

Mission Report: The experience of the Local Public Health Service of Reggio Emilia

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Abstract

Background: The Mission Report's purpose is to give an account to the main institutional stakeholders (the Region and the Territorial Health and Social Conferences, composed of the mayors of the provincial municipalities, the General Directors of the Local Public Health Services in the provincial territory and are chaired by the Chairman of the Province) of how the Local Public Health Service, through an effective and efficient use of resources, has answered the health needs of the resident population of the province. Other stakeholders include public health service employees of the local community, associations, and partners.

Methods: The Local Public Health Service (L'Azienda USL) of Reggio Emilia has produced annual Mission Reports since 2005. Three editions of the document have therefore been published, reporting results achieved in 2004, 2005 and 2006; the Mission Report for 2007 is currently in the editorial phase.

The various sections of the document take the reader from an analysis of the local context in which the Local Public Health Service operates (territory and environment, demographic indices, socio-economic conditions, morbidity and mortality, lifestyle, safety) to the health and social services provided throughout the province. The strategies employed to achieve health outcomes are illustrated following the indications of the Region. The Mission Report opens with an introduction and closes with concluding remarks from the General Director. These remarks include both an assessment of the year's activity and the main points that will guide future planning.

Discussion: Local Public Health Service of Reggio Emilia sees the Mission Report as a management tool: the analysis of the provincial demographic context and the socio-economic conditions of the population direct the Public Health Service's choice of which health and social services to provide. In the interest of transparency, particular attention is paid to how topic points are expressed; even the non-expert reader can follow the clear and comprehensible presentation of data.

Conclusions: Our experience has been positive. The document has allowed us to direct our planning through a careful analysis of the health and social needs of the population thanks to an annual monitoring of numerous indicators, which are interpreted throughout the Emilia Romagna Region in the same way. This makes benchmarking with the other provinces possible, in an effort to constantly improve the quality of services provided.

Key words: mission report, accountability, health community, health communication

Introduction

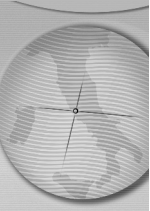
The Regional Public Health Service is made up of 11 local public health services (including district hospitals), 4 university hospitals, one public hospital, and one scientific research and healthcare institute. The Regional Public Health Service has 59,725 employees, and there are 3,846 general practitioners and paediatricians operating within the public health service system (3,270 general practitioners, 576 paediatricians).

The reference population is 4,223,585, of which 22.8% are over 65.

All the regional public health services are

grouped into three "vast" (large) areas ("Area Vasta Emilia Nord [north]", "Area Vasta Emilia Centro[centre]", and "Area Vasta Romagna") in order to rationalise the purchase of goods and services as well as transport and communications.

The Public Health Service of Reggio Emilia guarantees province-wide healthcare and hospitalisation to its 510,115 citizens through the five independently and directly managed district hospitals, the services provided by the 6 health districts of the province, and the agreements concerning provision of healthcare with the public hospital of Reggio Emilia and the private



accredited healthcare facilities located in the province.

The Public Health Service of Reggio Emilia employs 3,930 persons, and there are 342 general practitioners and 76 paediatricians operating within the public health service system.

The regional model and its interpretation by the Local Public Health Service

The Local Public Health Service Mission Report was introduced by the Emilia-Romagna Region with Regional Law no. 29 of December 2004 as a new financial reporting tool to accompany the statements and balance sheets for the fiscal year.

While the financial statements, based on the assets and financial accounting, have the task of illustrating how the Local Public Health Service has complied with the economic and financial constraints set by the Region, the Mission Report illustrates the institutional activity of the Local Public Health Service, allowing subjects outside Management to assess the activities linked to the pursuit of institutional purposes, and at the same time to understand the results achieved through these.

The Mission Report is a tool used by the Local Public Health Services of Emilia Romagna to take annual stock of the results of their activity and the use of resources with respect to the health objectives assigned to them by the Region and by the "Territorial Health and Social Conferences" (CSST).

While Clinical Governance means "being aware in order to be accountable", the Mission Report becomes a governance tool in two important areas, based on Chambers' tree: accountability and performance.

Accountability

'Accountability', which has no translation in Italian, is a keyword in Anglo-Saxon democracy. It means the duty to document and render account of what has been done to those who have appointed us and/or who pay our salaries and/or who make other resources available to us. In public administration, therefore, not only does this duty apply to institutional clients but also to the general public, as they are tax payers.

In this sense, the Mission Report is addressed directly to the Institutional Authorities (Region, CSST) and indirectly to the final recipients (citizens and associations).

Awareness

The Mission Report is also an internal tool for assessing the performance of health services in terms of production, but mainly in terms of health outcomes. It is also used as a benchmark for

comparison with other realities and to understand the position of the Local Public Health Service within the regional panorama.

The Local Public Health Service of Reggio Emilia was one of five Boards to experiment with the first Mission Report for 2004, having participated in the regional working group that defined the structure of the document[1].

Since its very first edition, the Mission Report has been interpreted by the Local Public Health Service of Reggio Emilia as a management tool: it is used to "become aware" in order to "be accountable" through an detailed picture of the provincial demographic context and the socio-economic conditions of the population. The health needs of the population, in fact, guide the organisation in the range of health services to be offered. In this sense, it is interpreted as a document used by the Public Health Service to try to highlight the consistency between the various existing planning and reporting tools, at the Local Public Health Service and at the district level.

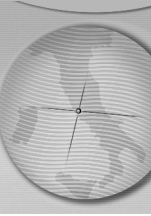
The institutional activity of the Local Public Health Service is presented in light of the characteristics of the specific social, economic, demographic, environmental and geographical context in which it operates. For this purpose, the document includes specific contributions from the various managers of territorial and hospital units and sectors.

Since the first edition of the Mission Report, the Local Public Health Service of Reggio Emilia has always asked its writers to make an effort to use clarity and conciseness in expressing the actual results achieved, not as the sum of internal activities but as outcomes for the recipients.

The recipients of the Mission Report

The main recipients of the Mission Report are the Region and the CSST. This choice is motivated by the particular importance of the relationship between the Local Public Health Service and the Region, which must guarantee Essential Levels of Care for the citizens, defining the "health" objectives and allocating the financial resources needed, and between the Board and the local authorities, as these are the guarantors of the health-related needs of the community which have a function of verifying the health outcomes achieved and the participation in the health-related planning activities.

Other particularly important recipients, given their role, are the healthcare professionals, trade union representatives, volunteer associations, and the "Mixed Consultation Committees" (CCM), composed of a majority of representatives



appointed by volunteer and citizens' rights associations, and by Local Public Health Service representatives, with the task of verifying quality from the citizen recipient's perspective.

It is also useful for the administrators of local authorities to be able to have access to information that illustrates the contribution of the Local Public Health Service in the development (in its broadest sense) of economic and social conditions in the reference territory, in terms of employment levels and relative economic effects of the supply of goods and services, and so on.

The Mission Report structure

The document is divided into seven sections, with an introduction by the General Director, who briefly outlines the purposes and structure of the document, and ends with the conclusions of the General Director who summarises the main issues of the report, particularly in terms of the strategic decisions made to respond to the health-related needs of the reference population [2].

The first section represents the reference context, describing the general conditions that constitute the background in which the board operates (geographical position, atmospheric pollution, demographical structure of the population, socio-economic conditions, mortality and morbidity rates, lifestyles and safety), through the graphic representation of a series of indicators that provide immediate understanding of the phenomena.

These aspects affect the planning decisions of the Local Public Health Service, which has the task of providing services that respond to the health-related needs of the population.

The second section provides a profile of the Local Public Health Service in three areas: economic, financial and assets sustainability; contribution of the Local Public Health Service to the territorial economy, social development and policies for the valorisation of the historical, artistic and cultural heritage of the territory; Essential Levels of Care ("LEA"). The information and indicators presented, also through historical comparisons, allow for the evaluation of the status of the board and the evolutionary trends underway, including in terms of strategic decisions.

A further important part of section 2 describes the contribution made by the Board to the local economy. In fact, the Public Health Service is one of the leading economic realities in the province; not only is it itself a major employer but its supply relationships produce economic and employment effects throughout the territory.

In section 2, those signals from the community that express the recognition of the social function of the Local Public Health Service are reported. These are not only bequests and donations, but also conventional relationships with social cooperatives and volunteer associations, which are particularly characteristic of the province of Reggio Emilia. Finally, the initiatives aimed at the valorisation of the artistic and cultural wealth of the Local Public Health Service are described.

The section concludes with the description of the services provided that fall within the ELC, in three areas: community care in the fields of life and work, district care and hospital care, for which the structure and characteristics of the services, level of attractivity, consumption and activities are described.

From the Mission Report 2006 - Section 3: Summary of Institutional Objectives and Local Public Health Service strategies

The information in this section is divided into four areas:

- Participation by the local authorities in the planning of activities and the verification of health outcomes, according to the role attributed to them in the regional regulations;
- Centrality of citizens, in order to promote the assessment of services and the participation in the health-related choices of the local citizens and their representational bodies;
- Universal and equal access, as foreseen in the ELC;
- Healthcare quality and management efficiency, as a duty to provide high technical, professional and relational quality services that respect the rational use of resources.

For each of these, macro-objectives are described which, in conformity with regional and provincial planning, the Local Public Health Service is committed to achieving. The strategies are illustrated and the path followed to date and the level of operational application are indicated, as well as the results achieved as a basis on which to introduce improvements and further development.

The most important aspects that are specific to the Reggio Emilia experience are:

- The involvement of all local stakeholders in healthcare planning. Through the development of alliances and joint planning of complex issues that concern public health, the concept of "network" becomes concrete. In particular it describes those actions that represents the contents of the shared planning at provincial level: integration of the hospital activities within the province, valorisation of the skills and specialisations of each of these within the

Table 1. Some summarising elements from section 1 of the 2006 Mission Report of the Local Public Health Service of Reggio Emilia.

Environment	
☺	☹
<ul style="list-style-type: none"> hourly limit of NO₂ not exceeded average annual PM₁₀ levels lower than the reference limit 	<ul style="list-style-type: none"> average annual NO₂ stable and higher than the limit daily limit of PM₁₀ exceeded repeatedly in 2006 the number of times levels exceeded limits was the highest of all provinces in Emilia-Romagna strong impact of atmospheric pollution on health outcomes
Population	
☺	☹
<ul style="list-style-type: none"> population in constant growth highest birth rate in the whole region, due above all to the foreign population, and in constant growth positive natural and migratory population balance stabilisation of the migratory phenomenon (2nd/3rd generation) 	<ul style="list-style-type: none"> ageing population very high concentration of foreigners in some municipalities negative natural population balance and high proportion of elderly in the mountain municipalities
Socio-economic conditions	
☺	☹
<ul style="list-style-type: none"> high male and female employment levels high employment levels among foreign workers 	<ul style="list-style-type: none"> low level of education "traditional" production structure, with increasing importance of construction Low per capita income compared to other provinces in the region
Mortality	
☺	☹
<ul style="list-style-type: none"> general mortality falling compared to 1998 data generally comparable to regional data sharp reduction in male trauma deaths 	<ul style="list-style-type: none"> Infant mortality (IM) rates slightly but constantly higher than the regional average Significant difference in IM rates between foreigners and EU, in particular in the post-neonatal period high mortality from respiratory diseases
Morbidity	
☺	☹
<ul style="list-style-type: none"> falling incidence and mortality of AIDS AIDS rate in Reggio Emilia the lowest in the whole region incidence of tuberculosis in slight decline in the past two years good rate of adherence to pulmonary tuberculosis therapy 	<ul style="list-style-type: none"> high incidence of tuberculosis in the north of the province, due to a high proportion of cases in foreign residents proportion of cases of tuberculosis very high in people from South East Asia high proportion of AIDS among foreigners high frequency of AIDS among heterosexuals, suggesting high-risk sexual behaviour
Incidence and survival of malignant tumours	
☺	☹
<ul style="list-style-type: none"> survival higher than the national average for all tumours and for the most frequent ones (breast, lung, colon) incidence of lung cancer in males slightly below the national average 	<ul style="list-style-type: none"> incidence of breast cancer higher than the national average consequently, incidence of all female cancer slightly higher than the national average
Lifestyle	
☺	☹
<ul style="list-style-type: none"> one of the lowest rates of obesity in Europe increased number of ex-smokers proportion of ex-smokers higher in Emilia-Romagna than in Italy generally reduced smoking during pregnancy 	<ul style="list-style-type: none"> inverse relationship between socio-economic conditions and weight problems/obesity high proportion of obese children in the province of Reggio Emilia still a high percentage of smokers high proportion of young smokers, with an increase in those starting before the age of 14
Safety	
☺	☹
<ul style="list-style-type: none"> reduction in absolute terms of road accidents and injuries number of work-related injuries decreasing all over the region and most noticeably in Reggio Emilia 	<ul style="list-style-type: none"> increase in the number of road accidents fatalities in Reggio Emilia in 2005 the number of fatal road accidents, injuries and dangerous conditions was higher than the regional average and second only to Ferrara high frequency of work-related injuries among the foreign population

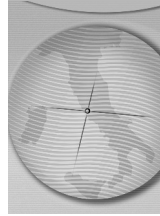


Table 2. From Section 2 of the 2006 Mission Report by the Local Public Health Service of Reggio Emilia – trends of some economic sustainability indicators.

ECONOMIC SUSTAINABILITY INDICATORS	INFORMATION NEEDS	TREND 2004-2005
Net profit for the financial year	highlights the value of the operational profits or losses, allowing for the verification of the achievement of the economic objective set during regional planning	☺
Ordinary operating result (OOR)	Represents the contribution of the standard activities of the Local Public Health Service to the financial result	☺
Extraordinary operating result	Represents the contribution of the components of income that are not directly linked to the Local Public Health Service's specific activity to the financial result (financial income/expenses; extraordinary income/expenses)	☺
Cost of the main aggregates of production factors / available profit	Explains the incidence of consumption of ordinary production factors on ordinary income	☹

territory, consolidation of the network of integrated territorial health and social services;

- The participation of local community members in assessing the quality of the services. In this sense, the constant contribution of the CCM provides stimulation necessary for the continuous improvement of the organisation on various levels;
- The numerous relationships established with the volunteer associations, families and young people which allow for the implementation of many initiatives concerning a range of health-related problems;
- The ongoing commitment to research into rational solutions to health-related problems through a range of services, appropriateness and continuity of care, and attention to health outcomes.

The following sections provide more details on specific, important fields:

- Management and development of human resources (section 4). As described in section 2, the Local Public Health Service represents an important element in the economic panorama of the province, including in terms of employed staff. This part of the document explains which choices and actions are developed to valorise the professional capital.
- System of relationships and communication tools (section 5). This section illustrates the communication strategy adopted by the Local Public Health Service with reference to communication of issues of community interest, of access to services, and internal communications.
- Research and innovation (section 6). In its last Regional Health and Social Plan, the Emilia Romagna Region defined research and innovation as intrinsic institutional functions of all Local Public Health Services. Here the Local Public Health Service describes the main interventions carried out to create a specific

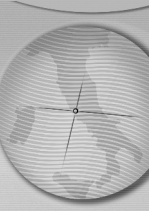
organisational infrastructure, the development of a favourable cultural environment, and the documentation of research and development activities.

• Specific objectives that are of particular institutional relevance (section 7). In contrast to the other sections, the content of this section is not pre-established, as it aims to describe important aspects

and/or critical situations, both for the regional health service and the management of the Local Public Health Service. For the first balance sheets, the elderly population was identified as an area of regional interest. As described in section 1, the population of the province of Reggio Emilia is ageing sharply. The network of services for the elderly is one of its strengths and constitutes an important wealth of resources and skills with very high levels of service provision. The Public Health Service of Reggio Emilia has continued to develop this section on the elderly population in all of its annual reports. In addition to the detailed description of the quantitative analysis, particular attention is paid to the quality of overall care processes. With the 2006 Mission Report, the Board introduced two additional sections dedicated respectively to mental health and pathological dependency (7bis) and the disabled population (7ter). Furthermore, since its second edition, it has dedicated an additional section (8) to the "Vast North Emilia Area" ("AVEN"), constituted in 2004 by the hospitals and territorial boards of Piacenza, Parma, Reggio Emilia and Modena with the aim of aggregating inter-board functions for the purchase of goods and services.

The Mission Report as a communication tool

The Local Public Health Service of Reggio Emilia presents the Mission Report to the CSST on a yearly basis, after this has been approved by resolution of the General Director, together with the financial accounts for the fiscal year. The choice of the Board to formally adopt the Report together with the balance sheets is motivated, on the one hand, by the complementariness of information contained in the two documents, and on the other hand, the importance attributed to this document with formal adoption. The Mission Report is also formally sent to the Emilia Romagna Region,



together with the balance sheets [3].

This document represents an opportunity to transparently communicate how and to what extent the Local Public Health Service has been able to achieve the objectives assigned to it by the Region and the CSST.

The Mission Report is also widely circulated within the Local Public Health Service, is presented to the General Management Board, the Mixed Committees, and is made available on both the intranet and internet [4].

Thanks to its easily accessible complete and updated information, the Mission Report has become an appreciated tool of internal consultation.

In the interest of transparency and in order to stimulate participation, particular attention is paid to how topic points are expressed; even the non-expert reader can follow the clear and comprehensible presentation of data.

Each subject dealt with aims to mediate the need to provide precise information from a technical point of view, using the most appropriate forms of representation, in order to assure that they are as understandable as possible even to non-specialist readers.

Furthermore, details on main indicators are given for the district, as well as the Local Public Health Service's position within the region, in order to offer a useful comparison to understand both infra- and inter-board, phenomena and strategic choices.

This communication effort has also earned recognition from the FERPI (the Italian Federation of Public Relations): we reached the finals of the "Financial Statement Oscars" in 2005 for the Central and Territorial Organisations of the Public Administrations category, with the following motivation: "the balance sheet is characterised by the clear and formally exemplary explanation of the programmed activities and financial data. The mandatory Financial Statement was characterised by particular completeness of information and statistics, the legibility of which was facilitated by careful graphic choices. The benchmarking reference, both internally among districts, and with the regional figures, was positive."

Further comments

Initially we did not feel the need for this document; it was hard work, and remains so, but now we feel that it is worth the effort.

At the beginning it was hard for the regional working group to agree on the structure of the document and its contents and indicators, and within the Local Public Health Service, to adapt the consolidated accounting and reporting structure to the new model and share with the

main writers the "sense" of the document and therefore the methods used to address and describe the issues.

This document requires a great deal of effort, and takes several months from start to when it goes to print. Many professionals and staff members are involved for specific contributions and two people from the General Management staff are responsible for the overall publication of the document and thus have broad-ranging authorisation from the General Director, who supervises the work.

It has been worthwhile right from the start, for the many opportunities offered by the large amount of data made available by the Region for all Local Public Health Services for this purpose, and for the stimulation deriving from the introduction of new indicators (e.g. socio-economic conditions, indicators of economic, financial and asset sustainability, healthcare quality indicators).

Through the attentive interpretation of needs, the contents of the Mission Report are able to guide the planning for the coming year, both at the Local Public Health Service and local levels (Territorial Activity Plans, drawn up for each board district annually). Over the years we have tried to highlight the consistency between contents and strategic choices described in the various accounting documents and reports required for board and local planning. The results achieved so far also confirm another important aspect, the profitable collaboration between the Local Public Health Service and the Local Authorities, particularly in terms of healthcare and social services planning.

Each year, the Local Public Health Service management and the main authors of the Mission Report perform a critical review of its structure, reflecting on contents, methods of representation and legibility, and assess any improvements that could be made to the following edition, both for individual sections and overall. This work also takes into great consideration the comments made by the main stakeholders during the various opportunities for formal and informal debate.

References

- 1) Regione Emilia Romagna, Dossier N. 107/2005 Il bilancio di missione per il governo della sanità dell'Emilia Romagna, Bologna, 2005.
- 2) Regione Emilia Romagna, Dossier N. 148/2007 I bilanci di missione 2005 delle Aziende USL dell'Emilia Romagna, Bologna, 2007.
- 3) Regione Emilia Romagna, Dossier N. 162/2008 Le Aziende USL dell'Emilia Romagna. Una lettura di sintesi dei bilanci di missione 2005 e 2006, Bologna, 2008.
- 4) Azienda USL di Reggio Emilia, Bilancio di missione 2004-2005-2006, Available at: <http://www.ausl.re.it>. [Accessed on september 2008].