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THE SUSTAINABILITY OF THE EMERGENCY-URGENCY SYSTEM IN ITALY: A STRUCTURAL CRISIS BEYOND THE THRESHOLD OF RESILIENCE

ABSTRACT

Italy's emergency-urgency healthcare system is facing a critical structural and organizational crisis. Chronic staff shortages in Emergency Departments (EDs), Anesthesia, and Intensive Care Units threaten the sustainability and effectiveness of services.

The Italian Society of Diagnostic and Therapeutic Medicine (SIMEDET) warns that relying solely on the extraordinary dedication of healthcare professionals is no longer viable.

Urgent, systemic reforms are needed to address workforce deficits, optimize care networks, and strengthen both hospital and territorial services. This position paper outlines key proposals to restore resilience and equity in emergency care delivery across the country.

RIASSUNTO

Il sistema sanitario italiano dell'emergenza-urgenza sta affrontando una crisi strutturale e organizzativa di portata critica. La carenza cronica di personale nei Pronto Soccorso (PS), nei reparti di Anestesia e Terapia Intensiva mette a rischio la sostenibilità e l'efficacia dei servizi.

La Società Italiana di Medicina Diagnostica e Terapeutica (SIMEDET) lancia un allarme chiaro: non è più possibile affidarsi unicamente all'eccezionale dedizione degli operatori sanitari.

Sono necessarie riforme urgenti e sistemiche per colmare i deficit di personale, ottimizzare le reti assistenziali e rafforzare sia l'ospedale che l'assistenza territoriale. Questo position paper presenta proposte concrete per ristabilire la resilienza e l'equità nell'erogazione delle cure in emergenza sul territorio nazionale.

INTRODUCTION

In recent years, Italy's National Health Service has witnessed a progressive weakening of its emergency-urgency sector. Today, the sustainability of the system depends almost entirely on the dedication of healthcare personnel, particularly in Emergency Departments (EDs) and in Anesthesia and Intensive Care Units, where workforce shortages have reached critical levels.^{(1) (2)}

A SYSTEMIC CRISIS: WORKLOAD AND STRUCTURAL DEFICIENCIES

Physicians, nurses, and technical staff are working under extreme conditions, with prolonged shifts, continuous overtime, and often no rest periods. Professionals in ancillary services essential to emergency care, such as Radiology and Laboratory Technicians, are also facing an unsustainable and increasing workload.⁽³⁾

EMERGENCY DEPARTMENTS

The severe shortage of emergency physicians and specialized nurses slows down clinical processes, prolongs waiting times, and complicates the management of complex cases.⁽⁴⁾

ANESTHESIA AND INTENSIVE CARE

The lack of anesthesiologists and intensivists negatively impacts both scheduled surgical activities and the capacity to respond to emergencies and critical patients.⁽⁵⁾

SIMEDET'S PROPOSALS

This structural emergency can no longer be addressed solely through the sacrifice of healthcare workers. SIMEDET calls for urgent and systemic action from regional authorities and the national government, including the following concrete measures:⁽⁶⁾

- Rapid and permanent recruitment of medical, nursing, and technical staff;
- Financial and professional incentives for healthcare professionals working in critical care areas;
- Reorganization of the emergency-urgency network, with rationalized and efficient care pathways;
- Psychological and physical protection for healthcare workers;

- Establishment of a National Emergency-Urgency Training Network, in collaboration with universities, to ensure continuous education and specialization.

RECONSIDERING THE ROLE OF COMMUNITY HOSPITALS⁽⁷⁾

In the current context, it is crucial to re-evaluate and strengthen the role of basic (community) hospitals, which have often been downsized:

- Allocate hospital beds for low-complexity patients, reducing the burden on major hospital hubs;
- Activate Intermediate Treatment Units (ITU) for subcritical patients;
- Coordinate acute care hospitals with intensive post-acute rehabilitation facilities (code 56) to enable early transfer and provide mechanisms for rapid "re-admission" in case of clinical deterioration;
- Integrate peripheral hospitals into the emergency network through telemedicine, remote consultations, and protected transportation systems.

A well-structured hospital network is fundamental to ensuring equitable access to care, particularly in rural, inland, and mountain areas.

THE STRATEGIC ROLE OF COMMUNITY-BASED SERVICES^{(8) (9)}

No Emergency Department can function properly without an efficient and widespread territorial care network.

Currently, over 70% of ED visits are self-referred and often for non-urgent conditions. A paradigm shift is needed:

- Activation of the European Harmonized Number 116117, available 24/7;
- Strengthening First Aid Points connected to EDs and supported by telemedicine systems;
- Introduction of mobile clinics and extended hours services, including evenings and weekends;
- Establishment of a centralized teleconsultation platform, accessible via mobile applications;
- Deployment of digital tools (apps, reminders, dynamic waiting lists) to minimize inefficiencies;
- Active involvement of General Practitioners (GPs) within a multidisciplinary network, with shared access to clinical data.

ENDING THE USE OF “FREELANCE EMERGENCY PHYSICIANS”⁽¹⁰⁾

SIMEDET strongly denounces the widespread use of “freelance physicians,” a model that undermines continuity and quality of care.

A structural investment is needed to stabilize Emergency Department personnel and make emergency medicine an attractive and sustainable career path.

CONCLUSIONS

Italy's emergency-urgency system currently endures thanks only to the daily sacrifice of healthcare workers. However, the threshold of sustainability has been crossed.

Bold and structural decisions are urgently required to safeguard the future of the National Health Service and to ensure equitable, effective, and dignified care for all citizens.⁽¹¹⁾

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