

INTERVIEW WITH ENG. GIANLUCA GIACONIA FROM “AO DEI COLLI”:

1. Since the OpenCoesione website says that the project was concluded on 2023, December 31st, why are some payments still pending?

I had read this question but actually there are no pending payments. We have reported on all the projects on 2023, December 31st and there have also been two regional actions as, at that time, we presented two projects for this type of financing and they were both closed on 2023, December 31st. As far as I can see, there are no pending payments, and the Regional Authority claims the same. I don't know why pending payments are mentioned on the website.

2. What type of machinery has been purchased thanks to this financing?

Generally speaking, these projects have very specific purposes but, given the short time available (because the call for proposals was released in February 2023 with the obligation to conclude all the procedures by December 31st of the same year, so a very little time considering the long procedures of the public administration), it was decided to put more equipment together. So we did not buy one device but we bought several.

The goal of the project, as your prof also has said, was to reduce the waiting lists that had got longer, especially in the post-Covid period. Indeed, we had closed the operating rooms, we had closed many clinics throughout Italy and in the Campania Region; therefore, we focused on technologies that were both for outpatient care and surgical use.

The most important piece of equipment that we bought within the project is a cardio CT, that is, a CAT scan. A CAT scan is a very advanced radiological examination of the heart that allows us to perform tests on a “stationary” heart. In other words, it is so fast that it can take a photograph while the heart is “stationary” in its various phases. This piece of equipment cost two million euros.

Afterwards, we bought another piece of equipment for ophthalmology (this one is outpatient) for retinal pathologies. This piece of equipment is called an angio-OCT with an integrated fluorescein angiograph.

Then we bought an operating microscope for otorhinolaryngology; subsequently we bought portable radiology units (they are not advanced technology but we needed portable radiology units for the departments) and we bought 20 anesthesia units because “AO dei Colli” has 20 operating rooms in total, as it is made up of three hospitals: the Monaldi hospital which is the largest and the most important one, the Cotugno hospital which is opposite us and it is the infectious disease reference center of the Campania Region, and then the CTO hospital which was the old rheumatology center and today it is in fact a hospital in all respects, with an emergency room and six operating rooms. So in total the “AO dei Colli” has 20 operating rooms.

We have replaced all of the 20 anesthesia machines that we had with equipment of a much more advanced generation. This allows us to plan better the operations and have fewer post-surgical consequences, and therefore optimize the work of the operating rooms and get more operations.

Then we purchased 5 C-arms, namely a fairly important radiological device that is used when there is

the need for radiological images not in radiology but, for example, when placing pacemakers, implantable defibrillators, or in vascular surgery when there is the need to perform operations on the aorta or on the femoral artery, and in such cases it is necessary to see inside people. The C-arm allows these things to be done in the operating room.

So these are all the equipment that we purchased thanks to the 2014-2020 FESR POR project.

3. Do the data in your possession show an improvement in the waiting lists thanks to the implementation of the project?

I will make a brief digression on clinical engineering, that is, the subject that deals with the management of biomedical technologies, hence all the equipment that I have listed and that are managed within this field, which is my field. We deal with purchasing support, so in this case we wrote the tender specifications and sent them to the purchasing office.

Then, when the devices arrive, we deal with testing them and all the checks that need to be done to put the equipment into operation, and with all the maintenance of the equipment, from when it starts working until we decide to throw it away. This decision is shared but it is not taken substantially by us: it depends on reasons of obsolescence because the equipment is really old so it goes into a scheduled replacement, or because perhaps it is no longer able to guarantee certain standards.

This was the case, for example, of many of the devices that we purchased, as we needed some of a completely different generation. I do not have the analytical data of the reduction of waiting lists as there is another department that deals with this. For example, ENT, ophthalmology and surgical activity have certainly recorded significant increases from the end of 2023, that is, from 2023, December 31st (the end date of the project, the date on which we had to submit all project-related documents to the Regional Authority), until 2024 December 31st.

We can involve the office that manages this part of the reporting if you also need data for your work. I don't have them, so I'm reporting a feeling, but we can easily translate this feeling into something analytical.

4. Do you currently have other future or ongoing projects similar to this one?

The Regional Authority has already unofficially communicated us the start of other ERDF projects, namely European projects 2021-2027, as their validity is six years. However, the calls for proposals have not yet been released, so we know about the news and we have not had the opportunity to participate. I have not seen what the lines of these projects are, so how the "AO dei Colli" could actually propose a project proposal. I got a phone call from the Regional Authority informing me of the opening of the 2021-2027 funding projects. Normally these projects are to be implemented within 3 years, hence by 2030. As soon as we know the lines and orientations, we will certainly make project proposals as "AO dei Colli".

I want to add something that does not concern health but concerns a bit of everything, namely Italy which, as you know, is a Country that is often accused of not being able to spend all the European funding, and so we are also very encouraged by the Regional Authority when there is funding in order

to try to use it.

Even this project that I have just told you about, and that it is concluded, was actually born with this objective because in February 2023 we realized that there was a significant residue of projects that had already been started and so in the end the calls for proposals were opened again to allow us to participate but they gave us a very small time window because from February 2023 to December 2023 we had to do everything, namely the purchase phase, the delivery, the testing and also the payments, everything by 31/12.

We have a lot of time available and we hope that we will not get to February 2030 to have the possibility of proposing projects. At the moment we do not have it yet but as soon as it is possible we will see in which project we can take part. Currently some projects are getting closed, because they have already started and so they are getting closed. The projects related to NRRP are in progress or closed (NRRP is another European financing project which however, unlike the ERDF financing projects which are periodic but whose project lines change each time, the NRRP was an ad hoc financing policy that was specifically released for the post-Covid recovery. It was called Next Generation EU, and some of these projects are closed because the deadline is 2024 December 31st, and some of them will be closed in September 2025 so these are already in progress).

The "AO de Colli" is quite attentive to the project lines of the financed projects so surely if they come out we will propose some projects. Further information that may be useful is that the purchase of technologies does not depend exclusively on the financed projects; in fact the "AO dei Colli", like all healthcare Companies, has its own budget, that is, it has its own money to spend, because if we had to wait only for European or other types of funding, we would not be able to keep the Company going.

So the Company has its own budget that can be managed and that is negotiated every year through an investment plan, and we could call it the money of the "AO dei Colli". From time to time, more money is added to it thanks to the funding projects. For example, if I have to buy an echocardiograph because it broke down, it is no longer repairable and I do not want to leave the department without it, I certainly do not have to wait for a funded project to be able to make that purchase and I proceed with the Company's money. On the other hand, when funding arrives this is normally a significant amount. When talking about ERDF funding, we talk about around four million euros so it is clearly a very important figure compared to what we spend on equipment every year, and the expense for replacement and new investments is around 5/6 million; hence it is practically as if we had doubled the capacity to purchase technologies in 2023. There are no new projects at the moment but we are monitoring the situation in order to be able to participate, as the purchase of technologies never stops because they are always needed.

5. Which are the structures that benefit from the machinery purchased?

The cardio CT was installed in the Monaldi radiology department. Our departments are called COU (Complex Operating Unit). So in radiology, here at the Monaldi hospital, the cardio CT was installed.

The angio-OCT fluorescein angiograph is an ophthalmology device installed in the ophthalmology department; the operating microscope was installed in the operating room of the ENT department, because it is an operating microscope specifically for surgery of the entire oral cavity and larynx, as we do

a lot of ENT oncology, such as laryngeal cancer, vocal cord cancer, and this microscope is mainly used for this.

The anesthesia devices were distributed to all the operating rooms, therefore many facilities took advantage of this purchase, just as the C-arms were distributed between electrophysiology, vascular surgery and orthopedics, - if I'm not mistaken the Monaldi operating block got one -.

An anesthesia machine is what is used to put the patient to sleep before performing the operation. It is clear that there are many surgical specialties, for example general surgery, urology, thoracic surgery, vascular surgery, ENT and ophthalmology, and it is clear that therefore each operating room got an anesthesia machine. To sum up, some technologies have gone to a specific operating unit, other technologies have been distributed to multiple operating units.

In February 2023, when the tender opened, we were still a little perplexed because there was really a lot of money as a residue. When I say "we" I mean all of 17 healthcare Companies in the Campania Region which, like all Italian regions, has public Companies and then has the so-called "accredited private", that is, private structures that still support the national health service and where it is possible to get a surgical operation without paying for it thanks to a proper prescription. In Campania there are 17 public Companies in total, there are six territorial Local Health Authorities: ASL Na1 Centro which includes the Municipality of Naples and Capri, ASL NA2 Nord which includes the entire northern province of Naples together with Ischia and Procida, and ASL NA3 Sud which is the southern part plus a part of the Vesuvian municipalities: for example Pomigliano belongs to ASL NA3 Sud together with San Giorgio a Cremano, Ercolano, Portici, and all the other municipalities of the province before getting to the province of Salerno. Castellammare still belongs to ASL NA3 Sud but Positano, in the Province of Salerno, belongs to ASL Salerno. In addition to the territorial ones, there are also the hospital Companies: the Monaldi hospital Company, the Cardarelli hospital Company, the Santobono hospital Company, the Sant'Anna and San Sebastiano hospital Company in Caserta and the San Pio hospital Company in Benevento. Then there are the University hospital Companies that also host specialization courses; in Campania there are three: the "Federico II" University hospital Company, which is also known as "the new Polyclinic"; the "Vanvitelli" University hospital Company, which is also called the "Second University" or "old Polyclinic"; and the "Ruggi D'Aragona" University hospital Company which is in Salerno. Then there is an IRCCS, an acronym that stands for Scientific Hospitalization and Treatment Institute, which is the Pascale hospital, with its own oncological mission and its own different framework.

We clinical engineers of all these 17 Companies know each other since we often meet up at various events or meetings. When the announcement was released in February, we were quite perplexed about being able to spend around 200 million residual euros (as written in the regional resolution) as it is pretty obvious that in 8 months you cannot spend 200 million euros. It is very complicated to do the procedures, get the equipment to arrive and test it, and there was the need for a huge amount of work on behalf of all the Companies, and a large part of money was spent but another certainly got lost in some way because we had to start at least two years earlier to be able to spend 200 million euros.

This was one of the things that surprised us because it was also a commitment. Even the tenders had very tight delivery times because, for example, if I take part in a tender and it takes me very little time (so I implement the purchase procedure in three days, I am able to close everything) but then when I place the

order the supplier takes many months to deliver the equipment to me, I will lose the financing. So we had to apply very stringent clauses; in short, it was all very complicated, many suppliers did not even participate in the tender because they couldn't deliver at the deadline we required, so it was complicated.

I certainly still carry with me the stress of managing this project, and performing and implementing everything from February to December which is a very short timing for the public administration. Indeed, we have to follow rules when we make purchases because the money is from citizens so it's not like Gianluca Giaconia can decide to buy the CAT scan from the Philips company, the Geo company or the Siemens company, but a proper procedure must be done, everyone participates in this procedure and the best equipment is chosen with criteria: the best device but also at a good price, there are formulas that are made to select the provider, and doing these things takes time as they are not quick things.

We are talking about the "AO dei Colli" but, if you think about large works, you see how long we have been talking about enormous works that have not been realized for 10-20-30 years. It is not our case as we buy things that the hospital needs so we do not need thirty years, but in the public administration procedures are hard sometimes. In short, this is something that should be remembered. I must add that over the years the legislators, those who have been writing the rules for public purchases, have tried to simplify the procedure more and more and today we find ourselves with the "code of public procurement contracts" which is in any case simpler to use than a few years ago, and it also allows us to do the procedures more quickly.