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Letter to the Editor

Trauma service reorganization in Bologna (Italy) during COVID-19 pandemic



Since February 20th, 2020, after that a young man in North Italy was hospitalized for a COVID-19 atypical pneumonia, epidemic in Italy has started [1]. Up to now, the number of affected patients has raised up to more than 169,325 COVID cases, in an apparent plateau of new deaths and hospital admissions rates [2]. Severe cases accounted for 18% of cases, and critical ones reach 2.2%. The diffusion of the virus has started in northern Italy, overloading the city hospitals of all the country, and challenging the Health System.

The Italian health system is public, and delivers universal coverage for medical and hospital care. Each region organizes and delivers health care in its settings. In Emilia Romagna, a Region in North Italy, several cities have been severely hit by the disease, and up to April 20th, 22,514 COVID-19 cases have been registered (Fig. 1). Bologna, the capital city of the region hosts the Rizzoli Institute, the oldest orthopaedic institute in the World. Founded by Francesco Rizzoli in 1893, it is devoted to the management of complex orthopaedic surgical cases, including tumor, infections, and revision surgery, with trauma cases representing less than 30% of its overall surgical activity. During history, it has been converted to a war trauma center during the first and the second world wars, and recently for the third time during the COVID-19 emergency.

Since March 2020, the Rizzoli institute has managed all trauma patients of the city of Bologna, excluding polytraumas, which are sent to a different emergency department on the territory. An extensive rearrangement of surgical activity and clinical protocols has been undertaken to support this change, beginning from the local emergency department which now provides two different pathways for trauma only patients, and for the management of suspect COVID cases. In hospital, a separate unit hosts COVID patients, and one operating room only (once devoted to the management of infections of the musculoskeletal system) hosts surgery of COVID patients.

Through this process, other hospitals of the city of Bologna have been relieved by the burden of the management of trauma cases, keeping more beds and personnel that can be reassigned to the management of COVID patients. Rearranging the activity of a monospecialistic hospital may significantly contribute to the control of disease and management of COVID-19 patients, by easing the access to the health system, optimizing resources, and improving the level of care.

Declaration of Competing Interest

None.

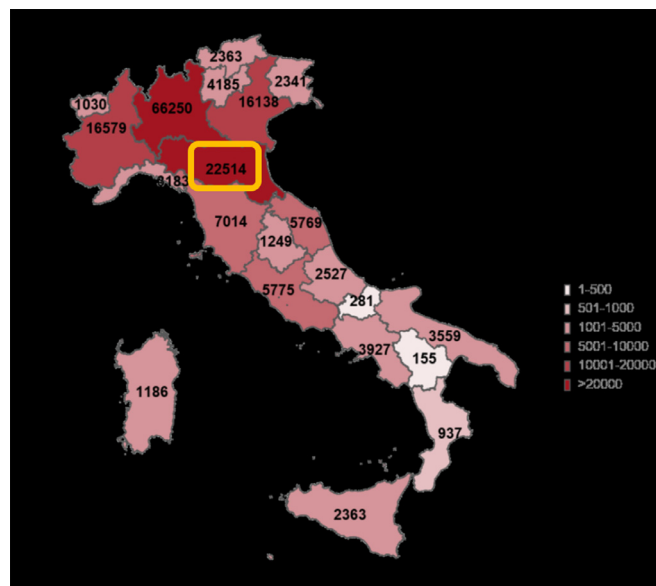


Fig. 1. Number of registered COVID-19 cases per Region on April 20th, 2020. In yellow are outlined cases from Emilia Romagna Region. Modified from (2). (For interpretation of the references to color in this figure legend, the reader is referred to the web version of this article.)

References

- [1] Livingston E, Bucher K. Coronavirus Disease 2019 (COVID-19) in Italy. JAMA 2020. doi:10.1001/jama.2020.4344.
- [2] https://www.epicentro.iss.it/en/coronavirus/bollettino/Infografica_20aprile%20ENG.pdf

Alberto Di Martino*

Cesare Faldini

DIBINEM, University of Bologna, I Orthopaedic and Traumatologic Clinic – IRCCS Istituto Ortopedico Rizzoli. Via G.C. Pupilli, 1 – 40136 Bologna, Italy

*Corresponding author.

E-mail addresses: albertocorrado.dimartino@ior.it (A. Di Martino), cesare.faldini@ior.it (C. Faldini)