

## SESSION 3: Case studies Healthcare Design

**Design  
& Health**  
International Academy for Design and Health

Milano, Italy 11-14 April 2024

# Design & Health

13TH WORLD CONGRESS & EXHIBITION

REVITALIZING HEALTH BY SALUTOGENIC DESIGN

Healthy environment | Healthy people

# Rethinking the Territorial Medicine in Italy

Marco Gola, Maddalena Buffoli e Stefano Capolongo & Design Health Lab

Design & Health Lab, Politecnico di Milano



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MEDIA PARTNER

**Progettare  
per la Sanità**  
Organizzazione, tecnologia, architettura

**edra** | SANITÀ 33

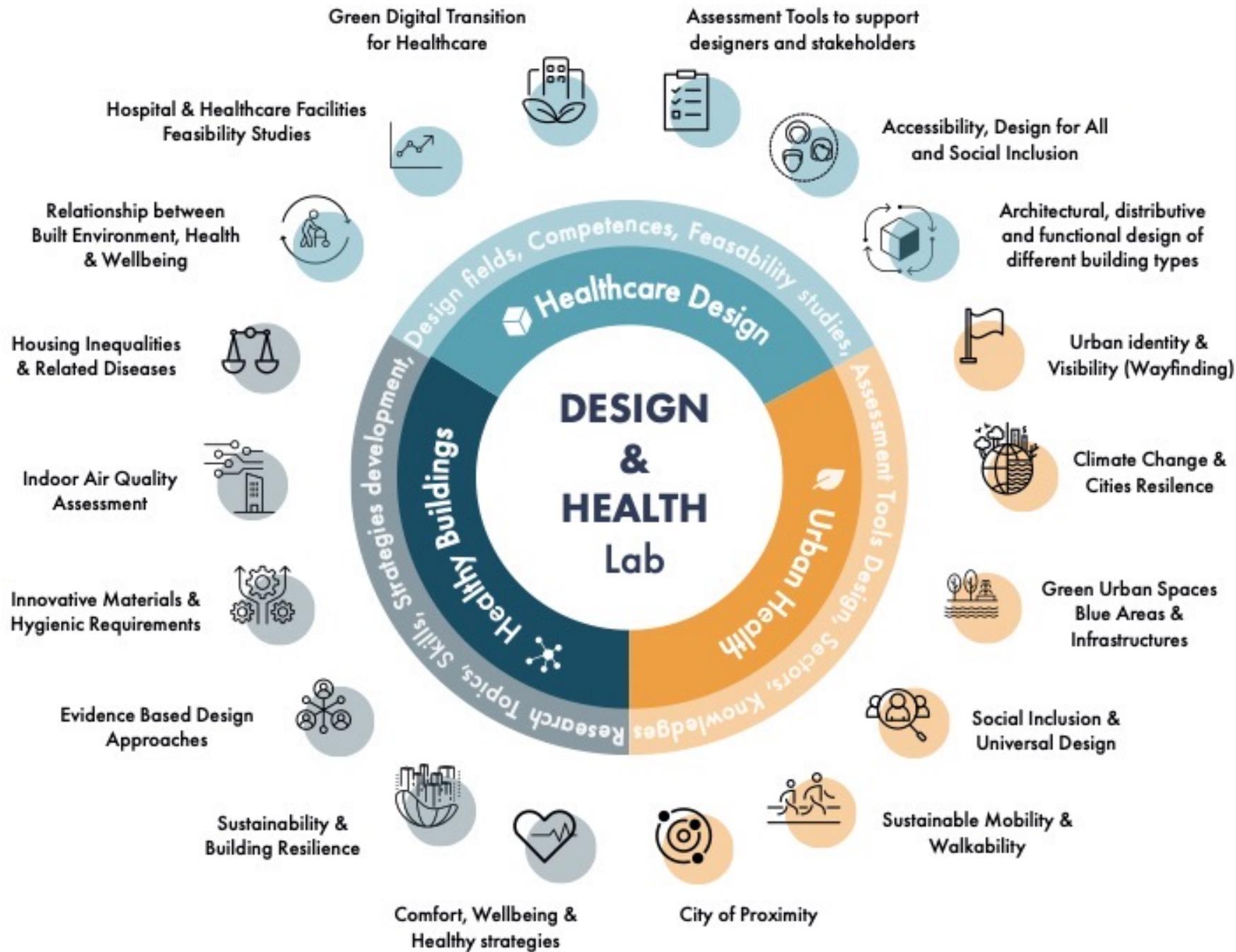
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# Urban Health after COVID-19 pandemic period

**COVID-19** accelerated and emphasized existing emergencies in terms of environmental sustainability, Urban and Public Health, with particular reference to **social, environmental and digital needs**.

**COVID-19** rebalanced the urban economy with an increase in real estate values and social interest in peripheral urban contexts. *Next Generation EU* is unique opportunity to re-think the suburbs of our cities by integrating Public Health purposes and promoting healthy lifestyles.

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O R I G I N A L I N V E S T I G A T I O N S / C O M M E N T A R I E S

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## **COVID-19 and Cities: from Urban Health strategies to the pandemic challenge. A Decalogue of Public Health opportunities**

*Stefano Capolongo<sup>1</sup>, Andrea Rebecchi<sup>1</sup>, Maddalena Buffoli<sup>1</sup>, Letizia Appolloni<sup>2</sup>, Carlo Signorelli<sup>3</sup>, Gaetano Maria Fara<sup>4</sup>, Daniela D'Alessandro<sup>2</sup>*

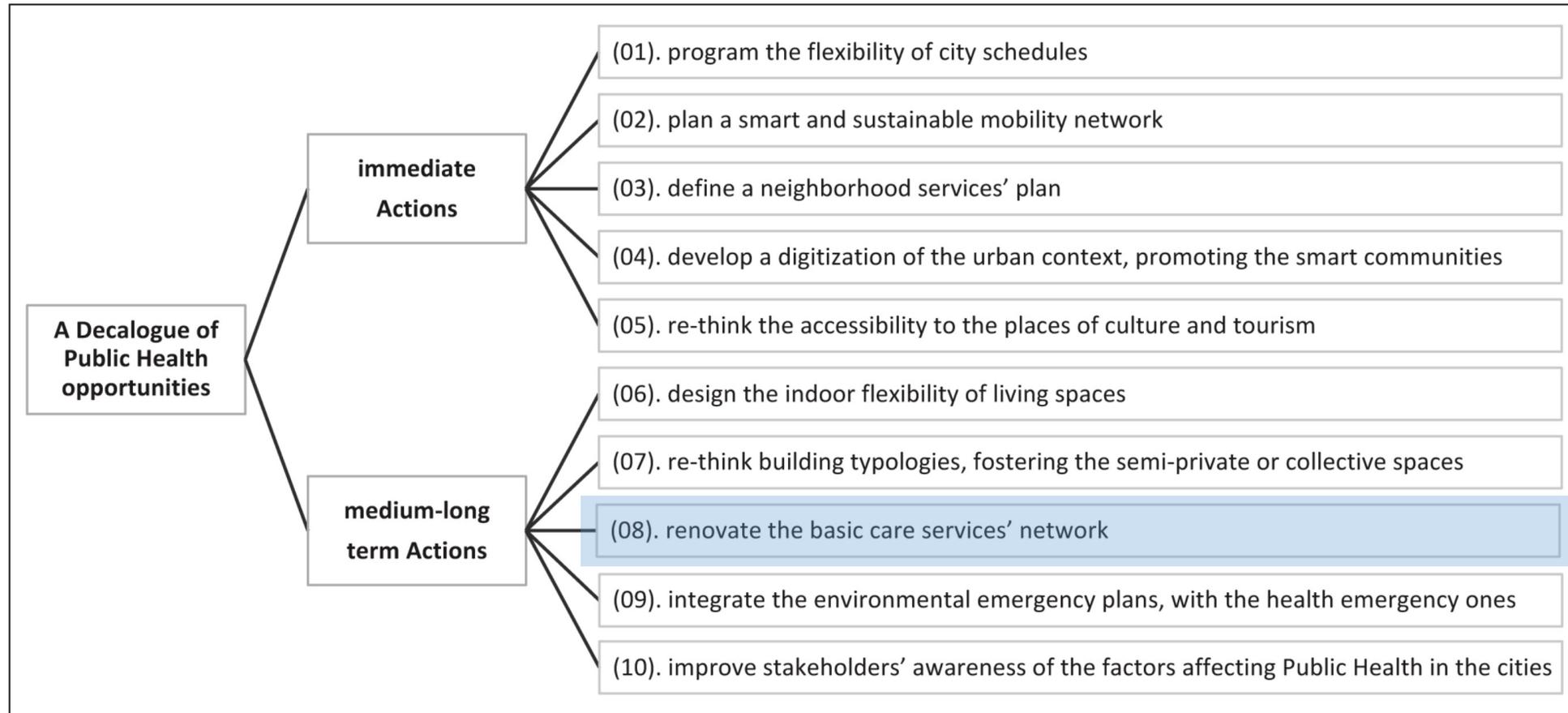
<sup>1</sup>Politecnico di Milano, Department of Architecture, Built environment and Construction engineering (DABC); <sup>2</sup>Sapienza University of Rome, Department of Civil Building Environmental Engineering (DICEA); <sup>3</sup>University Vita-Salute San Raffaele, Milan; <sup>4</sup>Sapienza University of Rome, Department of Public Health and Infectious diseases (DSPMI)



# Urban Health after COVID-19 pandemic period

*“COVID-19 and Cities: a Decalogue of Public Health opportunities”*

defines the **short & medium / long term actions** capable of improving the resilience of cities to face pandemic events, through renovated *Urban Health Strategies*.





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# Italian healthcare network: Community Healthcare Facilities

# Next Generation Europe > NRRP in Italy > Mission 6 Health



**RECOVERY AND RESILIENCE PLAN**  
#NEXTGENERATIONITALIA

**HEALTH**

- 1,288 community homes and 381 community hospitals for proximity assistance
- Home care for 10% of people aged 65 or more
- 602 new Local Operational Centres for remote assistance
- More than 3,133 new large pieces of equipment for diagnostics and care

# Next Generation Europe > NRRP in Italy > Mission 6 Health



## Proximity networks, intermediate structures and telemedicine for territorial healthcare

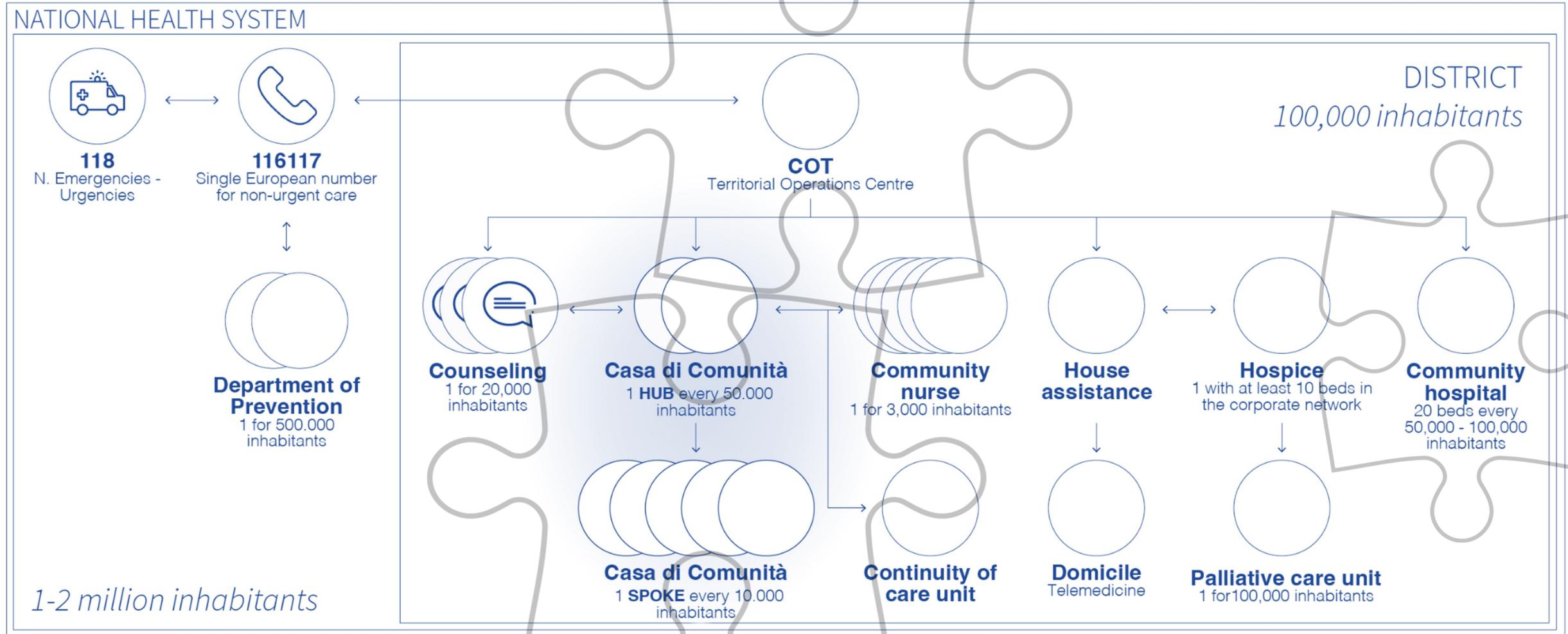
The interventions of this component aim to strengthen the services provided on the territory thanks to the strengthening and creation of territorial structures and garrisons (such as Community Homes and Community Hospitals), the strengthening of home care, the development of telemedicine and a more effective integration with all socio-health services

Investment 1: Community Healthcare Centers

Investment 2: Home as the first place of care, home care and telemedicine

Investment 3: Development of intermediate care

# Next Generation Europe > NRRP in Italy > MD 77/2022



*Casa di Comunità means Community Healthcare Center (CHC)*

*Ospedale di Comunità means Community Hospital (CH)*

*Centrale Operativa Territoriale means Local Operative Center (LOC)*

MD 77/2022



# Our Methodology

## FIRST STEP: CASE STUDIES' ANALYSIS

### CASE STUDY ANALYSIS

Best Practices of innovative projects on community healthcare centers in Italy, France, England, Spain, Portugal  
Definition of benchmarks



## SECOND STEP: TECHNICAL REQUIREMENTS

### ANALYSIS OF GENERIC REQUIREMENTS

National and regional regulations with minimum quantitative and qualitative standards for each typology of healthcare facility.



## THIRD STEP: METADESIGN PROPOSAL

### METAPROJECT AND FUNCTIONAL LAYOUTS

Metadesign strategies and solutions

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CASI STUDIO	INDIRIZZO	CITTA'	REGIONE	ANNO	INSERIMENTO URBANO			ANNO DI APERTURA
					Volume	Superficie	Tipologia	
Caso di Studio di Casale di Stabia	Strada 10, Casale di Stabia	Casale di Stabia (NA)	Campania	2018	10.000	1.500	Residenziale	2018
Caso di Studio di Roma	Via Veneto, Roma	Roma (RM)	Lazio	2019	15.000	2.000	Residenziale	2019
Caso di Studio di Genova	Via XX Settembre, Genova	Genova (GE)	Liguria	2018	20.000	2.500	Residenziale	2018
Caso di Studio di Firenze	Via de' Tornabuoni, Firenze	Firenze (FI)	Toscana	2019	12.000	1.800	Residenziale	2019
Caso di Studio di Milano	Via Montenapoleone, Milano	Milano (MI)	Lombardia	2018	18.000	2.200	Residenziale	2018
Caso di Studio di Napoli	Via Toledo, Napoli	Napoli (NA)	Campania	2019	14.000	1.900	Residenziale	2019
Caso di Studio di Palermo	Via Libertà, Palermo	Palermo (PA)	Sicilia	2018	11.000	1.600	Residenziale	2018
Caso di Studio di Bologna	Via Maggiore, Bologna	Bologna (BO)	Emilia-Romagna	2019	13.000	1.700	Residenziale	2019
Caso di Studio di Padova	Via Garibaldi, Padova	Padova (PD)	Veneto	2018	10.500	1.550	Residenziale	2018
Caso di Studio di Venezia	Via Cappello, Venezia	Venezia (VE)	Veneto	2019	9.000	1.200	Residenziale	2019
Caso di Studio di Bari	Via Roma, Bari	Bari (BA)	Puglia	2018	11.500	1.650	Residenziale	2018
Caso di Studio di Catania	Via Libertà, Catania	Catania (CT)	Sicilia	2019	12.500	1.750	Residenziale	2019
Caso di Studio di Cagliari	Via Garibaldi, Cagliari	Cagliari (CA)	Sardegna	2018	10.000	1.500	Residenziale	2018
Caso di Studio di Sassari	Via Garibaldi, Sassari	Sassari (SS)	Sardegna	2019	9.500	1.450	Residenziale	2019
Caso di Studio di Nuoro	Via Garibaldi, Nuoro	Nuoro (NU)	Sardegna	2018	8.500	1.350	Residenziale	2018
Caso di Studio di Oristano	Via Garibaldi, Oristano	Oristano (OR)	Sardegna	2019	8.000	1.300	Residenziale	2019
Caso di Studio di Macomer	Via Garibaldi, Macomer	Macomer (VS)	Sardegna	2018	7.500	1.250	Residenziale	2018
Caso di Studio di Alghero	Via Garibaldi, Alghero	Alghero (SS)	Sardegna	2019	7.000	1.200	Residenziale	2019
Caso di Studio di Tortona	Via Garibaldi, Tortona	Tortona (PC)	Emilia-Romagna	2018	6.500	1.150	Residenziale	2018
Caso di Studio di Piacenza	Via Garibaldi, Piacenza	Piacenza (PR)	Emilia-Romagna	2019	6.000	1.100	Residenziale	2019
Caso di Studio di Parma	Via Garibaldi, Parma	Parma (PR)	Emilia-Romagna	2018	5.500	1.050	Residenziale	2018
Caso di Studio di Reggio Emilia	Via Garibaldi, Reggio Emilia	Reggio Emilia (RE)	Emilia-Romagna	2019	5.000	1.000	Residenziale	2019
Caso di Studio di Modena	Via Garibaldi, Modena	Modena (MO)	Emilia-Romagna	2018	4.500	950	Residenziale	2018
Caso di Studio di Ferrara	Via Garibaldi, Ferrara	Ferrara (FE)	Emilia-Romagna	2019	4.000	900	Residenziale	2019
Caso di Studio di Ravenna	Via Garibaldi, Ravenna	Ravenna (RA)	Emilia-Romagna	2018	3.500	850	Residenziale	2018
Caso di Studio di Forlì	Via Garibaldi, Forlì	Forlì (FC)	Emilia-Romagna	2019	3.000	800	Residenziale	2019
Caso di Studio di Cesena	Via Garibaldi, Cesena	Cesena (FC)	Emilia-Romagna	2018	2.500	750	Residenziale	2018
Caso di Studio di Imola	Via Garibaldi, Imola	Imola (BO)	Emilia-Romagna	2019	2.000	700	Residenziale	2019
Caso di Studio di Faenza	Via Garibaldi, Faenza	Faenza (RA)	Emilia-Romagna	2018	1.500	650	Residenziale	2018
Caso di Studio di Ravenna	Via Garibaldi, Ravenna	Ravenna (RA)	Emilia-Romagna	2019	1.000	600	Residenziale	2019

**La maison de santé la Gardolle**

Stato: Francia  
Città: Tonnes (9.014 abitanti)  
Contesto: Rurale  
Indirizzo: 4 Boulevard François Mitterrand  
Dimensione: 214 mq (SUF)  
Anno di apertura: 2016  
Giorni di apertura e orari: dal lunedì ai venerdì dalle 8 alle 20, sabato dalle 9 alle 12.  
Tipologia intervento: ex scuola e ospedale militare durante la guerra 1914-18  
Progettisti: Atelier d'architecture Miguel Montcoure e Associés Rault Emille  
Pagina Web: <https://www.maison-sante-tonnins.fr/>

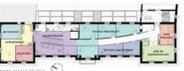
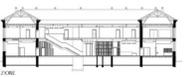
**Funzioni sanitarie:** Infermeria, spazi per medici di medicina generale, spazi per pediatri di libera scelta, spazi per medici specialisti, sportello unificato socio-sanitario, servizi socio-sanitari.  
**Funzioni non sanitarie:** Dato non rilevato  
**Professionisti:** 3 medici di base, 2 psicologi, 13 infermieri liberali, 1 ostetrica, 1 unità medico-sociale, 1 associazione di assistenza personale  
**Pandemia Covid:** S  
**Specializzazioni Covid:** Centro attivo per test covid

Fonte: <https://www.architecture-contemporaine-integerone.fr/maison-de-sante-gardolle-sa-28>

**Informazioni aggiuntive:** Dopo un anno di lavori, l'edificio Gardolle: ex scuola e ospedale militare durante la guerra 1914-18, ha riaperto i battenti il 4 gennaio 2016 come centro sanitario. Ospita una rete di professionisti sanitari e sociali. Agisce in tutti i 19 comuni che compongono l'area sanitaria di Tonnes.

L'apertura di un centro sanitario a Tonnes segna il desiderio di funzionari eletti e professionisti sanitari e sociali locali di essere coinvolti nella lotta contro la desertificazione medica in Val de Garonne, offrendo un servizio locale e un'organizzazione di rete.

Situazione: la scuola femminile, ospedale militare, scuola meta e poi all'università, il Gardolle edificio costruito nei primi anni del 20° secolo nel centro di Tonnes, rimasto vacante dall'inizio degli anni '90, hanno trovato una destituzione. Trasformato in un centro sanitario comunitario, rappresenta un esempio di riciclaggio di un edificio ad alto valore patrimoniale. Il progetto lotta contro la desertificazione medica in Val de Garonne, offrendo un servizio locale e un'organizzazione di rete.



# Our Methodology

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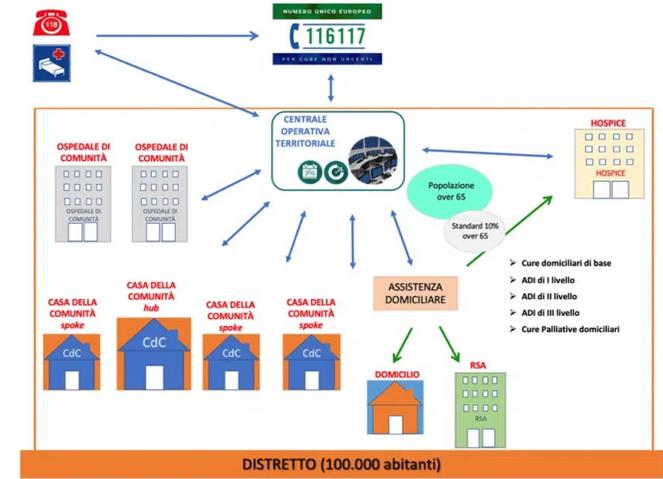
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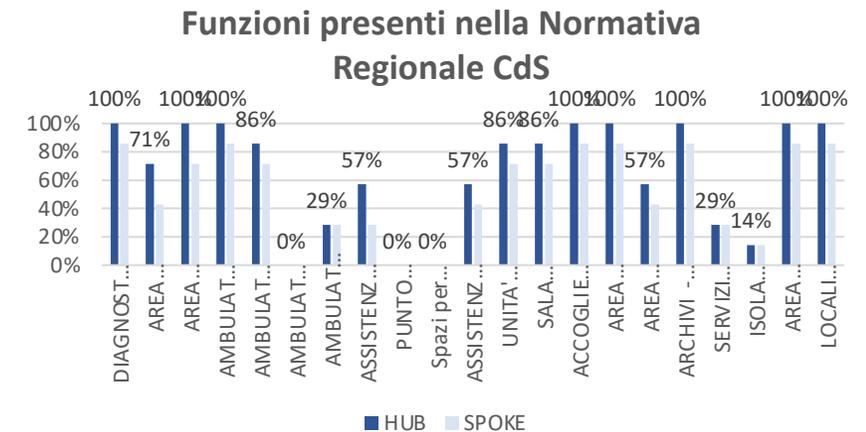
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**THIRD STEP:  
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Unità Funzionali della CdC	
MACROAREA	AREE FUNZIONALI
SPECIALISTICA	<b>AREA DIAGNOSTICA DI BASE</b> Servizi di diagnosi e cura
	<b>AREA PRELIEVI</b> Area prelievi e PO
	<b>ATTIVITA' AMBULATORIALE SPECIALISTICA</b> Servizi ambulatoriali specialistici
CURE PRIMARIE	<b>AREA CURE PRIMARIE</b>



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# Community Health Centers



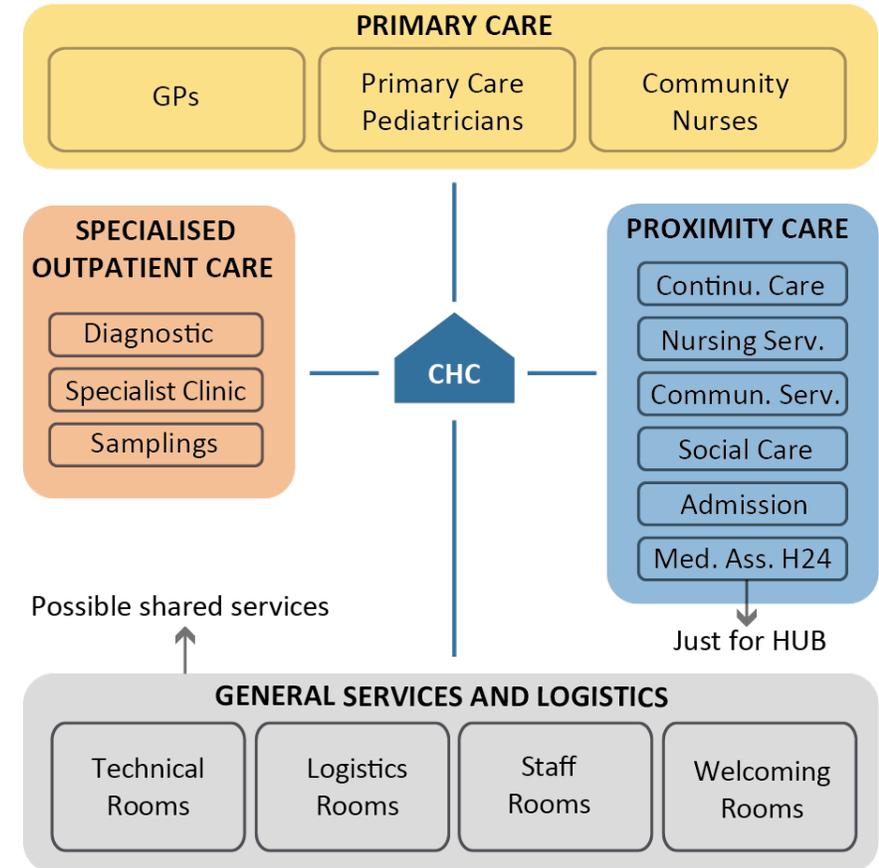
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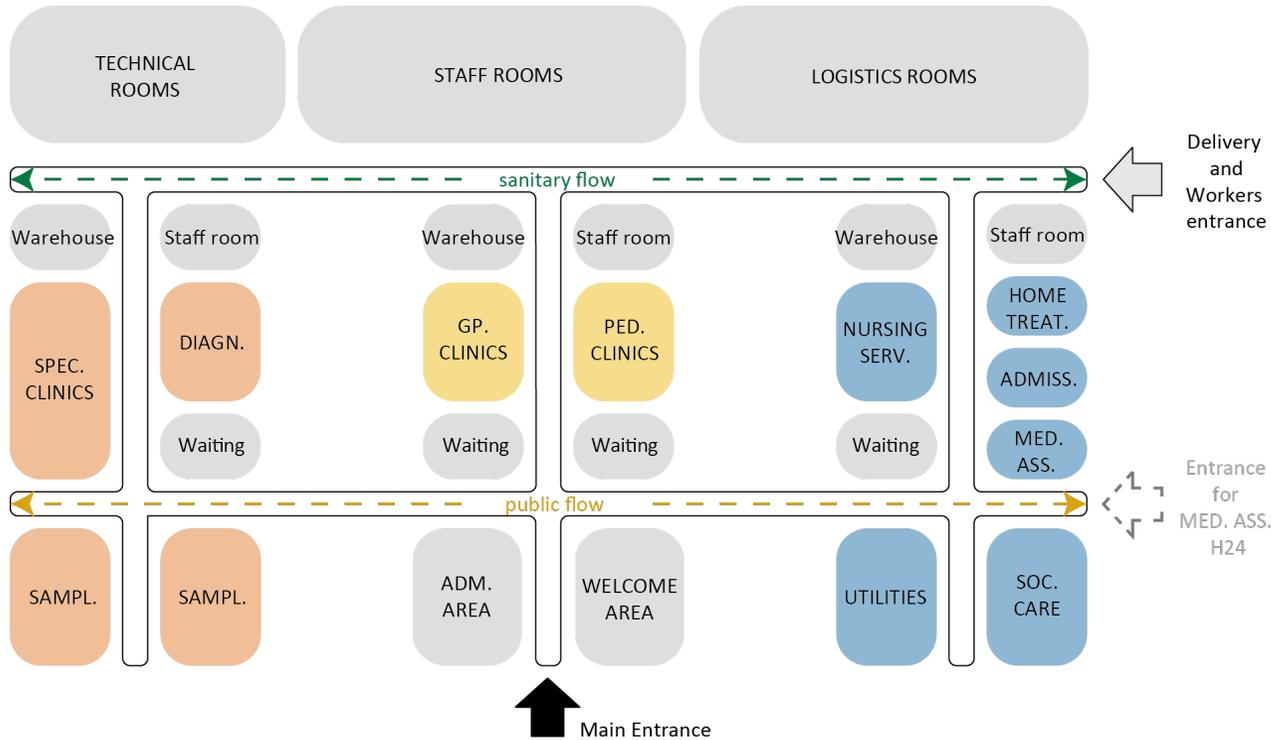
# Community Health Centers

MACRO-AREA	CHC functional units		CHC specification	
	FUNCTIONAL AREAS		METADESIGN	
			HUB	SPOKE
SPECIALIZED OUTPATIENT CARE	<b>DIAGNOSTICS</b>			
	<i>Diagnosis and treatment services</i>	BASIC DIAGNOSTICS (retinography, spirometer, echograph, etc.).	Compulsory	Optional
	<b>SAMPLING AREA</b>			
	<i>Sampling area and point of care</i>	SAMPLINGS	Compulsory	Optional
	<b>SPECIALIST CLINICS</b>			
	<i>Specialist outpatient services</i>	SPECIALIST OUTPATIENT AREA (diabetologist, cardiologist, etc.).	Compulsory	Compulsory
PRIMARY CARE	<b>PRIMARY CARE AREA</b>			
		MEDICAL CLINIC for General Practitioners (GPs)	Compulsory	Compulsory
		MEDICAL CLINIC for Primary care Pediatricians	Compulsory	Compulsory
		MEDICAL CLINIC for Family or Community Nurses	Compulsory	Compulsory
PROXIMITY CARE	<b>NURSING SERVICES</b>			
		NURSING CLINICS	Compulsory	Compulsory
	<b>H24 / H12 MEDICAL ASSISTANCE</b>			
	<i>Medical Assistance</i>	H24 / H12 MEDICAL ASSISTANCE	Compulsory (H24)	Compulsory (H12)
	<b>ADMISSION SERVICES</b>			
		ADMISSION	Compulsory	Compulsory
	<b>INTEGRATION with SOCIAL CARE</b>			
		Spaces for SOCIAL CARE	Compulsory	Compulsory
	<b>HOME TREATMENT</b>			
		INTEGRATED HOME TREATMENT	Compulsory	Compulsory
	CONTINUING CARE	Compulsory	/	
<b>COMMUNITY SERVICES</b>				
	MULTI-PURPOSE MEETING ROOM	Compulsory	Compulsory	
GENERAL SERVICES AND LOGISTICS	<b>GENERAL SERVICES AREA</b>			
	<i>Urban services for external users and healthcare staff</i>	WELCOMING AREA	Compulsory	Compulsory
		STAFF ROOMS	Compulsory	Compulsory
		ADMINISTRATIVE AREA	Compulsory	Compulsory
	<b>LOGISTICS AREA</b>			
	<i>Logistics for social-health facility operation</i>	ARCHIVES - WAREHOUSES - STORAGEES	Compulsory	Compulsory
		INFO POINT and TELEMEDICINE	Compulsory	Compulsory
		ECO-ISLAND	Compulsory	Compulsory
		CLEANING AREA	Compulsory	Compulsory
	<b>TECHNICAL ROOMS AREA</b>			
<i>CTs, gas stations, connections, sub-stations, etc.</i>	TECHNICAL ROOMS, TECHNOLOGICAL CENTRE, AIR HANDLING UNITS, etc.	/	/	

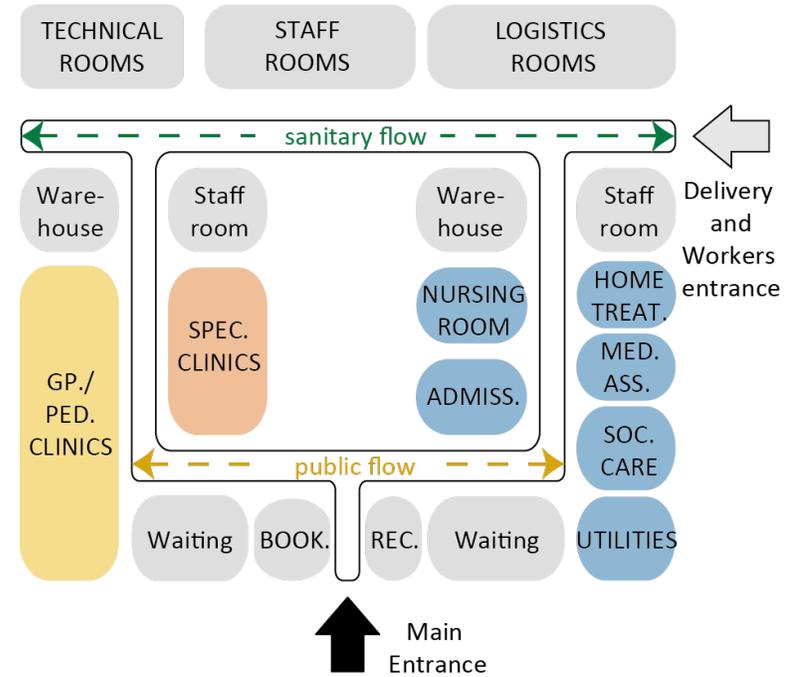


# Community Health Center

## CHC Hub



## CHC Spoke



### LEGEND OF THE MACRO AREAS

- M. GEN. SERV. and LOG.
- M. SPECIALISED OUTPATIENT CARE
- M. PRIMARY CARE
- M. PROXIMITY CARE

# Community Hospitals



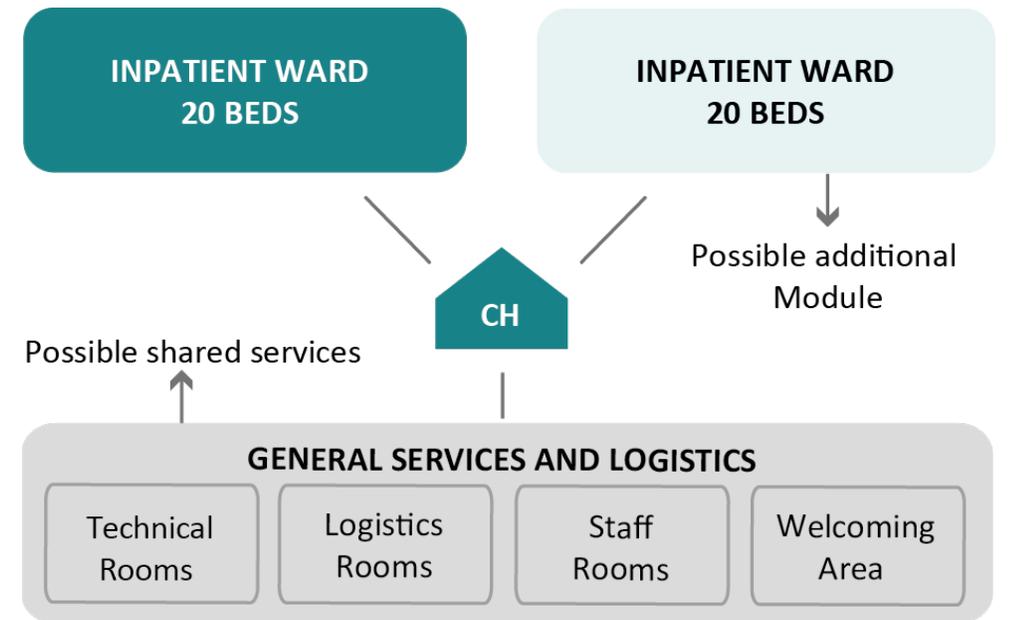
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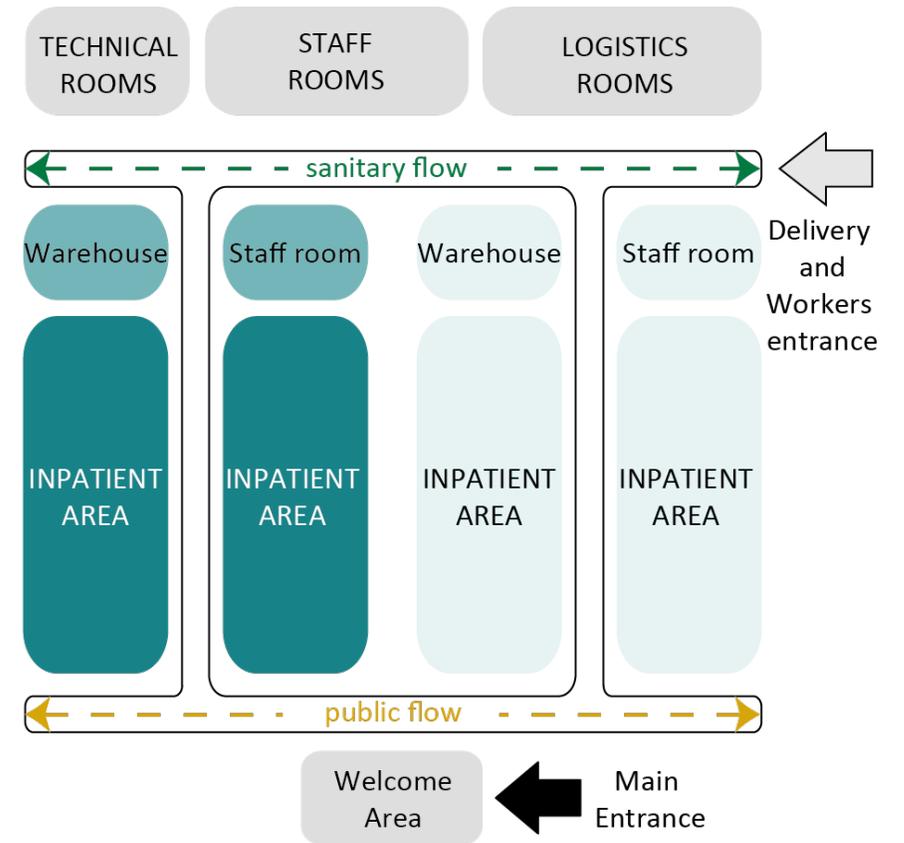
# Community Hospital

Community Hospital Functional Units		Community Hospital specification
MACRO-AREA	FUNCTIONAL AREAS	METADESIGN
IN-PATIENT WARD	<b>INPATIENT AREA</b>	
	<i>Low-care in-patient services</i>	INPATIENT WARD Compulsory
GENERAL AND LOGISTICAL SERVICES	<b>GENERAL SERVICES AREA</b>	
		USER WELCOMING AREA Compulsory (but it can be shared)
		HEALTHCARE STAFF WELCOMING AREA Compulsory (but it can be shared)
	<b>LOGISTICS AREA</b>	
	<i>Logistics for healthcare facility operation</i>	ARCHIVES - WAREHOUSES - STORAGEES Compulsory (but it can be shared)
		ECO-ISLAND Compulsory (but it can be shared)
		CLEANING AREA Compulsory (but it can be shared)
		KITCHEN Optional
		LAUNDRY Optional
	<b>TECHNICAL ROOM AREA</b>	
<i>CTs, gas stations, connections, sub-stations, etc.</i>	TECHNICAL ROOMS, TECHNOLOGICAL CENTRE, AIR HANDLING UNITS, etc. Compulsory (but it can be shared)	



# Community Hospital

Community Hospital Functional Units		Community Hospital specification
MACRO-AREA	FUNCTIONAL AREAS	METADESIGN
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## LEGEND OF THE MACRO AREAS

M. GEN. SERV. and LOG.

M. HOSPITALISATION

# Local Operative Centers



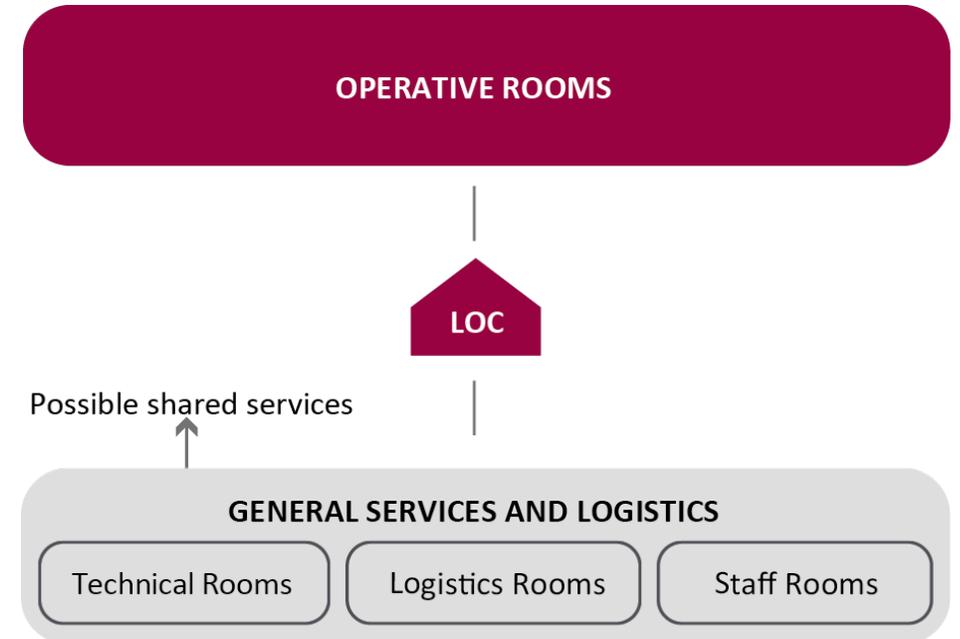
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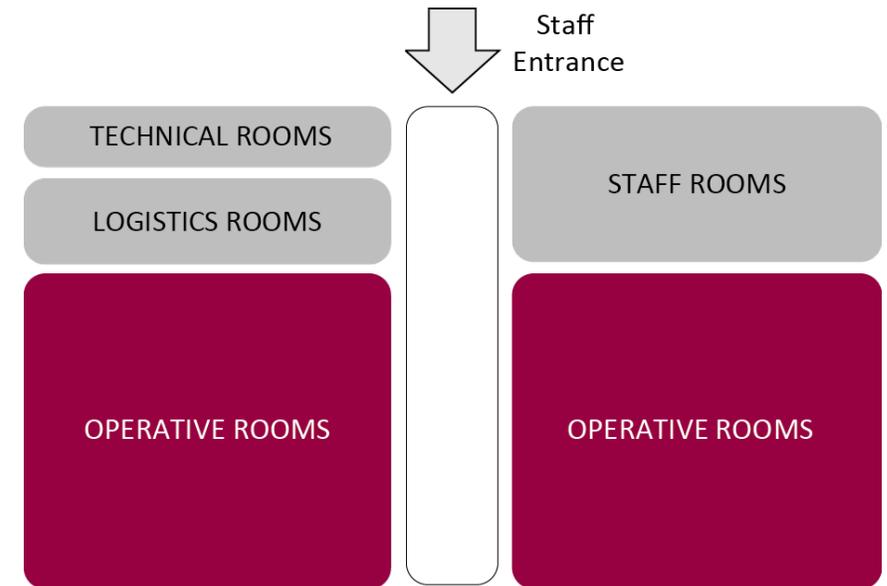
# Local Operative Center

LOC Functional Units		LOC specification
MACRO-AREA	FUNCTIONAL AREAS	METADESIGN
OPERATIVE CENTER	<b>OPERATIVE CENTER</b>	
	<i>Operative area with workstations</i>	Operative rooms, premises for technological equipment, management, and administrative offices, etc.
GENERAL SERVICES AND LOGISTICS	<b>GENERAL SERVICES AREA</b>	
	<i>Welcoming services for users and healthcare staff</i>	HEALTHCARE STAFF WELCOMING
	<b>LOGISTICS</b>	
	<i>Logistics for healthcare facility operation</i>	ARCHIVES - WAREHOUSES - STORAGES
		CLEANING AREA
	<b>TECHNICAL ROOM AREA</b>	
		TECHNICAL ROOMS, TECHNOLOGICAL AREA, AIR HANDLING UNITS, etc.



# Local Operative Center

LOC Functional Units		LOC specification
MACRO-AREA	FUNCTIONAL AREAS	METADESIGN
OPERATIVE CENTER	<b>OPERATIVE CENTER</b>	
	<i>Operative area with workstations</i>	Operative rooms, premises for technological equipment, management, and administrative offices, etc.
GENERAL SERVICES AND LOGISTICS	<b>GENERAL SERVICES AREA</b>	
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	<b>LOGISTICS</b>	
	<i>Logistics for healthcare facility operation</i>	ARCHIVES - WAREHOUSES - STORAGES
		CLEANING AREA
	<b>TECHNICAL ROOM AREA</b>	
		TECHNICAL ROOMS, TECHNOLOGICAL AREA, AIR HANDLING UNITS, etc.



## LEGEND OF THE MACRO AREAS

M. GEN. SERV. and LOG.

M. OPERATIVE ROOMS

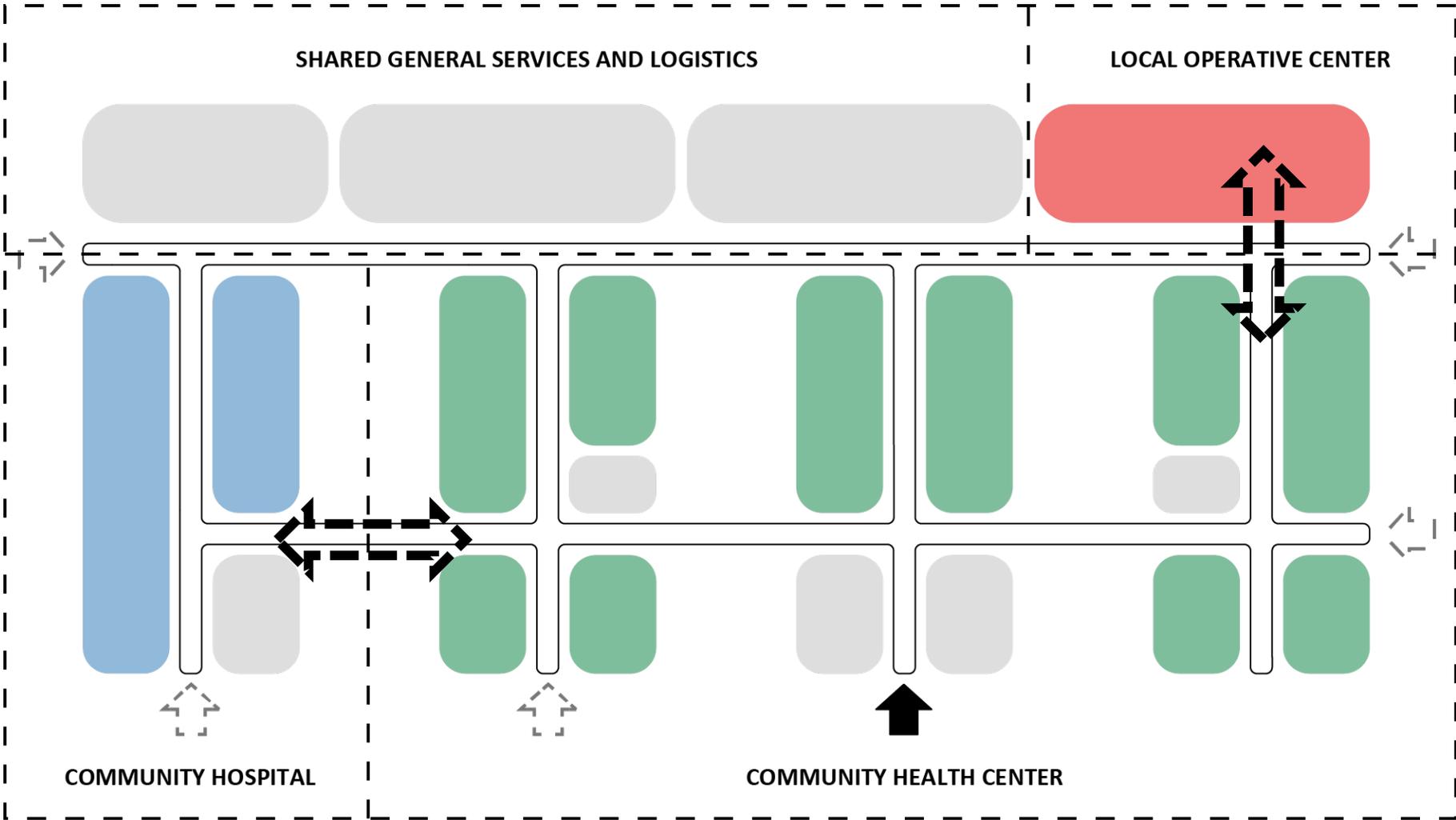


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# Integrated Community Health Facilities

# Integrated Community Health Facilities



## LEGEND OF THE MACRO AREAS

- COMMUNITY HEALTH CENTER
- COMMUNITY HOSPITAL
- LOCAL OPERATIVE CENTER
- GEN. SERV. AND LOGISTICS

# Localization of the Community Health Facilities

CdC means CHC

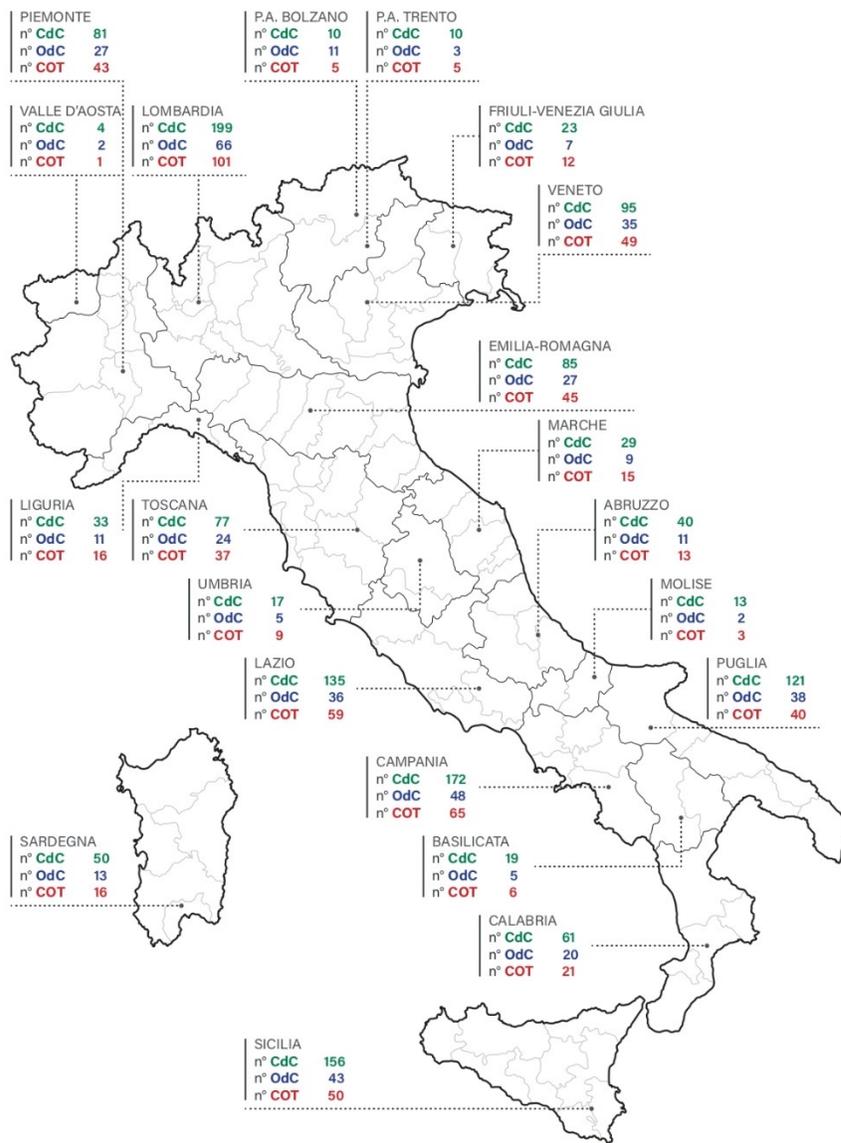
OdC means CH

COT means LOC

For more information



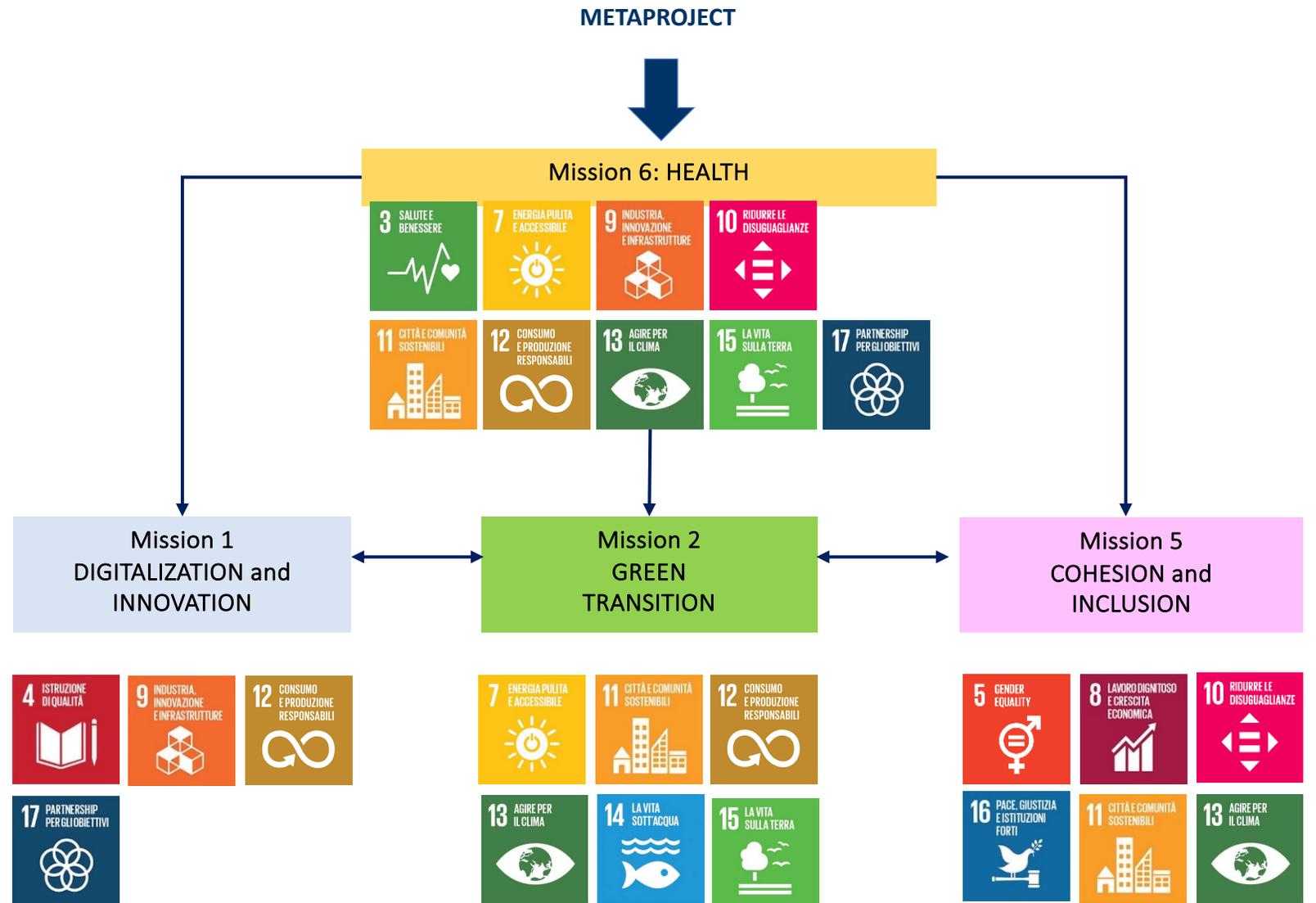
Expiration: 2026



	CdCHUB		CdCSPOKE		tot.	OdC	COT	inhab.	surf.
	nuove	old	nuove	old					
ABRUZZO	8	6	-	26	40	11	13	1.269.590	10.831,496
BASILICATA	2	5	10	2	19	5	6	536.933	10.073,111
P.A. BOLZANO	4	1	2	3	10	11	5	536.271	7.397,857
CALABRIA	7	7	31	16	61	20	21	1.834.773	15.221,615
CAMPANIA	24	63	26	59	172	48	65	5.567.642	13.670,598
EMILIA-ROMAGNA	15	30	17	23	85	27	45	4.433.266	22.444,542
FRIULI-VENEZIA GIULIA	8	11	3	1	23	7	12	1.195.384	7.932,482
LAZIO	94	13	28	-	135	36	59	5.707.521	17.231,723
LIGURIA	7	16	5	5	33	11	16	1.502.943	5.416,152
LOMBARDIA	67	132	-	-	199	66	101	9.965.072	23.863,097
MARCHE	3	19	1	6	29	9	15	1.483.070	9.401,184
MOLISE	-	7	-	6	13	2	3	289.237	4.460,437
PIEMONTE	20	61	-	-	81	27	43	4.240.791	25.386,697
PUGLIA	25	31	32	33	121	38	40	3.896.900	19.540,518
SARDEGNA	4	12	7	27	50	13	16	1.570.392	24.099,453
SICILIA	14	44	35	63	156	43	50	4.778.363	25.832,545
TOSCANA	27	30	9	11	77	24	37	3.667.218	22.987,437
P.A. TRENTO	3	5	1	1	10	3	5	542.622	6.206,864
UMBRIA	14	3	-	-	17	5	9	856.145	8.464,223
VALLE D'AOSTA	-	2	-	2	4	2	1	122.955	3.260,855
VENETO	60	35	-	-	95	35	49	4.847.147	18.345,369
Totale	1430					443	611	58.844.235	302.068,256

# Next steps

- Improving and reinforcing the healthcare network
- Guaranteeing their economic sustainability, considering urban activities
- Guaranteeing their relation with the local community
- Permitting to have a common and national language and styles (logos, colours, etc.)
- Considering the relationship among public and private facilities



# POLIMI activities

The technical guidelines for Regione Lombardia  
*Definition of the guidelines for the future community healthcare centers and community hospitals for the entire Regione Lombardia*



Sistema socio-sanitario  
 Regione Lombardia  
 ATS Milano  
 Città Metropolitana

PNRR - MISSIONE 6.C1  
 CASE DI COMUNITÀ, OSPEDALI DI COMUNITÀ, CENTRALI OPERATIVE TERRITORIALI

## VADEMECUM PER L'ATTUAZIONE DEGLI INTERVENTI EDILIZI



1. Metaprogetto delle strutture sanitarie territoriali

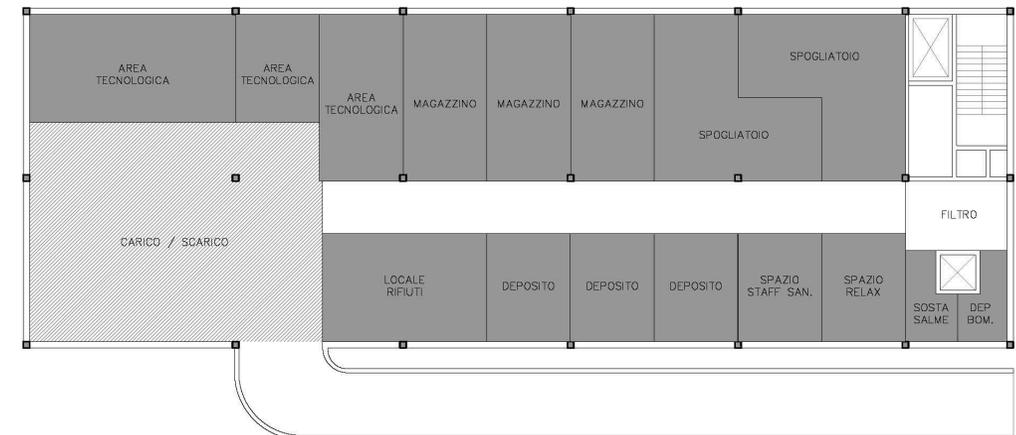
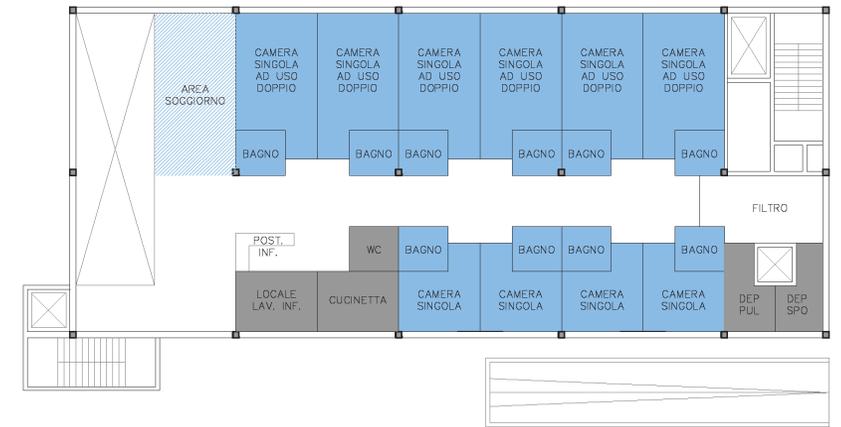
Elenco delle Macro-aree e Aree funzionali della CdC

MACROAREA	UNIV. FUNZIONALI DELLA CdC
	AREE FUNZIONALI
	ATTIVITÀ SPECIALISTICA AMBULATORIALE
SPECIALISTICA AMBULATORIALE E DIAGNOSTICA DI BASE	AREA SPECIALISTICA AMBULATORIALE
	AREA DIAGNOSTICA DI BASE
	DIAGNOSTICA DI BASE
	AREA PRELEVI
	AREA CURE PRIMARIE
ASSISTENZA PRIMARIA	AMBULATORIO per MAG, PLS e FIC
	GUARDIA MEDICA
	AMBULATORIO medico per GUARDIA MEDICA
	UNITÀ di CONTINUITÀ ASSISTENZIALE
	AMBULATORIO per UCA
	PUNTO UNICO DI ACCESSO (PIUA)
	UFFICIO E AMBULATORIO del PUNTO UNICO DI ACCESSO
FRAGILITÀ E INTEGRAZIONE CON I SERVIZI SOCIALI E COMUNITÀ LOCALE	ASSISTENZA CONSULENZA INTEGRATA (ACI)
	UFFICIO per ADI
	INTEGRAZIONE CON IL TERRITORIO SOCIALE
	UFFICIO e SPAZI per ASSISTENTI SOCIALI
	COLLETTORIO per la COMUNITÀ LOCALE
	SPAZI PULIZIA e ASSOCIAZIONE
	SERVIZIO AMBULATORIALE
SERVIZI AMMINISTRATIVI	ACCOGLIENZA UTENTI e CUP
	AREA SERVIZI GENERALI
	AREA PERIZIALE SANITARIO
SERVIZI GENERALI E LOGISTICI	AREA SERVIZI LOGISTICI
	ARCHIVI - MAGAZZINI - DEPOSITI
	SERVIZI INFORMATIVI
	ISOLA ECOLOGICA
	AREA PULIZIA
	STERILIZZAZIONE
	AREE LOCALI TECNICI
	LOCALI TECNICI CENTRALE TECNOLOGICA, UTA, ecc.



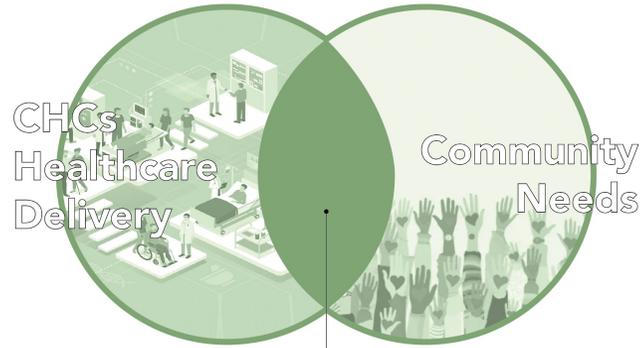
# POLIMI activities

The new community hospital for Verres (Aosta Valley)  
*Support for Regione Valle d'Aosta for the realization of a new healthcare facility for the local community*

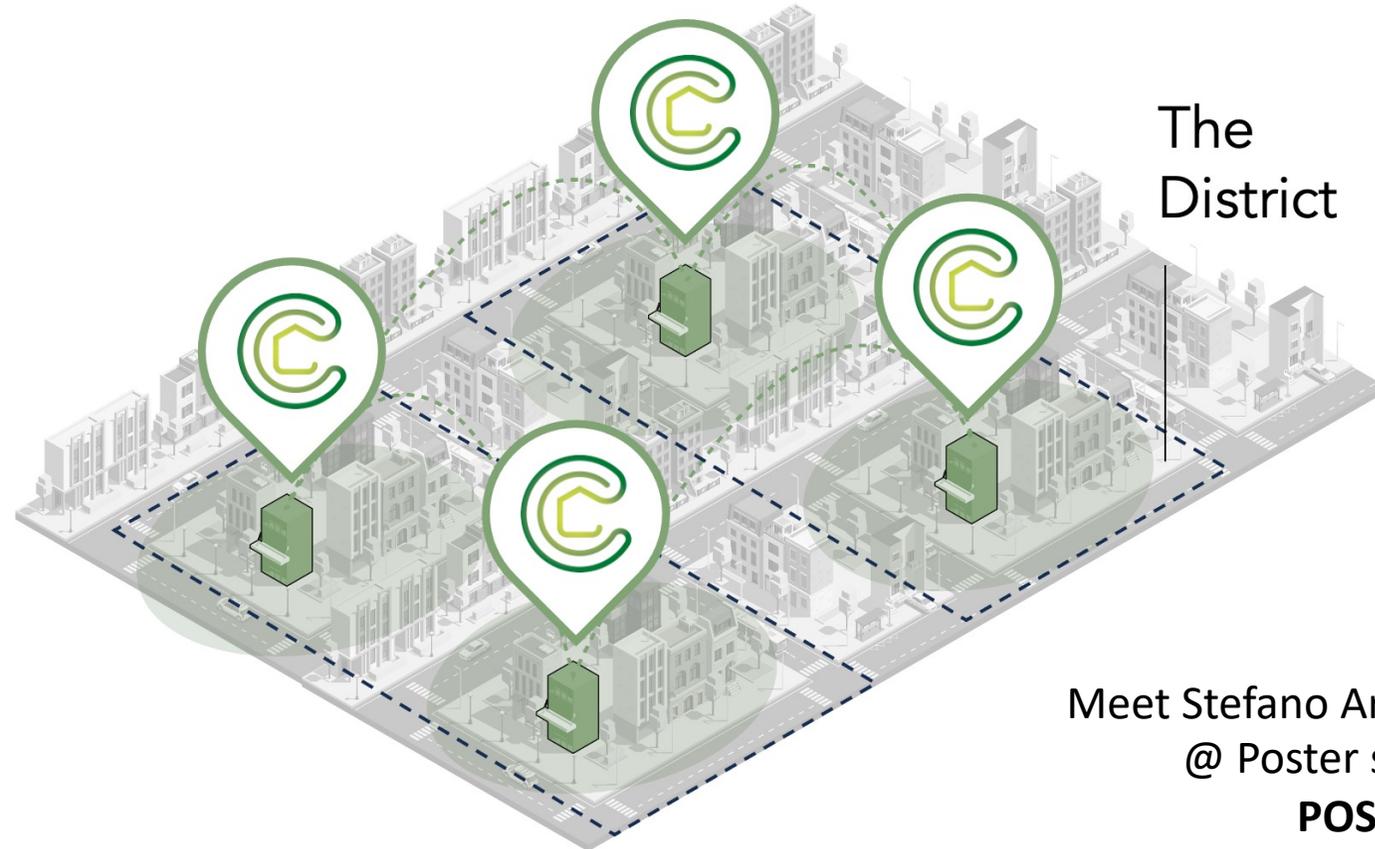


# POLIMI activities

Among the POLIMI activities

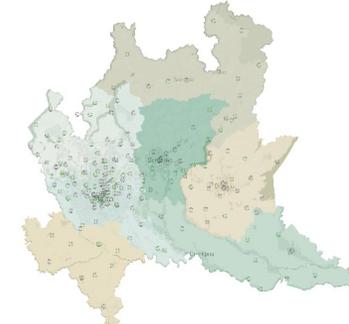


Research Aim



Meet Stefano Arruzzoli  
@ Poster section  
**POSTER 13**

## COMMUNITY HEALTH CENTERS IN LOMBARDY



## OBJECTIVES

The Community Health Centers (CHCs) have been recently introduced in Italy, as the new local healthcare facilities for communities. The role of the regional authorities as the Directorate of Welfare of Lombardy Region (DOW) is to monitor the healthcare delivery provided by the CHCs. Each service must be reported in the "Services Charter" of every CHC and published on the official sources of the local healthcare authorities. The objective of this research is to find which kind of services are reported by the "Services Charters" of the CHCs currently active in Lombardy and how they are distributed through the territories, and which services are provided more frequently.

FUNDS min €	ACTIVE CHCs	SERVICES CHARTERS
457	93	75

## METHODOLOGY

The criteria for including the single CHC in this study have been two:  
1) the facility is currently active;  
2) the "Services Charter" of the CHC is provided and published on the official sources.  
The services reported have been collected according to the categories defined by the Meta-project of the CHCs of the Italian National Agency for Regional Healthcare Services (AGENAS) and Politecnico di Milano. The CHCs included have been listed according to their affiliated local healthcare authority. This study has been carried out from June 2023 to September 2023. SA performed the analysis of the documentation and the data collection, then EB reviewed the process and validated the results.

## CHCs and National Recovery and Resilience Plan (NRRP)

DEADLINE	HOW MANY?	IN LOMBARDY
2026	1430*	199

\*Possible reduction to 956, according to NRRP



## About CHCs: The Catchment Area

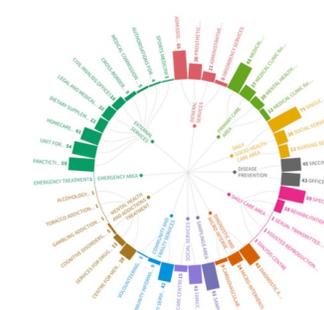
THE DISTRICT
100.000 inhabitants

## HOW MANY CHCs?

2
---

1/50.000 inhabitants each

## SERVICES IN THE CHCs



## Data about the study

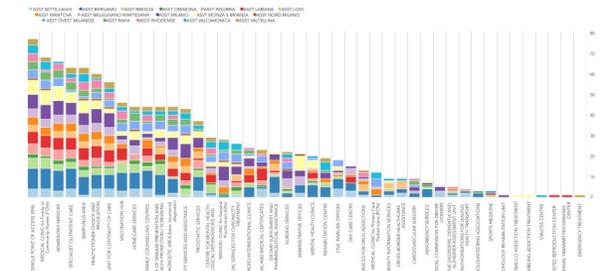
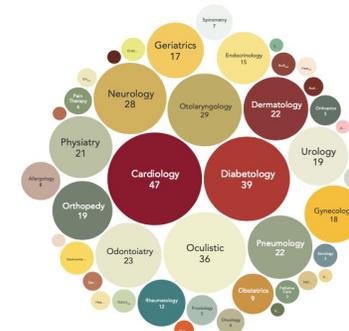
- 75** CHCs in Lombardy
- 12** Categories of services
- 44** Single Services

## RESULTS

75 CHCs have been included in the study, 43 different typologies of deliveries, 43 specialized outpatient care visits have been detected, and totally 1505 single services mapped. Averagely, each facility provides 20 services. The most frequent services in the Lombardy CHCs are related to the first access to care for citizens (19%), blood draw point and tests (8%) and medical clinics for community nurses (8%). 7 of the 44 typologies of services are provided just by a single CHC.

## CONCLUSIONS

In conclusion, one main tendency turns up from this study: the socio-healthcare delivery of the CHCs in Lombardy is wide and involves several aspects of health provision and promotion, and it generally guarantee continuity of care and assistance for frailties. Anyway, the delivery looks unbalanced, including numerous health services, but few facilities for the community and for fostering social inclusion.



## SESSION 3: Case studies Healthcare Design

**Design  
& Health**  
International Academy for Design and Health

Milano, Italy 11-14 April 2024

# Design & Health

13TH WORLD CONGRESS & EXHIBITION

REVITALIZING HEALTH BY SALUTOGENIC DESIGN

Healthy environment | Healthy people

# Rethinking the Territorial Medicine in Italy

Marco Gola, Maddalena Buffoli e Stefano Capolongo & Design Health Lab

Design & Health Lab, Politecnico di Milano



**POLITECNICO  
MILANO 1863**

DIPARTIMENTO DI ARCHITETTURA,  
INGEGNERIA DELLE COSTRUZIONI  
E AMBIENTE COSTRUITO

MEDIA PARTNER

**Progettare  
per la Sanità**  
Organizzazione, tecnologia, architettura

**edra** | SANITÀ 33

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