

12. Quality of services¹

The availability of good public services affects daily lives of citizens and therefore their well-being and quality of life. However, having a wide range of services covering different sectors, from health services to assistance services, including those intended for fragile population groups (the elderly or disabled), from infrastructural services, for the supply of electric power and water, to those for separate collection and disposal of waste, from transport to fast internet connection, is not sufficient to ensure the well-being of the community. In order to assess well-being, it is necessary to reconstruct a territorial framework, both in terms of quantity and quality of supply. Quality is a theoretical construct that cannot be measured directly; it is a complex concept, comprising many dimensions. For this reason, in the conceptual Bes reference framework, indicators of supply and activity as well as indicators considered proxies for the quality of these services and infrastructures have been selected. The health crisis caused by the COVID-19 pandemic has put the health system under great pressure. To take into account this circumstance, the analysis of the Quality of Services domain is enriched with the introduction of new indicators describing the supply of beds in high-care wards and the accessibility of the national health system. Where it has not been possible to update data to take into account the current situation, for example with regard to the endowment of health personnel, the indicator still makes it possible to measure the pre-existing conditions of the pandemic, to observe their evolution over time and in the various regional territories.

Unmet need for medical examination increases, with more than 50% of population reporting reasons related to the COVID-19 pandemic

The accessibility of healthcare services is a relevant aspect of equity in the healthcare system. A useful indicator for measuring equity of access is the unmet need for medical examination, measured by the percentage of individuals having to give up medical care such as specialist examination or diagnostic tests due to economic problems or long waiting list or inconvenience (distant structure, lack of transportation, inconvenient hours).

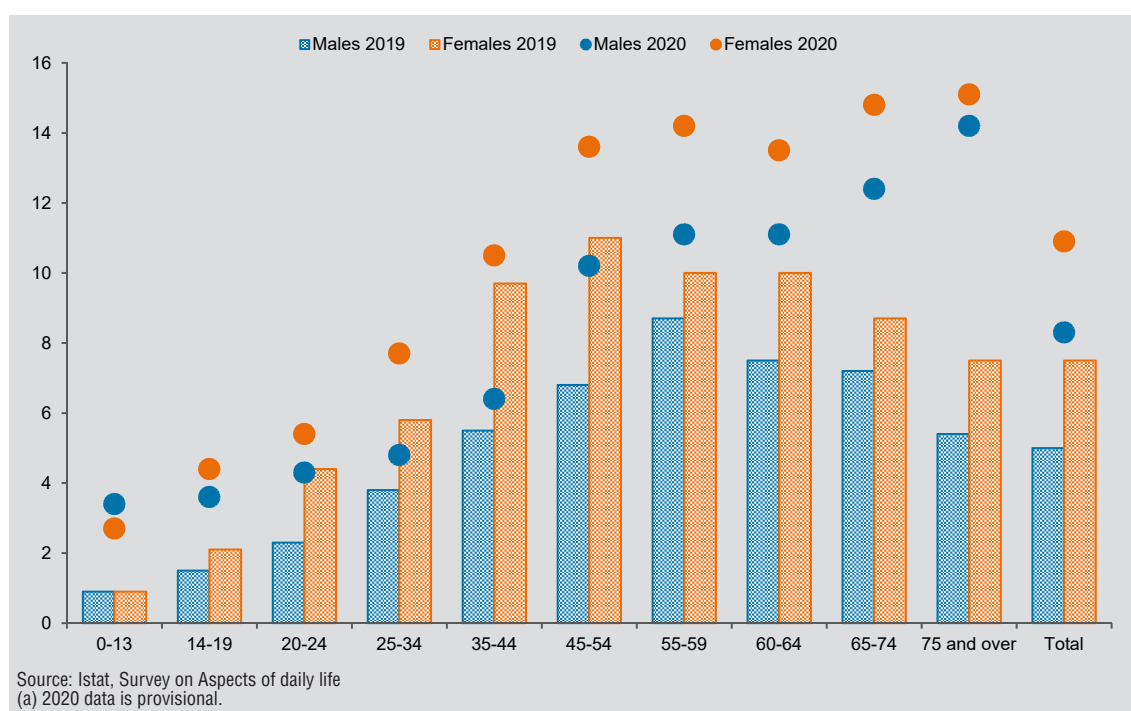
In 2020, in Italy, one in ten people said they had given up medical care in the last 12 months for reasons related to difficulty of access, despite needing; in 2019 the percentage was 6.3%. 2020 data is certainly extraordinary, increasing by more than 40% comparing to 2019, due to the special situation related to the COVID-19 pandemic. The restrictions imposed to contain contagions, the fear of contracting infections, but above all the closure during the lockdown period, has not allowed access to necessary healthcare services, accumulating delays and lengthening of waiting lists, with a damage in terms of public health that is not yet measurable. More than 50% of population reporting they gave up medical care were for reasons related to the COVID-19 pandemic². This result is clearly an exception respect to previous years, when the predominant reasons were economic problems and waiting lists.

¹ This chapter was edited by Manuela Michelini, with contributions from: Alessandra Burgio, Alessia D'Errico, Lidia Gargiulo, Valentina Joffre, Alessandro Solipaca, Alessandra Tinto.

² The possibility to specifically report in an open field the reason for having to give up medical care showed that the first reason was due to COVID, primarily for the inaccessibility and suspension part in disbursement, and more residually for fears of contagion.

In 2019, the indicator trend had declined throughout the Country, from 8.1% in 2017 to 6.3%. The decrease covered all regions even though the well-known territorial inequalities to the disadvantage of the South and Islands persisted (7.5% compared to 5.1% in the North). In 2020, in some regions of the North, such as Piemonte, Liguria, Lombardia and Emilia-Romagna, the percentage of the population reporting unmet needs for medical care is doubled compared with the previous year; in most cases, the reason is related to the pandemic (58.6% in Lombardia, 57.7% in Liguria, 52.2% in Emilia-Romagna and 48.5% in Piemonte). Women are more likely to report unmet needs for medical care and, in 2020, the group aged 75 and over is the most affected: 14.7% of them report unmet needs for medical care (Figure 1).

Figure 1. Percentage variation for Quality of Services indicators comparing to the value for Italy by region. Latest available year (a)



Italy ranks last in Europe for number of nurses, the average age for physicians is higher

A central factor in healthcare provision is the medical and nursing staff; together they represent more than half of those employed in the health sector (16.6% physicians and 41.1% nurses and midwives).

In 2019 in Italy, specialist and general practitioners and paediatricians working in the public and private health care system are about 241 thousand. With 4 physicians per 1,000 inhabitants, our Country ranks among the top Countries in Europe, with an endowment similar to that of the Czech Republic, Netherlands, and Bulgaria, slightly lower than that of Germany, but higher than Spain, France, and the United Kingdom (Figure 2).

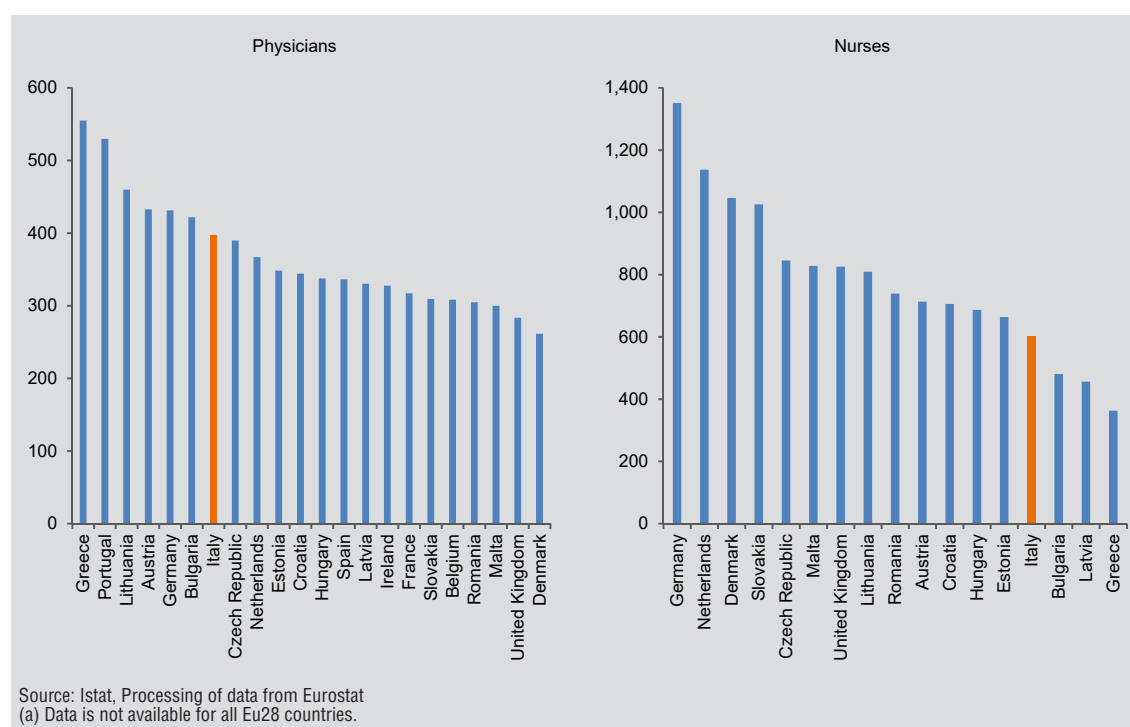
Despite this relatively high rate, in our Country physicians are on average “older” than in other countries, partly due to certain choices made in recent years, such as the closed number of admission to degree programs and the policies of blocking turnover in public

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health. The average age of physicians in Italy is 52.5 years old and one in two physician is older than 55, even among nurses, the average age is quite high (48.2 years) and one in four nurses is older than 55.

The situation is not as favourable for nursing staff, with approximately 6 nurses per 1,000 inhabitants, less than half of Germany's, Italy is at the bottom of the ranking, only followed by Bulgaria, Latvia and Greece.

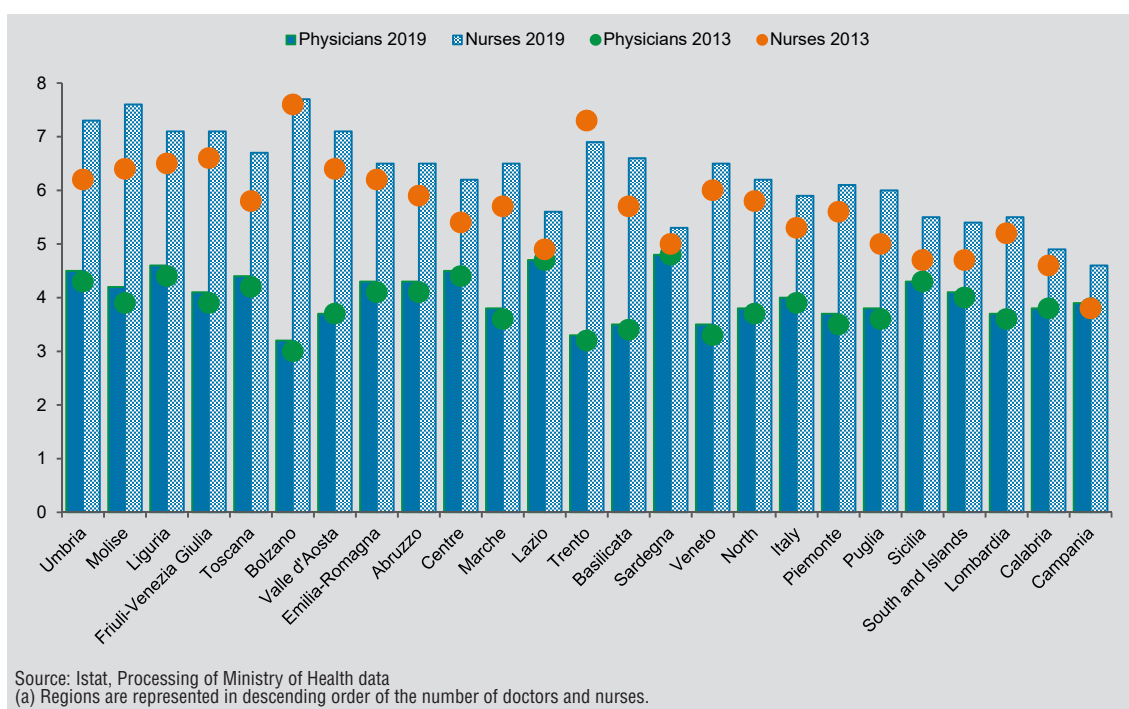
Figure 2. Physicians and nurses in Europe. Year 2018. Value per 1,000 inhabitants (a)



At the regional level, significant differences persist: regions with a greater allocation of physicians are Sardegna, Lazio, Liguria and Umbria, while in the autonomous provinces of Bolzano and Trento, Veneto and Basilicata the allocation is lower (Figure 3). With regard to the territorial distribution of nurses in 2019, differences are confirmed: in the North and Centre, this share is 6.2 while in the South and Islands it is only 5.4. Campania and Calabria are the regions with the lowest endowment of nurses, respectively 4.6 and 4.9 per 1,000 inhabitants, while the territories with the highest availability of nurses are the autonomous province of Bolzano (7.7 nurses per 1,000 inhabitants), Molise (7.6), Umbria (7.3), Valle d'Aosta, Liguria and Friuli-Venezia Giulia (7.1).

The proportion of nurses and midwives increased from 5.3 per 1,000 inhabitants in 2013 to 6.1 in 2017, the year in which growth stopped.

Figure 3. Physicians and nurses by region and geographic area (a). Years 2013 and 2019. Values per 1,000 inhabitants



Over one third of general practitioners has a number of patients above the maximum threshold

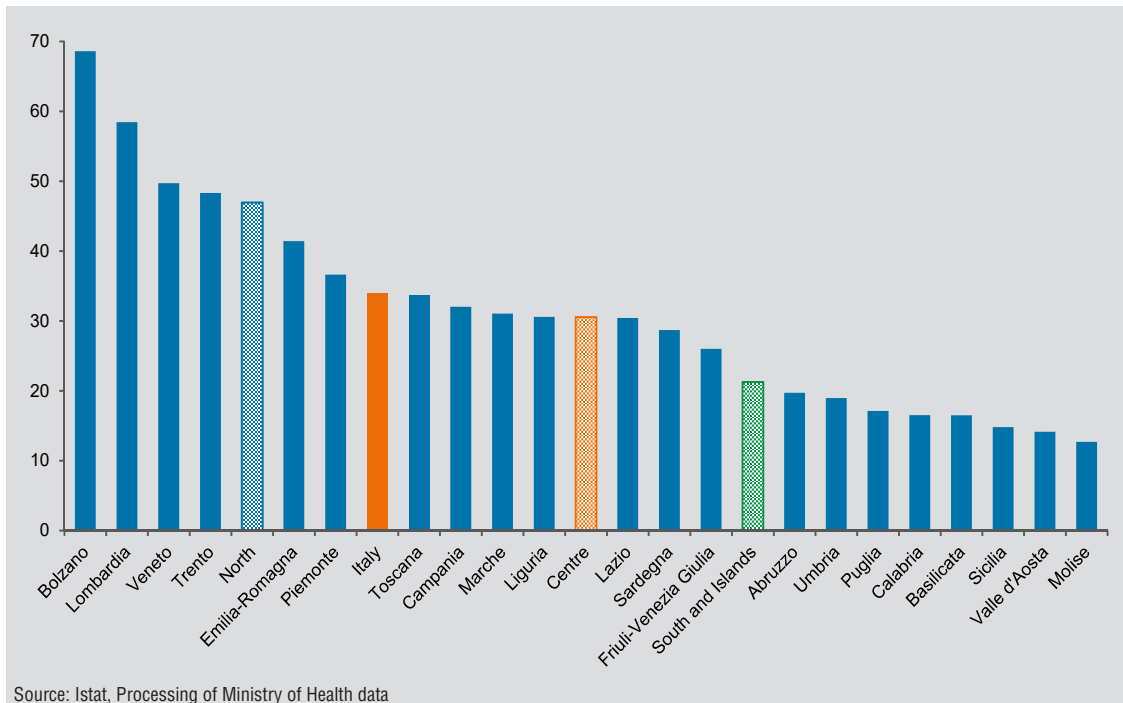
General practitioners are the main point of reference for health care in the territory, since they provide primary care, plan secondary care activities and refer patients to the facilities of the National Health Service for specialist services and instrumental diagnostics.

In Italy, in 2018, general practitioners (about 43 thousand) had an average of 1,212 patients per capita; national legislation establishes a ceiling of 1,500 patients, but this limit is not respected in many cases.

General practitioners with more than 1,500 patients may indicate a situation of overload, with the consequent implications in terms of loss of efficiency and possible deterioration in the quality of assistance.

In 2018, the proportion of physicians who had exceeded the threshold was 34%, more than doubling from 2005, when it was 15.9%. This increase was significant over the years across the Country: most substantial in the North, where it rose from 17.9% in 2005 to 46.9% in 2018, and smallest in the South and Islands (Figure 4). In particular, the regions with the highest percentages are the autonomous provinces of Bolzano and Trento, Lombardia, and Veneto, with values close to or above 50%.

Figure 4. Physicians and nurses by region and geographic area (a). Years 2013 and 2019. Values per 1,000 inhabitants



Hospital beds in high-care wards decreased

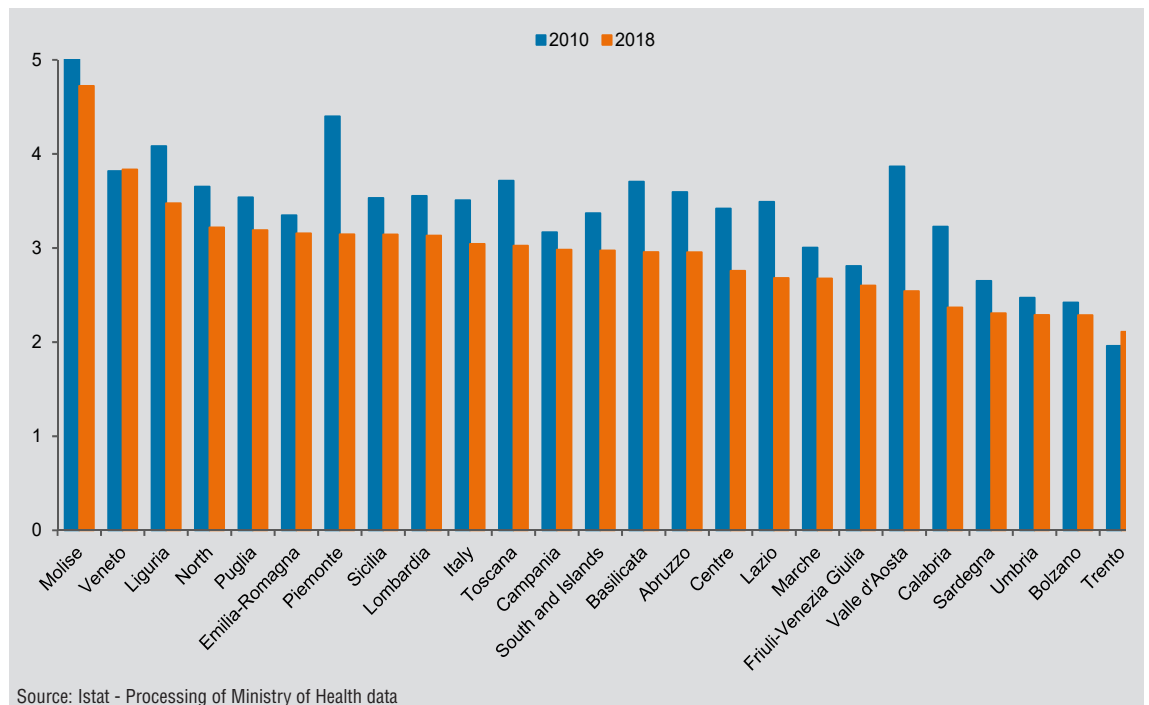
In the last few years, hospital supply has changed, with a reduction in facilities and beds: from 2010 to 2018, the number of beds decreased by an average of 1.8% per year, and in 2018, the total supply was 3.49 ordinary and day hospital beds per 1,000 inhabitants.

The composition of beds by department type also changed during these years. Between 2010 and 2018, the proportion of beds for basic specialties fell from 55.6% to 52.6%; in contrast, the proportion of beds in high care wards (paediatric cardiac surgery, cardiac surgery, tropical infectious diseases, spinal unit, neurosurgery, psychiatry, nephrology, haemodialysis, neonatology, paediatric neurosurgery) increased slightly from 24.6% to 25.2%; for intensive care, beds increased from 3.6% to 4.3%.

Although the high care departments have assumed greater weight in hospital activity, the number of beds they have has decreased: in 2018, the number of beds was 3.04 per 10 thousand inhabitants, while it was 3.51 in 2010.

In 2018, the supply of high-care beds varied greatly across the territory: it was highest in Molise, with 4.72 beds per 10,000 inhabitants, and lowest in Trentino-Alto Adige (2.11 in Trento and 2.29 in Bolzano). Compared to 2010, the reduction affected all regions except Veneto and the autonomous province of Trento, which remained stable, respectively, at 3.83 and 2.20 beds per 10,000 inhabitants. The region that has been most affected by the cut in the number of high care beds, however, was Piemonte, which has gone from 4.40 to 3.14, while remaining above the national average (Figure 5).

Figure 5. Hospital beds in high-care wards by region and geographic area. Years 2010-2018. Value per 10,000 inhabitants



Increasing hospital patient emigration to a different region, especially in the South and Islands

Hospital mobility, measured by the percentage of people who move to another region for hospitalisation, allows to evaluate the capacity of the regional health system to respond to the health needs of its inhabitants, as well as to bring to light any deficits in the quality and supply of regional hospital systems. This is a proxy indicator of the quality dimension, called responsiveness, which describes the capacity of the supply to meet the needs of users, both in terms of effectiveness, timeliness/accessibility and satisfaction with the services received.

The indicator is the percentage of hospital discharges carried out in regions other than that of residence on the total discharges of residents in the region. Data refer only to inpatient discharges for “acute” care (excluding hospitalisations of “spinal unit”, “functional rehabilitation”, “neuro-rehabilitation”, “long-term care”).

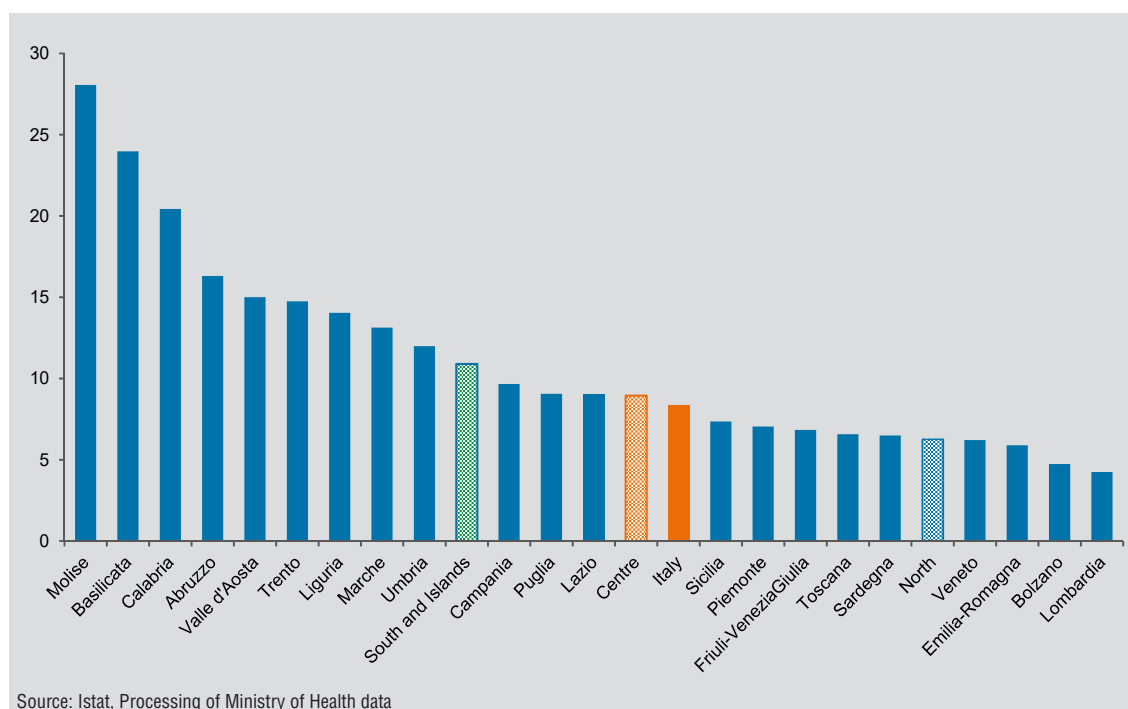
Hospital emigration in Italy is around 8% and the percentage is continuously increasing: it went from 7.2% in 2004 to 8.3% in 2019, with strong territorial inequalities.

The percentage of people who move to another region for hospitalisation is higher in the South and Islands, with higher percentages in small regions, where it is easier to be hospitalised in a different region due to geographical proximity. The percentage of hospital discharges carried out in regions other than that of residence is 28.1% in Molise and 24% in Basilicata. A critical situation is recorded in Calabria, where the percentage of hospital migration is 20.4%; in this case, the criticality is also due to a lack of infrastructure, since Calabria has the lowest number of beds per inhabitant (2.5 per 1,000 inhabitants) in the Country.

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The regional hospital system with the lowest “loss” of hospitalisations is that of Lombardia (4.2%), followed by those of the autonomous province of Bolzano³ (4.7%) and Emilia-Romagna (5.9%) (Figure 6).

Figure 6. Hospital patient emigration to a different region, by region and geographic area. Year 2019. Percentage values



Social and health care, aimed at treating the specific needs of the most fragile part of the population such as people with health problems or social and economic hardship, is provided through the services of residential or home-based facilities.

Residential health and social care facilities most widespread in the North

With regard to the services provided by health and social care residential facilities, facilities in Italy in 2018 were 12,501, with a total of 412,518 beds, equal to 69.6 per 10,000 inhabitants, increased by 7.6 beds compared to 2012.

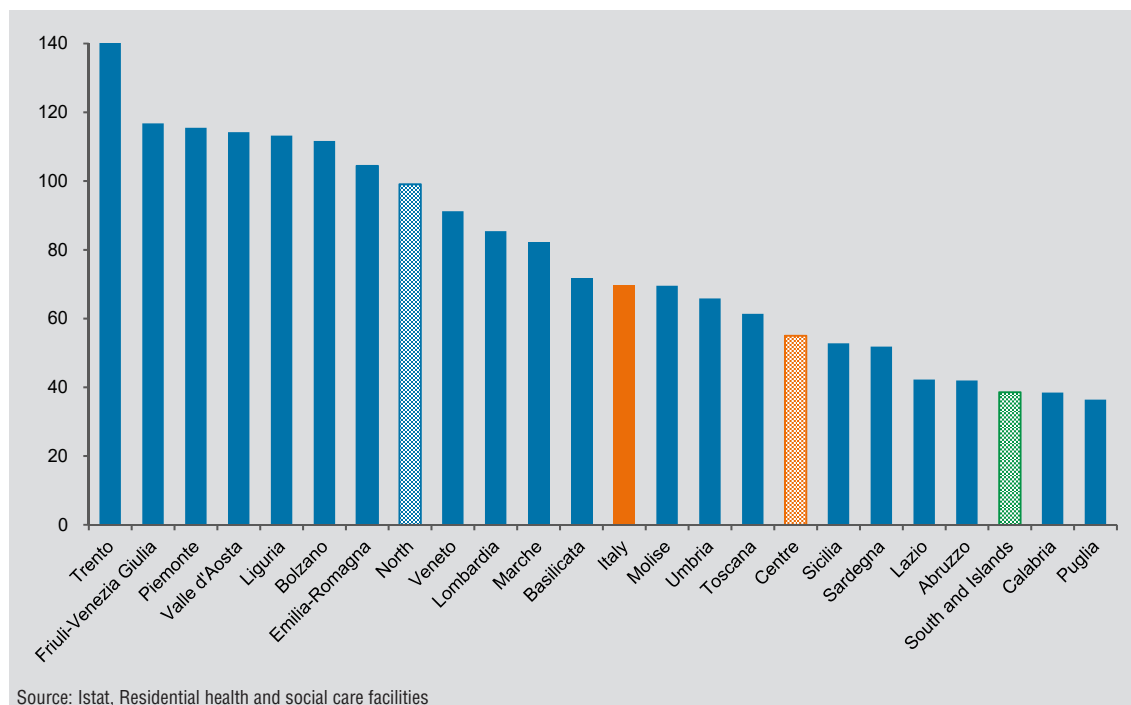
The availability of beds in these facilities mainly responds to needs links to the progressive ageing of the population: more than 70% of the beds, in fact, are in facilities taking care for the elderly (73%).

The supply of beds is stable compared to 2016, but a strong territorial divide remains: beds in the North are 99 per 10,000 inhabitants, in the Centre they drop to 55 and in the South and Islands they are only 38.6.

At the regional level, the autonomous provinces of Trento and Bolzano, Piemonte, Friuli-Venezia Giulia, Valle d'Aosta and Liguria exceed 100 beds per 10,000 inhabitants, while Abruzzo, Lazio, Calabria and Puglia have an availability of less than 50 beds. In Campania, there are only 18.5 beds for every 10,000 inhabitants (Figure 7).

³ Data of Bolzano does not include people who choose to be hospitalised abroad, and could therefore be underestimated.

Figure 7. Beds in health and social care residential facilities by region and geographic area. Year 2018. Value per 10,000 inhabitants



Integrated home assistance service

Integrated home assistance service, which provides medical, nursing and rehabilitative treatment integrated with social assistance and family support services, enables people to receive assistance while remaining at home. The indicator measures the volume of assistance activity provided to not self-sufficient elderly. In 2019, there were about 378 thousand elderly people aged 65 and over using this service (2.7%), slightly increasing (it was 2.2% in 2015). The percentage is by far the highest among people aged 75 and over (4.5%), while it drops to 0.9% among those aged 65-74.

The supply of home assistance is homogeneous across the Country: 3 people aged 65 and over use the service in the North, 2.6 in the South and Islands and 2.3 in the Centre. Only Lazio, Valle d'Aosta, Calabria and the autonomous province of Bolzano show a critical situation, not reaching the quota of 1.5% of elderly treated with integrated home assistance service.

Very difficult to reach some basic services in the smallest municipalities

A widespread distribution throughout the Country of facilities providing essential services to citizens, such as pharmacies, emergency rooms, post offices or municipal offices, supermarkets, schools or police stations is of fundamental importance for the well-being of population.

In the three-year period 2018-2020, 6.1% of households reported experiencing many difficulties in reaching at least three essential services. In small municipalities with up to 2,000

inhabitants, the percentage of households reporting difficulties in access rises to 8.4%, while it is halved in metropolitan areas (4.6%). In addition, the percentage of households reporting difficulties is much higher in the southern areas (9.2%) and, in particular, it exceeds 10% in Calabria, Sicily and in Campania.

Over time, the indicator shows a slight improvement. In the three-year period 2015-2017, in fact, it was 7.6%. This slight improvement has been steady and widespread across the territory, and the largest reductions, equal to about 3 percentage points, were recorded in Emilia-Romagna, Lazio and Puglia.

Irregularities in water supply and in electric power distribution especially in Calabria and Sicily

Public utilities are an important asset for a country, and the availability of services and the regularity of their delivery contribute to improving the lives of citizens. Among the fundamental infrastructures, the most relevant are those providing electricity and water, the quality of which can be represented by the indicator of frequency of irregularities in supply. The share of households reporting irregularities in the water service in 2020 is 9%, but the situation is diversified on the territory. In fact, we go from regions such as Calabria and Sicily, where this problem concerns, respectively, 38.8% and 22.1% of households, to areas where the problem is almost non-existent, such as the autonomous provinces of Trento and Bolzano (1.5 and 1.2%).

Interruptions in the supply of electricity create important inconveniences, both for domestic and economic activities.

The Italian Regulatory Authority for Energy, Networks and Environment reports an average of 2 accidental long interruptions (more than 3 minutes) per user per year. This figure is stable over time, with a chronic difference between North and South: the regions that have always suffered the highest number of interruptions are Sicily (4.9), Campania and Calabria (about 4 interruptions).

Continuous progress in internet coverage, but very high capacity network coverage still low

During the last decade, the development of technologies allowing internet access has undergone a strong impulse, both for citizens and for public and private companies. The possibility of being connected has, in fact, become one of the objectives of the strategic plan of the ultra broadband of the Ministry of Economic Development.

The digital transition process of the Country has advanced at a steady pace from year to year and in the last decade the situation has improved significantly, so that, in 2019, the percentage of households with access to broadband is 88.9% while in 2011 it was just 10%. However, despite the progress, Italy is still slightly below the European average. The broadband infrastructure is no longer sufficient to cover current connection needs, so it was deemed necessary to invest in a faster connection, i.e. ultra broadband.

The importance of connectivity has become even more evident since the ongoing pandemic has forced the entire world to rethink their way of interacting, communicating, working and learning. The need to contain contagions has forced people to limit physical contact and consequently has made it essential to resort to smart working and distance learning. In

addition, the current situation has made the opportunities offered by digital channels even more evident in terms of socialisation and social relations, as well as in terms of the market, increasing exponentially the pressure on the digital infrastructure.

Ultra-Broadband Plan aims to develop an advanced network on the entire national territory, to create a public telecommunications infrastructure consistent with the objectives of the European Digital Agenda. This strategy aims to reduce the infrastructure and market gap existing in some areas of the country, through the creation of more favourable conditions for the integrated development of fixed and mobile telecommunications infrastructures, and represents the national reference framework for public initiatives to support the development of ultra broadband networks in Italy.

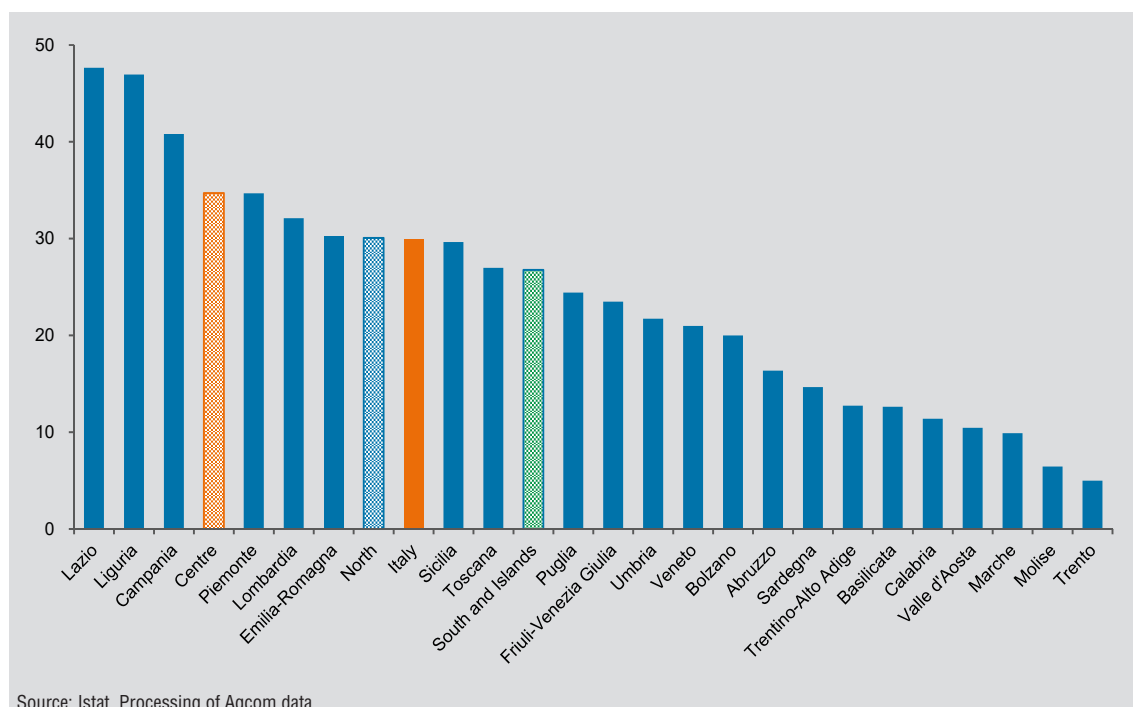
Among the objectives of the Digital Agenda for Europe, there is that of reaching by 2025 the connection speed of at least 100 Megabits per second (Mbps), expandable to 1 Gigabit (1,000 Megabits) per second, for all European households.

In 2019, 30% of households in Italy had access to high-capacity next-generation networks, a growth of 6.1 percentage points over the previous year. These connections are predominantly based on the principle of bringing optical fibre all the way into users' homes (Fibre To The Home, FTTH).

However, there are still very large differences across the territory, with regions that have a share of households served by ultra broadband connections exceeding 40%, such as Lazio, Liguria and Campania, and territories that do not even reach 10%, such as Marche, Molise and the autonomous province of Trento (Figure 8).

The South and Islands made a significant step forward, doubling their coverage, which has allowed to reduce the gap with the Centre-North regions: the percentage of households covered by ultra-broadband in the South rose from 15.8% in 2018 to 26.8% in 2019.

Figure 8. Households which are resident in an area served by a very high capacity network by region and geographic area. Year 2019. Percentage values

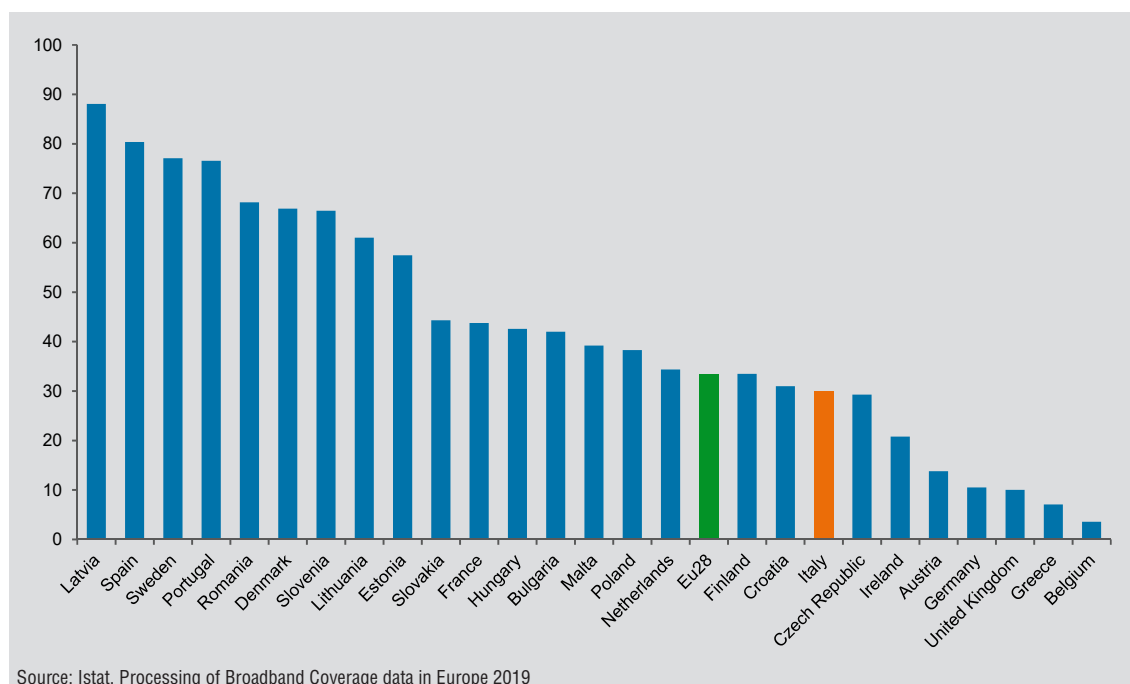


Source: Istat, Processing of Agcom data

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While the process of broadband development is practically complete in almost all European Union countries, the situation is different for ultra broadband connections. Analysis of FTTH connections in EU28 countries show that in Italy the percentage of homes served is slightly lower than the European average (33.5%), in a position similar to that of the Czech Republic and Croatia and very far from the percentages recorded in Latvia, Spain and Sweden (88.1%, 80.4% and 77.1%, respectively) (Figure 9).

Figure 9. Households which are resident in an area served by FTTP coverage in Europe. Year 2019. Percentage values



Source: Istat, Processing of Broadband Coverage data in Europe 2019

The target of 65% separate collection of waste has not yet been reached

Among the essential services enjoyed by the population, the separate collection of urban solid waste is the prerequisite for reducing the amount of waste sent to landfills, limiting health risks and ensuring, in addition to a more efficient use of resources, benefits to the environment and the economy.

In order to monitor the quality of the waste collection service, with a view to achieving the objective imposed by current legislation (art. 205 of Legislative Decree 152/06), we analyse the regional indicator that measures the proportion of the resident population living in municipalities that have achieved the objective of 65% of separate waste collection.

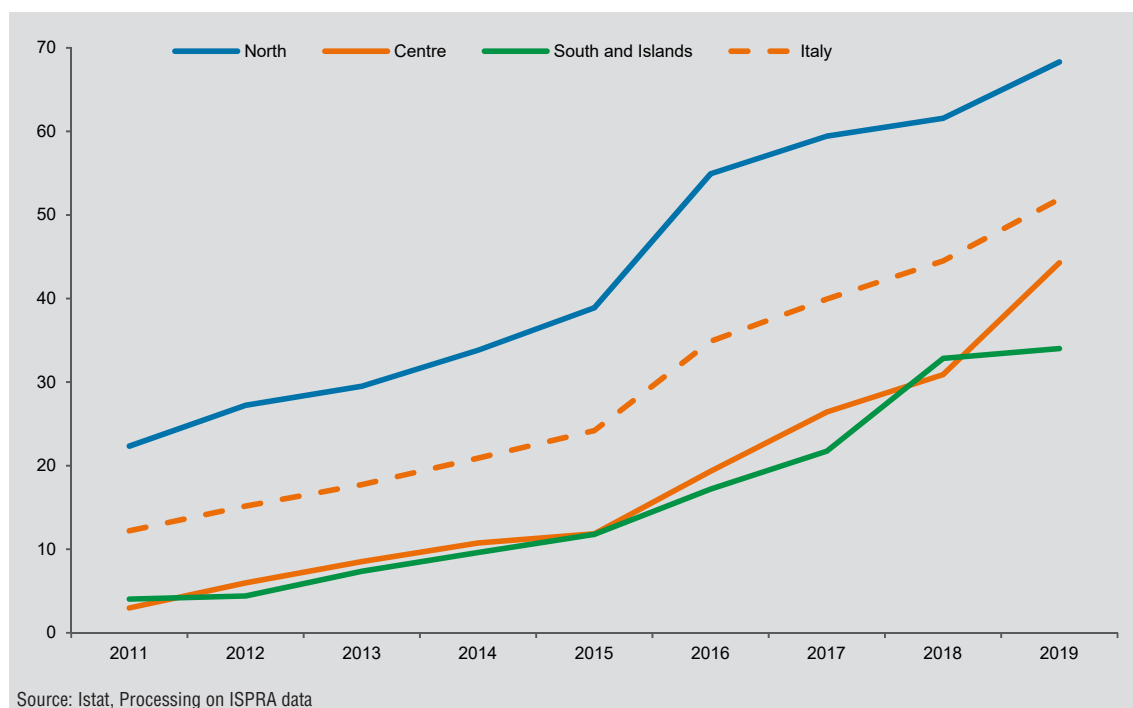
In the last ten years, separate waste collection has increased considerably, from 12.2% in 2011 to 51.9% in 2019. The progress is homogeneous throughout the Country, although in the last year, after a long positive evolution, there is a setback in the South and Islands, where it remains just above 30%, with an increasing gap compared to the North.

Italy, as a whole, has not yet reached the 65% objective, due to the insufficient share of municipalities in the Centre and South and Islands separating waste.

The territories that have exceeded the target of separate collection are the autonomous provinces of Trento and Bolzano, Veneto, Lombardia, Emilia-Romagna, some of the central

regions, such as Marche, Umbria and Sardegna. Furthest from the objective, with values below 30%, we find Sicilia, Calabria, Lazio, Campania and Basilicata. In the last year, Emilia-Romagna and Umbria are the only regions which achieved the objective.

Figure 10. Resident population in municipalities with separate waste collection greater than or equal to 65% by geographic area. Years 2011-2019. Percentage values



The offer of local public transport services is very unequal on the territory

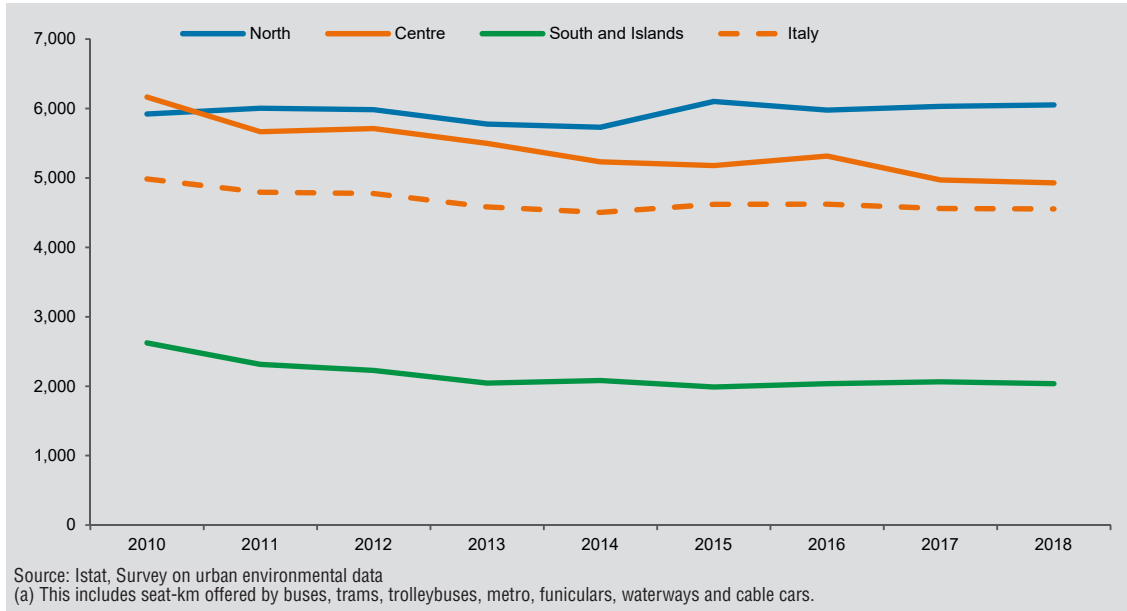
The availability of a local public transport offer that is adequate to the needs of the population is an essential aspect for the quality of life in cities. A widespread and efficient service reduces traffic congestion and consequently travel times, contains the economic costs for families and businesses and ensures better air quality by reducing the use of private vehicles.

In 2018 in the provincial capitals, the supply of local public transport services was, on average, 4,553 seat-km per inhabitant, slightly down for the second consecutive year, with a strong differentiation between the cities of the North and Centre and those of the South and Islands.

The cities of the North and Centre have a greater supply of seats, respectively 6,052 and 4,929 seat-km, while a resident in the South and Islands have available only a little more than 2,000 seat-km.

The situation remains stable in the North and South, although at very different levels, while in the Centre there has been a continuous deterioration, so much so that since 2010 there has been a decrease of 1,800 seat-km per inhabitant.

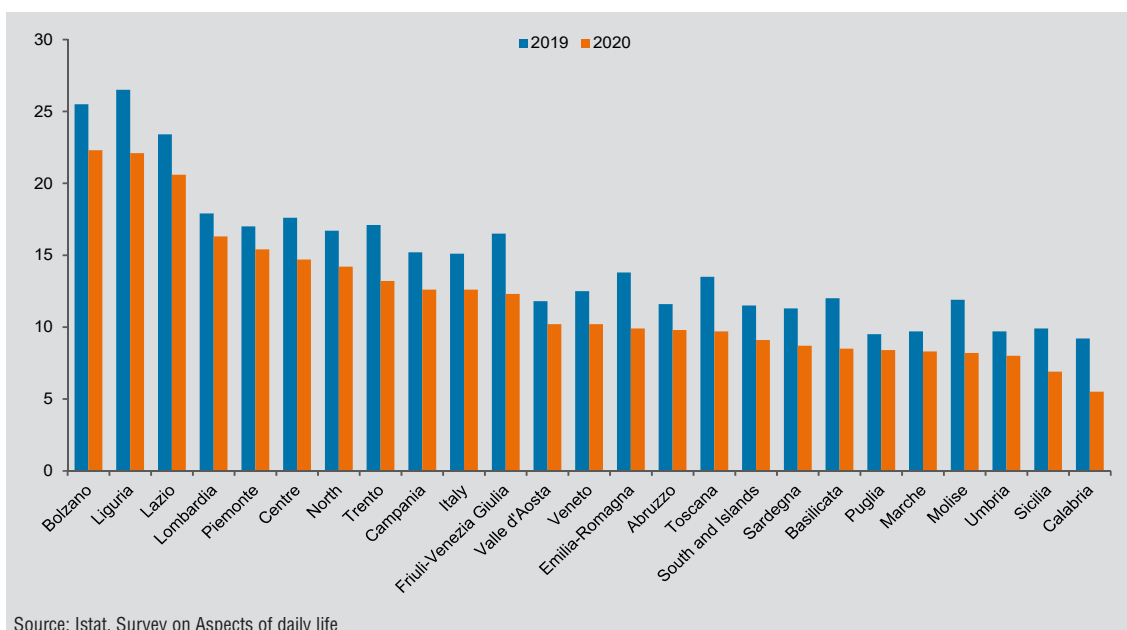
Figure 11. Seat-Km of public transport networks per capita (a) in provincial capitals by geographic area. Years 2004-2018. Values per inhabitant



In 2020 decreased use of public transport

On the demand side of public transportation, the share of population aged 14 and over assiduously using mobility services has been stable at above 15% for over 10 years. In 2020, the use of public means of transport dropped by 2.5 percentage points, from 15.1% in 2019 to 12.6%, due to the travel restrictions imposed by the government during the lockdown period, which changed the habits and behaviours of citizens.

Figure 12. Frequent users of public transport by regions. Years 2019-2020 (a). Percentage values



This contraction affected all regions. Wider use of public transport is recorded in the regions of Centre and North, particularly in Liguria (22.1%), Lazio (20.6%) and the autonomous province of Bolzano (22.3%), the lowest in Sicilia (6.9%) and Calabria (5.5%). The profile of public transportation users has remained the same as in the past, but the greatest contraction has occurred among younger people. Half of users are under 20 years of age (49.9% vs. 59.1% in 2019) and one in four are aged between 20 and 24 (27.1% vs. 33.1% in 2019); women also use mobility services more often than men (13.7% vs. 11.4%).

Only one user on five is pleased with means of transport

In general, public transport users are not very satisfied with the service, and the levels of satisfaction expressed, despite the contraction in travelling, remain stable: only one in five user (19.5%) rates the quality of the service positively in 2020.

The most satisfied are inhabitants of the North regions, while Lazio and Campania remain the regions with the lowest proportion of satisfied users, with only 8% and 9.6% of regular users respectively giving a rating of at least 8 (on a scale of 0 to 10) to mobility services. However, over the course of a decade and to a significant extent over the last year, citizen satisfaction with mobility services has tended to improve, driven by the regions of the South and Islands, in particular Sicilia and Sardegna.

Indicators

1. **Beds in the residential social-healthcare and social-welfare:** Social welfare and social-healthcare residences are public or private facilities that provide residential services (assisted hospitality with overnight stay) of a social welfare and/or social-healthcare type to people in need.
Source: Istat, Residential health and social care facilities
2. **Integrated home assistance service:** Percentage of people aged 65 and over who benefited from integrated home assistance service.
Source: Istat Processing of data from the Ministry of Health, Health information system
3. **Composite index of service accessibility:** Percentage of households who find very difficult to reach some basic services (pharmacy, emergency room, post office, police, carabinieri, municipal offices, crèches, nursery, primary and secondary school, market and supermarket). The indicator is a three-year average.
Source: Istat - Survey on Aspects of daily life
4. **Irregularities in water supply:** Percentage of households who report irregularities in water supply on total number of households.
Source: Istat - Survey on Aspects of daily life
5. **Irregularities in electric power distribution:** Frequency of accidental long lasting electric power cuts (cuts without notice longer than 3 minutes) (average number per consumer).
Source: Istat, Processing of data from the Italian Regulatory Authority for Energy, Networks and Environment (Arera)
6. **Seat-Km of public transport networks:** Seat-Km of public transport networks per capita.
Source: Istat, Survey on urban environmental data
7. **Satisfaction with means of transport:** Percentage of users aged 14 and over who rated 8 or more (over 10) for all means of transport used regularly (more than once a week), over the total number of regular users aged 14 and over.
Source: Istat - Survey on Aspects of daily life
8. **Frequent users of public transport:** Percentage of population aged 14 and over who use public transport several times a week (bus, trolley bus, tram within their own municipality; bus or coach connecting different municipalities; train).
Source: Istat - Survey on Aspects of daily life
9. **Overall Fixed Very High Capacity Network coverage:** Percentage of households which are resident in an area served by a very high capacity network.
Source: Istat, Processing of Agcom data.
10. **10. Separate collection service for municipal waste:** Percentage of resident population in municipalities with separate collection greater than or equal to 65%.
Source: Istat, Processing of ISPRA data
11. **Hospital beds in high-care wards:** Hospital beds in high care wards in ordinary inpatient care in public and private health care institutions per 10,000 inhabitants.
Source: Istat, Processing of Ministry of Health data
12. **Hospital patient emigration to a different region:** Percentage of hospital discharges carried out in regions other than that of residence on the total discharges of residents in the region. Data refer only to inpatient discharges for “acute” care (excluding hospitalisations of “spinal unit”, “functional rehabilitation”, “neuro-rehabilitation”, “long-term care”).
Source: Istat, Processing of Ministry of Health data
13. **Unmet need for medical examination:** Percentage of the population reporting, in the last 12 months, unmet needs for medical care (specialist examination or diagnostic examination) due to one of the following reasons: he could not pay for it, it was too expensive; inconvenience (distant structure, lack of transportation, inconvenient hours); long waiting list.
Source: Istat - Survey on Aspects of daily life
14. **General practitioners with a number of patients above the maximum threshold:** Percentage of general practitioners with a number of patients above the maximum threshold of 1500 patients defined by the general practitioners’ contract.
Source: Istat, Processing of Ministry of Health data
15. **Physicians:** Practising physicians per 1,000 inhabitants.
Source: IQVIA ITALIA - One-Key Database
16. **Nurses and midwives:** Practising nurses and midwives per 1,000 inhabitants.
Source: Co.Ge.A.P.S. (Consorzio Gestione Anagrafica Professioni Sanitarie) - National database of ECM credits (Continuing Medical Education)

Indicators by region and geographic area

REGIONS AND GEOGRAPHIC AREAS	Beds in the residential social- healthcare and social-welfare facilities (a)	Integrated home assistance service (b)	Composite index of service accessibility (c)	Irregularities in water supply (c)	Irregularities in electric power distribution (d)	Seat-Km of public transport networks (e)	Satisfaction with means of transport (f)
	2018	2019	2018-2020(*)	2020(*)	2019	2018	2020(*)
Piemonte	115.5	2.7	5.3	4.1	1.8	4,967.7	16.4
Valle d'Aosta/Vallée d'Aoste	114.2	0.6	7.1	3.0	0.9	757.5	44.2
Liguria	113.2	3.3	4.7	3.2	1.3	4,296.3	19.3
Lombardia	85.4	2.6	3.6	3.1	1.4	10,471.7	22.4
Trentino-Alto Adige/Südtirol	131.4	1.7	2.4	1.4	2.7	3,850.9	51.0
<i>Bolzano/Bozen</i>	<i>111.7</i>	<i>0.2</i>	<i>2.3</i>	<i>1.2</i>	<i>4.4</i>	<i>3,608.8</i>	<i>54.8</i>
<i>Trento</i>	<i>150.8</i>	<i>3.1</i>	<i>2.5</i>	<i>1.5</i>	<i>1.4</i>	<i>4,071.2</i>	<i>44.7</i>
Veneto	91.2	3.9	4.2	2.8	1.4	5,405.6	24.0
Friuli-Venezia Giulia	116.8	3.1	5.0	1.8	1.0	4,109.7	41.5
Emilia-Romagna	104.4	3.5	4.7	3.0	1.3	2,798.4	27.5
Toscana	61.3	3.0	5.3	5.5	1.8	2,791.9	19.7
Umbria	65.8	3.0	4.8	5.5	1.7	1,797.8	25.2
Marche	82.3	3.3	4.3	4.0	1.6	2,209.4	30.2
Lazio	42.2	1.4	6.5	12.4	2.7	6,367.8	8.0
Abruzzo	42.0	3.8	6.1	17.8	2.3	2,350.9	26.3
Molise	69.5	5.1	5.0	15.2	1.9	872.1	17.6
Campania	18.5	2.5	10.1	15.8	4.1	2,066.3	9.2
Puglia	36.4	2.0	8.6	7.6	3.5	2,123.3	17.8
Basilicata	71.8	4.1	7.9	9.3	2.8	1,106.6	19.8
Calabria	38.5	0.4	11.2	38.8	4.0	1,773.0	14.4
Sicilia	52.8	4.4	10.1	22.1	4.9	1,796.9	20.3
Sardegna	51.8	6.0	13.5	3.3	3,289.0	34.1
North	99.0	3.0	4.2	3.1	1.5	6,051.9	24.0
Centre	55.0	2.3	5.7	8.7	2.2	4,929.1	12.7
South and Islands	38.6	2.6	9.2	17.8	3.9	2,035.5	16.6
Italy	69.6	2.7	6.1	9.0	2.4	4,553.2	19.5

(a) Per 10,000 inhabitants;

(b) Per 100 persons aged 65 and over;

(c) Per 100 households;

(d) Average number of interruptions per user;

(e) Seat-Km per inhabitant. Data measured in the capital cities of the Italian provinces;

(f) Per 100 frequent users of at least one type of transport;

(g) Per 100 persons aged 14 and over;

(h) Per 100 discharges of inhabitants in the region;

(i) Per 100 persons; (l) Per 100 physicians; (m) Per 1,000 inhabitants;

(*) Provisional data;

(**) Provisional data. 2020 data also contains the waiver for reasons related to COVID-19.

12. Quality of services

Overall Fixed Very High Capacity Network (VHCN) coverage (c)	Frequent users of public transport (g)	Hospital beds in high-care wards (a)	Separate collection service for municipal waste (c)	Hospital patient emigration to a different region (h)	Unmet need for medical examination (i)	General practitioners with a number of patients above the maximum threshold (l)	Physicians (m)	Nurses and midwives (m)
2019	2020 (*)	2018	2019	2019	2020 (**)	2018	2019	2019
34.7	15.4	3.1	49.2	6.7	10.5	36.6	3.7	6.1
10.4	10.2	2.5	62.7	15.8	8.9	14.1	3.7	7.1
46.9	22.1	3.1	38.5	4.5	11.0	58.4	4.6	7.1
32.1	16.3	2.3	75.3	9.5	10.0	57.2	3.7	5.5
12.7	17.7	2.1	80.2	4.9	7.7	68.6	3.3	7.3
20.0	22.3	2.2	68.3	14.6	7.5	48.3	3.2	7.7
5.0	13.2	3.8	91.8	6.2	7.9	49.7	3.3	6.9
21.0	10.2	2.6	81.4	7.0	8.9	26.0	3.5	6.5
23.5	12.3	3.5	58.3	13.5	7.7	30.6	4.1	7.1
30.2	9.9	3.2	67.2	5.7	10.2	41.4	4.3	6.5
27.0	9.7	3.0	51.1	6.4	8.3	33.7	4.4	6.7
21.7	8.0	2.3	66.7	11.7	10.5	19.0	4.5	7.3
9.9	8.3	2.7	78.9	13.1	10.1	31.0	3.8	6.5
47.6	20.6	2.7	27.4	9.1	11.5	30.4	4.7	5.6
16.4	9.8	3.0	60.9	16.6	12.2	19.7	4.3	6.5
6.4	8.2	4.7	37.2	28.6	9.3	12.7	4.2	7.6
40.8	12.6	3.0	28.1	9.7	7.4	32.0	3.9	4.6
24.4	8.4	3.2	39.6	9.0	10.7	17.1	3.8	6
12.6	8.5	3.0	28.8	24.7	8.6	16.5	3.5	6.6
11.4	5.5	2.4	26.2	19.8	7.4	16.5	3.8	4.9
29.6	6.9	3.1	17.2	7.5	7.5	14.8	4.3	5.5
14.6	8.7	2.3	81.2	6.4	14.8	28.7	4.8	5.3
30.1	14.2	3.2	68.3	6.3	9.8	46.9	3.8	6.2
34.7	14.7	2.8	44.3	9.0	10.3	30.6	4.5	6.2
26.8	9.1	3.0	34.0	10.9	9.0	21.3	4.1	5.4
30.0	12.6	3.0	51.9	8.3	9.6	34.0	4	5.9