and facilities hosting animal production activities.

The Service provides a verification of sanitary conditions of public activities, public places and of the facilities dedicated to animal production, along with precaution suitability evaluation.

It collects samples for food, beverage and water analyses for human consumption. It also collects samples for feed production and beverage analysis.

The following services are provided:

- information and training for operators, associations and institution on food safety and nutritional education
- monitoring and investigations on food-transmitted diseases
- monitoring in the commercialization and use of paracticides
- monitoring of mushrooms harvesting and comercialization.

NUTRITION

The services manage the promotion and implementation of nutritional interventions for the preventions, dissemination of healthy lifestyles, in particular among children and critical population sectors. Therefore it provides:

- information, communication of food risk factors and training for population groups and operators (socio-medical operators, students)
- food education within frameworks which may facilitate healthy nutritional behaviours, through the involvement of different stakeholders
- promotion of healthy nutritional behaviours through the creation of networks and agreements for the development of projects/policies which may facilitate healthy nutritional approaches (training, education, favourable environment, awareness raising campaign, etc.)
- enhancement of balanced food offer in schools and communities, providing information for the definition of tenders and diet charts for public catering, collaborating with municipalities for the creation and management of Canteen Commissions, also running investigations of food quality
- dietary-nutritional advice for population groups and support for surgery treatments.

WORKING PLACE SAFETY AND PREVENTION

Monitoring of hygiene and safety procedures in workplaces, communication activities and assistance in sanitary and safety issues in work-places

ASBESTOS

- work plan examinations (as of art. 256 L.D. 81/08) as submitted by reclamation firms
- microscopic analysis (MOCF) for the identification of materials, such as asbestos
- Derogation for the work-places utilization, lower than 3 meters of height (ann. IV of L.D. 81/08)
- Derogation of art. 65 L.D. 81/08 for the use of underground facilities
- Notification evaluation as of art. 67 L.D. 81/08

SANITARY MONITORING

- Surgery for patients formerly exposed to asbestos and carcinogenic compounds
- Appeal against the competent physician's advice, as of art. 41 L.D. 81/08 e following modifications instrumental examinations: audiometry, spyrometry, ergovision
- Specialized support (ex. for GPs)
- Registration in the regional list of patients formerly exposed to asbestos (R.L. 22/01)
- forensic examinations, delegate to the magistrates, in case of occupational accidents and diseases
- secretary
  - validation accident registry
  - document acquisition

- information on 36% tax deduction and on SOC implemented activities
- notification filing as of art. 99 of L.D. 81/08, 36% tax deduction, derogations as of art. 65 and ann. IV of L.D. 81/08, notifications as of art. 67 L.D. 81/08
- reservation management with SOC operators

- group verification, pressure instruments and devices (R.D. 824/27; M.D. 21-5-74; L.D. 93/2000; M.D. 329/2004)
- LPG plant checks (M.D. 29/02/1988: "Safety Regulations")
- check of hot-water plants and devices (L.D. 9/04/2008 no. 81, M.D. 21/05/1975: "Title I - technical and application specifications Collection H")
- heating plant checks (M.D. 1-12-75: "Title II - technical and application specifications Collection R").
- checks on lifting devices (L.D. 9/04/2008 no. 81 and following integrations L.D. 3/08/2009 no. 106)
- lifts and elevators verification (D.P.R. 162/99)
- grounding plants verification (D.P.R. 462/01, L.D. 9/04/2008 no. 81 and following integrations L.D. 3/08/2009 no. 106)
- verification of protection plans against atmospheric discharges (D.P.R. 462/01, L.D. 9/04/2008 no. 81 and following integrations L.D. 3/08/2009 no. 106)
- verification of installed plants in places at risk of explosion (D.P.R. 462/01, L.D. 9/04/2008 no. 81 and following integrations L.D. 3/08/2009 no. 106)
- issuing of personnel internship record-books for the attainment of professional qualification for steam generator operators (D.M. 01.03.1974 e M.D. 07.02.1979)
- acquisition and management of compliance reports for grounding electrical plants, protection against atmospheric discharges and installed plants at risk of explosion (articles 2 and 5 of D.P.R. 22 October 2001, no. 462)
- Acquisition and management of commissioning for pressure equipment groups (art. 6 of M.D. 01 December 2004, no. 329).

VETERINARY ASSISTANCE

"A" AREA (ANIMAL HEALTH – HYGIENE IN FARMS AND LIVESTOCK FACILITIES)

It protects human health through precautionary sanitary monitoring on livestocks and pets, in order to avoid contagious diseases (zoonosis) and guarantees the quality of primary food products derived by them, through:

- prophylaxis of contagious diseases and zoonoses
- monitoring on animal reproduction
- monitoring of animal feed
- monitoring of animal well-being in farms and during transport
- animal individual data, handling and traceability: bovine registry, ovine registry, equine registry, avicultural registry, swine registry and canine registry
- monitoring of feed and feed production facilities
- drug monitoring
- animal health control (surgeries, farms, temporary stalls, stables, kennels)
- Recovery and/or capture of "stray" dogs (and cats, only if injured) upon notification by police, traffic police and veterinary officers
- Identification of animals (dogs only) if equipped with ID devices (microchip)
- Search of owners and delivery of the animal (dog) if identified (microchip)
- First aid care and therapies for certain animals, if necessary
- Routine vermicidal treatments on some animals
- installation of ID microchip (dogs only)
- Hospitalization of medical control (for 10 day, as provided for by law) for unidentified animals
- Delivery, at the end of the period, to the officials in charge of "associated kennels" for final custody;

- Medical observation, as of R.P.V. 320/54 (rabies prophylaxis for biting animals) on dogs of private owners, the latter being unavailable
- Installation of microchips for private owners against payment
- Update to relevant registry
- Sterilization of cats belonging to colonies officially reported by the Municipalities and their displacement on the territory.

Private citizens shall not capture and trap stray animals; instead, they shall report to the police, which will request technical operators to intervene.

It provides urban hygiene services, export certifications for cats and dogs, antirabic prophylaxis.

"B" AREA (HYGIENE OF FOOD OF ANIMAL ORIGIN)

This facility protects human health through the implementation of necessary procedures to guarantee security and heath of food products of animal origin. These measures involve all phases following the primary production and precisely production, preparation, processing, packaging, storage, transport, distribution, handling, selling and supply of animal origin food to consumers:

- meat and meat-based products;
- fish products and aquaculture;
- eggs and egg-based products;
- honey and apicultural products;
- milk and milk/diary products.

Services include: pre- and post slaughtering control, monitoring of plants and food products, health education and training on food hygiene, checks and preliminary advice for the issuing of permits, obligations and proxies by the health authority, sampling for the identification of toxic residues in food production livestocks and in food of animal origin, advice issuing for projects on facilities for the production of foods of animal origin, training activities for operators, associations and education on food safety and nutritional education.

FORENSIC MEDICINE

This service is provided by the Prevention Department created to coordinate clinical-biological evaluation activities, as provided for by law, within the NHS framework. These activities are performed through verifications, examination and certifications.

- Provincial commission for driving licences. It is a Local Medical Commission in charge of issuing opinions on the assessment of driving ability within the jurisdiction of the Province of Udine. Examination by the commission are available upon request at the bureau.
- Qualifying Exam Board. It issues opinions on the qualification of public servants or employees.
- Disability Medical Condition. Upon request by the applicant, the Board evaluates civil disability -deafness, blindness, handicap, personal disadvantage for work placement reasons.
- Certifications
  Departments issue a number of individual permits as provided for by current legislation, and they also verify occupational disability, both temporary and permanent: the main activity of the facility consists of medical examinations for the issuing of medical certificates, which certify
  - work ability (as provided for by R.L. no. 21 of 18.08.05 and R.L. no. 19 of 27.10.2006)
  - driving ability (A and B driving licence) (C, D and E driving licence)
  - (pleasure) ship's passports
  - exemption from the use of safety belts
  - fitness for firearms purchase and possession. - see also *Appeal against failure to obtain firearm possession fitness certification*

- fitness for firearm certificate
- fitness for adoption
- fitness for salary loans
- severance pay earnest
- issuing of circulation permits for the disabled
- civil service
- certification for physically impaired electors
- life saving therapy certificate
- legal medical certificate upon applicant's request

ASS N. 1 TRIESTINA

PUBLIC HEALTH DEPARTMENT
via Paolo de Ralli, 3 (Comprensorio di San Giovanni)
34128 Trieste (TS)

Coordination function for asbestos-related activities, also for fibre labs

The main activities are investigations at workplaces to evaluate the compliance of premises, equipment, machinery, used substances and work procedures, with relevant provisions, as of L.D. 626/94 and other legal and technical regulations. Activities include verification of sanitary actions, implemented by competent physicians, and control/monitoring of the industrial injuries and occupational injuries phenomena.

Part of the activity is characterized by "sector" interventions, i.e. dedicated interventions in the port, metallurgy and building sectors, the latter being the one where monitoring activities are mainly performed through specialized personnel.

The three main activities involve industrial injuries, occupational diseases and asbestos. Industrial hygiene is another sector for which enhancement is expected (also due to recent changes in regulations).

For the last few years, a standardization of intervention procedures has been put forward by the Prevention and Workplace Safety Authorities, which are part of the FVG health service, that ASS1 participate in, providing the basis for a standardized intervention in the whole Region.

Their work is based on a "network system" with NHS prevention facilities and other Institutions which operate in the health and safety sectors (Provincial Directorate for Employment, INAIL, INPS, Fire Brigades, Port Authority, Harbour Authorities, etc.), and in cooperation with Employees' and Employers' Associations.

Formal initiatives are implemented (committees, boards, etc.), along with informal ones: this allows and facilitates the development of prevention objectives through a planning activity, with a more concerted approach.

The facility participates in the Technical Secretariat for the "Actions to improve environmental conditions in Servola's industrial area (Trieste)" agreement, promoted by the Region, the Ministries, ARPA and the Province, in order to set guidelines on workplace safety, established at the Prefect's Office of Trieste by DPL OO.SS., "Associazione degli Industriali" and "Confartigianato".

Asbestos

Operations are put in place according to reclamation requests or upon risk/inconveniences notification by third parties. The mode of action and the different levels of study, governed by legislative regulations and food practices, take into account the risk potential (i.e., the release of fibres in the atmosphere and their concentration) and the type of exposition (industrial activity, tertiary, general life environments). The typical sequence includes:

- evaluation of documentation and work plans, submitted by the companies, the suitability of prevention and protection systems, adopted for dangerous activities and workers' fitness to work in terms of sanitary profile
- possible inspection of the building site before starting the works
- monitoring during operations and sampling/analysis of air dispersion fibres, autonomously or in collaboration with the Regional Agency Lab for Environmental Protection
- final inspection to verify sanitary conditions before the facilities resume operations

- sampling assessment and analysis of air dispersed fibres at work completion
- monitoring of proper waste disposal procedures at authorized dumps
- The responsible for S.S.I.T.L. is a member of the Asbestos Regional Commission.

Ports, ferries and naval engineering

It is a complex work sector, which SCPSAL has been working in for a few years and in a more decisive way after the publication of L.D. 271 - 272 and 298 of 1999, which have extended the obligation related to these sectors, as of L.D. 626. Port, maritime, fishery and naval maintenance operations are included.

An articulated program is followed, as published within the regional plan-objective framework, which the Facility is reference for. The program includes monitoring activities and information, training and assistance activities for companies and employees.

Activities are performed in coordination with the General Directorate for Employment, Port Authorities, the Harbour's Office and Fire Brigades.

The Facility participates in a technical group of inter-regional coordination for workplace preventions (port and ship group) and it is responsible for public servants working in the prevention sector, in different national sites which host port activities.

SIMPLE DEPARTMENTAL FACILITY FORENSIC TOXICOLOGY LABORATORY

The Simple Departmental Facility Forensic Toxicology Lab was created to run all examinations which are or might be connected with forensic medicine.

It cooperates with the Public Prosecutor's Offices of Trieste, Gorizia and the Juvenile Court, forensic doctors in the Triveneto Area, public and private institutions, GPs and competent physicians. It also performs scientific information activities on the characteristics and effects of narcotics in the schools of the Province of Trieste.

Functions:

- analysis of specific pharmacologically active compounds, supporting magistrates, experts and public bodies on biological and non-biological matter, with particularly selective and sensitive analytic techniques, in order to build data which might be used in forensic activities
- investigations on drug addiction for newly appointed employees or those who work in high risk fields
- determination of metabolites for subjects exposed to potentially harmful substances: with the same analytical quality, investigations are performed on biological materials to which workers are exposed when working in polluted environments
- uniformity reports on pharmaceutical products: the quality of pharmaceutical drugs produced by pharmacists is checked
- drug monitoring for a more efficient therapeutic treatment
- communication activities: upon request of schools, agencies and associations, these activities are performed on the damages and characteristics of the abuse of substances
- research activities: there are several scientific research collaborations in the pharma-toxicological field

INDUSTRIES - The following quantitative analyses are performed: trans, trans-muconic benzene biomarker acid, hippuric toluene biomarker acid, metil-hippuric xilene biomarker acid, mandelic and fenil-glioxilic styrene biomarker acid, trichloroacetic thrichloroethylene biomarker acid, carboxihemoglobin carbon oxide biomarker acid

PHARMACIES - The Forensic Toxicology Laboratory runs uniformity tests on the ingredients of tablets and pills of several active priciples, produced in pharmacies:

FORENSIC DOCTORS - Wide range qualitative-quantitative toxicological investigations are performed in order to provide all necessary scientific support during the patient's anatomical pathological medical history

PREVENTION ACTIVITIES - Biological samples are checked for drugs and alcohol addiction.

ASS N. 2 ISONTINA

Public Health Department
via Vittorio Veneto 169 - 34170 Gorizia

Public Health and Veterinary Assistance
- Animal Health and Wellbeing
- Animal food hygiene

Food hygiene and nutrition service
via Vittorio Veneto 171 - 34170 Gorizia
Hygiene and public health
- Urban and environmental Hygiene
- Sexual trasmissible illnesses Surgery
- Prevention window (vaccinations and certificates)

via Galvani, 1 - 34074 Monfalcone
Working Place Safety and Prevention
Hygiene and Public Health
- Prevention window (vaccinations and certificates)

via Fleming, 3 -34072 Gradisca d'Isonzo
Hygiene and public health
- Prevention window (vaccinations and certificates)
Public Health and Veterinary Assistance
- Veterinary District
Food hygiene and nutrition service
- Nutrition Surgery

via Venezia Giulia, 74 - 34071 Cormons
via Fiume, 11 - 34073 Grado
Hygiene and public health
- Prevention window (vaccinations and certificates)

ASS N. 3 ALTO FRIULI

Public Hygiene and Health
Food hygiene and nutrition
Office**:** piazzetta Baldissera, 2 - 33013 Gemona del Friuli (UD)

Working Place Safety and Prevention
Office**:** piazzetta Portuzza, 2 - 33013 Gemona del Friuli (UD)

Community Medicine, Veterinary Assistance, Veterinary Area A & C,Veterinary Area B
Office: via Morgagni, 18 - 33028 Tolmezzo (UD)

ASS N. 4 MEDIO FRIULI

Public health department, Contagious Diseases Prevention, Travel Medicine, Food Hygiene
via Chiusaforte, 2 Udine

Social Medicine
At the Social Pneumology Centre antitubercolosis dispensary and migrants' health defence IMFR - Gervasutta Hospital - via Gervasutta, 48 – 33100 Udine
Plant Checks via Manzoni n. 3 – Udine

Veterinary Assistance "A" Area (animal health – livestock and farm hygiene)
Veterinary Assistance "B" Area (hygiene of food of animal origin) via Chiusaforte, 2 Udine
Bovine Registry Service
This service is provided at veterinary district facilities:

CARDIOVASCULAR DISEASE PREVENTION
Cardiovascular Disease Prevention for high risk subjects:
- evaluation and stage assessment of patients affected by arterial hypertension, hyperlipidemia, diabetes, with an alterable high risk coronary factor;
- evaluation and stage assessment of smokers with an alterable high risk coronary factor;
- evaluation and stage assessment of patients with multiple high risk coronary factors;
- evaluation and stage assessment of patients reported as first degree relatives of subjects who suffer from premature atheroscleritic cadiovasculopaty or global high coronary risk;
- evaluation and stage assessment of cardiovascular risk in patients suffering from chronic stage ischemic cardiopathy, who would not be treated otherwise (formerly affected by infarction, carrying aortocoronary by-pass, PTCA); evaluation and stage assessment of patients affected by periferal cardiopathy, resulted from cerebral strokes and carebrovasculopathies.
- Minor congenital valvulopathy ad cardiopathy follow-up procedures.

Sports Medicine and Promotion of Physical Activities:
- agonistic sport fitness certification; promotion of physical activity, in particular for sedentary adults. Cardiovascular epidemiology and promotion of cardiovascular health:
- it coordinates community projects, such as the Martignacco Project other initiatives dedicated to all citizens, promoted through the mass media, and participates in national and international initiatives;
- it is responsible for the regional registry for cardiovascular diseases.

Office locate in the Academic Hospital of Udine, Pavilion 5
piazzale Santa Maria della Misericordia, 15 – Udine -

How to gain access to it.
Access is granted upon GP notification or through specialized physicians and facilities.
Specialized examinations may be performed (arterial pressure monitoring, echocardiogram, Holter ECG, etc.).

ASS N. 5 BASSA FRIULANA

Public health Department
via Molin 21 - 33057 Palmanova

Hygiene and Public Health Service
Contagious diseases prevention, Health promoting, technological hygien, screening programs

Forensic Medicine Service
Forensic medical certificates, disabled people office, legal medical visits, protesic asssitance

Food hygiene and nutrition service

Working Place Safety and Prevention
Construnction Control Service

Veterinary Services
Animal health, stock-farms hygien
Animal originated food hygiene

Others Public Health Department District local offices
Cervignano del Friuli
San Giorgio di Nogaro
Latisana

ASS N. 6 FRIULI OCCIDENTALE

Publi health Department
Head Office: via della Vecchia Ceramica 1 - Pordenone

- "Ambienti di Vita" Area
Services in the area:
- Public Hygiene and Health
- Food hygiene and Nutrition Service
- Forensic and Sport Medicine Service
- Traveller's Medicine Centre
- Mycologic Inspectorate

- Veterinary Area
Services in the area:
- Animal Health Service
- Animal Origin Food Hygiene
- Territorial Operational Coordination Service
- Breeding and Zootechnical Production Hygiene Service

HOSPITAL AUTHORITIES AND FACILITIES

The Friuli Venezia Giulia Region has played an important role, since 1995, in the review of hospital networks and now, on the basis of several studies, it is one of the most efficient and of highest quality in the whole Italian scenario.

While drafting this text, a remodelling was being performed, therefore, information may be modified in the next few years.

The detailed description of individual wards is limited to academic hospital agencies, hospital authorities and IRCCSs.

For further information please refer to the websites reported at the end of each chapter and in the chapter entitled **Sources of information.**

ACCESS TO THE HOSPITAL

Hospitals play several functions which may be grouped into two main categories:

- surgery activities (examinations, minor surgical operations - ex. cataract -, therapies and diagnostic exams) performed for external patients;
- hospitalization activities.

Hospitalization may be:

- urgent, usually through the 118 or the first aid station;
- scheduled, upon request of GPs, in accordance with the specialist at the hospital.

Hospitalization may also be:

- day hospital, when the patient completes the whole medical procedure (diagnosis and treatment) before the end of the day, being back home at night; medical procedures include a surgical operation, it will be referred to as day surgery;
- ordinary (urgent, or scheduled), when the patient spends the night at the hospital;
- in the first aid station and in emergency area, temporary observation is also performed, when the patients is required to spent up to 24 hours under observation, even if hospitalization per say is not needed.

Hospitalization may have different results, depending on the patient's conditions:

- home discharge, without any medical indication, if the problem is solved, or medical controls are to be performed later on;
- home discharge, assistance needed. In this case, the so-called "protected discharge" takes place, i.e. the GP, the residence district and, if necessary, social workers are involved. In these cases, home nursing or rehabilitation assistance is usually required (see chap. Home Assistance)
- transfer to a medical assistance residence, if the patient has to undergo rehabilitation treatments or continue his or her convalescence (see chap. RSA)

REGIONAL HOSPITAL NETWORK

The Friuli Venezia Giulia Region has interpreted hospital services as an integrated network of territory and functions.

As of R.L. 13 of 1995, the regional hospital network consists of:

a) *hospitals of national importance and high specialization*, characterized by the presence of rare hospitalization functions, the highest technical-functional complexity and with a reference geographical scenario, that may be identified with the entire regional territory, or by the persistence of scientific research and academic functions (Academic hospital authorities of Trieste and Udine and the Burlo Garofolo IRCCS of Trieste and the CRO in Aviano (PN). The Scientific Hospitalization

and Care Institutes are regional facilities which, according to regional regulations, perform research, assistance and training activities. Besides the Burlo and the CRO, which host acute cases, also the IRCCS "Istituto Scientifico EUGENIO MEDEA", research department of "La Nostra Famiglia" perform rehabilitation activities, at the Scientific Pole in San Vito al Tagliamento (PN) and the detached office in Pasian di Prato (UD)

b) *hospitals of regional importance* characterized by services and functions which provide proper levels of safety for acute cases, specialized functions which may be a reference point for other hospitals (Pordenone);

c) *network hospitals,* characterized by services and functions which provide proper safety levels for acute cases, and by diversified additional functions, related to the optimal distribution of functions, for which it stands as a model for other hospitals;

d) *private accredited hospitals*;

e) Also the "Gervasutta" Institute for Physical Medicine and Rehabilitation in Udine plays a crucial role at regional level, in terms of rehabilitation functions.

Hospitals are organized by function. Regional regulations include wards with beds, services (nowadays referred to as complex operational facility, SOC) and departments (which gather several departments, or SOC).

Hospital Authorities and Hospital Charts mirror the organization published of their own sites.

NUMBER OF BEDS IN FRIULI VENEZIA GIULIA HOSPITALS (FEBRUARY 2011)

AUTHORITY	HOSPITAL	BEDS
ASS1	SPDC	6
ASS2	MONFALCONE	175
	GORIZIA	176
ASS3	GEMONA	80
	TOLMEZZO	180
ASS4	SAN DANIELE	204
	GERVASUTTA	100
	SPDC	15
ASS5	LATISANA	136
	PALMANOVA	175
ASS6	SPDC	15
AOPN	MANIAGO	14
	SAN VITO AL T.	169
	SACILE	38
	SPILIMBERGO	68
	AOSMA	466
AOUTS	CATTINARA	629
	MAGGIORE	155
AOUUD	UDINE	966
CRO	CRO	108
BURLO	BURLO	145
PRIVATI	CITTÀ DI UDINE	146
	PINETA DEL CARSO	140
	SAN GIORGIO	245
	SALUS	83
	SANATORIO TRIESTINO	88
	Totale	4722

“OSPEDALI RIUNITI”
TEACHING HOSPITAL AUTHORITY OF TRIESTE

On march 5th, 2004, by Regional Board President Decree no. 056/PRES, the “Ospedali Riunity”academic hospital authority of Trieste was created. As provided for by L.D. 517 of 1999, its structure must be organized in departments which may facilitate the integration of medical assistance practices, education and research, that is the basis for an Academic Hospital Integrated Body. It is the result of the integration of the former “Ospedali riuniti” Hospital Agency and the Faculty of Medicine of the University of Trieste.



Cattinara hospital

The Agency has two Offices:

CATTINARA HOSPITAL

Cattinara Hospital Departments:

- Governance Support Department
- Cardiovascular
- General and Thoracic Surgery
- Specialized Surgeries
- Image Diagnostics
- Immunotrasfusion Department
- Lab Medicine
- Internal Medicine
- Perioperational Medicine, Intensive Care and Emergency
- Orthopaedic, Rehabilitation and Occupational Medicine
- Pathology and Forensic Medicine
- Head and Neck

Cattinara Hospital Wards:

- ARTA (Anaesthesia and Resuscitation Analgesic Therapy)
- Pathological Anatomy and Histology
- Cardiosurgery
- Cardiology
- General Surgery
- Plastic Surgery
- Thoracic Surgery
- Vascular Surgery
- Clinical Surgery
- Dermatological Surgery
- Medical Clinic
- Clinical Neurology
- Dentist and Stomatology Clinic
- Orthopaedic and Traumatological Clinic
- Otolaryngologist Clinic
- Urologic Clinic
- Company Relation Coordination
- Nursing Directorate
- Cattinara Hospital Medical Directorate
- Gastroenterology and Endoscopy
- Geriatrics
- I Surgery
- I Medical
- III Medical
- Clinical Medicine

- Forensic Medicine
- Rehabilitation Medicine
- Emergency Medicine
- Microbiology
- Nephrology and Dialysis
- Neurosurgery
- Orthopaedics and Traumatology
- Clinical Pathology
- Pneumology
- Control Planning
- First Aid
- Cattinara Radiology
- Transfusion Medicine Service

MAGGIORE HOSPITAL

Departments at the Maggiore Hospital
- Immunotrasfusion Department
- Lab Medicine
- Perioperational Medicine, Intensive Care and Emergency
- Specialized Medicine
- Oncology

Maggiore Hospital Wards:
- Anaesthesia and Intensive Care
- Cardiology
- Dermatological Surgery
- Eye Surgery
- Dentist and Stomatology Clinic
- Maggiore Hospital Medical Directorate
- Clinical Hematology
- Medical Physics
- Gastroenterology and Endoscopy
- Geriatrics
- III Medical
- Information Technology and Telecommunications
- Clinical Engineering
- Contagious Diseases
- Nuclear Medicine
- Rehabilitation Medicine
- Occupational Medicine
- Nephrology and Dialysis
- Oncology
- Orthopaedics and Traumatology
- Clinical Pathology
- Pneumology
- First Aid
- Quality and Accreditation
- Maggiore Radiology
- Radiotherapy
- Transfusion Medicine Service
- Day Surgery Unit

Along with departments and wards, several surgery activities are available, which are thoroughly described on the authority website **http://www.aots.sanita.fvg.it**

Azienda Ospedaliero - Universitaria *Ospedali Riuniti Trieste*
via Farneto 3 – 34142 Trieste

"SANTA MARIA DELLA MISERICORDIA" TEACHING HOSPITAL AUTHORITY OF UDINE

Udine Teaching Hospital was born in 2006 from the unification between the Santa Maria della Misericordia Hospital and the Policlinico Universitario (President of the Minister Council Decree, 02.05.2006).

Since 1993 it is recognized as a Hospital of National Importance and High degree of specialization. Currently the Hospital plays a part of his actitivity in its centre in Cividale del Friuli and Gemona del Friuli.

Besides Udine Teaching Hospital hosps also Regional Transplantation Center



Image Diagnostics Department
- Angiographic Diagnostics and Operational Radiology
- Diagnostic Radiology Institute
- Neuroradiology
- Nuclear Medicine
- Medical Physics
- SOS of the Emergency Radiology Department

Lab Medicine Department
- Appointed Analysis Lab
- Clinical Pathology Institute
- Medical Genetics Institute
- Microbiology
- Pathological Anatomy
- Pathological Anatomy Institute
- SOS of the Immunopathology and Diagnostic - Allergology Departments
- Regional Coordination Centre for Rare Diseases

Internal Medicine Department
- Internal Medicine 1
- Internal Medicine 2
- Medical Clinic
- Mental Health Clinic
- Pharmacological Clinic Institute
- First Aid and Emergency Ward
- Endocrinology and Metabolism Diseases
- Sos of Cividale Internal Medice Dpt

General Surgery Department
- General Surgery
- Surgery Clinic
- Urologic Clinic

· Vascular Surgery
· Orthopaedics and Traumatology
· Orthopaedic Clinic
· Gastroenterology
· SOS of Day Surgery Dpt

Specialized Surgery Department
· Ophthalmology
· Oculist Clinic
· Otolaryngoiatry
· Otolaryngologist Clinic
· Maxillofacial Surgery
· Maxillofacial Surgery Clinic
· Plastic Surgery
· Plastic Surgery Clinic

Anaesthesia and Intensive Care Department
· Anaesthesia and Intensive Care 1
· Anaesthesia and Intensive Care 2
· Anaesthesia and Intensive Care Clinic
· SOS of the AntalgicTherapy Dpt Day Surgery Anaesthesia

Maternal-Infantile Department
· Obstetics and Gynaecology Clinic
· Children's Clinic
· Neonatal Pathology

Oncology Department
· Oncology
· Oncologic Clinic
· Radiotherapy

Specialized Medicine Department
· Nephrology, Dialisis and NephricTransplant
· Hematologic Surgery
· Dermatology
· Dermatological Clinic
· Contagious Diseases Clinic
· Rheumatology Clinic
· SOS of Clinical Nutritional Dpt

Neurosciences Department
· Neurosurgery
· Neurology
· Neurological and Neurorehabilitation Clinic
· Vertebral-Medullary Surgery and spinal unit

Department for the Organization of Hospital Services
· Medical Unit Directorate
· Pharmaceutical Studies
· 118 Operation Centre and Helicopter Rescue Service
· Accreditation, Clinical Risk Management and Medical Performance Evaluation
· Medical Profession Directorate
· Hygiene and Clinical Epidemiology Institute

Cardiothoracic Department
· Cardiosurgery
· Pneumology and Respiratory Physiopathology
· Cardiology
· Thoracic Surgery

General Medicine Department
· Transfusional Medicine of Udine
· Transfusional Medicine of Palmanova
· Sos of Tolmezzo Transfusional Medice Dpt
· SOS of San Daniele Transfusion Medical Department

Along with departments and wards, several surgery activities are available, for which further information is available on the authority website **http://www.ospedaleudine.it**

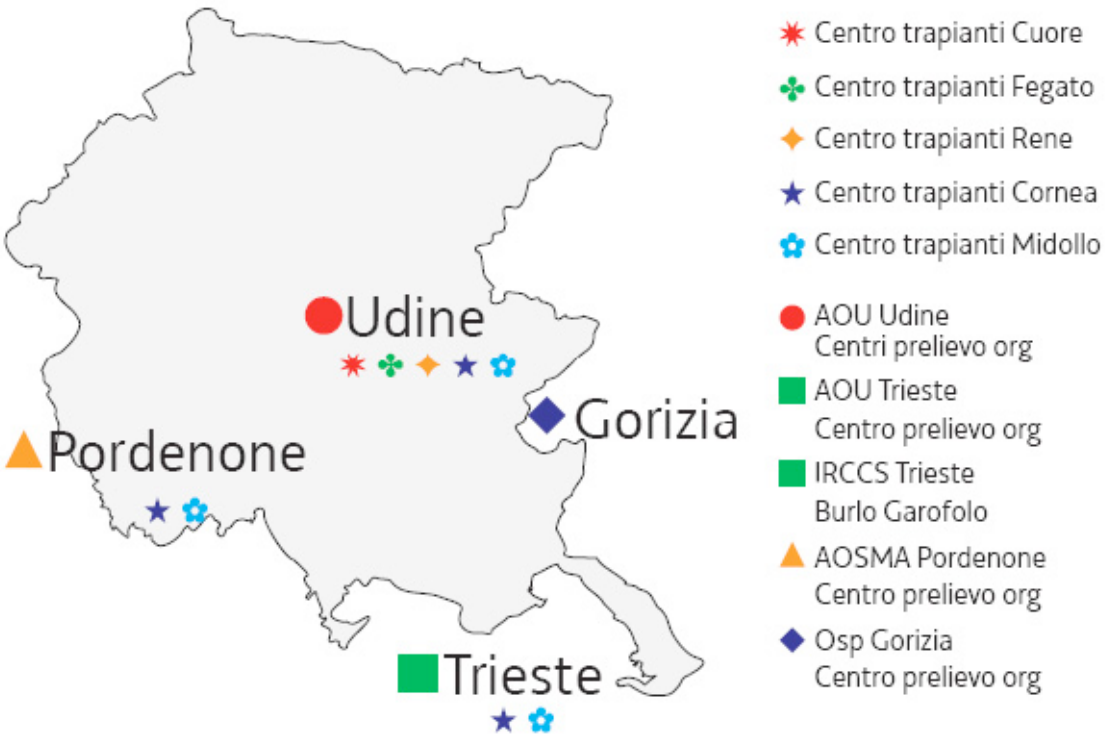
"Santa Maria della Misericordia" Academic Hospital Authority
piazzale Santa Maria della Misericordia, 15 33100 Udine

TRANSPLANTATION NETWORK (C.R.T. FVG)

The Friuli Venezia Giulia Region is part of the National Transplantation Network.

The Regional Transplantation Centre (C.R.T.)is located in Udine, at the Teaching Hospital Authority, it coordinates regional donations and transplantation activities about organs, tissues and cells. Both network are described in the following figure.

In Friuli Venezia Giulia Transplantation Network was established in 2006 (national law n.91/ 1999) to give stability, quality and security to donation/ transplantation activity troughout excellent organization levels regarding the whole System.



Transplantation network

Pav.2, 3th floor Teachin Hospital, S.M.M, di Udine
e-mail: segreteria@crt.sanita.fvg.it
www.regione.fvg.it

AZIENDA OSPEDALIERA
"SANTA MARIA DEGLI ANGELI"
PORDENONE
Regione Autonoma Friuli Venezia Giulia

"SANTA MARIA DEGLI ANGELI" HOSPITAL AUTHORITY OF PORDENONE

Since January 1st 1996, the Hospital of Pordenone has been a regional autonomous authority, including part of the Hospital of Sacile, that provides hospitalization (ordinary, day hospital and day surgery) and ambulatorydiagnosis, care and rehabilitation from acute pathologies in all main fields, except Cardiosurgery, Neurosurgery and Contagious Diseases.

Since January 1st 2011, the Authority has also included "Santa Maria degli Angeli", the Hospitals of S.Vito al Tagliamento and Spilimbergo.

The regional sanitary plan 2010-2012 provides that a new authority will be created, under the name of "Ospedali Riuniti", the name and organization of which is still to be defined.

The following data, therefore, reports the set-up was on December 31st, 2010, that will nonetheless re-evaluates for the new organization.



General Surgery Department
- Surgery 1
- Surgery 2
- Day Surgery Sacile
- 1^ & 2^ Short-Term Gynecological and Unological Surgery
- Urology
- Gastroenterology and Digestive Endoscopy
- Obesity Surgery

Specialized Surgery Department
- Otolaryngoiatry
- Ophthalmology
- Maxillo-Facial and Odontostomatological Surgery
- Orthopaedics and Traumatology
- Orthopaedic First Aid
- Traumatology
- Hand Surgery, Microsurgery – Traumatology
- Dermatology

Image Diagnostics Department
- Radiology and Operational Practices
- Nuclear Medicine
- Breast Pathology Unit
- Magnetic Resonance Imaging
- Radiology
- Radiodiagnostics

Emergency Department - Emergency and Intensive Care
- 118 Operations Centre
- Anaesthesia, Resuscitation
- Anaesthesia, Resuscitation and Intensive Care
- Cardiology
- Emergency – First Aid
- Sacile First Aid Station
- Pain Management and Palliative Treatments
- Rehabilitation Cardiology
- Operational Activities Management
- Cardiology Image Diagnostics
- Operational Hemodinamic Activities
- Operational Electrophusiology and Electrostimulation
- Intensive Care Unit and Cardiology Hospitalization

Maternal-Infantile Department
- Paediatrics
- Obstetrics – Gynaecology
- Nepiology
- Human Reproduction Physiopathology and Assisted Reproduction and Sperm Bank
- Paediatric First Aid

Medical Department - Specialized
- Internal Medicine 2
- Internal Medicine 3
- Oncology
- Day Hospital Departmental Physician
- Study of Diabetes
- Cardiovascular and atherosclerosis Pathology
- Internal Medicine for minor medical intensity acute cases

Specialized and Rehabilitation Medicine
- Sacile Internal Medicine
- Rehabilitation Medicine
- Nephrology and Dialysis
- Neurology
- Pneumology

Lab Medicine Department
- Pathological Anatomy
- Clinical Pathology – Pordenone, Sacile, Maniago
- Microbiology and Virology
- Cytogenetics and Molecular Biology
- Allergology and clinical immunology
- S. Vito al Tagliamento Lab Medicine
- Spilimbergo Lab Medicine
- Blood Sampling – Pordenone, Sacile, Maniago

Transfusion Medicine Department
- Immunotransfusion service
- Constitutional and acquired coagulopathy surgery and hemostasis laboratory



L'ospedale di Sacile



L'ospedale di San Vito al Tagliamento



L'ospedale di Spilimbergo



L'ospedale di Maniago

SEDI OSPEDALIERE **via Montereale 24 - 33170 Pordenone**
via Ettoreo 4 - 33077 Sacile
via Savorgnano 2 - 33078 San Vito al Tagliamento
via Raffaello Sanzio, 1 - 33097 Spilimbergo
via Unità d'Italia, 19 - 33085 Maniago

Along with departments and wards, several surgery activities are available, which are thoroughly described on the authority website http://www.aopn.sanita.fvg.it

“GERVASUTTA” - UDINE
MEDICAL AND REHABILITATION MEDICINE INSTITUTE

The “Gervasutta” Institute for Medicine and Physical Rehabilitation is a hospital facility of regional importance for the care of patients suffering from neuromotor and cardiorespiratory impairments, and disabling polysystemic chronic pathologies which require intensive highly specialized rehabilitation interventions. It is also the reference facility for the wider area for the specialized rehabilitation offer (cardiologic-pneumologic) and for patients suffering from strokes with complex and particularly difficult rehabilitation requirements.

In particular, it carries out functions related to Spinal Units (US), Units for Acquired Severe Cerebral Lesions and Severe Head-Brain Traumas (UGC) and Acquired Neuropsychological Disorders (URNA). It also provides intensive precautionary rehabilitation at the Academic Hospital Authority of Udine.

The Rehabilitation Medicine Department carries out diagnostic and therapeutic- rehabilitation activities for pathologies, characterized by complex disablement, for both children and adults, which require a multi-specialized intervention, characterized by a single objective, that is improving the patient’s self-sufficiency and facilitating socio-family reintegration and a better quality of life.

Access to rehabilitation programs is granted against evaluation of IMFR specialists.



This Department includes:

REHABILITATION MEDICINE DEPARTMENT
- Physical Medicine and Rehabilitation – General Rehabilitation
- Severely Brain-injured Unit (UGC)
- Physical Medicine and Rehabilitation – Intensive early Rehabilitation
- Physical Medicine and Rehabilitation – Spinal Unit (US)
- Rehabilitation Pneumology
- Neurology
- Rehabilitation Cardiology
- Radiologia
- Rehabilitation pathologies during the juvenile stage
- Rehabilitation Unit for Acquired Neuropsychological Disorders (URNA)
- Multidisciplinary Day Hospital (DH)

SURGERY AREA
- Surgery Rehabilitation
- Perineal Diagnisis and Rehabilitation
- Rehabilitation Instrumental Analysis
- Occupational Therapy
- Sport Medicine Surgery for the disabled
- Clinical Nutrition in Rehabilitation
- Adapted Physical Activity Coordination Centre (AFA)

via Gervasutta n. 48 - 33100 Udine - www.ass4.sanita.fvg.it/ass4/territorio/ospedalegervasutta.asp

CRO - AVIANO (PN)
ONCOLOGICAL REFERENCE CENTRE

The Oncological Reference Centre of Aviano (CRO) is one of the Italian Scientific Hospitalization and Treatment facilities (IRCCS) which operate in the oncological field.

It was created by the FVG regional board in 1981 in a building previously devised to host "the local general hospital", referred to as "San Zenone", which served the area of Aviano.

In 2007, the Friuli Venezia Giulia Region underwent a IRCCS reform, planned by law 3/2003, and the following L.D. 288/2003, finalized in the regional board decision to keep these Institutes public, regulating by a specific dedicated regional regulation.

Therefore, in 2007 the Institute enjoyed its first configuration, governed by the above-mentioned regulations and, at regional level, by the R.L. 14/2006, has provided for the institutional, organizational and managerial set-up of the scientific rehabilitation and care institutes of the Region, i.e. the CRO.



Medical Oncology Department
- Medical Oncology A
- Medical Oncology B
- Cellular and High Dose Chemotherapeutic Therapy
- Contageous Diseases
- Human Tumour Bioimmunotherapies

Breast pathology department
- Medical Oncology C
- Surgery and Breast Oncology
- Preventive Oncology Clinic

Department for Support Specialized Clinical Activities
- Anaesthesia, Resuscitation and I.C.
- Cardiology
- Pharmaceutical Studies
- Pain Management and Palliative Treatments
- Oncologic psychology

Oncology Surgery Department
- Oncology General Surgery
- Gynaecology Oncologic Surgery
- Complex: Gastroenterology

Diagnostic Lab & Cellular Therapy Department
- Pathological Analysis
- Immunotransfusional Department and Clinical Analysis and Emergency Laboratory
- Microbiology, Immunology and Virology
- Experimental Clinical Oncohematology
- Oncologic pathology
- Stem Cell Harvesting and Manipulation
- Diagnostic and Screening Cytological Histocytopathology
- Bacteriological, Mycological and Parasitological Diagnostics

Department of Radiotherapeutical Oncology and Image Diagnostics
- Radiotherapeutical Oncology
- Radiology
- Medical Physics
- Nuclear Medicine
- Paediatric Radiotherapy and Hospitalization

Department of Molecular Oncology and Transnational Research
- Experimental Oncology 1
- Experimental Oncology 2
- Experimental Pharmacology and Cinic_

via Franco Gallini, 2 -33081 Aviano (PN)
www.cro.sanita.fvg.it

“BURLO GAROFOLO” - TRIESTE
INSTITUTE FOR SCIENTIFIC MATERNAL-INFANTILE HOSPITALIZATION AND CARE

The “Burlo Garofolo” is one of the regional IRCCS. It gathers research, care and academic activities of the University of Trieste. It carries out activities in the maternal-infantile sector and it play a crucial role in the field at regional level.



The “Burlo Garofolo” includes:

The Surgery Department consists of six complex facilities where surgery specialists work:
- Paediatrician Surgery and Urology
- Visual-motor ophtalmology and rehabilitation
- Maxillo-Facial Surgery and Odontostomatology
- Otolaringoiatry
- Anaesthesia and Resuscitation

The Obstetrics and Gynecology Department of the IRCCS Burlo Garofolo consists of 2 complex facilities:
- Obstetric and Gynaecological Clinic
- Obstetric Pathology and Gynaecology

The Bone Medullar Transplantation and Medicine Department consists of the following facilities:
- Paediatric surgery
- Gastroenterology and clinical nutrition
- Allergology and asthma treatment
- Endocrinology Service, auxology e study of diabetes
- Metabolic Diseases
- Paediatric Reumatology Service
- Paediatric Nephrology Service
- Reference regional Centre for Cystic Fibrosis and Pneumology
- Sedation, Prevention and Procedural Pain Therapy Unit
- Pharmacovigilance Unit
- Home Artificial Feeding Unit
- Oncohematology
- Emergency Paediatrics with first aid service
- Infantile Neuropsychiatry and Paediatric Neurology
- Nepiology and Neonatal Intensive Care
- S.S. Rooming-in and maternal breast-feeding promotion

The Lab Department consists of the following organizational facilities:
- Clinical, maternal-foetal and Transplantation with emergency service;
- Medical Genetics Laboratory;
- Hygiene
- Paediatric radiology

via dell’Istria, 65/1 - 34137 Trieste
www.burlo.trieste.it

OTHER REGIONAL HOSPITALS

One of the main characteristics of the regional hospital network is the presence of the so-called network hospitals, i.e. hospitals of medium dimensions which provide quality care in reference territories. Some investigations of national importance showed that the presence of these hospitals enabled the Friuli Venezia Giulia Region to keep high level efficiency, at the same time avoiding overburdening reference hospitals with work.

With the exception of the hospitals in S.Vito al Tagliamento and Spilimbergo, since January 1st, 2011, these hospitals have belonged to the Health Authorities they have associated with. Several district facilities, such as the RSAs, are located inside the network hospitals.

According to RL 13/1995, network hospitals shall have:
- an emergency area, with care-taking service, intensive care beds and first aid functions;
- a medical hospitalization area, that includes a general medicine operational unit, and a cardiology operational unit;
- a surgery hospitalization area, that includes a general surgery unit and an orthopaedic and traumatologic one;
- maternal-infantile area, that includes an obstetric, gynaecological and paediatric operational unit;
- function area without beds, that includes anaesthesia and resuscitation functions, active guarding, radiology, laboratory of analysis and transfusion, oncology, recovery and rehabilitation, pharmacy and hemodialisis

The hospitals of Gorizia and Monfalcone are, according to the Law, considered of regional importance and, therefore, have special characteristics, compared to the ones reported for network hospitals.

As organizational set-up is currently being reshaped, the following list will be limited to a mere list of the names of the hospitals and their reference health authorities.

The following is the list of the hospitals and the heath authorities they belong to

ASS2 Isontina, Hospitals of Gorizia and Monfalcone
ASS3 Alto Friuli, Hospitals of Tolmezzo and Gemona
ASS4 Medio Friuli, Hospital of San Daniele Del Friuli
ASS5 Bassa Friulana, Hospitals of Palmanova and Latisana

ACCREDITED PRIVATE HOSPITALS

National regulations provide that certified private facilities and those working within the Regional Health Service may provide medical care on behalf of the Regional Health Service.

The regional facilities for acute patients are:

AUTHORITY	Descriprion	Office
Ass1	Casa di Cura “Salus”	Trieste
Ass1	Casa di Cura “Sanatorio”	Trieste
Ass1	Casa di Cura “Pineta del carso”	Duino-Aurisina (TS)
Ass4	Casa di Cura “Città di Udine”	Udine
Ass6	Casa di Cura “San Giorgio”	Pordenone

HEALTH AUTHORITIES HOSPITALS



Gorizia Hospital



Monfalcone Hospital



S. Daniele del Friuli Hospital



Palmanova (Jalmicco) Hospital



Tolmezzo Hospital



Gemona del Friuli Hospital



Latisana Hospital

WEB SITES INFORMATION

Here is a list of useful institutional websites to investigate on the themes studied in this Atlas.

MINISTERO DELLA SALUTE
www.ministerosalute.it

REGIONE AUTONOMA FRIULI VENEZIA GIULIA
www.regione.fvg.it

ASS1 TRIESTINA
www.ass1.sanita.fvg.it

ASS2 ISONTINA
www.ass2.sanita.fvg.it

ASS3 ALTO FRIULI
www.ass3.sanita.fvg.it

ASS4 MEDIO FRIULI
www.ass4.sanita.fvg.it

ASS5 BASSA FRIULANA
www.ass5.sanita.fvg.it

ASS6 FRIULI OCCIDENTALE
www.ass6.sanita.fvg.it

AZIENDA OSPEDALIERA UNIVERSITARIA - TRIESTE
http://www.aots.sanita.fvg.it

AZIENDA OSPEDALIERA UNIVERSITARIA – UDINE
www.ospedaleudine.it

AZIENDA OSPEDALIERA - PORDENONE
www.aopn.sanita.fvg.it

IRCCS "BURLO GAROFOLO" – TRIESTE
www.burlo.trieste.it

IRCCS "CRO" – AVIANO (PN)
www.cro.sanita.fvg.it

ASSOCIAZIONE "LA NOSTRA FAMIGLIA"
www.lanostrafamiglia.it

ASP ITIS TRIESTE
www.itis.it

ASP "LA QUIETE" - UDINE
www.laquieteudine.it

ASP "G.CHIABÀ" SAN GIORGIO DI NOGARO (UD)
www.gchiaba.it

ASP DELL CARNIA – SAN LUIGI SCROSOPPI"
TOLMEZZO (UD)
www.aspcarnia.it

CAMPP- CONSORZIO PER L'ASSISTENZA MEDICO PSICOPEDAGOGICA
CERVIGNANO DEL FRIULI (UD)
www.campp.it

CONSORZIO ISONTINO DEI SERVIZI INTEGRATI – GRADISCA D'ISONZO (GO)
www.cisi-gorizia.it

ISTITUTO REG. RITTMEYER PER CIECHI – TRIESTE
www.istitutorittmeyer.it

ASSOCIAZIONE ITALIANA OSPEDALITÀ PRIVATA
www.aiop.it

ASSODIS – C.A.R.D. FVG (Associazione degli operatori dei Distretti sanitari).
www.assodisfvg.it

TELEVITA
www.televita-spa.it