

CONSEJERÍA DE SALUD

A shared space

Quality Plan of the Andalusian Public Health System



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Quality Plan
of the Andalusian Public Health System
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Presentation

A decade has passed since the region of Andalusia began its journey down the road towards Quality and the consideration of Quality as an inherent element in the concept of public service and the health system. From the beginning, Quality was considered both an essential value and an inalienable objective which, in the long term, would lead to strategic, cultural change at the heart of the health-care organisation.

The strategies initiated in the Andalusian Public Health System in 2000 were therefore the beginnings of a strategic model which evolved into a First Quality Plan where Quality was considered a driving force for profound transformations in a public health system oriented primarily towards the citizen. As with any modern, developed society, this idea became central to a health system in which progressively more informed and demanding citizens play a more participative role. These first building blocks provided the framework for the development of diverse initiatives, new rights and guarantees for the citizens, innovative formulas for management and care, professional development initiatives and technological advances which have resulted in a more agile and transparent health system.

The desire to continue transforming the public health system to make it more personalised, innovative and accessible led to the initiation of the Second Quality Plan which, in the spirit of continuity, consolidated the strategies which had proven to be of value, while at the same time, incorporated new elements and formulas for organisation and management as well as for technologi-



cal and organisational innovation, knowledge, communication and participation with the citizen. In this Second Plan, the focus was on the professionals and on the inestimable role they play as the source of one of the more defining aspects in the perception of healthcare quality: the care and treatment received by the citizen.

After more than a decade of quality strategies we can feel confident about the path we have taken and satisfied with our achievements. This path of continuing improvement, however, is inexhaustible. It possesses its own dynamic and rationale and continually presents us with challenges. It requires a permanent capacity for anticipating the trends and needs of the future while, at the same time, providing a personalised, creative, quality health system which satisfies current expectations.

In this context and taking into account what we have learned from previous strategies, the Quality Plan of the Andalusian Public Health System has been conceived as an instrument of participation and consensus whose origin lies in the desire to intervene in three strategic scenarios: the citizens, the professionals and, as the central area for convergence, the healthcare organisation itself.

In the citizen scenario, the lines of quality are aimed at reinforcing the role of the users in exercising their autonomy and participation in their own health. The objective is to provide a trusting, collaborative environment which fosters communication and shared decision-making with shared responsibility in the use of services and in the exercising of individual rights based on the exchange of available knowledge and a special consideration for personal values.

The second scenario focuses on the creation of a renewed relationship between the professionals and the healthcare organisation - an exchange model which on the one hand promotes the autonomy of the professionals and their commitment to quality and excellence in the healthcare they provide –

based on the clinical management model; on the other hand, the organisation's commitment to responding to their needs and expectations to foster as much as possible their professional development in a climate of permanent knowledge exchange and innovation.

The relation between the citizens and the healthcare professionals is born and consolidated within the healthcare organisation - a space for convergence where values, responsibilities, knowledge and decisions are all shared. The third scenario, therefore, is the organisation itself; it is seen as a necessary "shared space" which a sustainable, equitable, supportive, mature health system must be able to provide in order to work steadfastly in a spirit of cooperation, sensitivity and respect towards the health and quality of life of all the citizens of Andalusia.

A "shared space" is not merely a neologism that has brought about a new plan; it is an invitation to all those involved, be they the citizens, the professionals or the organisation itself, to commit themselves to the on-going search for new scenarios to allow us to continue along the road towards quality and continuing improvement in the public health services of Andalusia.

María Jesús Montero Cuadrado
Regional Minister of Health



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A Shared Space

Quality Plan
of the Andalusian Public Health System

Introduction

The Andalusian Public Health System, a shared space.

The Health System is a fundamental part of any complex, dynamic and ever more profoundly inter-related society. These characteristics indicate that the advances and improvements that we aim for in our health system can only occur within a 'shared space' and require a combined effort from the citizens, who are conscious of and responsible for the value of health and health care and from a collective of highly qualified health professionals who are committed to their mission of health care provision.

This shared space is a reflection of the society it serves and, as a result, continues to grow in complexity and dynamism. For this reason the caring for the elderly or people with chronic illnesses goes beyond what was traditionally considered as health care and involves families and self-help groups as well as organisations from the dependency and social welfare sectors. Health protection and promotion are only possible by means of cross-sector collaboration among different social agents, public administrations, including various Andalusian Regional Ministries and the citizens themselves.

On the other hand, the contribution of the health sector to economic growth and social development is significant due to its capacity to generate health as well as its relative weight in the production system and its attraction potential to important socio-economic sectors.

There exists, therefore, a shared social scenario which is merged and interwoven with the healthcare space. Together these provide the health system with its maximum expression as a generator of health, welfare and development. To obtain the maximum benefit from this complex and irregular environment it is necessary to develop solid, alliances with strategic stakeholders and sectors such as public administrations, universities, enterprise, social agents and citizen groups. From a governance perspective, it is necessary to establish a set of formal and informal networks with organisations with shared values and common objectives.

In the year 2000, the Ministry of Health of the Regional Government of Andalusia initiated its First Quality Plan which was conceived as a strategic model for continuing improvement and as a solid, inalterable commitment to the guarantee of quality in the public health services provided to Andalusians with the vision of making the citizen the focal point of the system.

The First Quality Plan established a basic, long-term strategy for the entire Andalusian Public Health System, incorporating changes based on the continuing re-analysis of all processes and systems. The objective was to provide added value to final patient outcomes, organisational structures, people, technologies and infrastructures. This was a strategic quality model which was clearly oriented towards the citizens of our autonomous community with a view to providing an effective, efficient Public Health System which was sustainable and modern and had the capacity and flexibility required to adapt to the changes of its environment. The First Quality Plan provided a definitive boost for the incorporation of quality policies into the

strategic vision of public health within the framework of the Second Modernisation of Andalusia.

2005 saw the presentation of the Second Quality Plan as a continuation and consolidation of the policies and actions included in the previous Plan. This time, however, a new series of innovative initiatives were incorporated in order to continue the search for excellence in service provision. The objective of the Second Plan was to continue providing both the citizens and the professionals with an appropriate response to their needs and expectations while, at the same time, optimising the established methods for facilitating the generation, collection, management and exchange of knowledge and for the universal development of strategic tools for Clinical Management, Care Pathway-Based Management, Competency Management and Accreditation Models based on self-evaluation and continuing improvement.

The First and Second Quality Plans were top-level strategic references for the Regional Ministry of Health in which the orientation of actions was based on the concept of the

citizen as the fundamental nucleus of the system. This approach to understanding healthcare has been absorbed into the Andalusian Quality Model by increasing the involvement of the professionals in strategy decisions and in their own individual and collective development so that the health system can provide a level of excellence in its services in accordance with its social commitment to the citizen. This road to excellence has required a complex process of profound transformation. Both the role of the citizen and the role of the public health system as the guarantor of the rights of the citizen have changed. There exists today a new perspective of the participative role of the professionals regarding their own development in the search for more unified, responsible and committed professional teams. These have been the central elements that have guided the development of quality strategies over the past ten years. Now is the time to investigate more profoundly, from a new perspective, an organisational model that is capable of maintaining the drive for transformation within a system

which needs to adapt to the changing demands of Andalusian society. Current society requires a healthcare model which favours the maximum decentralisation of the services and a level of autonomy for the professionals at the heart of a more horizontal organisation in which the patients themselves play a more active role by intervening verbally and actively in their own health care and feeling a sense of shared responsibility for the sustainability of the system and for excellence in care provision.

The need for a single, integrated response to the collective requirements of persons and groups remains one of the fundamental defining elements of quality health services. These requirements are in a constant state of change in all the areas of health care provision. The complexity of the health system and the wide range of services it must provide to satisfy patient needs means that the value of healthcare continuity and the integrated vision of care have become increasingly more relevant factors when defining or evaluating the quality of the services we provide.

As a strategic instrument, the Quality Plan increases in scope, strength and depth as it is being implemented and improved. It is a plan which relies on our capacity for innovation as a basis for the continual search for excellence. The long road which we have travelled during the last ten years has had a clear impact on the way things are done within the Andalusian Public Health System and has allowed us to develop a knowledge base which has become an effective point of reference from which to explore the future. This is the context where the evaluation of public policy becomes increasingly important. In 2008, when the proposed validity of the Second Quality Plan was coming to a close, the Regional Ministry of Health suggested an external evaluation of the levels of achievement and development of the Plan. This was a pioneering initiative within the healthcare services in our location and not only has it allowed us to gauge the level of development of the various quality objectives of the Plan, it also allowed us to incorporate future proposals for the continuing improvement of the Andalusian Public Health System.

The external evaluation was coordinated by the Andalusian Society for Healthcare Quality and used qualitative methodologies to perform the evaluation from the perspective of the professionals and the citizens. More than one hundred professionals and citizens' forums took part in a detailed analysis of the implemented developments from the Second Plan.

The results of the evaluation provided us with relevant information regarding the viewpoint of both professionals and citizens in relation to the objectives which were initially set out, while also giving us a fresh outlook for a methodological approach to the design of the quality strategies for the coming years. The contributions and suggestions of both professionals and citizens regarding future challenges were collected using participative methodologies and further enhanced using the information provided by the results of the evaluation prior to the Second Plan.

We are faced with the challenge of shaping what will constitute the strategic vision of quality in the public services during the coming years. We are confident that our solid

background of experience and knowledge, coupled with the guarantee of well-established foundations within the system, provides us with the ideal starting point from which to approach a future full of opportunities. Our wealth of experience allows us to approach the development of the process by identifying what we consider to be the core elements: three scenarios that will provide the basis for the design of the lines of action and will constitute the plan as a whole.

The first of these scenarios is built around the **CITIZENS**. In this scenario, the lines of action take into account the role of the citizens within a health system that considers participation, autonomy in decision-making, diversity and shared responsibility as values which should be an essential part of our organisation and of our society as a whole.

The second scenario is built around the **PROFESSIONALS** as the essential elements in health actions and who facilitate the generation, communication, dissemination and application of knowledge throughout the entire health system; they are responsible for the excellence of a system which provides

an increasingly important contribution to the social development and economic growth of Andalusia.

The third, and final, scenario is the **SHARED SPACE**. This is the space where patients and health professionals converge; the place that is the origin of clinical actions which are based on the relation between teams of healthcare professionals and the citizen with a health-related problem or in need of care. The configuration of this space must reinforce the decision-making capacity of the citizens as well as the role they play regarding their own health problems and their involvement with the health system while, at the same time, favouring the autonomy of the professionals and their commitment to excellence, innovation and public service. Within the Andalusian Public Health System, Clinical Management is the natural scenario in which to develop professional competencies and promote multi-disciplinary, multi-professional team-work and coordination throughout the region by means of a complete restructuring of the system to orient it towards decentralisation and multi-dimensional cooperation in

the form of a distributed services network. It is also a scenario in which we can identify opportunities for convergence and continuity between social and healthcare elements to gain the maximum benefit from the opportunities provided by these relations and to forge solid alliances with strategic sectors and stakeholders to establish a set of formal and informal networks based on the concepts of excellence, shared values and common objectives.

The Quality Plan aims to create an image of the health system as an intelligent system comprised of knowledge-generating organisations integrated into a much more comprehensive paradigm in line with knowledge societies; a health system which is part of an equally intelligent and innovative society that acknowledges the use of science and technology both as a source of welfare and as a means of solving many of its problems.

The aim of this document is to collate the many activities which comprise these three scenarios and establish the roadmap for the quality policy strategies designed by the Mi-

nistry of Health of the Regional Government of Andalusia for the coming years and also to open the necessary channels of communication with society so that society itself, as well as being the beneficiary of the outcomes, also becomes the main protagonist.



Our Quality Plan is divided into 3 separate scenarios and a shared context, depending to whom or to what is addressed.

Within each of the scenarios are set out the objectives to treating and the lines of action to develop these objective.



Citizens ————— pág 21



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citizens

Citizens “the person”

Andalusian society is a modern, developed society where the levels of welfare and access to education and information have increased significantly. It is a continually changing society which presents new challenges as well as new opportunities, a society in which the citizens have an increasingly greater sense of involvement and commitment, where participation can be more accurately described as an obligation towards a more clearly-defined relation with the public institutions. In this scenario, healthcare policies attempt to provide a response that goes beyond a centralised, exclusionary vision of the elements which traditionally constitute the provision of healthcare services. It should strive to become a scenario which considers the health service as a guarantor of citizens' rights and is flexible enough to adapt to the needs of the society which it serves. Seen from this perspective, the characteristics of the population determine and condition to a great extent the orientation and priorities of healthcare policies. Some of the factors which determine the orientation of these policies are demographic change, the ageing of the population, immigration, the variation and appearance of new pathologies, dependency, the appearance of new groups at risk of social exclusion, or the evolution of the needs and expectations of the citizen. These, however, are not the only factors. It is also necessary to consider the role of the citizens of the 21st century, the emergence of men and women who wish to actively participate in the decision-making processes which affect their health and who are outlining an entirely different framework for patient-professional relations based on a more deliberative model.

All this leads us to reflect profoundly on ways to improve health outcomes; how to respond better to the needs and expectations of the patients and their families; how

to facilitate the interaction, interrelations and participation between the healthcare organisation and its professionals; how to present a profile of solidarity, fairness and compassion in a health system which attempts to be creative and innovative in its proposals.

The way forward is to assure that there are mechanisms for active listening and participation available to all those concerned while ensuring, as a public health system, that the basic principals of healthcare are fulfilled while striving for the satisfaction of the citizens as an element of social reinforcement and legitimisation.

Progress and development in the provision of healthcare services lead to further advances towards equity, towards a viewpoint which considers the concept of the person and which considers respect for diversity and multiculturalism as an inherent value in an organisation which is guided by a framework of co-existence.

The role of the citizens in the exercising of their autonomy and their participation in the decision-making process concerning their health should not only be considered an obligation, it is also an opportunity. To build a more efficient, safer health system, it is necessary to generate and share with the patient an environment built on trust. An environment where, given all the available information, they can make their own individual decisions based on **shared responsibility** for the use of services. This environment of "collaboration" allows us to look towards the future, safe in the knowledge that we will be better equipped to deal with the challenges we will undoubtedly meet along the way.

OBJECTIVE 1

The person, their health and their diversity, will orient the provision of healthcare by promoting healthier lifestyles and facilitating the development of life plans.



LINES OF ACTION:

1.1 THE CHARACTERISTICS OF PEOPLE FROM DIFFERENT SPHERES, their functional capabilities, their socio-cultural, multi-cultural and geographical differences, the needs, rights, values and beliefs they hold and express are all diverse elements which require a personalised response within the health system.

1.2 ACTIONS ARE DETERMINED BY THE NEEDS OF THE PEOPLE. These needs are what fuel progress in innovation and in the development of new technologies. They are what proactively diversify the access options to the health system.

1.3 THE ADVANCES IN THE EFFECTIVE DEVELOPMENT OF CITIZENS' RIGHTS will be reflected in a framework of integrated plans and specific strategies relating to new healthcare problems and family support.

1.4 THE ACTIVE ROLE PLAYED BY THE CITIZENS IN THE EXERCISING OF THEIR RIGHTS will give rise to a new framework of shared responsibility with the professionals based on information, knowledge and efficient management.

OBJETIVE 2

A single response for INTEGRATED, COMPREHENSIVE and SAFE health-care for the citizen.



LINES OF ACTION:

2.1 THE INTEGRATED CARE PATHWAY will be redesigned to create mechanisms which will facilitate development in the exercising of the citizens' autonomy and will allow them to safeguard the compliance of the quality criteria in the health system within a framework of shared responsibility.

2.2 ALL ACTIONS, ESPECIALLY THE DEVELOPMENT OF NEW PLANS will be systematically integrated into health prevention and promotion actions and the furtherance of individual and collective health so that they contribute to the improvement of the health outcomes of the citizen.

2.3 THE REDUCTION AND INNOVATION OF BUREAUCRATIC AND ADMINISTRATIVE TASKS will lead to the simplification and optimisation of non-clinical actions and activities which will be integrated into the development of integrated care pathways and incorporated into the concept of a single action.

2.4 THE IMPLEMENTATION OF A SAFE HEALTHCARE MODEL FOR THE PATIENT in all spheres of action will be boosted by reinforcing the active role of the person in their own safety.

2.5 HEALTH GAINS will be increased by coordinating mutual aid actions with healthcare service actions.

OBJETIVE 3

Communication and citizen participation will increase the autonomy and shared responsibility of the citizens for their own healthcare and the use of services.



LINES OF ACTION:

3.1 ESTABLISH A SINGLE LINE OF COMMUNICATION WITH THE PERSON in order to provide a single response to their health problem, thereby strengthening communication with, and among, the professionals.

3.2 IMPLEMENT PARTICIPATION AND SHARED RESPONSIBILITY WITH THE CITIZENS, reinforcing the training and information for all those involved and incorporating information on healthcare costs.

3.3 PROMOTE TRANSPARENCY AS AN INSTRUMENT AT THE SERVICE OF THE CITIZEN by supplying them with all information regarding outcomes within the different quality parameters and interventions in Public Health thereby contributing to an improvement in the making of informed decisions.

3.4 EFFECTVELY IMPLEMENT THE DEVELOPMENT OF CITIZEN PARTICIPATION adapted to the different decision levels and scenarios by creating individual and collective participation procedures.

3.5 DIVERSIFY AND ADAPT PARTICIPATION CHANNELS to the different needs and characteristics of the citizen by consolidating and extending innovation and the use of ICTs.

OBJETIVE 4

Incorporate the values and preferences of the person into the decision-making process by facilitating knowledge exchange between citizens and professionals.



LINES OF ACTION:

4.1 ADAPT AND MAKE ACCESSIBLE TO THE CITIZENS THE KNOWLEDGE available in the Andalusian Public Health System via innovation in the development of knowledge management tools designed for this purpose.

4.2 DEVELOP SPECIFIC TOOLS to facilitate the continual incorporation of the expectations, perceptions, values and preferences of the citizen.

4.3 ESTABLISH SYSTEMS TO PROMOTE THE EXCHANGE OF KNOWLEDGE BETWEEN CITIZENS AND PROFESSIONALS, paying special attention to the role played by mutual aid associations in the daily handling of certain health problems.









professionals

The persons of the APHS, key players in the transformation

We continually reiterate that the principal asset of an organisation such as the Andalusian Public Health System is its human capital. To speak of human capital is to speak of people and the intellectual and emotional capital they possess. A large part of our ability to develop our potential for change and continuing improvement as an organisation depends on the proper management of this immense wealth of knowledge and emotion. It is therefore necessary to find a common space for the professionals and the organisation – one that favours the autonomy of the professionals and their commitment to quality and excellence while, at the same time, offering a visible manifestation of the commitment from the organisation to provide the correct response to their needs and expectations.

The objective of this scenario is to develop a new model of relations between the professional and the organisation which considers the needs, expectations and responsibilities of the professional as part of a complex public health organisation concerned for each and every one of its employees. This requires a relationship based on professional development and excellence in healthcare provision and knowledge management which is also geared towards the sustainability of the system in a climate of continual innovation. All of this must be considered within a development framework for an effective, participative, coordinated, flexible management system which is adapted to its environment and seeks effective responses to the needs of the citizens.

Within an organisational environment based on the clinical management model, the role of the professionals is one of a facilitating agent for the person during their healthcare process. They must be able to transmit unambiguous, accurate, understandable information and facilitate quality healthcare, guaranteeing the ability of the citizens to exercise their rights whenever they come into contact with the health system.

The current development of the new clinical management-based organisational model requires that the professionals play a more autonomous, committed role. The clinical management scenario enhances professional development and stimulates greater commitment from the professionals to the objectives of the organisation; legitimate aspirations are consolidated leading to improved responses within a stimulating, healthy, comfortable and safe work environment.

The development of clinical management within the Andalusian Public Health System also implies the fostering of a model based on improving the competence of its professionals and the continual search for **excellence**. The model must therefore continually adapt to the expectations of the professionals while taking into consideration the different sets of competencies which allow for the effective, efficient application of knowledge to clinical practice. This knowledge should be transmitted through teaching and generated by the development of research at all levels of the system. The progressive consolidation of the professional development model contributes to the strengthening of an excellent health system which is based on the continuing advancement of its professionals via the consolidation of the professional accreditation model and the development of the professional career programme - tools which will lend solidity to the process and provide guarantees for its development.

Thus, knowledge management becomes an integrating element of open strategies for a health system model in which stable relations with other knowledge-generating organisations allow for all the creative, innovative efforts and good work of the professionals involved in the system to be converted into social and economic progress.

OBJETIVE 1

Reinforce the commitment, autonomy and participation of the professionals in their competency development and in the management of their knowledge.



LINES OF ACTION:

1.1 PROMOTE PROFESSIONAL DEVELOPMENT through the effective implementation of the Strategic Comprehensive Training Plan of the Andalusian Public Health System, developing individual training plans in accordance with the objectives of the Clinical Units.

1.2 APPLY THE FULL POTENTIAL OF COMPETENCY-BASED MANAGEMENT within the framework of the clinical management model in order to progress towards an organisational model which is managed by the professionals.

1.3 DEVELOP AND PROMOTE THE ACQUISITION OF THE COMPETENCIES required by the professionals in order to progress towards professional leadership as a basis for the organisational model.

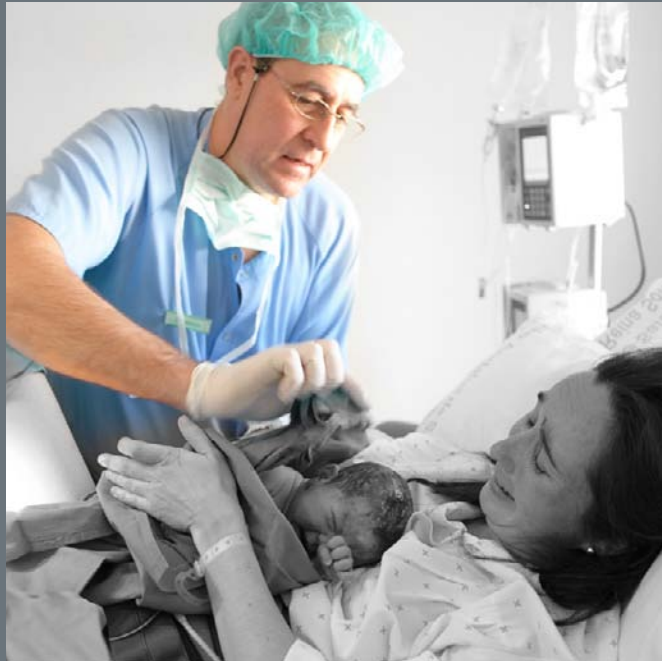
1.4 FULLY DEVELOP THE PROFESSIONAL CAREER PROGRAMME MODEL as recognition of professional development towards excellence in all competency-related aspects, in healthcare, health promotion and protection, teaching and research.

1.5 GUARANTEE THAT PROFESSIONAL ACCREDITATION BECOMES A VALUE IN PROFESSIONAL DEVELOPMENT in accordance with the needs of the citizen and the health system.

1.6 DEVELOP MANAGER COMPETENCIES in accordance with the new transversal organisation based on clinical management, citizen values and the new public health model.

OBJETIVE 2

The professional becomes a facilitating agent for the patients in their passage through the health system, in the effective development of their rights and in the use of services within a framework of shared responsibility.



LINES OF ACTION:

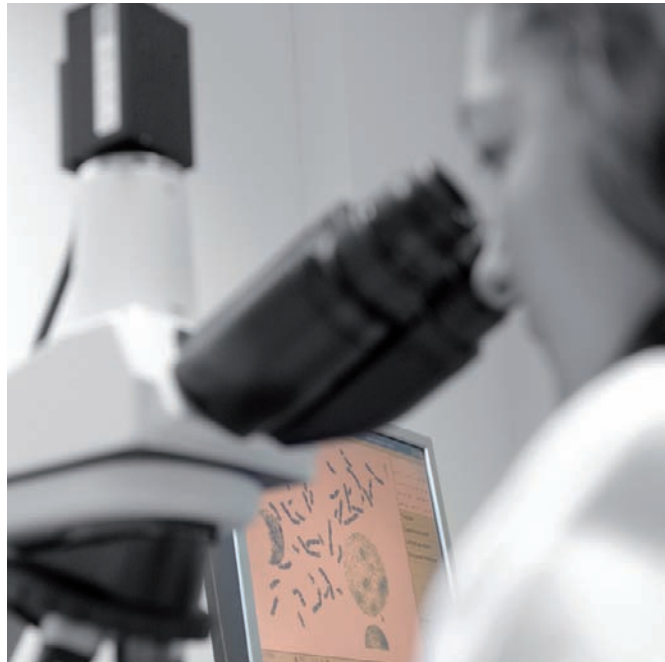
2.1 STRENGTHEN THE FIGURE OF THE PROFESSIONAL by harmonising and integrating all their activities within the framework of clinical management and by developing integrated care to improve quality and social efficiency while, at the same time, improving the sustainability of the actions undertaken.

2.2 ESTABLISH MEASURES FOR ALL STRATEGIES, PLANS AND INTEGRATED CARE PATHWAYS to facilitate the involvement, participation and the sense of shared responsibility of the professional as a facilitating agent for the patient in the exercising of their rights and in the evolution of their healthcare process.

2.3 MODERNISE AND SIMPLIFY THE INTEGRATED CARE PATHWAYS as a facilitating tool for clinical practice and continuity of patient care.

OBJETIVE 3

Develop the R+D+i strategy and expand it in accordance with new expectations both as a generator of knowledge and as a driving force for development in Andalusia



LINES OF ACTION:

3.1 DESIGN AND IMPLEMENT THE NEW STRATEGY FOR R+D+i IN HEALTH FOR THE 2011-2015 PERIOD by promoting the orientation of Andalusian research, development and innovation activities in the field of biomedicine.

3.2 INCREASE INVESTIGATIVE HUMAN CAPITAL by promoting talent and professional development in the field of biomedical research.

3.3 PROMOTE THE ORGANISATIONAL AND REGULATORY CHANGES necessary to allow for an increase in investigative human capital in conjunction with other knowledge management agents.

3.4 PROMOTE AND STIMULATE STABLE ALLIANCES AND RELATIONS with other knowledge-generating organisations and enterprises to facilitate the transformation of these into social and economic progress.

3.5 PROMOTE RESEARCH INTO THE EVALUATION OF THE REAL IMPACT ON HEALTH of the actions of the Public Health System as well as their impact on the social and economic development of Andalusia.

3.6 IMPLEMENT THE TECHNIQUES AND METHODOLOGY OF SOCIAL RESEARCH with healthcare repercussions, as well as participatory action research and other research systems designed to improve the social aspects of health.

OBJETIVE 4

Develop and consolidate accessible, personalised, user-friendly instruments for knowledge management support.



LINES OF ACTION:

4.1 ADVANCE IN THE INCORPORATION OF INNOVATION within the organisation and in the development of virtual tools and new ICTs.

4.2 MAKE RESEARCH SUPPORT MORE ACCESSIBLE by facilitating access to research support for APHS professionals and creating support services.

4.3 MAKE ALL EXISTING VIRTUAL TOOLS AVAILABLE to all professionals in the organisation.

OBJETIVE 5

Redefine professional competencies to reinforce the flexibility and the complementary nature of the different professional roles.



LINES OF ACTION:

5.1 DEVELOP THE COMPETENCY FRAMEWORK FOR ALL THE PROFESSIONS IN THE APHS to enhance the integrality of actions and improve health outcomes.

5.2 ADAPT THE COMPETENCY MODEL to a new style of committed, autonomous professional at the service of the citizen.

5.3 FACILITATE AND PROMOTE THE DEVELOPMENT OF THE COMPETENCY AREAS OF HEALTH PROFESSIONS TO THEIR MAXIMUM LEVEL to allow their activity to be adapted to their competency potential with special emphasis on shared competency areas.

5.4 REINFORCE CARE-RELATED COMPETENCIES to improve the response to the current and emergent health problems of the citizen.

5.5 INTEGRATE INTO THE TRAINING AND PROFESSIONAL DEVELOPMENT SYSTEMS THE NEW PARADIGM based on responsibility for public health.

OBJETIVE 6

Adapt the organisation to its professionals with provision for their diversity and specific characteristics in a healthy, comfortable and safe work environment that is adapted to their requirements.



LINES OF ACTION:

6.1 PROMOTE AND DEVELOP SUPPORT MEASURES FOR THE PROFESSIONALS to provide the best possible attention and personalised response.

6.2 DEVELOP TOOLS TO PROMOTE INTERNAL COMMUNICATION to meet the expectations of the professionals and create an optimal work environment.

6.3 REDESIGN THE WORK ENVIRONMENT by adapting it to the specific needs and characteristics of the professionals and by making it a healthy environment where potential risks are minimised.

6.4 FACILITATE WORK-LIFE BALANCE MEASURES by promoting non-face-to-face activities.

6.5 FACILITATE MEASURES FOR HEALTH PROMOTION IN THE WORKPLACE to create healthier, better quality, more comfortable work environments and improved performance.

6.6 INTEGRATE INNOVATION as a facilitating element in professional development within the workplace.









shared space

An organisation based on shared values

An open society is a society that shares and collaborates. The encounter between the citizen and the professional in the context of the organisation is a scenario which must increasingly acquire greater significance. As the space for relations grows and shared values are strengthened between citizens (with increasingly more power of decision and involvement in their own health) and the professionals (with greater levels of autonomy and responsibility) we are moving towards a new era of organisational maturity in which the organisation becomes increasingly more horizontal and participative and where value-based management becomes the focal point for the convergence of interests of all those involved in the Andalusian Public Health System.

This “shared space” scenario defines a joint environment in which professionals and citizens interact and share values in a climate of positive relations which enables agreements on decision-making in terms of health gains and the exercise of shared responsibility in the use of services; it promotes a clear sense of commitment towards society and the sustainability of the Public Health System resulting in a new model of healthcare organisation.

To achieve this it is necessary to strengthen and consolidate the clinical management model as the meeting-point between professionals and citizens and so enable excellence in safe, comprehensive healthcare. This model, however, must also promote the development of the multiple communication and participation channels to make the health system a more permeable and transparent organisation.

This is the space that encourages a culture of quality and innovation in how things are done as well as in the search for continuing improvement and excellence; it is the driving force behind ethical development within the organisation that fosters the

tenacity of a Public Health System which identifies with the citizens and their environment and is based on values of shared responsibility, solidarity, fairness, sustainability, safety, openness and flexibility.

Organisations, as groups of people, are founded on values. The identity of an organisation of excellence depends on its belief in the values it embraces. Shared values work as powerful cohesive factors and instil confidence; they contribute to the creation of a climate of cooperation and the ability to inter-relate and will increase the strength and scope of the organisation. It is therefore necessary to continually express these values clearly and precisely in order for them to flourish and develop in an environment of respect and common ideals.

The aim of the Andalusian Public Health System is to consistently be the citizen's preferred option for the quality of its services, the warmth of the care it provides and its ability to respond as a healthcare organisation. All of this is possible if we are capable of configuring the system as a **shared space** which incorporates a vision of quality in purely human terms by actively promoting sensitivity and respect in relation to health, illness and the quality of life of each and every one of the citizens of Andalusia.

OBJETIVE 1

Promote the development of Clinical Management by fully extending the model to achieve its maximum potential for excellence and innovation. A space shaped by a more decentralised, interactive, integrated Clinical Management Unit.



LINES OF ACTION:

1.1 CONSOLIDATE THE CLINICAL MANAGEMENT MODEL as a meeting-space for citizens and professionals and promote the autonomy and responsibility of the professional in service management.

1.2 ADVANCE IN THE DESIGN OF THE CLINICAL MANAGEMENT UNIT towards a more flexible, structured model with greatly increased autonomy and responsibility in service management and thus act as a guarantor for integration in preventative actions, care and healthcare continuity.

1.3 ADVANCE IN THE DEVELOPMENT OF INTEGRATED CARE PATHWAYS as instruments that provide improved effectiveness and excellence in Clinical Management.

1.4 CONSOLIDATE THE FRAMEWORK FOR THE CLINICAL MANAGEMENT MODEL as a natural environment for the promotion of Competency-Based Management.

1.5 ORIENT THE ACTIVITIES OF PROFESSIONAL TEAMS TOWARDS HEALTH PROBLEMS, improving their analyses, diagnostics and response. Incorporate the evaluation of health outcomes into the Clinical Management Units as a core element for development.

1.6 PROMOTE AND CONSOLIDATE THE EVALUATION OF OUTCOMES from the different configurations which arise from the application of the clinical and care pathway-based management models as an active element for continuing improvement.

1.7 EFFECTIVELY IMPLEMENT SAFETY as a fundamental value inherent in the quality of the services provided by the various professional teams.

1.8 CONSOLIDATE THE ACCREDITATION OF THE CLINICAL MANAGEMENT UNITS as an element in the continuing improvement and consolidation of the model.

OBJETIVE 2

Perform an in-depth transformation of the organisational model of the Andalusian Public Health System so that it provides support to the development of clinical management and encourages the autonomy of the professionals, the decentralisation of services and progression towards a more horizontal organisation with the citizen as an active part of the model.



LINES OF ACTION:

2.1 PROMOTE FLEXIBILITY IN THE ORGANISATIONAL STRUCTURES to provide person-focused services that are adaptable to the different realities present in Andalusia, particularly in special intervention areas.

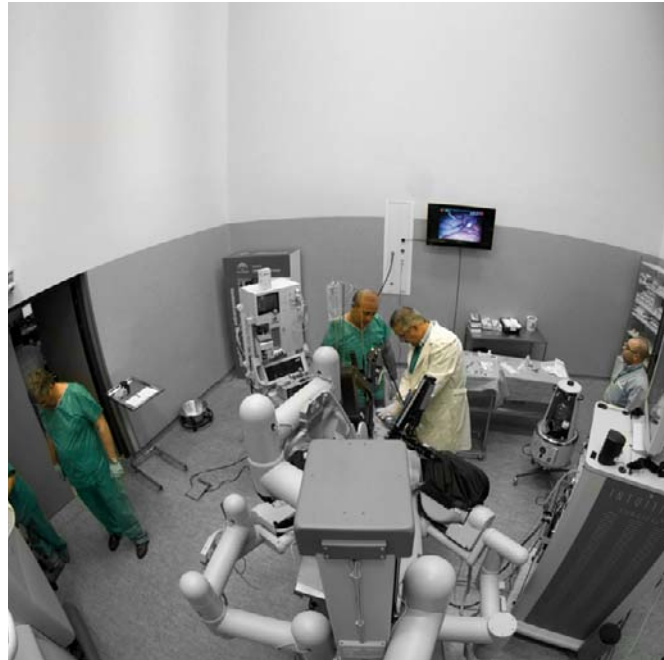
2.2 MEET THE CHALLENGES OF THE NEW ORGANISATIONAL NEEDS, ADAPTED TO THE CLINICAL MANAGEMENT MODEL, by means of discussion, debate and decision-making where all involved - administrators, professionals and citizens - are included.

2.3 DEFINE A MAP FOR UNITS OF REFERENCE with the necessary flexibility to adapt to the needs of the population and with excellence in the provision of services as criteria.

2.4 DEVELOP LOCAL HEALTH ACTION STRATEGIES by transferring prominence to local governments in order to improve health on a local level.

OBJETIVE 3

Establish knowledge as an essential value within the Organisation to improve quality of services and health outcomes in the population.



LINES OF ACTION:

3.1 ENCOURAGE DIALOGUE AND INTEGRATION OF BASIC AND CLINICAL RESEARCHERS IN THE SHARED SPACE to achieve a comprehensive approximation and favour the attainment of the desired outcomes in translational research.

3.2 CONCENTRATE RESEARCH EFFORTS OF CLINICAL MANAGEMENT UNITS on the prevalent health problems of the population.

3.3 IDENTIFY THE POINTS OF COMMON INTEREST BETWEEN PROFESSIONALS AND CITIZENS to orient research as a means of improving service provision.

3.4 PROMOTE MECHANISMS FOR THE DISSEMINATION AND SHARING OF KNOWLEDGE using transversal work groups within the organisation such as Clinical Management Units, Clinical Commissions, etc. in all healthcare areas and Public Health departments.

3.5 SYSTEMATICALLY AND CONTINUALLY INCORPORATE analyses of the adaptation of decisions and interventions and analyses of variability to orient decision-making and to detect requirements in research, paying special attention to inequality.

3.6 INCREASE THE IMPORTANCE OF COMPETENCIES IN KNOWLEDGE MANAGEMENT in the system of selection, promotion and development of the personnel in the Andalusian Public Health System and adapt it to reflect the significance of research, teaching and training in the improvement and growth of health outcomes and the sustainability of the system.

3.7 STRENGTHEN TRAINING AND RESEARCH BASED ON DETERMINING SOCIAL FACTORS to favour comprehensive healthcare responses - essential for coordinating care towards emerging healthcare problems.

OBJETIVE 4

Promote a development strategy for the common space based on shared values among citizens, professionals and the organisation.



LINES OF ACTION:

4.1 CLEARLY DEFINE THE VALUE MODEL OF THE ORGANISATION to allow for greater focus on shared values. Infuse this model into all fields of action and decision-making.

4.2 INCORPORATE TRAINING IN VALUES as a basic element in professional and managerial development and help to build this shared space as a sign of maturity and profundity geared towards the excellence of the system.

4.3 GUARANTEE AUTONOMY AND RESPECT FOR THE VALUES OF THE PERSON in the decisions concerning their health and especially in decisions relating to the beginning and end of life.

4.4 REINFORCE THE SHARED RESPONSIBILITY OF THE CITIZEN in the use of resources as a factor for the sustainability of the system.

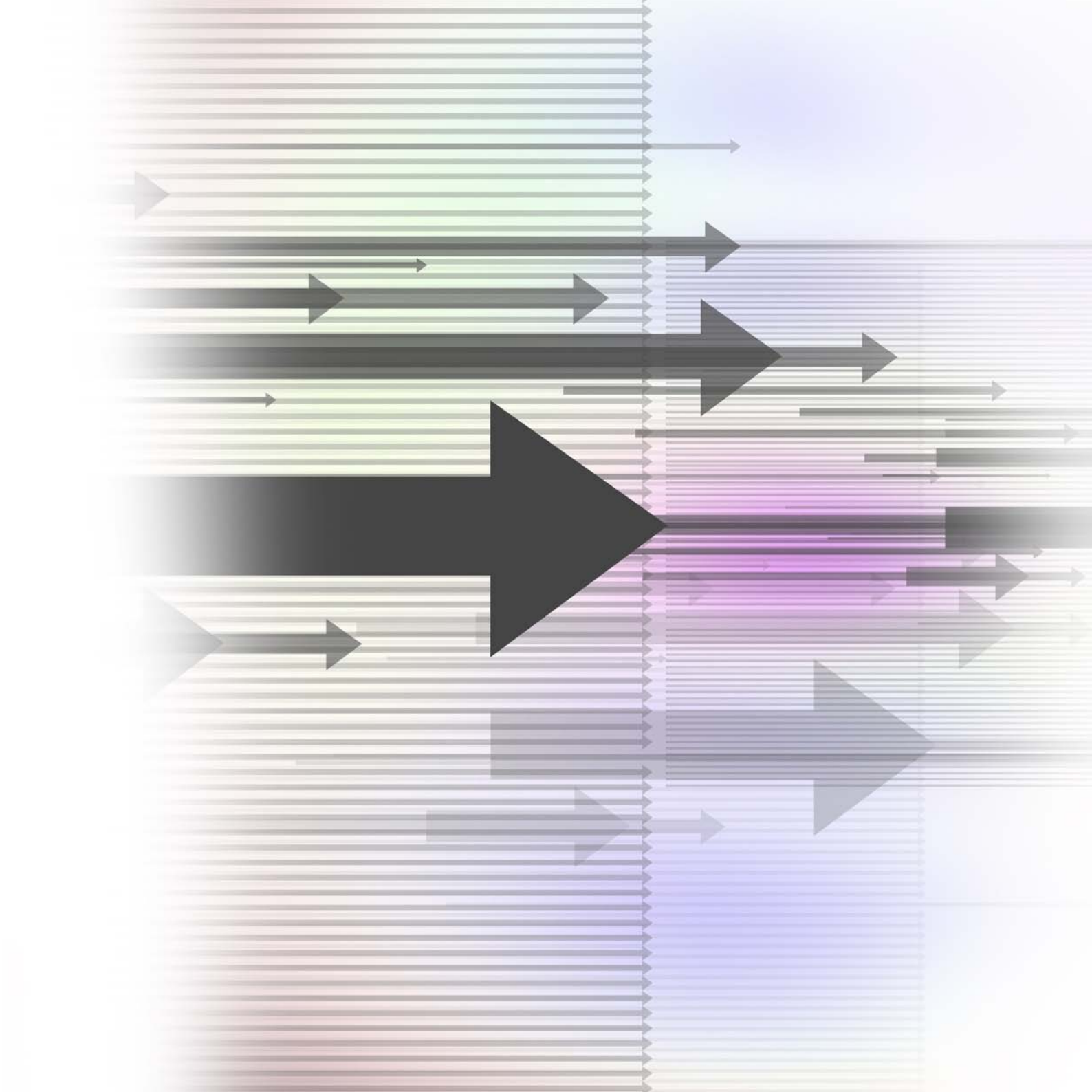
4.5 GENERATE NEW KNOWLEDGE ON BIOETHICS and patient use of instruments of autonomy and decision-making within the Andalusian Public Health System by prioritising research and other measures which could be used for the continuing improvement of healthcare.

4.6 IMPROVE AND CONSOLIDATE ORGANISATIONAL STRUCTURES to allow this shared space to become a reality when dealing with ethical dilemmas in integrated care, clinical practice and research.

4.7 INCORPORATE A CONNECTION WITH OTHER HEALTH-GAIN SYSTEMS INTO THE SHARED SPACE, facilitating bi-directional communication among professionals.

4.8 ENSURE THAT THE SPACES AND SCENARIOS WHERE HEALTHCARE IS PROVIDED are healthy, comfortable, warm and safe for the patients and their families or carers.





a shared context:

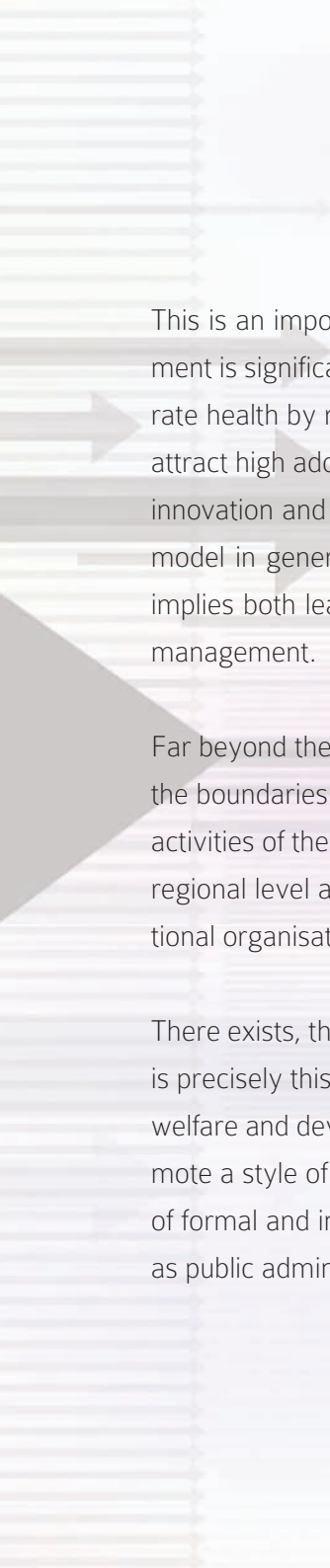
A globalised world network

Promoting the development of an open organisation committed to society

The Andalusian Public Health System operates in a singularly complex space. It inter-relates with other environments, moulding them while simultaneously being moulded by them. Therefore, the development of policies and actions that have a real impact on health protection and promotion require an inter-sectorial, multi-modal approach where the citizen is the protagonist. Care provision for people in situations of dependency or with multiple-pathology profiles – which is the case for a high percentage of elderly citizens – poses an enormous challenge to comprehensive, integrative health and social care. On the other hand, the healthcare organisation - in conjunction with the employees and managers from all sectors - must promote health by contributing not only to the safety of the work environments, but also by encouraging healthy behaviour, thereby becoming promoters of health.

The APHS, furthermore, participates in other environments which do not strictly belong to the healthcare field. The relation with the education sector is both deep-rooted and multi-dimensional. The Andalusian Public Health System intervenes directly in the work and university training of several thousands of students of healthcare professions and is directly responsible for the specialised training in health sciences and professional development of its more than 100,000 employees. Furthermore, it contributes transversally to the training process for Andalusian children in order to promote healthy living habits in the new generations.

The Andalusian Public Health System also makes a very relevant contribution to the generation and transfer of knowledge in conjunction with other entities such as universities, public research organisations and the technological and industrial sectors. This contribution is not strictly limited to the health sector and includes areas of technological convergence whose innovations may be applied to the health sector, for example ICTs. Alliances in this sector can increase the capacity for scientific and technological creativity as well as provide social and economic value.



This is an important aspect because the health sector's contribution to economic and social development is significant not only due to its relative importance in the productive system or its ability to generate health by reducing impact on labour from illness and disability, but also because of its capacity to attract high added-value businesses from the socio-economic sector that are involved in technological innovation and development, contributing to the sustainability of the health system and the economic model in general. Furthermore, the contribution of the health system towards a sustainable society implies both leadership and a commitment to environmental protection, energy efficiency and waste management.

Far beyond the limits we normally consider, we share a world of inter-related spaces which transcend the boundaries of our autonomous community. One of the increasingly more important aspects of the activities of the Andalusian Public Health System is its collaboration in projects on a national and inter-regional level as well as with the European Union and its institutions and its cooperation with international organisations on development projects in underprivileged countries.

There exists, therefore, a social space which is inextricably interwoven with the healthcare space and it is precisely this relation which affords the health space its maximum expression as a creator of health, welfare and development. To achieve the best outcomes from this complex environment we must promote a style of governance based on shared values and common objectives and establish a multitude of formal and informal networks and stable alliances with strategic stakeholders in these sectors such as public administrations, universities, enterprise, social agents and citizen collectives.

LINES OF ACTION:

1) Create high-quality care environments by promoting coordinated effort among the various participating agents, the elimination of overlaps and gaps in care and the optimisation of resources for family, social and healthcare support, particularly regarding the elderly with chronic illnesses or in dependent situations.

2) Encourage the creation of a healthy, equitable, social environment by leading strategic alliances for multi-sectorial actions and by raising awareness of the impact on health from policies and actions in other sectors.

3) Contribute decisively to the social and economic development of Andalusia by promoting alliances with the technological and industrial sectors to foster intensive knowledge and technology-related activities and create high-qualification jobs.

4) Promote shared actions with employee organisations and business associations in order to make the workplace a safe, healthy environment and a generator of positive behaviour for individual and collective health.

5) Promote an integrated training model with all the institutions involved to provide maximum quality training in the field of health as an obligatory basis for a future of excellence.

6) Share, with the education sector, the challenges of building a prosperous, healthy community and conveying correct life-styles and socially responsible personal values to the new generations of Andalusians.

7) Make Andalusia a privileged region for research, development and innovation by forging alliances with universities, public research organisations and the technological and industrial sectors. Promote joint projects and collaboration among researchers and technologists from different areas and fully incorporate the Andalusian bio-cluster into the Public Health System.

8) Create inter-regional, national and international collaboration channels to provide us with greater capability, increase our knowledge and project a modernised image of excellence of Andalusia and its health system.

9) Collaborate with Andalusian organisations for international cooperation and development in projects to improve the health and living conditions of the more underprivileged communities.

10) Consolidate a comprehensive system of environmental management by systematically identifying the environmental impact of the provision of healthcare services. Promote good practices and respect for the environment and implement environmental criteria into the strategic decisions made by the healthcare organisation.

11) Contribute to the struggle against climate change by promoting energy efficiency and the use of renewable energies. Minimise the use of fossil fuels by equipping the main healthcare centres with solar panels and energy-saving lighting systems. Implement energy efficiency criteria into the design of infrastructures.

12) Promote good waste management practices by minimising the production of toxic waste and introducing selective recycling.

projects

quality plan of
the APHS

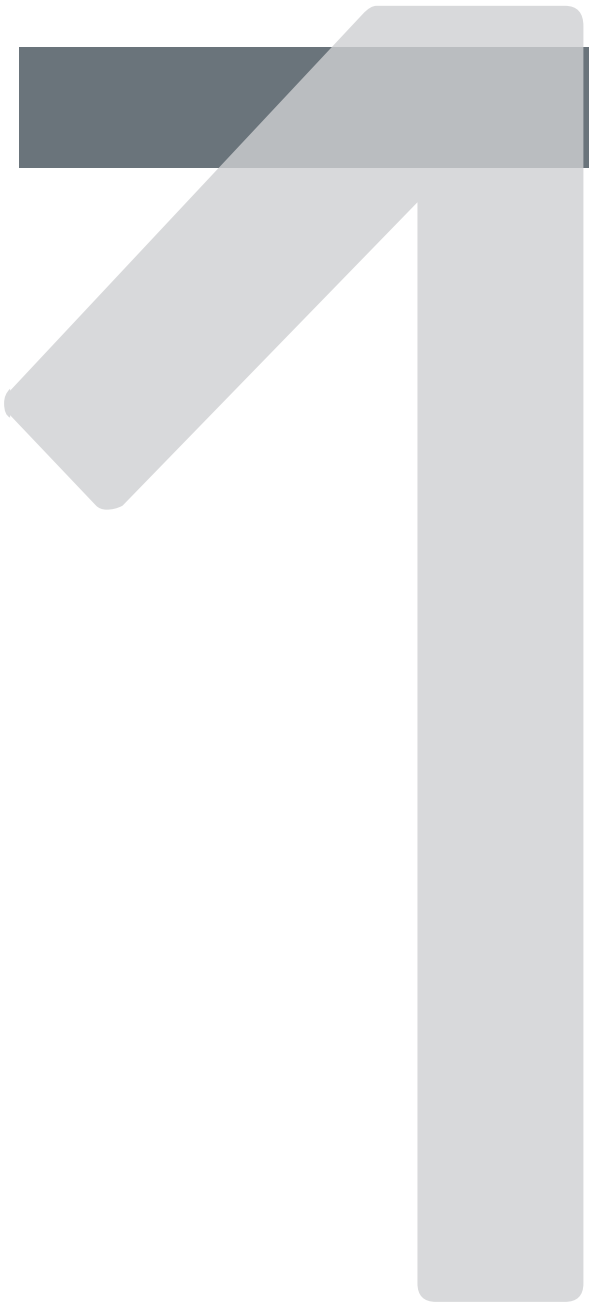


A person wearing a white lab coat is partially visible on the left side of the image, looking towards a framed document on a white wall. The document appears to be a technical drawing or a quality plan. Below the document is a dark rectangular opening, possibly a window or a piece of equipment. The overall scene is brightly lit, suggesting a clean, professional laboratory or office environment.

projects

quality plan of
the APHS

Project 1
HEALTHCARE FOCUSED ON THE PERSON.



ACTIONS:

1. Continuously include the vision of the gender “assigned social role” in the approach to problems of health, disability or multiculturalism.

2. Create local adaptations for health service plans to respond to the social and geographical plurality of the citizens.

3. Lend support to dealing with local health problems throughout the region by a cross-sector, participative approach and the creation of Local Health Plans.

4. Extend the services portfolio provided by Salud Responde (Health Response Call Centre) and diversify its access channels by promoting proactive accessibility for specific groups in special situations: Salud 24 Horas (24 Hour Healthcare), Teletranslation, SMS, etc.

5. Implement proactive measures in the Andalusian Plan for Carers to facilitate access to the health services.

6. Identify and promote the diversification of channels to facilitate proactive access to the APHS for the citizen: Healthcare Portal: web 2.0, Informarse.es Salud, Opinar.es Saludable, Multi-device Platform.

7. Create, in conjunction with the professionals, a plan for accompaniment and accessibility for groups of patients with special needs.

8. Further develop comprehensive healthcare plans, strategies and specific action programmes.

9. Create a healthcare strategy for people with chronic illnesses.



Project 2
FURTHER PROGRESS IN CITIZENS' RIGHTS,
PARTICIPATION AND SHARED RESPONSIBILITY.

ACTIONS:

1. Define and promote the development of new citizens' rights by developing the Health Information Law, the Death with Dignity Law and oral healthcare.

2. Guarantee the effective development of the fundamental rights of the person (information, privacy, confidentiality, decision-making. etc.) by establishing informative and formative strategies for both citizens and professionals and by introducing structural measures in centres and services.

3. Adapt the professional training plans in all the centres and services to include training and communication in the management of citizens' rights as established in the Andalusian Public Health System.

4. Define and establish collaborative work strategies between citizens and professionals in the Andalusian Public Health System centres with a view to sharing knowledge, rights and information regarding outcomes and identify possible areas for improvement within the framework of shared responsibility.

5. Provide the citizens with instruments for monitoring healthcare quality criteria by means of the integrated care pathways.

6. Provide patients with information on the costs of healthcare.

7. Continually incorporate aspects relating to the values and expectations of the citizens into management tools.

8. Advance in the promotion of transparency of the Andalusian Public Health System by ensuring that the outcomes obtained in the system are available to the public, thereby facilitating free choice and decision-making.

9. Implement the Citizen Participation Plan in all areas of the organisation and include a communications plan to be incorporated into the clinical management units.



Project 3
MODERNISATION, SIMPLIFICATION AND
INNOVATION IN INTEGRATED CARE PATHWAYS.

ACTIONS:

1. Define the Information Support Process.

2. Effectively develop the integrated care pathways related to the services portfolio of each of the clinical units.

3. Design simplified, updated tools to allow the professionals to implement the integrated care pathways.

4. Base the modernisation of the Integrated care pathways (ICP) on incorporation and synergy with other organisation strategies within the framework of Clinical Management.

5. Comprehensive development of tools for the citizens based on integrated care pathways: Escuela de Pacientes (Patient School), Salud 24 Horas (24 Hour Healthcare), Informarse.es Salud, etc.

6. Coordinate the actions of mutual aid associations with service provision.

7. Incorporate gender perspectives, life-style actions and the special needs of disabled and dependent people into the integrated care pathways.

8. Develop the Stroke Healthcare Plan, redefining and incorporating the integrated care pathway.

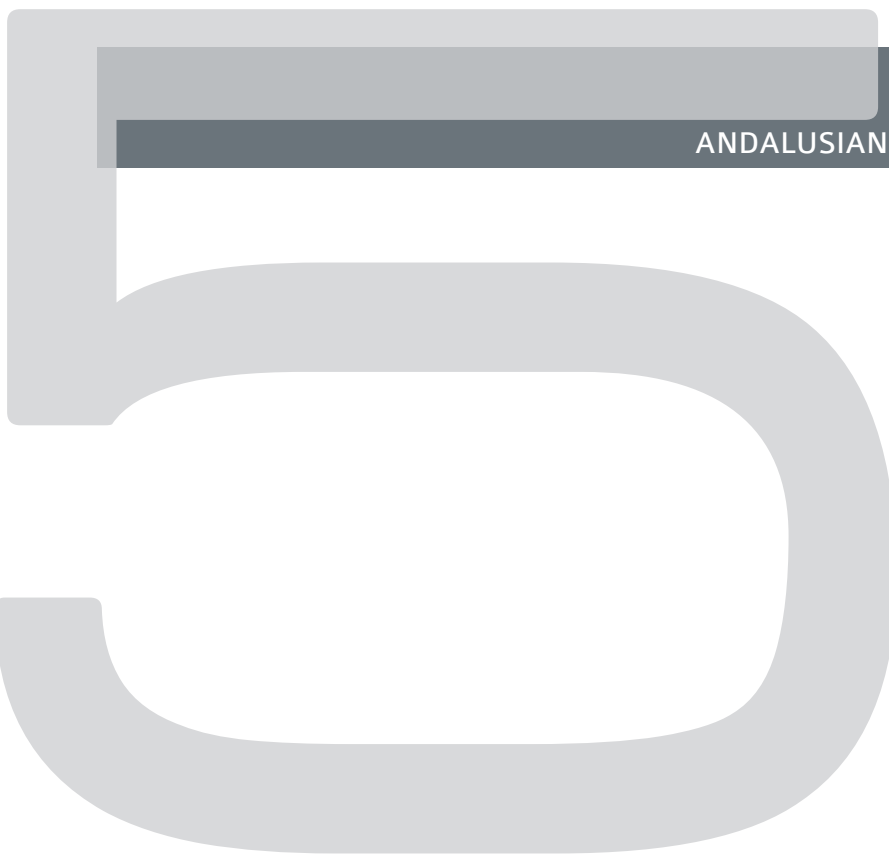
9. Develop the Oral Healthcare Plan.

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Project 4
DEVELOPMENT AND IMPLEMENTATION OF THE
ANDALUSIAN PUBLIC HEALTH SYSTEM SAFETY STRATEGY.

ACTIONS:

1. Expand and consolidate the Andalusian Public Health System safety strategy, evaluate to what level it has been implemented in the centres and promote measures for its continuing improvement.
2. Incorporate patients and carers in the safety policy for the healthcare centres using tools such as the integrated care pathways, Escuela de Pacientes (Patient School), etc.
3. Promote and reinforce the role of the Safety Observatory as a reference point for professionals and citizens in the safety strategy.
4. Create nodes of reference and mentor centres for good practices in patient safety to share knowledge.
5. Achieve the unequivocal identification of every patient during their stay in a hospital centre.
6. Permanently reinforce the safety of surgery patients, primarily by using the redesigned Surgical Block Process.



Project 5
EFFECTIVE IMPLEMENTATION OF THE
ANDALUSIAN PUBLIC HEALTH SYSTEM CARE STRATEGY.

ACTIONS:

1. Incorporate and integrate patient care into the different healthcare strategies of the Andalusian Public Health System.

2. Further incorporate patient care as an essential element of the Clinical Management model.

3. Develop advanced nursing practice in pharmaceutical provision, advanced triage, minor surgery, case management and other contexts.

4. Adapt the role of nursing in accordance with the development and application of patient rights in cases such as Death with Dignity and Advanced Healthcare Directive (Living Will).

5. Promote nursing participation as a resource in the effective development of the Dependency Law and in the strategy for the care of people with chronic illnesses.

6. Integrate care in the Andalusian Public Health System Observatories to comprehensively manage the knowledge generated in this field: safety, training, innovation, and good practices.

7. Define and determine the healthcare services which can be added to the services portfolio as a result of the incorporation of new nursing specialities and other advanced practices.



Project 6
TRAINING AND
PROFESSIONAL DEVELOPMENT.

ACTIONS:

1. Promote accreditation as a means of access for the professional to advanced clinical practice and excellence in professional development.

2. Define the mechanisms for the systematic updating of the accreditation model to adapt it to the changes in clinical practice and to the healthcare requirements described in the comprehensive plans and integrated care pathways.

3. Promote the development of tools to facilitate and support clinical decision-making, such as Artificial Intelligence Systems and the Virtual Simulated Patient.

4. Develop projects for the Strategic Comprehensive Training Plan:
 - New quality model for practical-clinical training.
 - Programme of alliances for quality in professional training.
 - Training and accreditation for undergraduate, postgraduate and resident intern teachers.
 - Common Complementary Programme for specialist training in Health Sciences.
 - Objective Structured Clinical Evaluation (OSCE) for undergraduate students and resident interns.
 - Comprehensive development of the quality model for continuing training.
 - Make available to the professionals of the Andalusian Public Health System: the Andalusian Observatory for quality training in Health Sciences, the network of training and competency-evaluation experts and the Andalusian Training Resources Bank.
 - Training programme for directors and clinical unit managers.
 - Detection of training needs: healthcare demography.
 - Training accreditation model for the public health system.

Project 7
FURTHER THE DEVELOPMENT OF
THE PROFESSIONAL COMPETENCIES MODEL.

ACTIONS:

1. Define and adapt professional roles to the needs of the system and new developments in the healthcare model.
2. Adapt the role of nursing to the new developments in the healthcare model: Casualty, surgical areas, palliative care, pathway-specific competencies, healthcare ethics, referrals and diagnostic tests, pharmaceutical provision, public health.
3. Incorporate good practices from the integrated care pathways into the competency development model for the different professions.
4. Identify and adapt competencies for working in areas of social transformation.
5. Define the management competency model in accordance with the new organisational framework.



Project 8
DEVELOP THE NEW CLINICAL MANAGEMENT MODEL
THROUGHOUT THE ANDALUSIAN PUBLIC HEALTH SYSTEM.

ACTIONS:

1. Extend the new clinical management model to include all healthcare areas.


2. Develop the evaluation model for clinical units with focus on the measurement of health outcomes.

3. Orient the professional competency model towards clinical units, improving health outcomes and professional development.

4. Integrate knowledge management platforms and make them more accessible to the professionals.

5. Ensure that a command of the participation strategies and channels becomes an essential quality-defining element in the new clinical management model.

6. Promote and consolidate one-stop healthcare models within the organisation.

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Project 9
TRANSFORMATION OF THE ORGANISATION
TO PROVIDE SUPPORT TO CLINICAL MANAGEMENT.

ACTIONS:

1. Define the criteria to allow for progress towards flexible organisational structures within the Andalusian Public Health System.

2. Identify the organisational needs of the Andalusian Public Health System by means of prospective analysis, debate and proposed recommendation reports.

3. Further develop the model for Healthcare Management Areas, draw up the map and conclude implementation.

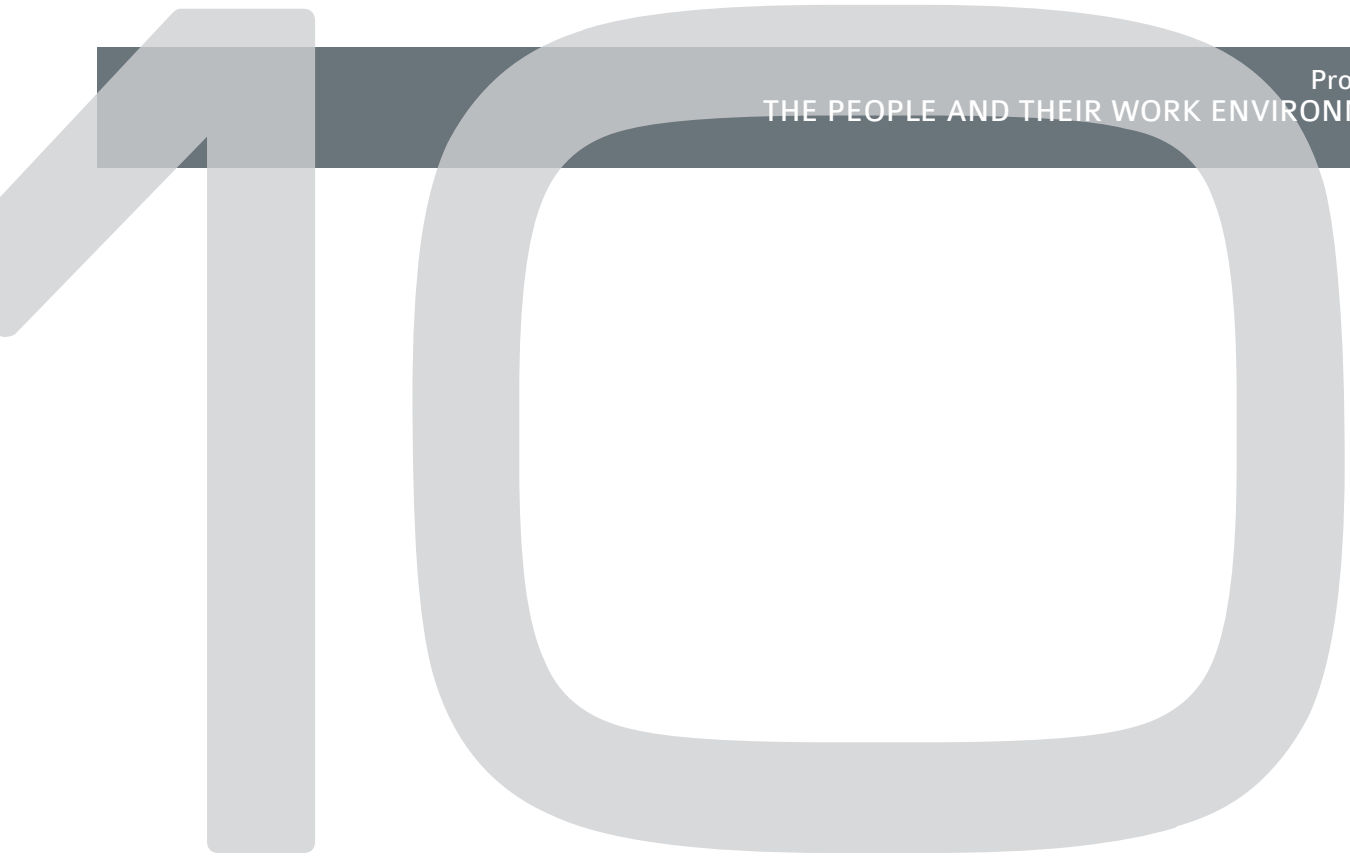
4. Define the reference units by establishing the model, the services portfolio and the mechanisms for access and evaluation of outcomes. Define the map of reference units in the Andalusian Public Health System.

5. Modernise the Andalusian Accident and Emergency Plan by increasing the flexibility and coordination of the system.

6. Maintain on-going modernisation of the Accreditation Model for the healthcare centres and units in Andalusia, adapting it in accordance with the new organisational models and requirements of the system.

7. Incorporate functional structures to allow the opinions of the citizens to be collected and transferred to the areas where organisational decisions are made.

Project 10
THE PEOPLE AND THEIR WORK ENVIRONMENT.



ACTIONS:

1. Define an improvement plan for the work environments in each of the healthcare centres.

2. Establish strategies to favour work-life balance, such as day-care centres, computer classrooms, physical activity, libraries, workshops, etc.

3. Develop strategies for health promotion in the workplace, such as physical activities and back care, self-esteem, stress management, violence prevention, good eating habits and aids for giving up smoking.

4. Promote the development of actions in the Assault Prevention Plan.

5. Implement the evaluation of the working and emotional climates in the healthcare centres as an information tool to improve the work environment.

6. Fully implement the single administration network for the professionals: Collaborative Environment, Virtual Library, Health Portal, Multi-device platform for professionals.

Project 11
SUSTAINABILITY.



ACTIONS:

1. Implement an action plan for the use of renewable energies.

2. Implement an action plan for the responsible use of resources.

3. Produce a catalogue of values and objectives for centres with regard to social commitment to the geographical area where the services are provided.

4. Establish criteria for responsible public procurement in all areas of the organisation.

Project 12
COOPERATION.



ACTIONS:

1. Create an International Cooperation Strategy in Health Development.

2. Incorporate the criteria of the Andalusian Cooperation for Development into all activities of the organisation and create stable coordination mechanisms with the institutions responsible for these activities (AACID, etc).

3. Establish a registry of activities for International Cooperation in Health Development.

4. Promote alliances with international, national and regional healthcare and humanitarian organisations as well as with healthcare institutions in countries which receive aid.

5. Promote specific cooperation plans in Northern Morocco, Spanish-speaking areas of the Caribbean and in the countries of the Andean region and the Southern Cone.

Project 13
DEVELOPMENT OF THE ETHICS
STRATEGY OF THE ORGANISATION.

13B

ACTIONS:

1. Create a Strategic Plan of Ethics for the citizens, the professionals and the organisation.

2. Provide regulation for the new roles and structures of the healthcare and research ethics commissions.

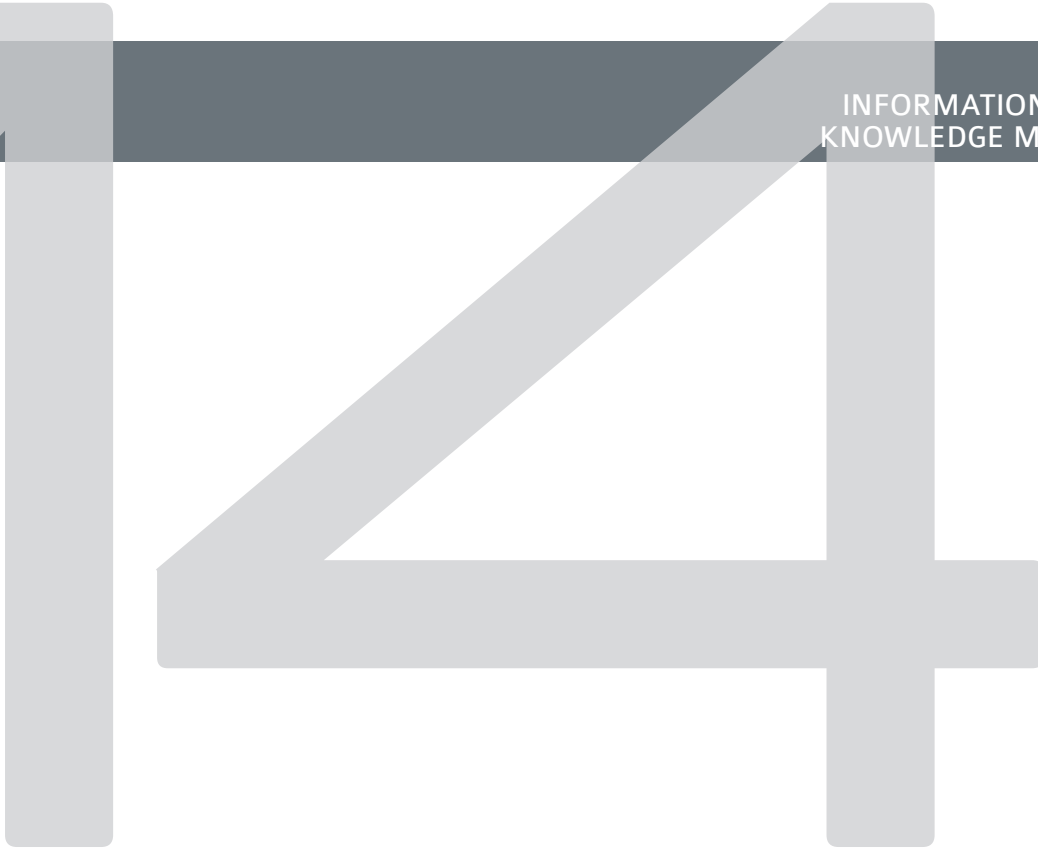
3. Define the maps for the ethics commissions for healthcare and research in Andalusia.

4. Facilitate access for healthcare professionals to the Advanced Healthcare Directive (Living Will) Registry and integrate it into medical records.

5. Facilitate citizen access to exercise their right to express their Advanced Healthcare Directive (Living Will).

6. Develop and promote the process of on-going information with the patient by developing and implementing a strategy of informed consent throughout the organisation.

Project 14
INFORMATION SYSTEMS IN
KNOWLEDGE MANAGEMENT.



ACTIONS:

1. Effectively implement an integrated information system for decision-making in the different areas and levels of the organisation.

2. Ensure that information regarding outcomes is generated systematically and comprehensively, thereby promoting permanent evaluation of health interventions.

3. Promote the generation of information in all areas of healthcare to orient and prioritise actions in relation to patient safety.

4. Incorporate indicators based on good practices which can be easily adapted to the best, currently available evidence.

5. Establish flexible information channels adapted to facilitate the sharing of service portfolio outcomes, thereby enhancing the transparency of the Andalusian Public Health System.

6. Encourage centres to manage and share the knowledge generated in clinical commissions as a vehicle for professional participation.

7. Coordinate the banks of good-practices to promote professional and citizen access to all the knowledge generated within the system (idea banks, answers to clinical questions, etc.).

8. Develop the institutional repository of the Andalusian Public Health System Virtual Library.

15

ACTIONS:

1. Re-analyse the digital strategy and formulate a new stage in its development.

2. Redefine the systems integration model, applications and inter-operability.

3. Incorporate decision-making help tools into the system.

4. Extensively integrate the care pathway-based management model and the principal elements for patient safety into the digital strategy.

5. Design tools and procedures for obtaining clinical indicators and health outcomes based on the Digital Medical Record and facilitate retrospective and trend studies.

Project 16
TELEMEDICINE.

16

ACTIONS:

1. Develop a telemedicine framework strategy in the Andalusian Public Health System.
2. Establish criteria for adaptability, viability and effectiveness.
3. Incorporate the telemedicine tools and activities into the services portfolio of the Andalusian Public Health System.
4. Establish priority criteria and implementation schedules.
5. Develop a common, integrated telemedicine platform.
6. Integrate telemedicine actions into the Digital Medical Record.
7. Legally regulate the quality, security and protection of data in telemedicine activities.

Project 17
DEVELOPMENT OF THE R+D+i STRATEGY IN HEALTH.

ACTIONS:

1. Continue the development of the R+D+i strategy and define a new plan for the 2011-2015 period.

2. Promote the development of open innovation in the organisation through the Living Lab Salud Andalusia (LLSA).

3. Promote the advancement of research in professional groups with new healthcare roles.

4. Create and deploy the human capital researcher development project in the APHS.

5. Improve the integration of knowledge management agents and processes to achieve a "one-stop" scenario.

6. Complete the regulatory and management structures for intellectual and industrial property rights in the APHS.

Project 18
DEVELOPMENT STRATEGY FOR
THE NEW PUBLIC HEALTH MODEL.

18

ACTIONS:

1. Development, dissemination and endorsement of the Andalusian Public Health Law.

2. Definition of competency maps and accreditation models for public health professionals.

3. Definition of the public health competencies deemed necessary for all professional profiles in the Andalusian Public Health System.

4. Definition and implementation of a public health training model for all the professions involved.

5. Development of the model for local action in health as a means of transferring leadership to local entities regarding the improvement of collective health.

6. Development of mutual aid in health to improve the effectiveness of integrated care pathways and the strategies of the Andalusian Public Health System via peer help.

7. Development of the health strategy in all policies and the evaluation of impact on health.

Health Promotion and Prevention

8. Incorporate Health Promotion and Prevention into the Clinical Management model.

9. Incorporate Health Promotion and Prevention into the different health strategies of the Andalusian Public Health System.

10. Adapt professional roles and competency profiles in accordance with the requirements for the practice of Health Promotion and Prevention.

11. Define and determine the healthcare services portfolio in accordance with the requirements for Health Promotion and Prevention.

12. Define a screening policy and establish a quality guarantee system for these policies.

Health Surveillance Strategies

13. Develop a quality alarm network to guarantee an early, efficient response by developing prevention and protection measures for public-health risk situations by means of professional development, provide availability of surveillance systems equipped with tools for prediction, integrated protocols for research and control and efficient communication systems for emergency situations.

14. Develop and implement a methodology based on the review of evidence, research and participation to identify and evaluate interventions performed in different fields and which are expected to have an impact on public health.

15. Systematically integrate epidemiological information into the service planning process and the evaluation of intervention outcomes of the principal health problems of the Andalusian population, their determining factors and inequalities in health (SIVSA, AIMA, RPCA, SIVMA, Red Alerta, Flu, HIV/Aids).

16. Facilitate access to information and incorporate new fields of work and improve both the capacity and the quality of epidemiological analysis at all levels in the Andalusian Public Health System. This can be achieved by means of an integrated information system for health surveillance which integrates all of the relevant information sources using new information and communication technologies.

17. Incorporate the evaluation of health outcomes from comprehensive plans and screenings to take action on the principal causes of mortality.

Health Promotion Strategies

18. Follow-up and evaluation of the Andalusian Environmental Health Plan.


19. Design and development of the Andalusian Food Safety Plan.

20. Implementation of quality management models in the Health Protection services:
 - Implementation of the care pathway-based work methodology in Health Protection.
 - Implementation of intra-inter level auditing systems.

-
21. Development of Risk Analysis as a basic element of Health Protection policies.
- Develop guidelines, methods and protocols of action to improve risk evaluation.
-
22. Design and evaluate new management models for services in Health Protection.
-
23. Define and develop the training plan, incorporating the dissemination of generated knowledge as an essential element.
-
24. Promote professional accreditation.
-
25. Promote the development of information systems.
-
26. Facilitate citizen access to public health services:
- Make the Portfolio of Protection Services available to the citizens.
 - Simplify and optimise citizen access to the Protection Services by developing the appropriate tools to facilitate processing and actions.
-
27. Promote citizen participation, communication and involvement in the improvement of public health:
- Develop strategies for the dissemination of knowledge on public health (presentation of information adapted to the citizen, selection of suitable channels, etc).
 - Make information on the general health of the population and its determining factors available to the citizens (citizen access to information systems).
-
28. Ensure the effectiveness of citizen participation by adapting it to the different environments and levels of action.
-

Social Healthcare Strategies

29. Follow-up and evaluation of the Andalusian Alzheimer Plan.
-
30. Design and development of the Andalusian Plan for Early Intervention

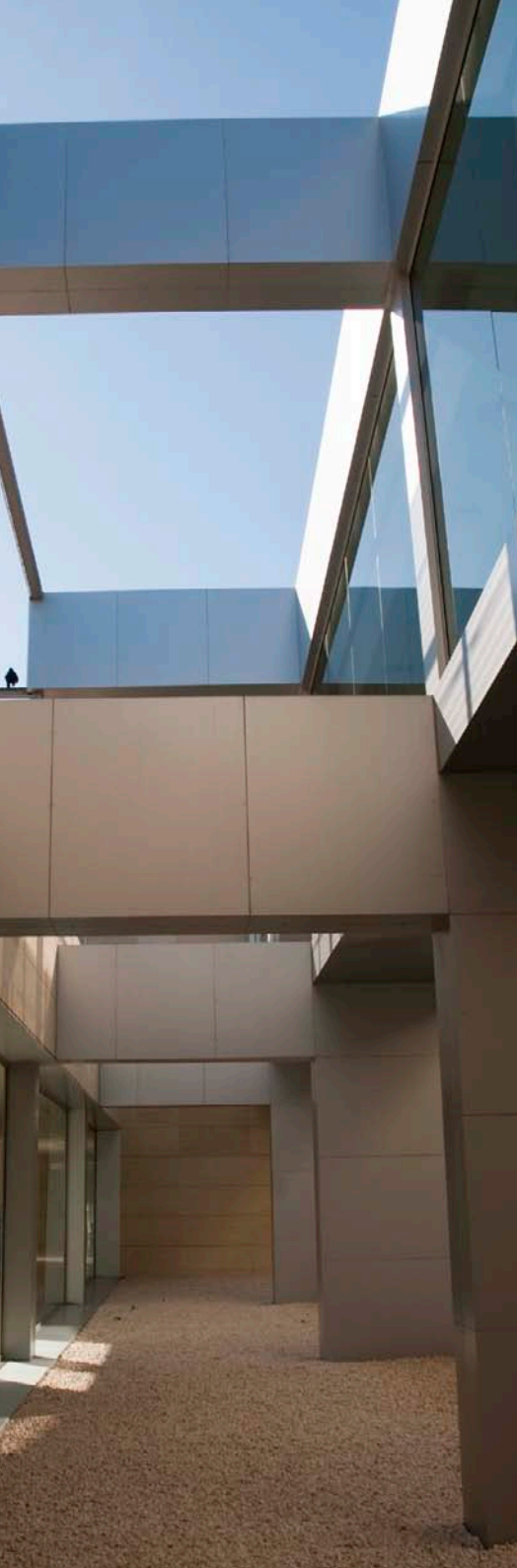
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31. Implementation of Sub-processes relating to Intellectual Disability, Sensory Disability, Mobility Impairment, Autism Spectrum Disorders and the Supervision of New-borns at Risk related to the Comprehensive Early Intervention Integrated Care Pathway.

 32. Define an Early Intervention Information System as part of the Digital Medical Record (DIRAYA).

 33. Design a training and research policy for the professionals involved in early intervention processes.

 34. Incorporate and integrate the perspective of disability and dependency as a transversal aspect in the Quality Plan.





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