AMTRUST – DEATH CASE ANALYSIS

Grafici

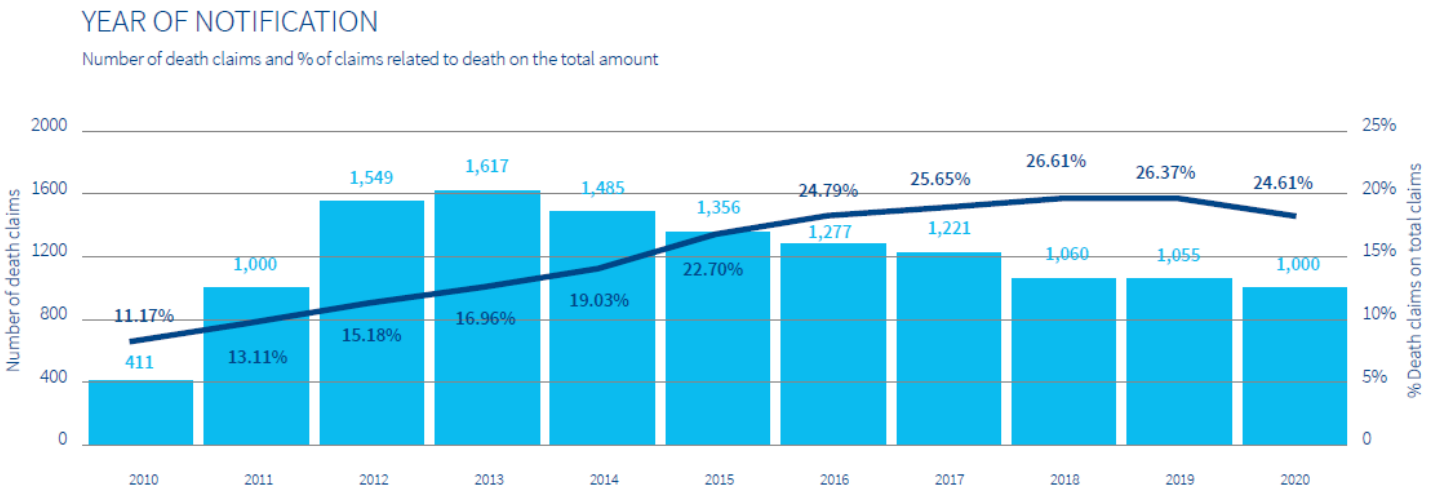


Figure 1 Number of Death Case (in light blue) and % of claims related to death on the total amount reported per year of notification (blue line).

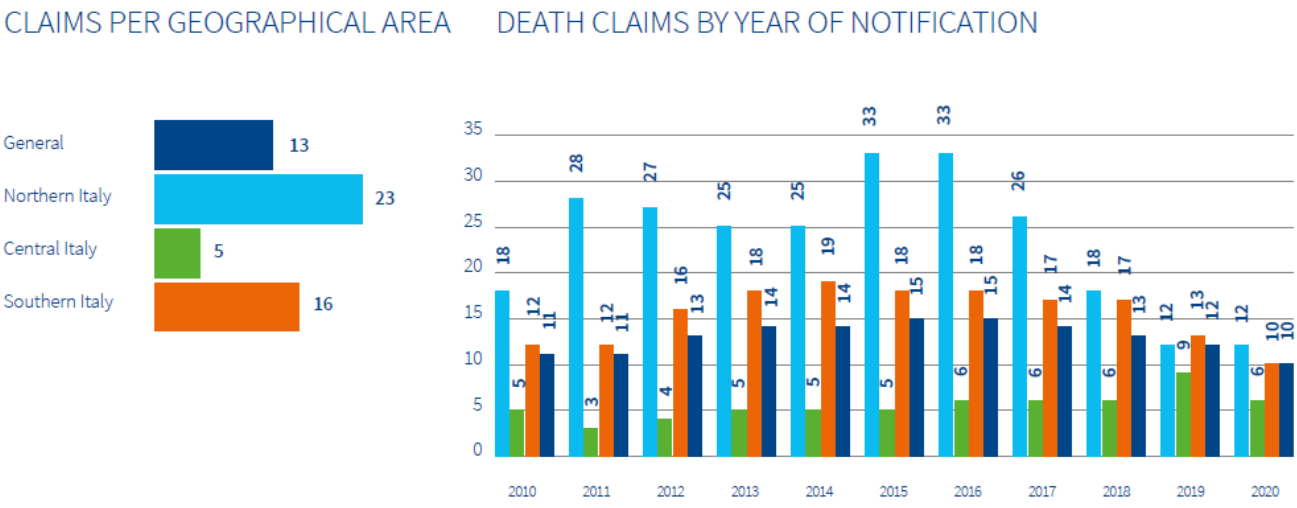
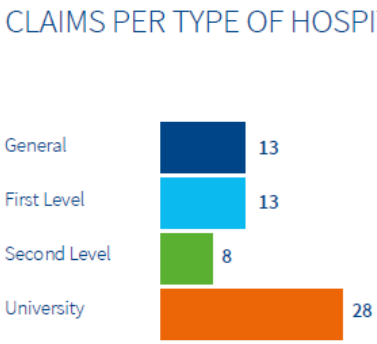


Figure 2 Average number of death claims by geographical location of the hospital. The bar in blue (Total) represents the national average.

Figure 3 Trend of the average number of death claims divided by year of notification



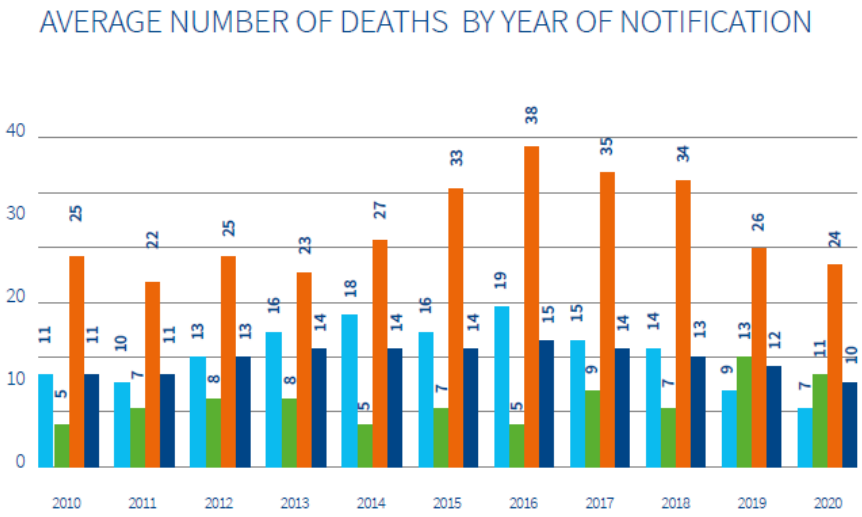


Figure 4 Average number of death claims by type of hospitals. The bar in blue (Total) represents the general average.

Figure 5 Trend of the average number of death claims divided by year of notification

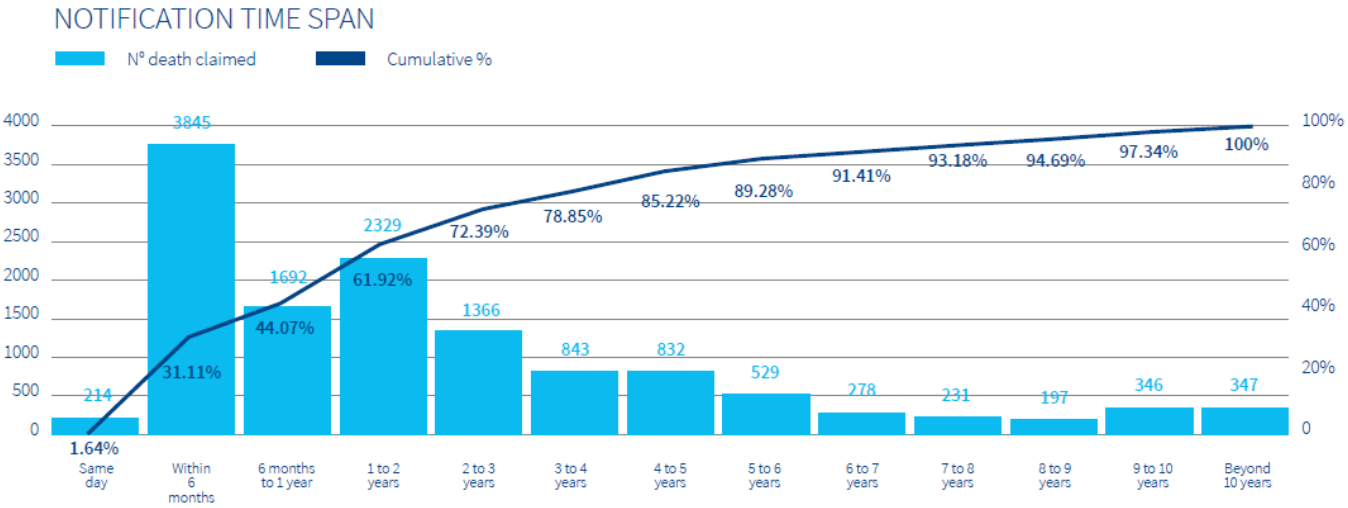


Figure 6 Time span between the date of loss and the date of notification of the adverse event.

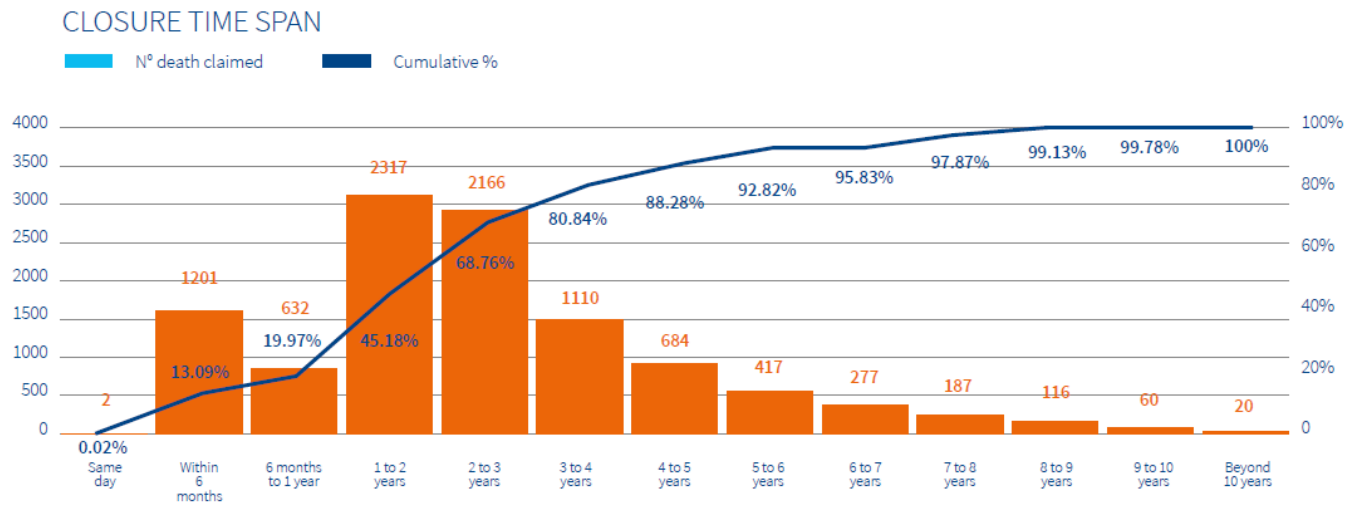


Figure 7 Time span between the date of notification and the date of closure of the claim. Please note that the sample also includes claims that have been closed as no sequel or rejected.

Death rates by type of hospital

PER 1,000 DELIVERIES	PER 100 BEDS
0.73 First Level	2.89 First Level
0.29 Second Level	1.09 Second Level
1.06 University	4.02 University
0.61 Average	2.33 Average

Death rates by geograhical area

PER 1,000 DELIVERIES	PER 100 BEDS
0.40 Northern Italy	1.43 Northern Italy
0.69 Central Italy	2.86 Central Italy
0.76 Southern Italy	3.06 Southern Italy
0.61 Average	2.33 Average

Death rates by dimension

PER 1,000 DELIVERIES	PER 100 BEDS
A: 0.78	A: 2.68
B: 0.84	B: 3.09
C: 0.54	C: 2.03
D: 0.52	D: 2.13
E: 0.53	E: 2.11
0.61 Average	2.33 Average

FIRST LEVEL: ASL and hospitals performing low-complexity activities
SECOND LEVEL: AO and hospitals performing high-complexity activities (e.g. neurosurgery, cardiac surgery etc.)
UNIVERSITY HOSPITALS

A: 1 to 10,000 admissions
B: 10,001 to 20,000 admissions
C: 20,001 to 30,000 admissions
D: 30,001 to 40,000 admissions
E: Over 40,001 admissions

Figure 8 Risk rates by type, geographical location and size of the structures analyzed and for each one a comparison between the rate per 100 beds and the rate per 1000 admissions

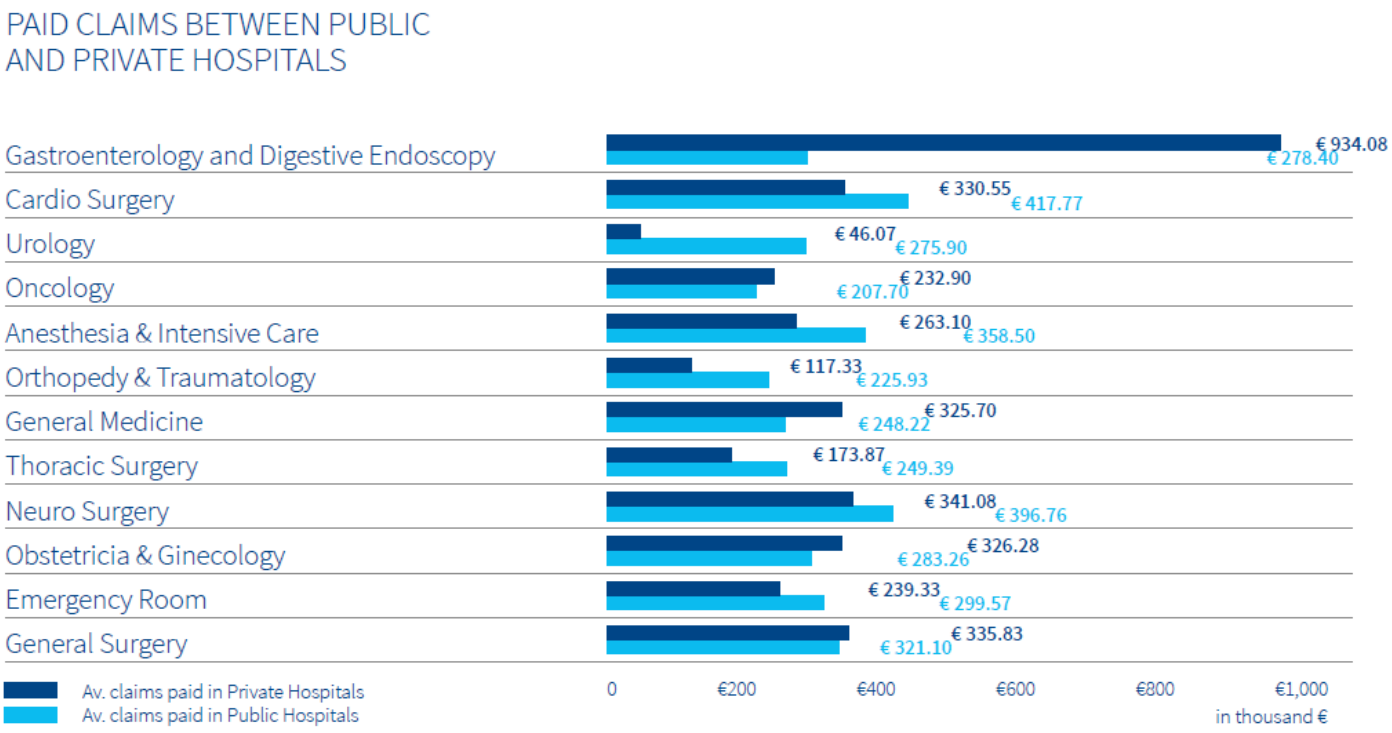


Figure 9 Average paid claims between public and private hospital in the major clinical units that had death claims