

# PROF. MASSIMILIANO PANELLA

## Curriculum VITAE

### PLACE AND DATE OF BIRTH

Vercelli, 02 october 1969

### CONTACTS

**Home:** Via Aldo Moro 2/4, 13032 Asigliano Vercellese, Italy

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### ACADEMIC POSITIONS & SERVICES

#### ACADEMIC POSITIONS

- **2006-today:** Associate Professor in Hygiene, Public Health, Nursing and Medical Statistics, University of Eastern Piedmont – UPO, Department of Translational Medicine (former Department of Clinical and Experimental Medicine). National Qualification to Full Professor, – Bando 2012 (DD n. 222/2012).
  - **2017-today:** Director of the Post-Graduate School of Specialization in Hygiene and Preventive Medicine of the School of Medicine – UPO.
  - **2016-today:** Director of the Master in Lifestyle Medicine – UPO.
  - **2008-today:** Director of the Master in Management for the Coordination of Healthcare Organizations – UPO.
  - **2012-2014:** Director of the Master in Direction of Healthcare Districts – UPO.
  - **2005-2007:** Director of the Master in Management for Nursing Coordination – UPO.
- **2000-2006:** University Researcher in Hygiene and Public Health, Amedeo Avogadro University of Eastern Piedmont, Department of Medical Sciences.
- **2010-today:** Visiting Professor, KU Leuven University of Leuven, Belgium, Institute for Healthcare Policy.

#### ACADEMIC SERVICES

- **2017-today:** Responsible for the Quality of the Teaching Activities of the Department of Translational Medicine – UPO
- **2013-today:** Scientific Committee of the Interdepartmental Centre of Excellence in Healthcare Management (CEIMS), University of Eastern Piedmont – UPO.
  - **2013-2016:** Director of Course in Managerial training for Directors of Clinical Units (Piedmont Region – ASL VC, CEIMS, National Institutes of Health).
- **2006-2009:** Joint Commission Piedmont Region – University of Eastern Piedmont for the Regional Healthcare System Organizational Development Plan.
- **2003:** Joint Commission Piedmont Region – Amedeo Avogadro University of Eastern Piedmont – University of Turin for the Regional Healthcare Managers Education Plan.

## PROFESSIONAL POSITIONS & CONSULTING ACTIVITIES

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### PROFESSIONAL POSITIONS

- **2009-2014:** Director of the Healthcare District in Vercelli, Health Authority ASL VC in Vercelli.
  - **2013-2014:** President of the Inspecting Commission on Private Sector Hospital facilities in the Health Authority ASL VC.
  - **2013-2014:** President of the Inspecting Commission on Social-sanitary facilities in the Health Authority ASL VC.
- **2008-2009:** Chief Medical Officer, Sainte Rita Hospital trust in Vercelli, Gruppo Policlinico di Monza s.p.a.
- **2006-2009:** Medical Director, Nursing Home “Greppi Giovanni e Andrea”.
- **2004-2006:** Chief Medical Officer, Saint Andrew Hospital Trust in Vercelli, Health Authority ASL 11 in Vercelli.
  - **2005 – 2007:** Evaluation Board of the Hospital trust ASO Maggiore della Carità in Novara.
  - **2005 – 2007:** Evaluation Board of the Health Authority 14 in Verbania.
- **2002-2004:** Director of the Unit for Quality Improvement of the Health Authority ASL 13 in Novara.
- **1998–2001:** Project Manager, Regional Health Care Agency of Marche Region.
- **1996–1997:** 2nd Lieutenant Physician at the 4<sup>th</sup> Tank Regiment in Bellinzago Novarese (Actually Reserve Captain).

### CONSULTING ACTIVITIES

- **International, National, Regional Healthcare Agencies:**
  - **2016-today:** Regional Agency for Healthcare Services of Marche
  - **2005, 2013-2015:** National Agency for Healthcare Regional Services
  - **2009-2011:** Western Norway Regional Health Authority Research Network
  - **2006-2007:** Italian Ministry of Health, National Program for Quality
  - **2003-2006:** General Direction for Healthcare of Piedmont Region
  - **2006-2008:** Regional Agency for Healthcare Services of Abruzzo Region
  - **1998-2003:** Regional Agency for Healthcare Services of Marche Region
- **Health Authorities and Public Hospital Trusts:**
  - **2015-2016:** Hospital Trust Arcispedale S. Maria Nuova in Reggio Emilia
  - **2009-2010:** Health Authority AUSL in Modena
  - **2006-2008:** Health Authority 4 in Lanusei
  - **2000-2003:** Health Authority 2 in Savona
  - **2000-2002:** Health Authority 1 in Pesaro
  - **1999-2003:** Health Authority 3 in Fano
  - **1999-2002:** Health Authority 13 in Novara
  - **1998:** Health Authority 7 in Ancona
- **Private Healthcare Institutions:**
  - **2016-today:** Gruppo Anteo Long Term Care trust
  - **2007-2008:** Rehabilitation Centre “Monsignor Luigi Novarese”
- **Other Institutions:**
  - **1997-1999 & 2008-2009:** County of Vercelli
  - **2002-2004:** County of Novara
  - **2000-2001:** Municipality of Bellinzago Novarese
  - **1996-2001:** Municipality of Oleggio
  - **2000:** Municipality of Varallo Pombia

## EDUCATION

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### ACADEMIC EDUCATION

**1988–1994:** University of Turin, Faculty of Medicine in Novara, Summa cum laude.  
**1994–1998:** University of Turin, School of Public Health, Summa cum laude.  
**2006:** Harvard School of Public Health: Measurement, Design, and Analysis Methods for Outcomes Research.  
**2006:** Bocconi University, School of Management: Balanced scorecard and performance indicators in healthcare.  
**2010:** Bocconi University, School of Management: The management of Primary Care.  
**2011:** Harvard School of Public Health: Leadership Strategies For Evolving Health Care Executives.  
**2013:** Harvard School of Public Health: Teaching by Case Method: Principles and Practice for Public Health Educators.  
**2014:** Harvard School of Public Health: Meta-Leadership for Health Care: You're It! Building Unity of Effort Across Your Health System.  
**2014:** Harvard School of Public Health: Ethical Issues in Global Health Research.  
**2015:** Harvard School of Public Health: Health Care Project management: the Intersection of Strategy, People, and Process.  
**2016:** Harvard Medical School: Actives Lives: Transforming Ourselves and Our Patients  
**2016:** Harvard Medical School: Lifestyle Medicine for Weight Management  
**2016:** Stanford University School of Medicine: Introduction to Food & Health  
**2017:** Harvard School of Public Health: Healthy Kitchens, Healthy lives®: Caring for Our Patients and for Ourselves  
**2017:** Harvard Medical School: Lifestyle Medicine: Tools for Promoting Healthy Change

### OTHER EDUCATION

**1996:** TriHealth Inc.: Total Quality System  
**1996:** International Biometric Society, Statistical methods for base and applied biological research, XVIII edition.  
**1996:** Military School of Medicine: 123° Cadet Physicians Course.  
**2004:** National Academy of Medicine: Hospital Organization: construction, hygiene and technology.  
**2005:** Piemonte Region, FederSanità Anci Piemonte: School of Management for CEO, CMO and CAO of Healthcare organizations.  
**2010:** Royal College of Physicians London, The Good Governance Institute, Health care Events: Delivering Disinvestment  
**2011:** International Forum on Quality & Safety in Healthcare, Exclusive Chief Executive Day: A total makeover for healthcare: can we have better health care for less money?  
**2012:** Royal College of Physicians London, Institute of Healthcare Management, Healthcare Conferences UK: A practical Guide to Measuring and Monitoring Patient Experience.  
**2016:** Policy Exchange: Active, Healthy Aging in the EU: growing the silver economy.

## MEDICAL QUALIFICATIONS

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### Medical National Qualification

Profession: physician, medical doctor

Place and date: Torino (Turin), 11 September 1995.

### Professional Register

Professional Association: Professional Register for Physicians

Place and date: Vercelli 19 June 1995 – 11 December 2002; Novara 12 December 2002 – 3 July 2005; Vercelli 4 July 2005 – today.

## RESEARCH ACTIVITY (ANNEX 1, PAGE 8)

### RESEARCH AREAS & MAIN RESULTS

I managed and leaded high quality and innovative research internationally. I studied three research areas, mainly: 1) **Quality in Healthcare and Evidence Based Medicine** (experimental studies on effectiveness of clinical/critical/care pathways; development and evaluation of model for quality improvement of care processes and organization of care; clinical trials and trials for evaluating complex interventions in healthcare). 2) **Healthcare Planning and Organization** (development and experimentation of managerial models for integration of hospital and primary care - priority setting, disease management and cronic care models; development of risk management models; study of accreditation systems; technology assessment; clinical governance). 3) **Epidemiology and Community Medicine** (study of the effect of air pollution and population health related outcomes, study of population's pathogical addictions – smoke habits, study of inequalities in healthcare and small area variations).

My research activity is summarized by **408 publications** (total **Impact Factor 163,794, H index 20**), as it follows: 175 publications on peer-reviewed journals, 90 lectures in international conferences, 109 lectures in national conferences and 8 books' chapters, 14 healthcare publications and 11 translations of books of Public Health. The publication list is shown in Annex 1. I have been doing **research internationally** with formal collaboration with the KU University Leuven, Belgium – Institute for Healthcare Policy, where I am part-time professor. I also collaborated with the Belgian Dutch Clinical Pathway Network, the Health Directorate for Health of the Ministry of Health in Ireland and the National School of Public Health in Lisbon, Portugal. For my research activity I received **grants for € 4.824.539, 33**.

### EDITORIAL ACTIVITY

**Editor in Chief**, the International Journal of Care Pathways (2009-2014).

**Editorial Board member**, the European Journal of Therapeutics (2018-today), the Italian Journal of Technology Assessment & Delivery (2016-today), the Integrated Care Pathway Journal (2008-2009), Bulletin: economics, organisation and informatics in health care (2008-today) e Quality Assurance – QA (2004-2006).

**Reviewer Indexed Journals:** The American Journal of Managed Care. Journal of Clinical Outcomes Management. The International Journal for Quality in Health Care. Health Policy. Community Mental Health Journal. The European Journal of Cardiovascular Nursing. The International Journal of Nursing Studies. Neurology. Quality & Safety in Health Care. BMC Health Services Research. PLoS ONE. European Journal of Internal Medicine. BMC Medicine. BMC Public Health. Quality in Primary Care. BMC Medical Informatics and Decision Making. Health Information Management Journal. Hepatobiliary & Pancreatic Diseases International. Journal of Neuropsychiatry and Clinical Neurosciences. Journal of Civil Engineering and Construction Technology. Hospital Practice. BMJ Open. Journal of Traditional and Complementary Medicine.

**Reviewer, international conferences:** International Society for Quality in Health Care, International Society for Pharmacoeconomics and Outcome Research, Health Technology Assessment International (HTAi) e European Pathway Association.

### SCIENTIFIC COMMUNITY

**President**, the European Pathway Association (E-P-A, [www.E-P-A.org](http://www.E-P-A.org)) (2008-today).

**National Secretary**, the Italian Society for Qualità in Healthcare (in Italian: Società Italiana per la Qualità dell'Assistenza, - SIQuas-VRQ) (2004-2006).

**Scientific Committee**, the Italian Association for the Quality of Health and Social Care (in Italian: Associazione Italiana per la Qualità delle Cure Sanitarie e Sociali) (2017-today)

**Memberships** (year of association): Associazione Italiana di Epidemiologia (AIE) (1996), International Biometric Society (IBS) (1996), American Health Planning Association (AHPA) (1996), International Society for Quality in Health Care (ISQua.) (1997), Società Italiana di Igiene (SIItI) (1998), Società Italiana per la Qualità dell'Assistenza (SIQuas-VRQ) (1999), International Society for Clinical Biostatistics (ISCB) (1999), International Society of Technology Assessment in Health Care (ISTAHC, now HTAi) (2002), International Society for Pharmacoeconomics and Outcome Research (ISPOR) (2003), Associazione Nazionale Medici di Direzione Ospedaliera (ANMDO) (2005), Società Italiana dei Medici Manager (SIMM) (2006).

**Founding member:** the European Pathway Association (E-P-A) (2004), Società Italiana dei Medici Manager (SIMM) (2006).

## AWARDS

**Silver Medal Honour Award** of the University of Turin for the best thesis of the Faculty of Medicine, academic year 1993/94 “Indicators System for the evaluation of hospital activities”.

**Young Research Award** of the Inaugural EuroConference – Eastern Mediterranean Region of the International Biometric Society, Athens, January 8<sup>th</sup> 2001.

**Peter Reizenstain Prize Honourable Mention** of the International Society for Quality in Healthcare, 2003 – Annual General Meeting of the International Society for Quality in Health Care, Amsterdam, 21 ottobre 2004.

## TEACHING ACTIVITY (ANNEX 2, PAGE 33)

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### ACADEMIC TEACHING

I have been teaching at **University of Eastern Piedmont - UPO, Faculty of Medicine** since the Academic Year 2000/01. In brief, my activity could be summarized as it follows:

**Degrees:** *Medicine* (Epidemiology, Community Medicine, Hygiene and Public Health), *Nursing Sciences* (Healthcare Organization, Management of Human Resources, Quality and Risk Management), *Medical and Pharmaceutical Biotechnologies* (Hygiene and Public Health), *Healthcare Sciences* (Hygiene and Public Health).

**Bachelors:** *Nursing and Obstetrics* (Healthcare Organization, Health Economy, Healthcare Planning and Organization, Hygiene and Public Health, Epidemiology, Continuous Quality Improvement), *Physiotherapist* (Healthcare Planning and Organization), *Dental Hygienist* (Hygiene and Public Health, Healthcare Planning and Organization, Epidemiology), *Technician of Biomedical Laboratory* (Hygiene and Public Health), *Technician of Radiology* (Occupational Safety).

**Post Graduates Degrees:** *Obstetrics and Gynecology; Psychiatry; Radiology and Radiotherapy; Dermatology; Pathology* (Epidemiology, Hygiene and Public Health).

**PhD:** *Clinical and Experimental Medicine, Medical Sciences* (PhD supervisor in Public Health).

**Master degrees:** *Lifestyle Medicine* (Evidence Based Lifestyle Medicine), *Management for the Coordination of Healthcare Organization* (Healthcare Planning and Organization, Health Economy, Quality in Healthcare, Hygiene, Epidemiology), *Nursing in Oncology* (Epidemiology), *Nursing in Psychiatry* (Healthcare Legislation, Health Economy), *Management in Laboratory* (Organizational change); *Healthcare District* (Planning in Healthcare), *Management for Social Services* (Healthcare Organization).

OTHER  
TEACHING  
ACTIVITIES

I also have been also teaching **nationally and internationally** in several institutes for training healthcare professionals in leadership and management methodologies.

**PROFESSIONAL ACTIVITY (ANNEX 3, PAGE 42)**

I have been serving in several healthcare institutions and organizations. As a **Medical Director / Chief Medical Officer**, I developed leadership and negotiating abilities and a strong appreciation for constructive teamwork, both in hospital and in primary care. I also developed skills in administration including managing human resources, finances and budgeting.

As a Chief Medical Officer, I directed both **public and private hospitals**. I coordinated the clinical departments and I was responsible of the overall organizational processes and activities, including: logistic, epidemiological surveillance, statistics, safety and prevention, technology assessment, hygiene procedures, legal medicine, clinical records, transplantation, ethical issues and experimentations, environmental controls, hospital and special wastes, hospital social services, food services, housekeeping, etc. I had the opportunity to lead both organizations through disruptive changes, including the activation of new services and innovative models of care.

As a director of the **Healthcare District**, I directed the network of health services and departments that provided primary and secondary care, including pay for services (annual mean budget for services except drugs 27.956.676 euros) and managing the pharmaceutical (annual mean budget euros 25.927.187,22). My responsibilities included also negotiating the strategic planning with the local municipalities and integrating social and health services.

**POLITICAL ACTIVITY**

**2008-2009:** Vice President, Union of Municipalities CO. SER Bassa Vercellese

**2001-2009:** Alderman Union of Municipalities CO. SER Bassa Vercellese to Social and Cultural Development, (2001-2004), Productive and Occupational Development, (2004-2009), Institutional Relationships (2008-2009).

**1996-2009:** Concillour, Pertengo Municipality.

**1996-2009:** Vice Mayor, Pertengo Municipality.

**1999-2000:** President, CEO of the Board of Directors, Consortium of Services for Bassa Vercellese Municipalities.

**1996-1999:** Vice President Consortium of Services for Bassa Vercellese Municipalities.

**LANGUAGES**

Italian: native speaker;

	Understanding		Speaking		Writing
	Listening	Reading	Spoken interaction	Spoken production	
English	C2	C2	C1	C1	C1
French	B2	C1	B2	B1	A2

Asigliano Vercellese, 03rd June 2018

Prof. Massimiliano Panella  
(signed in original)

# ANNEX 1

## RESEARCH ACTIVITIES

Continuous Quality Improvement and Evidence Based Medicine	p. 9
Healthcare Planning and Organization	p. 10
Epidemiology and Community Medicine	p. 10

## PUBLICATIONS

Publications on peer-reviewed journals	p. 12
Lectures in international conferences	p. 21
Lectures in national conferences (in Italian)	p. 25
Chapters of books	p. 32
Other healthcare publications	p. 33
Medical translations	p. 34

## FUNDINGS

Main Research Fundings (> € 15.000,00)	p. 35
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## R E S E A R C H   A C T I V I T I E S

I am being doing research internationally with formal collaboration with KU University Leuven, Belgium – Institute for Healthcare Policy, where I am part-time professor. I also collaborated with the Belgian Dutch Clinical Pathway Network, the Health Directorate for Health of the Ministry of Health in Ireland and the National School of Public Health in Lisbon, Portugal. I am developing research activities with the University of South Carolina – Lifestyle Medicine Education Collaborative; The Karolinska Institutet, Stockholm, Sweden – Research, Health Improvement, Implementation and Evaluation, Medical Management Centre, University of Gaziantep, Department of Biostatistics, School of Medicine, Turkey.

My research program is focused on three major streams:

- **Continuous Quality Improvement (CQI) and Evidence Based Medicine (EBM) – “CQI-EBM”** (experimental studies on effectiveness of clinical/critical/care pathways; development and evaluation of model for quality improvement of care processes and organization of care; clinical trials and trials for evaluating complex interventions in healthcare);
- **Healthcare Planning and Organization (HPO)** (development and experimentation of managerial models for integration of hospital and primary care - priority setting, disease management and chronic care models; development of risk management models; study of accreditation systems; technology assessment; clinical governance);
- **Epidemiology and Community Medicine (ECM)** (study of the effect of air pollution and population health related outcomes, study of population's pathological addictions – smoke habits, study of inequalities in healthcare and small area variations).

In the **research stream “CQI-EBM”** I mainly investigated how the use of care pathways (also known as critical and clinical pathways) – CPs can improve organisational functioning, service delivery and patients outcomes. A CP is a complex intervention for the organisation of care processes. The aim of a CP is to enhance the quality of care across the continuum by improving patient outcomes, promoting patient safety, increasing patient satisfaction, and optimizing the use of resources.

The first phase of this research was focused in defining a conceptual and operational methodology for the implementation of CPs (A2, A24, A45, A47, I16 I38, N34, N44, N55, N63, N76, N83, N91, N94, N102, N105, L6). I was in the steering committees of the “Clinical Pathways Education Program for Quality Facilitators in the National Healthcare System” of the National Institutes of Health (in Italian “Istituto Superiore di Sanità”) and Project manager of the “Evidence-based Medicine and Care Pathways Project” of the Regional Health Care Agency of Marche Region (winner of the first prize for the Healthcare at of the National Award Forum of the Public Administration 2001, in Italian Forum della Pubblica Amministrazione Sanità 2001).

As the main investigator of the “National Research Line: Clinical Pathways” of the National Institutes of Health I conducted several experimental studies and literature reviews. This research provided first evidence of the value of CPs. Some CPs appeared to be effective in reducing unnecessary variations and in improving the outcomes and the quality of the care provided to patients. Of particular significance was the impact of the implementation of the CP for heart failure that reduced in-patient hospital mortality (A38, A50, A83, A107, A138, I22, I23, I25). This research was awarded with the Honourable Mention of the Peter Reizenstain Prize 2003 of the International Society for Quality in Healthcare.

I was also principal investigator for the Italian Ministry of Health in two national researches: “The Effectiveness and Efficiency of the Implementation of Clinical Pathways” (in Italian: Studio sperimentale prospettico di efficacia ed efficienza dell'adozione di profili assistenziali”, Fondi di Ricerca Finalizzata del Ministero della Salute 2001) and “The Use of Clinical Pathways for the Implementation of Effective and Appropriate Procedures Study” (in Italian: “Diffusione dei profili di cura e di assistenza per l'applicazione della pratica delle procedure efficaci ed appropriate”, Fondi di Ricerca Finalizzata del Ministero della Salute 2003). These studies represented the first examples in the international literature of the evaluation of CPs with the Framework for design and evaluation of complex interventions to improve health of the Medical Research Council. Both studies contributed internationally to the adoption of the cluster randomized controlled trial design (cRCT) as a gold standard for evaluating CPs

(A59, A65, A69, A81, A96, A148, I42, I49, I52, I55, I59, I60, I64, I69, I77). As major findings, the use of CPs showed significantly improved the outcomes of patients with acute heart failure and of patients with ischemic stroke, indicating better application of evidence-based key interventions and of diagnostic and therapeutic procedures. The findings also drove research towards new hypothesis on CPs as a complex intervention (A62, A68, A131, A141, I35, I40, I43, I58).

I also participated to several national and international studies aimed to evaluate the effect of CPs in different settings and conditions. These included CPs for surgical procedures, delivery, schizophrenia, COPD, AMI, hip and femur fractures, dermatological conditions (A33, A53, A67, A72, A73, A76, A108, A112, A115, A119, A126, A136, I5, I17, I27, I37, I41, I44, I61, N18, N21, N33, N35, N57, N60, N72, N82, N106, L7). The adoption of CPs added permanent value to organizations as a whole: CPs supported and team-working and team-building, management by objectives, and utilization management, and also helped to promote EBM and the practice of evaluating (A66, A101, A116, A152, A171, I54, I57, I62, I63, I67, I68, I72, I74, N81, L5).

I am a founding member and actual President of the European Pathway Association (E-P-A). This association is an international not for profit organisation supporting organisations and individuals who want to support the development, implementation and evaluation of CPs through international research, networking and training initiatives including the E-P-A Summer Schools, Master Classes and international conferences ([www.E-P-A.org](http://www.E-P-A.org), V5, V6, V7, V8, V10, V12). Within E-P-A activities I contributed to the building of a European definition and methodology for implementing CPs and to the international spreading, use and diffusion of CPs (A51, A55, A88, A89, A90, A95, A97, A100, A104, A106, A117, A121, A122, A139, A140, A169, I32, I39, I45, I48, I50, I51, I53, I71, I79, I84, I8). I also have been Editor in Chief of the International Journal of Care Pathways of the Royal Society of Medicine press (A105, A113). As a President of E-P-A and as a researcher, I promoted and participated to the “European Quality of Care Pathways study – EQCP” that was the largest international study on the effectiveness of CPs including hospital patients with COPD and femur fracture. The EQCP study results showed how the use of CPs could have a positive impact in hospitals a better adherence to guidelines, better patient outcomes and improved multidisciplinary teamwork has been shown after the implementation of CPs (A91, A93, A124, A125, A127, A137, A166, A167, I75, I85, I86). Moreover, the findings helped to understand what could be mechanisms behind the positive effect of CPs as a complex intervention (A175).

In the **research stream “HPO”** I did research on a hospital level regarding Business process management and re-engineering in operating rooms, emergency department and inpatients’ and outpatients’ admission processes. I did also research on cost and appropriateness of the care provided through the analysis of clinical records and DRGs (A1, A6, A56, I4, I31, N2, N3, N4, N5, N6, N14, N50, N56). I did also research on organizational climate and on team-working. This research has been awarded with the 1st prize in poster presentation at the XVI National Conference of the Italian Society for Quality in Healthcare SIQuas –VRQ (A61, A123, A143, N78, N101). Within the same research stream, I did studies on Quality evaluation and improvement. The main goal was to investigate how to stimulate positive quality improvement activities in health services and clinical practices that could be effective in improving patients’ clinical outcomes and satisfaction. These studies were performed in different settings and conditions: obstetrical and gynaecological care (A31, I11, I19, I24, I47, N31, N48); HIV infection/AIDS (A3, A7, A36, I33, N64); emergency services (A39, A173, A174, A176, N49, N54, N67, N98); health and social services and long term care (A27, A30, A128, I66, N16, N17, N51, N52, N53, N68, N017) and primary care (A37, A120, A168, I34, N66). I also collaborated to clinical studies as a statistician (A10, A34, A35, A41, A44, A46, A48, A92, A132, I12, I18, I21, N29, N32, N99).

My research activity on Clinical Risk Management showed how risk reduction could be achieved through the implementation of evidence-based procedures (A11, A60, A64, A158, I8, I30, I36, I76, N22, N24, N26, N69, N75, N77, N79, N80, N87, N88, N96, N97, N100, N103, V9) and through the integrated management of socio-economical disadvantage factors of patients (A18, I3, I65, I70, I73, N86). This research was awarded with the 2nd prize in oral presentation at the XVI National Conference of the Italian Society for Quality in Healthcare SIQuas –VRQ. In the same area, I studied 2nd Victims after medical errors (A133, A134, A147, A150, A160, A162, A164, A165, I82, I83, I88, N108). Actually, I am principal investigator of the study “Defensive Medicine” of the Italian National Agency for Healthcare Regional Services – AGENAS (A155, A156, A161, A170, I80, I81, I87, I89, N104).

I did research to develop and evaluate models for implementing Clinical Governance. I am currently directing the VIRES Study for "Evaluationg and planning Clinical Network" in Marche Region, and I am participating as a policy maker advisor to the European Network on lont term care – LTCPQNET on "Advancing active and healthy ageing in Europe". I also participated to the Steering Committees of the national studies of the Italian Ministry of Health "Experimentation of a Disease Management Social-Sanitary Model for Alzheimer Disease" of the Italian Ministry of Health (Fondi di Ricerca Finalizzata del Ministero della Salute 2001) and "Raphael Project: Disease and Care Management" (Fondi di Ricerca Finalizzata del Ministero della Salute 2005). I was principal investigator in the regional project Implementation of integrated care in schizophrenia" (Progetto di ricerca finalizzata della Regione Piemonte 2003) and in the project "Development of a Disease Management Program for the Cardiovascular Risk" (Pfizer Italy – Outcome Research Unit). I also coordinated the Study Group on Disease Management of the Italian Society for Qualità in Healthcare and I am participating as a policy maker to the European Network on Long Term Care Quality and Cost Effectiveness and Dependancy Prevention (A15, A42, A57, A98, A145, I1, I56, I90, N11, N30, N41, N45, N61, N71, N84, N90, N95, N109, L3). I also did research on accreditation systems (N1, N9, N13, L1, L2).

My **research stream "ECM"**, has been mainly focused on studying the effect of Environmental quality and the health status of the population (A4, A5, A8, A12, A13, A14, A70, A74, A75, A77, A78, A86, A94, A99, A109, A110, A111, A114, A116, A154, A157, I9, I15, N7, N10, N15, N23, N42, N43, N46, N47, N85, N92, N93), with a special focus on cancer incidence (A129, A130, A135, A142, A144, A149, A151, A153, A159, A163). Regarding air pollution I studied the relationship between atmospheric nitrogen dioxide and negative short-term effects on general population and children (A19, A20, A21, A22, I20, A23, A26, A28, A29, A40, I2, N8, N12, N25, N39, N40).

I also studied Addiction phenomena in the population (A58, A79, I6, N27, N28, N38, N58) with particular interest regarding tobacco use in adolescents (A32, I13, N36, N59, L4, V1, V2, V4). I participated to the planning, development and implementation of the European Drug Addiction Prevention Program (EU-Dap) of the European Commission (fondi strutturali per la ricerca 2005). EU-Dap was the first European multicentre randomized study evaluating the effectiveness of a school-based intervention of preventing tobacco, alcohol and drug onset. EU-Dap was a community cluster randomized controlled trial involving 170 schools for a population of 7.079 students (aged 12-14) in 7 Countries (Austria, Belgium, Germany, Greece, Italy, Spain, Sweden). As a major finding EU-Dap program was associated to a reduction of alcohol related problems (A52, A54, A62, A80, A85, A103, A146, I46).

I did research on Small area variations in access and use of surgical procedures in Marche Region, Italy: major variations have been observed for discretionary procedures that have been related to the different offer of health services, lack of cross borders procedures, social and economical factors and professional behaviours (A43, I26, I29, N65, N70). Similar findings have been observed on procedure related to acute myocardial infarction, strokes and delivery (A71, A87, A118, A172, N89). About the use of preventive medicine, a reduced access for patients with psychiatric conditions was observed (A9, A49, N37, V3). Last, I did other epidemiological and community medicine research (A17, A25, I7, I10, I14, I28, N20, N62, N73, N74) and I collaborated to studies regarding the psychological training of medical students (A16, N19). I also contributed to the Italian edition of Public Health books (T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11).

## P U B B L I C A T I O N S

### ( I N C R O N O L O G I C A L O R D E R )

PUBLICATIONS ON PEER-REVIEWED JOURNALS (*Total Impact Factor 163,794, H index 20*)

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- A2. **Panella M.**, Moran N, Di Stanislao F. A methodology for developing clinical pathways: the experience of TriHealth Inc. QA 1997; 1: 1-16 (in Italian).
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- N109. **Panella M.**, Rinaldi C, D'Alleva A, Tirabassi F, Cangelosi G, Di Stanislao F. Raggiungere gli obiettivi del Quadruple Aim attraverso le reti cliniche: una revisione sistematica. In atti poster del 50° Congresso Nazionale. SItI. Torino, 20-25 novembre 2017

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- Society of Hygiene, Preventive Medicine and Public Health. F. Di Stanislao e G. Renga. Pubblicazione S.It.I, Settembre 1998 (in Italian).
- L2. Di Stanislao F, **Panella M**, Siliquini R. Models of Accreditation: international experiences. In “Accreditation of health services in Italy”, by Di Stanislao F. e Liva C. Chapter 1: 1-32. Centro Scientifico Editore. Torino 1997 (in Italian).
- L3. **Panella M**. The integrated management of patients: re-engineering of processes, profiles assistance and disease management. In “Quality Assessment” by Cipolla C. e Girelli G. Capitolo 16: 348-58. Franco Angeli Editore, Milano 2002 (in Italian).
- L4. **Panella M**, Binotti M, Sarasino D, Tommasini V, Fattori I, Lorenzon M, Pritoni F, Palin L, Di Stanislao F. Tobacco use in Adolescents in the City of Novara: Determinants and Intervention Strategies. In Tobacco Counters Health WATCH-2000. MacMillan India LTD, 2000: 105-9.
- L5. **Panella M**, Di Stanislao F. “Variations and clinical pathways”. In “Variations in Health Services” in Italy by Morosini PL, Palumbo G. Capitolo 18: 259-73. Centro Scientifico Editore. Torino 2004 (in Italian).
- L6. Casati G, **Panella M**, Di Stanislao F, Vichi MC, Morosini PL. Process management and professional paths. In “Professional quality and Care pathways”, by Morosini PL, Di Stanislao F, Casati G, **Panella M**, Mastrogiovanni P, Vichi MC, Jovine R, Falasco P. Chapter 1: 1-65. National Institutes of Health, Regional Healthcare Agency of Marche, Ministry of Health, Roma-Ancona 2004 (in Italian).
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- L8. Vanhaecht K, **Panella M**, Van Zelm R, Sermeus W. What about Care Pathways? In: Ellershaw JE, Wilkinson S, eds. Care of the Dying. 2<sup>nd</sup> edn. Oxford: Oxford University Press, 2010.

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- V1. **Panella M**, Sarasino D, Demarchi MI, Lorenzon M, Kozel D, Marchisio S, Binotti M, Palin L. The identity of Nicky. Information Booklet for the prevention of smoking in adolescents. Publication of the Italian League for the fight against cancer - Provincial Section of Novara, Novara 2001.
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- V3. **Panella M**, Kozel D, Marchisio S, Palin L, Sarasino D. The access to prevention of female cancers in the population resident in the province of Novara, with particular reference to women with psychiatric disorders. Publication of the Italian League for the fight against cancer - Provincial Section of Novara, Novara 2001.
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- V5. Vanhaecht K, **Panella M** Newsletter of the European Pathway Association.- Edition 1, September 2006 (<http://www.e-p-a.org/00000098440e52c02/index.html>).
- V6. Van Zelm R, Vanhaecht K, **Panella M** Newsletter of the European Pathway Association.- Edition 2, March 2007 (<http://www.e-p-a.org/00000098440e52c02/index.html>).
- V7. Van Zelm R, Vanhaecht K, **Panella M** Newsletter of the European Pathway Association.- Edition 3, October 2007 (<http://www.e-p-a.org/00000098440e52c02/index.html>).
- V8. Van Zelm R, Bolmann M, Vanhaecht K, **Panella M** Newsletter of the European Pathway Association.- Edition 4, March 2008 (<http://www.e-p-a.org/00000098440e52c02/index.html>)
- V9. **Panella M**. Editoriale. Annuario 2008 SEAT Pagine Gialle Benessere e Salute. (<http://www.annuarioseat.it/annuario.php?a=c>).
- V10. Van Zelm R, Vanhaecht K, **Panella M** Newsletter of the European Pathway Association.-Edition 5, October 2008 <http://www.e-p-a.org/downloads/epanewsletteroct2008.pdf>
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- V13. Van Zelm R, Vanhaecht K, **Panella M** Newsletter of the European Pathway Association.-Edition 9, february 2011 <http://www.e-p-a.org/downloads/epanewsletterfeb2011.pdf>
- V14. Van Zelm R, Vanhaecht K, **Panella M** Newsletter of the European Pathway Association.-Edition 11, March 2012 <http://www.e-p-a.org/downloads/issue11-march-2012.pdf>

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1. Edwards P, Jones S, Shale D, Thursz M. Shared Care a mode for Clinical Management. Centro Scientifico Editore. Torino 1997.
2. Edwards P, Jones S, Williams S.e Business and Health Planning for General Practice. Centro Scientifico Editore. Torino 1997.
3. Joint Commission. An integrated Approach to Medical Staff Performance Improvement. 2nd Edition. Centro Scientifico Editore. Torino 1998.
4. Leape I, Kabcenall A, Berwick D, Roessner J. Reducing Adverse Drugs Events. Centro Scientifico Editore. Torino 1999.
5. Ovreitveit J. Evaluating Health Interventions. Centro Scientifico Editore. Torino 1999.
6. Beaglehole R, Bonita R. Public Health at the Crossroads. Centro Scientifico Editore. Torino 2000.
7. Mullen P, Spurgeon P. Priority Setting and the Public. Centro Scientifico Editore. Torino 2000.
8. Joint Commission International for Healthcare Accreditation. Preventing Adverse Events in Behavioral Healthcare: A Systems Approach to Sentinel Events. Centro Scientifico Editore. Torino 2000.
9. D.L. Sackett, S.E. Strauss, W. S. Richardson, W. Rosenberg, R.B. Haynes Evidence-Based Medicine. Centro Scientifico Editore. Torino 2002
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11. Joint Commission Resources. What Every Health Care Organization should Know About Sentinel Events C.G. Edizioni Medico Scientifiche. Torino 2007.

## MAIN RESEARCH FUNDING

*TOTAL FUNDING € 4.824.539,33 (Funding for local research and funding <€ 15.000 have not been included)*

<b>Role</b>	<b>Research Title</b>	<b>Financier</b>	<b>Funding</b>	<b>Years</b>
Scientific Coordinator (principal investigator)	“Evaluation and development of clinical networks in the healthcare system of Marche Region”	Agenzia Regionale Sanitaria delle Marche (Regional Healthcare Agency of Marche)	€ 180.000,00	2016-today
Scientific Coordinator (principal investigator)	“Second Victims in Healthcare”	National Agency for Healthcare Regional Services – AGENAS	€ 30.000,00	2015-today
Steering Committee	“Care Pathways for Nutrition Problems in Gastro Intestinal Cancer patients”	Baxter	€ 307.500,00	2013-today
Steering Committee	“Care Pathways for Acute Coronary Syndrome”	AstraZeneca	€ 200.000,00	2013-today
Scientific Coordinator (principal investigator)	“Defensive Medicine”	National Agency for Healthcare Regional Services – AGENAS	€ 20.000,00	2013-2014
Steering Committee	“The EQCP project” (European Quality of Care Pathways Project)	Pfizer Europe	€ 730.000,00	2008-2012
Steering Committee	“Raphael Project: Disease and Care Management”	Italian Ministry of Health (Fondi di Ricerca Finalizzata del Ministero della Salute 2005) co-funding Pfizer Italy	€ 500.000,00	2006-2009
Unit Coordinator (principal investigator)	“European Drug Addiction Prevention Program”	European Commission	€ 86.164,80	2005 -2009
Project Coordinator (principal investigator)	“Effectiveness of Interventions for Smoking Onset Reduction in a Adolescent Population”	Lega Italiana per la lotta contro i tumori (Italian League Against Cancer)	€ 56.000,00	2004-2007
Unit Coordinator (principal investigator)	“The Use of Clinical Pathways for the Implementation of Effective and Appropriate Procedures”	Italian Ministry of Health (Fondi di Ricerca Finalizzata del Ministero della Salute 2003)	€ 441.000,00	2003-2005
Scientific Coordinator (principal investigator)	“Development of a Disease Management Program for the Cardiovascular Risk”	Pfizer Italy – Outcome Research Unit	€ 40.000,00	2003-2005
Steering Committee	“Clinical Pathways Education Program for Quality Facilitators in the National Healthcare System”	National Institutes of Health (Istituto Superiore di Sanità)	€ 80.000,00	2003-2004
Project Coordinator (principal investigator)	“Effectiveness of Interventions for Smoking Onset Reduction in a Adolescent Population”	Compagnia San Paolo di Torino (San Paolo Bank in Turin)	€ 170.000,00	2002-2005
Steering Committee	“Experimentation of a Disease Management Social-Sanitary Model for Alzheimer Disease”	Italian Ministry of Health (Fondi di Ricerca Finalizzata del Ministero della Salute 2001)	€ 1.280.813,11	2001-2004
Scientific Coordinator (principal investigator)	“Effectiveness and Efficiency of the Implementation of Clinical Pathways”	Italian Ministry of Health (Fondi di Ricerca Finalizzata del Ministero della Salute 2001)	€ 222.074,00	2001-2003
Project Coordinator (principal investigator)	“National Research Line: Clinical Pathways”	National Institutes of Health (Istituto Superiore di Sanità)	€ 15.493,71	2000-2001

## ANNEX 2

### TEACHING ACTIVITY

Academic teaching	p. 37
Teaching at management training institutes	p. 39
Other teaching activities (in Italian)	p. 41

## A C A D E M I C T E A C H I N G

- ❖ Amedeo Avogadro University of Eastern Piedmont, School of Medicine, Degree in:
  - Medicine:
    - Epidemiology (20 hours) A.Y. 2001/02, 2002/03, 2003/04, 2004/05, 2005/06, 2006/07, 2007/08, 2008/09, 2009/10, 2010/11, 2011/12, 2012/13, 2013/14, 2014/15, 2015/16, 2016/17.
    - Hygiene and Public Health (60 hours) Academic Year (A.Y.) 2001/02.
    - Community Medicine (10 hours) A.Y. 2001/02, 2002/03, 2003/04, 2004/05, 2005/06.
  - Nursing Sciences:
    - Healthcare Organization (16 hours) A.Y. 2006/07, 2007/08, 2008/09, 2009/10, 2010/11, (25 hours) 2011/12, (36 hours) 2012/13, 2013/14, 2014/15, 2015/16, 2016/17.
    - Management of Human Resources (24 hours) A.Y. 2012/13, 2013/14, 2014/15, 2015/16, 2016/17.
    - Quality and Risk Management in Healthcare (24 hours) A.Y. 2012/13, 2013/14, 2014/15, 2015/16, 2016/17.
  - Biological Sciences:
    - Hygiene and Public Health (60 hours) A.Y. 2016/17.
  - Medical and Pharmaceutical Biotechnologies:
    - Hygiene and Public Health (10 hours) A.Y. 2004/05, 2005/06, 2006/07.
  - Healthcare Sciences:
    - Hygiene and Public Health (30 hours) A.Y. 2012/13, 2013/14, 2014/15.
  - Bachelor of Nursing:
    - Healthcare Organization (16 hours) A.Y. 2003/04, 2004/05, 2005/06.
    - Health Economy (16 hours) A.Y. 2003/04, 2004/05, 2005/06.
    - Healthcare Planning and Organization (16 hours) A.Y. 2000/01, 2001/02, 2002/03.
    - Hygiene and Public Health (32 hours) A.Y. 2001/02, 2002/03, 2012/13, 2014/15.
    - Epidemiology (16 hours) A.Y. 2002/03.
    - Continuous Quality Improvement (8 hours) A.Y. 2000/01.
  - Bachelor of Midwifery:
    - Healthcare Organization and Laws (15 hours) A.Y. 2013/14, 2014/15, 2015/16.
    - Healthcare Organization (16 hours) A.Y. 2003/04, 2004/05, 2005/06.
    - Health Economy (16 hours) A.Y. 2003/04, 2004/05, 2005/06.
    - Healthcare Planning and Organization (16 hours) A.Y. 2000/01, 2001/02, 2002/03.
    - Hygiene and Public Health (16 hours) I A.Y. 2001/02, 2002/03.
    - Epidemiology (16 hours) A.Y. 2002/03.
    - Continuous Quality Improvement (8 hours) A.Y. 2000/01.
  - Bachelor of Physiotherapist:
    - Healthcare Planning and Organization (16 hours) A.Y. 2000/01, 2001/02, 2002/03, 2003/04, 2004/05, 2005/06, 2006/07, 2007/08, 2008/09, 2009/10, 2010/11, 2011/12 (10 hours), 2012/13, 2013/14, 2014/15, 2015/16, 2016/17.
  - Bachelor of Dental Hygienist:
    - Hygiene and Public Health (20 hours) A.Y. 2012/13, 2015/16, 2016/17.
    - Healthcare Planning and Organization (10 hours) A.Y. 2000/01, 2001/02, 2002/03.
    - Epidemiology (10 hours) A.Y. 2001/2002.
  - Bachelor of Technician of Biomedical Laboratory:
    - Hygiene and Public Health (10 hours) A.Y. 2012/13, 2013/14, 2014/15, 2015/16, 2016/17.
  - Bachelor of Technician of Radiology:
    - Occupational Safety (10 hours) A.Y. 2006/07, 2007/08, 2008/09, 2009/10, 2010/2011, 2011/12.
  - Post Graduate Degrees:

- School of Obstetrics and Gynaecology: Hygiene and Public Health (40 hours) A.Y. 2001/02, 2002/03, 2003/04, 2004/05, 2005/06, 2006/07, 2007/08, 2008/09, 2009/10, 2010/11, 2011/12, 2012/13, 2013/14, 2014/15, 2015/16, 2016/17.
- School of Psychiatry: Epidemiology (16 hours) A.Y. 2001/02, 2002/03, 2003/04, 2004/05, 2005/06, 2006/07, 2007/08, 2008/09, 2010/11, 2011/12; Epidemiology (12 hours), Statistics for psychiatry (12 hours), Health Economy (12 hours) A.Y. 2012/13, 2013/14, 2014/15, 2015/16, 2016/17.
- School of Paediatric: Hygiene and Public Health (20 hours) A.Y. 2011/12, 2012/13, 2013/14.
- School of Radiology: Hygiene and Public Health (16 hours) A.Y. 2001/02, 2002/03, 2003/04, 2004/05, 2005/06, 2006/07, 2007/08, 2008/09.
- School of Dermatology: Hygiene and Public Health (30 hours) A.Y. 2002/03, 2003/04, 2004/05, 2005/06, 2006/07, 2007/08, 2008/09.
- School of Pathology: Hygiene and Public Health (20 hours) A.Y. 2005/06, 2006/07, 2007/08, 2008/09.

➤ PhD Program:

- Medical Sciences and Biotechnologies. Edition XXIX, XXX, XXXI, XXXII Research line “Evidence based Public Health”.
- Clinical and Experimental Medicine, section of Public Health: Edition XXII, XXIII, XXIV, XV, XVI, XXVII, XXVIII. Research line “Decision Making in Public Health”.
- Local Autonomies, Public Services and Citizens’ rights. Edition V.

➤ Masters:

- MPH, Lifestyle Medicine: Evidence-based Lifestyle Medicine (16 hours): A.Y. 2016/17.
- MPH, Management for the Coordination of the Healthcare Organizations: Healthcare Planning and Organization (12 hours), Health Economy (12 hours), Quality in Healthcare (20 hours), Hygiene (10 hours), Epidemiology (16 hours), A.Y. 2005/06, 2006/07, 2007/08, 2008/09, 2009/10, 2010/11, 2011/12, 2012/13; Healthcare Planning and Organization (8 hours), Health Economy (8 hours), A.Y. 2013/14; 2014/15, 2015/16, 2016/17; Project Management (8 hours); 2014/15, 2015/16, 2016/17.
- MPH, Direction of Healthcare Districts: Healthcare Planning and Organization (12 hours) A.Y. 2012/13, Methodologies for Team building and Team management (16 hours); Methodologies for negotiation and conflict management (8 hours); Methods for Health Services Research (4 hours) Methods for quantitative research (8 hours); Continuous Quality Improvement techniques for Clinical Microsystems (12 hours) A.Y. 2013/14.
- Nursing in Community settings: Healthcare Planning and Organization (8 hours): A.Y. 2013/14.
- Nursing in Oncology: Epidemiology (10 hours) A.Y. 2003/04, 2004/05.
- Nursing in Psychiatry: Health Legislation, Health Economy (16 hours) A.Y. 2004/05, 2005/06, 2006/07, 2007/08, 2008/09, 2009/10, 2010/11.
- Management in Laboratory: Organizational change (16 hours) A.Y. 2010/11
- Management in Social Services: Healthcare Organization (16 hours) A.Y. 2005/06, 2006/07.

➤ Academic Courses:

- Nursing in Oncology: Epidemiology (16 hours) A.Y. 2001/02, 2002/03.

❖ Sacro Cuore Catholic University, School of Medicine, Degree in:

➤ Occupational Therapy:

- Medical Statistics (10 hours) A.Y. 2005/06, 2006/07.
- Healthcare Organization (10 hours) A.Y. 2007/08, 2008/09, 2009/10, 2010/11.

❖ University of Torino (Turin), School of Social Sciences, Degree in:

➤ Social Worker:

- Hygiene and Public Health and Public Health (20 hours) A.Y. 1998/99.
- Social Medicine (20 hours) A.Y. 1998/99.

❖ University of Padova (Padua), School of Medicine:

➤ Master in Healthcare Management:

- Total Quality System for Healthcare Organizations (16 hours) A.Y. 2000/01.

- Care Pathways (24 hours) A.Y. 2000/01, 2002/03.
- Phd in Clinical Methodology:
  - Small areas variations in healthcare (8 hours) A.Y 2002/03.
- Master in Risk Management:
  - Care pathways in Risk Management (8 hours) A.Y. 2005/06.
- ❖ Gabriele D'Annunzio University of Chieti – Pescara, Faculty of Economics in Pescara
  - Postgraduate Course in Clinical Governance:
    - Methods for Clinical Governance (8 hours) A.Y. 2011/12.
- ❖ Bologna University
  - Postgraduate Course in Quality Evaluation in Social-Healthcare Services:
    - Care Pathways (8 hours) A.Y. 2000/01.

## TEACHING AT MANAGEMENT TRAINING INSTITUTES

- ❖ Piemonte Region, Regional Agency for Healthcare Services
  - Management Training Course for Chief Medical Officers – CMO
    - Process management (Torino 27 November 2007, 8 hours)
  - Management Training Course for Director of Clinical Unit
    - The healthcare systems: models and evolution (8 hours) (Vercelli, 21 November 2013, Vercelli, 20 March 2014, Vercelli 6-7 November 2014)
- ❖ Umbria Region, Regional Agency for Healthcare Services
  - Management Training Course for Chief Medical Officers - CMO
    - Care Pathways (Perugia 05 February 2004, 8 hours)
- ❖ Marche Region, Regional Agency for Healthcare Services
  - Management training course for Health Authorities Staff Units:
    - Care pathways (Treia, 24 june 1999, 8 hours)
    - EBM and Care pathways (Ancona, October -December 1999, 24 hours).
  - Management training course for Emergency Services:
    - Care patwhays for hypertension (Fano, April-December 2002, 42 hours)
    - Care pathways for AMI (Fano, August-December 2003, 9 hours)
    - Patient Centred Care in the Emeregency Department (Fano, April-December 2003, 20 hours)
- ❖ Lazio Region, Regional Agency for Public Health
  - Management training course for public health workers:
    - Care pathways for colorectal cancer: prevention, monitoring and treatment" (Viterbo 10 May 2003, 4 hours)
    - Appropriateness for home care services (Roma, 8 November 2005, 4 hours)
    - Care pathways (Roma 14 June 2005, 4 hours)
- ❖ Sicilia Region, Center for Continuing Education and Updating Personal Health Service.
  - Management training course for Quality Units 2006-2007
    - Clinical and managerial appropriateness for health services (Caltanissetta, 9 January 2007, 8 hours)
    - Care pathways and clinical guidelines (Caltanissetta, 10 January 2007, 8 hours)
  - Management training course for Quality Units 2007-2008
    - Clinical and managerial appropriateness for health services (Caltanissetta, 2 December 2008, 8 hours)
    - Care pathways and clinical guidelines (Caltanissetta, 2 December 2008, 8 hours).
- ❖ Bolzano Autonomous County
  - Management traing Course for Director of Clinical Wards
    - Care pathways ( Bolzano, 20 January 2017, 4 hours)
- ❖ National Institutes of Health (in Italian, Istituto Superiore di Sanità)
  - Management training course for directors of quality departments in health services
    - Care pathways (Jesi, Stresa, Napoli March-May 2004, 24 hours).

- ❖ Western Norway Regional Health Authority, Research Network on Integrated Health Care
  - International course on “Care Pathways” and organization of care processes
    - What are the effects of Care Pathways?: (Os, Norway, 12 September 2011, 1 hour)
    - Pathways from an organization point of view (Os, Norway, 12 September 2011, 3 hours)
    - Evaluation research: Formative evaluation (Os, Norway, 14 September 2011, 1 hour)
- ❖ European Pathways Association (E-P-A)
  - 1<sup>st</sup> International Summer School On Care Pathways
    - Care pathways: do they work? (Orta San Giulio, 16 September 2007, 2 hours)
    - Integration Definition For Function Modeling (IDEF0) (Orta San Giulio, 17 september 2007, 2 hours)
    - Evaluation of care pathways (Orta San Giulio, 19 September 2007, 8 hours)
    - Case study: acute heart failure (Orta San Giulio, 20 September 2007, 2 hours)
  - 2<sup>nd</sup> International Summer School On Care Pathways
    - Care pathways: do they work? (Orta San Giulio, 8 September 2008, 2 hours)
    - Integration Definition For Function Modeling (IDEF0) (Orta San Giulio, 9 September 2008, 2 hours)
    - Evaluation of care pathways (Orta San Giulio, 10 September 2008, 8 hours)
    - Case study: acute heart failure (Orta San Giulio, 11 September 2008, 2 hours)
  - 3<sup>rd</sup> International Summer School On Care Pathways
    - Care pathways: do they work? (Orta San Giulio, 6 September 2010, 2 hours)
    - Integration Definition For Function Modelling (IDEF0) (Orta San Giulio, 7 September 2010, 2 hours)
    - Evaluation of care pathways (Orta San Giulio, 9 September 2010, 8 hours)
    - Case study: acute heart failure (Orta San Giulio, 10 September 2010, 2 hours)
  - 1<sup>st</sup> International Master Class Care Pathways & Organisation of Care Processes
    - An introduction to Care Pathways (Leuven, 8 September 2014, 2 hours)
    - What is the effect of Care Pathways? (Leuven, 8 September, 2 hours)
    - Key interventions and indicators: how to find, select them? (Leuven, 9 September 2014, 1 hour)
    - The role of the interdisciplinary team and leadership (Leuven, 9 September 2014, 1 hour)
    - Evaluation research: Formative & Summative Evaluation (Leuven, 10 September, 2 hours)
    - How to get started locally (Leuven, 10 September, 1 hour)
  - 2<sup>nd</sup> International Master Class on Care Pathways and the Organisation of Care Processes
    - Effect of Care Pathways on outcomes and costs Venezia, 21 September 2017, 1 ora)
    - Care Pathways as a complex intervention (Venezia, 21 September 2017, 1 ora)
    - Main challenges for the future of care organization (Venezia, 21 September 2017, 1 ora)
    - Evaluation, measurement and feedback (Venezia, 22 September, 1 ora)
    - Project management and Care Pathways (Venezia, 22 September, 1 ora)
    - Care Pathways in chronic care (Venezia, 23 September, 1 ora)
    - Evaluation research: Summative Evaluation (Os, Norway, 14 September 2011, 1 hour)

## OTHER TEACHING ACTIVITIES (IN ITALIAN)

12. Corso “Informatizzazione di base per gli operatori dell’Azienda Ospedaliera” (Azienda Ospedaliera “Maggihours della Carità” di Novara, Novara October-December 1995).
13. Corso “Compilazione della Scheda di Dimissione Ospedaliera” (Azienda Ospedaliera “Maggihours della Carità” di Novara, Novara, February-May 1996)
14. Corso “Compilazione della Scheda di Dimissione Ospedaliera (ASL 13 di Novara, Galliate, may 1996).
15. Tavola Rotonda della Società Italiana di Verifica e Revisione della Qualità - Sezione Piemonte “Organizzazione dei Servizi di Qualità nelle Aziende” (Novara, 26 September 1997).
16. Giornata di studio "Il pianeta qualità: i sistemi internazionali di accreditamento sanitario" (Area Qualità, Milano 19 July 1998).

17. Corso di Perfezionamento in Management Sanitario "I profili di assistenza" (Consulta Umbra, Terni, 1 October 1998).
18. Corso di formazione Corso di formazione sulla Qualità, il protocollo per l'uso dell'ospedale (PRUO) (Azienda Ospedaliera "Maggihours della Carità di Novara", Novara 9-14 June 1999).
19. Corso di Perfezionamento in Management Sanitario "I profili di assistenza" (Consulta Umbra, Perugia, 18 September 1999).
20. Progetto di formazione sulla qualità professionale dell'Ospedale Psichiatrico Siena (ASL 7 di Siena, Siena, 18 November 1999).
21. Corso di Aggiornamento Obbligatorio "Il percorso di salute ospedale-territorio" (Azienda USL 1 di Pesaro, Novafeltria, 30-31 March 2000).
22. Giornata di formazione "I profili di assistenza" per gli operatori del Dipartimento di salute Mentale (Azienda USL Roma D Roma, 16 March 2000).
23. Incontri di aggiornamento "Noi e la Qualità sul tema – I profili assistenziali" (SIQuas-VRQ – Sezione Marche, Ancona, 20 April 2000).
24. Corso per "Facilitatori della Qualità" (ASL 2 Savonese, Savona, March-June 2000).
25. Corso per "Operathours base della Qualità" (ASL 2 Savonese, Savona, march-june 2000).
26. Corso Permanente di Formazione "La metodica PAD nel trattamento chirurgico dell'ernia inguinale" (ASL 13 di Novara, Galliate 28 september 2000)
27. Corso di formazione "Percorsi trasformativi in un Dipartimento di Salute Mentale" (Azienda USL Roma D, Roma 13 december 2000).
28. 3° Forum aziendale per lo sviluppo della qualità "Una sanità basata sulle evidenze (Evidence Based Healthcare) (Azienda ULSS 7 di Pieve Soligo Conegliano Veneto, 15 december 2000).
29. Seminario "l'Analisi dei processi assistenziali infermieristici" (ASL 7 di Siena, Poggibonsi january-march 2001).
30. Corso "Gli strumenti dell'EBM per l'integrazione dei percorsi assistenziali" (ASL 1 di Lecce, Lecce 30 january- 2 february 2001)
31. Seminario "Il Disease Management: dall'EBM ai profili di assistenza" (ASL 5 di Palermo, Palermo 8-10 february 2001).
32. 6° Forum Europeo sul Miglioramento di Qualità in Sanità del BMJ (London), Institute of Health Care Improvement (USA), Centro di Ricerca e Formazione (CEREF), Società Italiana per la Qualità dell'Assistenza Sanitaria (VRQ), Federazione Nazionale degli Ordini dei Medici Chirurghi e Odontoiatri (FNOMCeO), Bologna 29-31 March 2001).
33. 11° Corso Regionale AIDS 2001 "L'ospedale: la necessità dei percorsi diagnostici e terapeutici" (Regione Marche, Portonovo 26 march-19 april 2001)
34. Corso "L'integrazione nell'assistenza domiciliare alla persona: attualità e potenzialità di nuovi strumenti e ruolo dei professionisti (ASL 3 di Fano, Fano 8 june 2001).
35. Corso di Perfezionamento in Management Sanitario (Consulta Umbra, Livorno, 20 june 2001).
36. Workshop "Variabilità nei Servizi sanitari: risultati e ricadute per il SSN" (Istituto Superiore di Sanità, Roma, 27 june 2001).
37. Workshop Nazionale "Processi, appropriatezza ed Evidence Based Medicine nei nuovi scenari di razionalizzazione in Sanità" (Agenzia Regionale Sanitaria delle Marche, Jesi, 29-30 november 2001).
38. Seminario "l'Analisi dei processi assistenziali infermieristici" (ASL 7 di Siena Val di Chiana, january-february 2002).
39. Corso "Aspetti metodologici e applicativi dei profili d'assistenza" (ASL 1 di Pesaro, Pesaro, january-april 2002)
40. Corso "Aspetti metodologici e applicativi dei profili d'assistenza" (ASL 3 di Fano Fano, january-june 2002).
41. Simposio "La gestione delle cure primarie ed intermedie nel paziente ad alto impegno assistenziale" (ASL 3 Bari, Bari 10-11 may 2002).
42. Seminario "I profili di assistenza" (Azienda Ospedaliera di Perugia, Perugia, 12 july 2002)
43. Corso di formazione "I profili di assistenza: dall'evidenza al miglioramento continuo dei processi assistenziali" (ASL 7 di Massa e Carrara, Massa 25-26 november 2002).
44. Seminario "I profili di assistenza: dall'evidenza al miglioramento continuo dei processi assistenziali" (Policlinico Federico II, Napoli 13 december 2002).
45. Seminario "La costruzione, la sperimentazione e l'adozione dei profili di assistenza" (Azienda Policlinico Universitario, Università degli Studi di Udine, Udine, 18 december 2002).

46. Corso di formazione “La gestione per processi in Sanità” “Azienda Ospedaliera San Giovanni di Torino, Torino, 10 january 2003).
47. Corso di formazione “Strumenti e metodi del Miglioramento Continuo di Qualità in Sanità e dell’Evidence Based Medicine” (ASL 13 di Novara, Novara, january-may 2003).
48. Seminario “I profili di assistenza” (INRCA, Ancona 28 march 2003).
49. Corso “La terapia delle ulcere cutanee degli arti inferiori, lo stato dell’arte” (ASL 13 di Novara, Arona, 13-14 june 2003).
50. Seminario “Gli interventi di contrasto del fumo di tabacco, Verso un Piano Regionale Antitabacco” (SitI, Novara, 29 september 2003).
51. Corso “Attualità in tema di Infezioni Ospedaliere ed Epatologia” (ASL 11 di Vercelli, Vercelli 12 december 2003)
52. Corso educazionale “La clinical effectiveness in gastroenterologia” (AIGO, Milano, 14 February 2004).
53. Corso di formazione “La qualità nei servizi territoriali” (ASL 11 di Vercelli, Vercelli, october 2004).
54. Seminario “Implementazione di un modello organizzativo orientato ai risultati nel Dipartimento di Cure Primarie: Sviluppo dei profili assistenziali” (AUSL di Modena, Modena 9 november 2004).
55. Giornata di Studio “La qualità percepita: contenuti di riferimento” (SIQuAS-VRQ Sezione Piemonte Torino, 19 november 2004).
56. Seminario “Percorsi e strategie socio-assistenziali rivolti agli anziani” (ASL 11 di Vercelli, Costanzana, 19 november 2004).
57. Seminario “Prospettive future dell’ospedale” (ANMCI, Vercelli, 8 february 2005).
58. Seminario “Applicazione dei percorsi assistenziali: i risultati della prima sperimentazione nazionale multicentrica” (IPASVI, Rivalta Scrivia, 11 march 2005).
59. Giornata di Studio “Percorsi di cura e registrazioni cliniche: strumenti essenziali per la gestione del rischio clinico” (SIQuAS-VRQ Sezione Lombardia Milano, 5 may 2005).
60. Seminario “Procedure di valutazione per il miglioramento della qualità e profili assistenziali” (ASL 11 di Vercelli, Vercelli, 7 june 2005).
61. Seminario “Strumenti operativi: linee guida, percorsi assistenziali, protocolli” (ASL 11 di Vercelli, Vercelli, 15 september 2005).
62. Corso “Ospedale e territorio Nuove prospettive del prendersi cura” (SIMG, Vercelli, 12 November 2005).
63. Tavola rotonda “La realtà della realtà: Psichiatria di Liason-consultazione tra ospedale e territorio: pareri a confronto” (SIP, Novara 6 december 2005).
64. Seminario “AIDS: Sistemi di Accreditamento: storia, definizioni e finalità” (ASL 11 di Vercelli, Vercelli, december 2005).
65. Seminario “I percorsi assistenziali integrati ospedale-territorio” (ASL 4 di Lanusei, Lanusei 16 june 2006).
66. Corso di Perfezionamento sul Governo Clinico “I percorsi assistenziali. Un po’ di esperienze e considerazioni” (Centro di Bioteconomie Avanzate, Genova, 23 january 2008).
67. Corso di formazione. L’approccio metodologico per migliorare la gestione della domanda di prestazioni specialistiche e ambulatoriali” (Azienda Provinciale per i Servizi Sanitari di Trento, Rovereto, 6 june 2008).
68. Corso di Formazione “Percorsi assistenziali – riabilitativi e rete dei servizi socio- sanitari” (AUSL Bologna, 13 november 2008).
69. Seminario di Formazione “Percorsi diagnostico-terapeutico ed assistenziali” (AUSL Modena, 9 june 2009).
70. Seminario “Misurare per assistere” (Collegio IPASVI di Vercelli, 29 may 2010).
71. Corso “Le malattie rare: una sfida per il futuro” (ASL VC, Vercelli, 14 may 2011).
72. Corso di Formazione per volontari CRI Croce Rossa Italiana, Vercelli, 6 october 2012)
73. Seminario “Riorganizzazione dei Servizi territoriali” (Associazione Nazionale Mutilati ed Invalidi Civili, Vercelli, 18 may 2013).
74. Corso “La Malattia Renale Cronica: dalla teoria alla pratica” (Società Italiana di Nefrologia, Vercelli, 5 october 2013).
75. Corso di Formazione “I Percorsi Diagnostico-Terapeutico-Assistenziali e la pratica clinica” (Azienda ULSS 20 di Verona, Verona 25-26 november 2013).
76. Corso “Cure Primarie: nuove prospettive per l’Infermiere e opportunità per il Cittadino” (Collegio IPASVI di Novara e Verbano Cusio Ossola, Novara, 13 december 2013).
77. IV Workshop Italiano sull’Audit Clinico “Valutare l’implementazione dei PDTA” (Regione Marche, Centro Alta Fornazione ASUR Marche, Senigallia, 26 september 2014).

78. Workshop “Medicina difensiva - Sperimentazione di un modello per la valutazione della sua diffusione e del relativo impatto economico” (Agenzia Nazionale per i Servizi Sanitari Regionali, Ministero della Salute, FNOMCeO, Roma, 11 novembre 2014).
79. Regione Lombardia “Medicina Difensiva: sperimentazione di un modello per la valutazione della sua diffusione e del relativo impatto economico” (Milano, 18 Marzo 2015)
80. Istituto Europeo di Oncologia – IEO. “Audit e medicina difensiva” (Milano, 11 Novembre 2015)
81. V Corso di Aggiornamento SIE in Endocrinologia Clinica, Corso di Formazione Interregionale 2016 Liguria - Piemonte - Valle D'Aosta L'ENDOCRINOLOGO E L'EUROPA La Direttiva UE sulle Cure Transfrontaliere: quali scenari normativi ed operativi. “Clinical Patways” specialistici come strategia promozionale e professionale. Pollenzo, 1 ottobre 2016.
82. Università “Magna Graecia” Catanzaro Osservatorio Regionale sulla Salute del Cittadino (O.R.Sa.C.). Corso di formazione-azione: Dal Piano nazionale della cronicità ai Percorsi integrati di cura. Dai Percorsi Diagnostico-Terapeutici-Assistenziali (PDTA) ai Percorsi Integrati di Cura (PIC). Catanzaro, 1 luglio 2017.
83. Azienda Sanitaria Locale, Rete Oncologica del Piemonte, Associazione Emanuele Lomonaco Onlus. Corso Far Pensare Contaci: far pensare per far salute. Biella, 17-18 Novembre 2018.

# ANNEX 3

## PROFESSIONAL POSITIONS

Director of the Healthcare District in Vercelli, Health Authority ASL VC, in Vercelli	p. 45
Chief Medical Officer, Sainte Rita Hospital trust in Vercelli, Gruppo Policlinico di Monza s.p.a.	p. 45
Medical Director of the Nursing Home “Greppi Giovanni e Andrea” in Caresana	p. 46
Chief Medical Officer, Saint Andrew Hospital Trust in Vercelli, in Vercelli	p. 46
Director of the Unit for Quality Improvement of the Health Authority ASL 13 in Novara	p. 47
Project Manager Regional Health Care Agency of Marche Region	p. 47

## PROFESSIONALS POSITIONS

### 2009-2014: Director of the Healthcare District in Vercelli, Health Authority ASL VC in Vercelli.

In the Italian Healthcare System the ***mission*** of the Healthcare District is to identify and to manage the healthcare needs of the population through ***the planning, the management and the control of the processes of prevention, treatment, care and rehabilitation***. The Health District of Vercelli serves a population of 103.843 inhabitants; staff: 4 medical doctors, 31 clerks, 2 head nurses, 25 nurses, 6 physiotherapists, 74 general practitioners. As Director of the District of Vercelli my ***goals*** were:

- 1) to direct, coordinate and integrate the network of health services and department that provide primary and secondary care with hospital care (see below);
- 2) to manage the assigned budget (pay for services): annual mean budget for services except drugs (period 2009-2012) 27.956.676 euros;
- 3) to manage the pharmaceutical expenditure: year 2009: euros 28.437.548,18, year 2010: euros 25.927.187,22; year 2011: euros 24.866.235,52; year 2012 - estimated: euros 23.450.213,2;
- 4) to negotiate the strategic planning with the local municipalities;
- 5) to integrate social and health services.

In brief during the period 2009-2014 the ***following services*** have been provided yearly (mean per year): 1) Home medical and nursing service for communicable and not communicable diseases: planned integrated medical and nursing daily home care (62.952 and 27.507 visits and procedures); not planned medical home care - nights and weekends (31.706 visits and/or procedures); medical specialist ambulatory care (150.248 visits and/or procedures); medical service for not legal immigrants (821 visits). 2) Services for elderly and handicap: nursing homes (492 and 131 patients respectively); home social services (222 and 91 patients respectively); integrated social and health home visits (963 and 134 patients respectively); unified access points and assessment for population's health and social needs (28.134 patients) 3) Integrative care (home oxygen, medications, nutrition, prostesis, etc for 15.600 patients). 4) Integrated home and hospital care (327 patients).

Significant improvement in the quality of the services provided has been achieved. A new procedure for the governance of the ***appropriateness of drug prescription*** based on continuous clinical auditing processes was implemented and internal benchmarking among general practitioners was successfully activated. As a major result was observed a significant reduction in the overall drugs expenditure that was achieved without affecting patients' clinical outcomes. The drug expenditure was reduced by 17,54% (in detail, year 2009: € 28.437.548,18; year 2010: € 25.927.187,22; year 2011: € 24.866.235,52; year 2012: € 22.396.263,65; anno 2013: € 21.691.147,21; anno 2014: € 21.270.723,22). The share of general practitioners classified as "overusers" was reduced by 8,91% yearly. New operational procedures have been implemented for chronic conditions according to the Chronic care Model – CCM; as a result was observed a significant shift towards nursing home care that it was increased by 9,17% (accesses/year 2009: 6.130; year 2010: 5.327; year 2011: 6.405; year 2012: 7.542; year 2013: 9.613; year 2014: 9.859) from previous not appropriated general practitioners home accesses (accesses/year 2009: 36.018; 2010: 33.823; 2011: 32.022; 2012: 28.330; 2013: 26.416; 2014: 24.808) with an overall mean save of € 126.673/year. A new procedure for social and health integrated hospital discharge was developed and implemented in 2012 and its use saved € 154.450,39 per year of costs for inappropriate hospital stays. A new model of unit for primary care was developed and implemented for the unification of the access to the care was developed and it has been established.

### 2007-2009: Chief Medical Officer, Sainte Rita Hospital trust in Vercelli, Gruppo Policlinico di Monza s.p.a.

Clinica Santa Rita is a 110 private hospital of the Policlinico of Monza trust (1.200 bed in overall). The ***function*** of the Chief Medical Officer at the Clinica Santa Rita can be summarized as it follows:

- 1) Epidemiological surveillance including hospital infections, adverse events, performance evaluation;
- 2) Management and improvement of care processes (including the organization of clinical pathways) and management of annual budget (22.174.000 euros in year 2008 and 21.327.000 in year 2009);
- 3) Management of human resources, (including medical doctors and allied professionals);
- 4) Management of special wastes (including management of drugs, devices, biological samples,);
- 5) Management of drugs, blood, etc. supply and logistic;
- 6) Quality control on healthcare records;
- 7) Technology assessment;
- 8) Support to customer satisfaction, accreditation and professional certification.

Under my direction Sainte Rita Hospital improved of the ***efficiency of the process of care*** (as summarized by the decrease of the average length of stay from 3.55 days in 2007 to 3.44 days in 2009 associated to an increase of the case mix complexity of 8%). It was also achieved a significant ***increase of the local share of the market*** for hospital admissions (from 36.34% to 37.79%) by the activation of the intensive unit post-operative and the re-organization of the surgical processes including opening new operating rooms and department for ambulatory surgery. In the period the hospital, meet the criteria of ***Certification ISO 9000 Vision 2000***.

#### **2006-2009: Medical Director of the Nursing – RSA “Greppi Giovanni e Andrea” di Caresana**

RSA Greppi is a 40 beds Nursing Home. The ***function*** of the Chief Medical Officer at the RSA Greppi can be summarized as it follows:

- 1) Epidemiological surveillance including hospital infections, adverse events, performance evaluation;
- 2) Management and improvement of care processes (including the organization of care pathways);
- 3) Management of human resources, (including general practitioners, nurses and allied professionals);
- 4) Management of special wastes (including management of drugs, devices, biological samples);
- 5) Management and control on healthcare records.
- 6) Support to accreditation process.

During my work as Medical Director were defined and implemented new care procedures and care pathways. It was also defined and implemented a new clinical and care records model. A new system of performance indicators was also defined and used.

#### **2004-2006: Chief Medical Officer, Saint Andrew Hospital Trust in Vercelli, Health Authority ASL 11 in Vercelli.**

Saint Andrew Hospital in Vercelli is a facility of 307 beds and provide outpatients care; Saints Peter and Paul Hospital in Borgosesia is a facility of 103 beds and provide outpatients care. As Chief Medical Officer I was in charge of the ***hospital administration*** and of the ***general management*** of the organizational processes and activities, including: logistic, epidemiological surveillance, statistics, waiting lists, healthcare workers' safety and prevention, technology assessment, hygiene procedures, legal medicine, clinical records, transplantation, ethical issues and experimentations, environmental controls, hospital and special wastes, hospital social services, food services, housekeeping, etc. I was also in charge of the overall coordination of the clinical departments and of their performance evaluation according to the strategic planning of the Health Authority, in coordination with the Healthcare District. I was also responsible for the adopted clinical pathways, for patients' safety and for the hospital accreditation.

In ***Saint Andrew Hospital*** I activated ***major changes in organization of care***. 1) Activation and organization of an area for intermediate care (patients with social needs, patients with problematic discharge, etc.). 2) Integration of the units of general surgery 1 and 2 and of urology in one homogenous area for surgical patients. 3) Business Process Re-engineering of the Emergency Department. 4) Implementation of new information system on clinical performance. 5) Implementation of digital archive for health records. 6) Definition of the project for activation of

the unit of Radiotherapy including the linear accelerator. 7) Education and training program on clinical pathways and process improvements.

In **Saints Peter and Paul Hospital** similar results were obtained: 1) Activation of one day care in oncology. 2) Activation of one day surgery department. 3) Implementation of new information system on clinical performance. 4) Implementation of digital archive for health records.

#### **2002-2004: Director of the Unit for Quality Improvement of the Health Authority ASL 13 in Novara.**

As Director of the Unit for Quality Improvement, I was responsible of the following **activities**:

- 1) Quality assurance, including implementation and monitoring of the accreditation program and of the quality indicators system; evaluation of the appropriateness of the use of technologies; evaluation of customers' satisfaction and of the quality of healthcare records.
- 2) Quality improvement, including implementation of methodology and tools of Continuous Quality Improvement (PDCA cycle), Evidence based Medicine, Clinical Risk management.
- 3) Coordination of the activities of the multidisciplinary quality improvement teams and supervision of the Manual for Quality of the Health Authority.
- 4) Organizational planning including support to budgeting processes.
- 5) Education, training and information on quality issues.
- 6) Management of the assigned budget.

Some good results were achieved. The Accreditation program for hospitals was successfully implemented and it was a pilot for the Accreditation program of the whole healthcare system of Piemonte Region. The system of quality indicators was successfully developed and implemented (no system was existing before). A model for the evaluation of the appropriateness of home care was developed and implemented. A new procedure for customer satisfaction was implemented. Experimentation of clinical pathways were performed in the hospitals. A network of healthcare professional expert in quality was implemented and special training was provided to support quality initiatives in every department. A new model for evaluating appropriateness of care of external providers (private sector, extra-regional healthcare system, etc.) was implemented and enabled to reduce not-appropriate care..

#### **1998-2001: Project Manager Regional Health Care Agency of Marche Region.**

As a project manager, I was responsible for two projects: 1) Understanding variations in access to surgical procedures (small area variations) and to find its determinants. 2) Development and modelling of a system of Clinical Governance based on the use of Clinical Pathways

**Project 1:** The variation rates of access to surgical procedures in Marche Region during the period 1997-2000 were quantified. Any possible underuse and overuse for each intervention and geographical area was described. In order to evaluate the effect of socio-economic and sanitary factors on the observed variations were developed and performed statistical models. The highest levels of variation were observed when analyzing discretionary procedures. In particular, the northern areas of Marche Region showed a prevalence of overuse, whereas in the southern prevailed the underuse. The models explained up to 58% of the observed variations and the different supply of Health Services, population's socio-economic factors, mobility to the bordering Regions and professional behaviours were identified as possible determinants.

**Project 2:** A system of Clinical Governance based on the use of Clinical Pathways was successfully modelled and implemented for the major diseases and conditions.