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PRESENTATION

The Regional Government of Andalusia's Ministry of Health has made formidable efforts over the last few years in the area of healthcare quality, with the purpose of delivering more satisfactory services that are better adapted to the citizens it serves and to build a healthcare system that is increasingly appreciated and legitimised by society. As a result, there is no doubt that Quality - as a strategy for ongoing improvement and excellence - should remain at the heart of Andalusian public healthcare policy, leveraging the Second Modernisation Plan for Andalusia, while contributing to the development of a more modern Public Administration that remains close to the public.

That is why I am delighted to present the Second Healthcare Quality Plan for the period 2005-2008 as a highly significant programme, conceived for the people of Andalusia, but also for the some 82,000 professionals working within the Andalusian public health system who, on a daily basis, share responsibility and concern for the health of millions of people.

This Plan was conceived with a clear vocation, namely that of strengthening and providing continuity to the quality schemes and actions delivered up till now. However, at the same time, the Plan fosters an unprecedented and promising opportunity to bring to fruition a plethora of innovative, quality-based initiatives which will ensure that adequate responses are given to needs and expectations now and in the future.

A fresh scenario is emerging, providing a new framework for citizen relations to be promoted. This will be based on a more personalised and transparent system in which the public will be actively encouraged to take part through a variety of channels. In this contemporary approach to citizen relations and interaction, once again, healthcare professionals will be empowered to set the right course on the basis of responsible and rigorous, warm and friendly professional performance.

Considerable commitment and dedication are required, but also the right tools. Hence, this Healthcare Quality Plan is a robust engagement with and for healthcare professionals: to promote their career development, in line with continuing education plans, and skills management; to increase their autonomy and ability to organise their work, by implementing Clinical Management Units and Process-based Management; to facilitate knowledge production, management and exchange. All these measures will lead to improved healthcare, better citizen relations and, above all, better quality in the healthcare services that are delivered to the public.

To summarise, with this Plan we intend to make progress in terms of Quality, opening a new era in the quest for ongoing improvements in healthcare services, on our route to excellence. The closer we get to this target, the harder it seems to attain. That is why I believe this is an exciting starting point and an equally thrilling destination in the never ending path towards Quality. I would like us all - professionals, managers, and citizens alike - to walk this road together.

María Jesús Montero Cuadrado
Minister of Health, Regional Government of Andalusia

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INTRODUCTION

According to the Andalusian Health Act, responsibility for establishing health policy, assigning resources and guaranteeing citizen's right to health lies with the Regional Ministry of Health. To deliver the above and to design and implement the said policies, a number of mechanisms need to be devised and rolled out. This is the rationale underpinning the various Andalusian Health Plans that have laid down the principles and guidelines governing health policy in the region over the last decade.

Moreover, in recent years notable endeavours have been made by the Andalusian Public Health System (APHS) to bring Quality to the forefront of its organisational culture. A myriad of initiatives have been implemented, specifically at health centres, and globally - spanning the entire range of services.

At the dawn of the preceding term of office (2000-2004), the Regional Ministry of Health delivered the First APHS Quality Healthcare Plan to implement **a strategic model in which quality was an inescapable and firm commitment within a people-centred public health service**, the major pillar in all its interventions. As a result, meeting the public's needs, expectations and demands became the primary aims of Andalusian Health Policy.

The Plan unfolded on the basis of seven strategic processes, two of which - Quality and Professionals - were the prime core. The remainder were conceived as mechanisms to facilitate implementation of the two major processes.

The Plan introduced an entirely fresh approach aimed at fostering a more horizontal and flexible organisation, bringing about comprehensive methods to tackle health problems, based on continuity of care as a dimension inherent to service quality, promoting an attitude seeking permanent improvements, while establishing and consolidating a model where professional co-operation takes centre stage. As a result, Information and Technology Systems, Evaluation of Outcomes, Research, Communication and Funding, were conceived as necessary support systems to interlock an exceedingly consistent model that is highly valued by both the public and professionals and which has now become a beacon for the entire National Health System.

On the other hand, consolidating a culture based on quality in healthcare provision - seen as the amalgamation of technical excellence and knowledge, together with the necessary skills and attitudes to respond to the public's needs and expectations - required incorporating and rolling out a number of strategic and service management support tools, such as:

- Process-based management.
- Clinical management.
- Skills management.
- Accreditation and ongoing improvement model.

Far from being a time-limited instrument, the First APHS Healthcare Quality Plan proposed a long-term strategy of essence for the organisation. Naturally, turning an organisation around, so that citizens become the focal point, requires far-reaching, high impact changes, that need some time to crystallise, along with unabated support in order to consolidate innovation.

So it was not merely a question of embarking on changes to adapt existing elements – which would trigger scarce marginal benefits in terms of quality and efficiency – but to undertake genuine transformations, to engage in permanent revisiting of processes and systems, in the light of their added value to the final outcome of the organisational structure, its personnel, equipment or infrastructure.

The First Healthcare Quality Plan devised an organisation structured around processes, not only in the area of care delivery, but as a new global vision for the organisation itself. With this principle in mind, the Plan identified the defining processes for the organisation's strategic direction together with key processes enabling the targets set for this strategy to be attained, as well as the necessary support mechanisms to take the Plan forward as a whole.

The First Healthcare Quality Plan envisaged quality as a way to steer the APHS towards more effective and efficient delivery of services, towards an organisation that is modern, sustainable over time, and able to adapt swiftly to future trends. The Plan sought to reduce variability in clinical practice and to assign resources cost-effectively so as to ensure optimal results, while improving waiting times and access to services. In short, the Plan attempted to promote tailor-made healthcare, looking to meet the public's needs, thereby generating enhanced user satisfaction.

There is no doubt that, over the last four years, the First Healthcare Quality Plan has succeeded in laying solid foundations for the implementation of a plethora of initiatives. Many of these have in fact surpassed initial objectives, contributing to consolidating and legitimising Quality strategies. Good examples are that new citizens' rights have been introduced, together with warranted access to care services; or the advent

of technological innovation which has led to an increasingly agile and transparent healthcare system. Several projects were culminated in this short space of time: creation of the Andalusian Agency for Healthcare Quality; implementation of the APHS Integrated Healthcare Processes Map; design of a Integrated Balanced Score Card; implementation of large-scale technological tools such as the Citizen's Single Digital Record or Prescription 21; establishment of Andalusian Research Framework Guidelines, etc.

This constellation of actions and proposals must be properly organised and taken forward to ensure that the organisation continues to advance along the avenue of ongoing improvements and excellence.

The **Second Healthcare Quality Plan for Andalusia** which now takes off intends to ensure continuity in the Quality Policies promoted by the Regional Ministry of Health in Andalusia. The Plan is called to become an instrument that will enable further progress in the implementation of the various existing organisational strategies, to consolidate innovation, rolling out the proposals that have already been put forward, while incorporating fresh strategies brought about by the model for professional co-operation within the framework of the Second Modernisation Plan for Andalusia.

Therefore, the Second Healthcare Quality Plan echoes the vocational search for a different, more modern organisation, placed at the service of the Andalusian public, that strives to provide a public service committed to guaranteeing the best possible care, imbuing the APHS of an entrepreneurial attitude with a view to taking on new challenges to ensure survival of a public healthcare system that is caring, fair and sustainable.

Much like its predecessor, the Second Healthcare Quality Plan envisages a process-based structure. Five major strategic processes have been pinpointed, as the five major pillars for implementation of the Plan. Each contains the necessary key elements for defining priority goals and actions, as well as for establishing relevant commitments between the Regional Ministry of Health and the entire array of public suppliers, through Contract Programmes.

The first strategic process defines the relationship between citizens and the APHS, from the viewpoint of the system's commitments with the public. When the Plan enunciates "**Accepting citizen's needs and expectations**", it points to the public's central role in the system, and the duty to establish a set of guidelines to safeguard that principle. For this purpose, the Plan suggests developing new rights and fresh mechanisms to step up citizen's participation and decision-making powers, as well as their clinical safety, fostering projects that will enhance interaction between citizens and the system in a **more individualised, transparent and interactive manner**. This entails the progressive implementation of Electronic Administration in healthcare, with innovative services such as the 24-hour medical hot line, patient reminder systems via SMS, or the wide-spread use of the Citizen's Single Digital Record and Prescription 21, as illustrative examples.

The second strategic pillar, namely "**Guaranteeing Quality Management in Health Services**", attempts to build up the innovations in service management that have unfolded in Andalusia over the last few years. Indeed, **clinical management, process-based management and skills management**, continue to be vital tools that need to be enhanced by implementing actions that will lead to their definitive consolidation in the

system and full integration in organisational culture. Incorporating an attitude towards ongoing improvements and standard quality systems at healthcare centres will open up a suitable window of opportunity for implementation of the **Andalusian Accreditation Model**. To this end, the Healthcare Quality Agency must become a core component fostering improvement policies at health centres, positioning the APHS as a **system seeking excellence** in the delivery of services. However, while taking this route towards improvement and optimisation, innovation in organisational models and management mechanisms must not be neglected, in order to ensure a **fully sustainable, outcome-oriented system**. So actions will focus on implementing organisational models that seek to develop a more flexible, more horizontal system. Examples of this approach are the Clinical Management Units, as the basic stepping stone in the system's lay out, both in Specialised and Primary Care; the Skills Management Model, geared towards defining a flexible work environment for the entire Andalusian region; the Professional Development Plan; drawing up and implementing a management model for High Resolution Hospital Centres and High Resolution Centres; or more practical issues, such as rolling out the APHS Integrated Balance Score Card, or extending the Accreditation Model to Centres, Clinical Management Units, Professionals, Training and Research Units.

A relevant recommendation in this Second Healthcare Quality Plan is that the principle of quality must inspire the APHS's public healthcare policies as a whole. Hence, "**Guaranteeing the Quality of Public Health Policies in the Andalusian Public Health System**" is the third strategic process in the Plan's core structure. It intends to bring about a system of public guarantees on the basis of three key processes. The first is to **foster policies targeting health promotion and disease prevention**, by including these principles in management tools (Contract Programmes and Management Agreements) to ensure greater involvement of healthcare

centres in these policies, by implementing Integrated Plans as mechanisms to tackle priority health problems in the Andalusian region, as well as strategies to challenge social exclusion. The second key process or element is **boosting quality in public health surveillance policies**, with a view to enhancing the capability of health intervention impact measures and developing health crisis warning and management systems that can be accredited in conformity with specific quality standards. Lastly, the third key element seeks to **promote quality policies in health protection**, taking stock of the best scientific knowledge available for health risk assessment, while implementing a risk management system that will herald increased health protection and a **safer healthcare system**.

The fourth strategic process supporting the Second Healthcare Quality Plan is **“Managing Knowledge”**. Undoubtedly, the APHS is a knowledge factory, an intelligent system. But that knowledge must be made available to professionals and citizens alike, fostering permanent exchange of know-how. This triggers the need for drawing up an **information management model** to allow not only exchanges but also the possibility of cherry-picking the most useful knowledge for the organisation, while making that knowledge accessible to professionals and the public at large. This requirement also leads to the establishment of a **health information strategy**, backed by the implementation of large-scale support projects such as a Health Documentation and Information Centre, or the unveiling of the APHS Virtual Science Library. Forging alliances with other knowledge-providers (academia, technology parks, enterprise, etc) is also called for. Research and training are two pivotal issues in this particular strategic process, and hence the Second Healthcare Quality Plan promotes actions aimed at **consolidating research excellence in Andalusia** (setting up Research Institutes, the Andalusian Cell Therapy Programme...), as well as at developing and implementing collaborative biomedical research networks and research support structures. On the other hand, the **APHS**

Integrated Training Plan should facilitate adequate integration of undergraduate, postgraduate and continuing education programmes, while providing consistency to processes for professional skills development.

The last of the strategic processes that form the backbone of the Second Healthcare Quality Plan is **“Driving Innovation and System Modernisation”**. Being innovative is an attitude requiring knowledge, criteria, ability to interpret reality and insight to envisage alternative scenarios. First and foremost, it requires a certain mindset to take on board, with calm and courage, innovations that are seen as useful for daily activities and relations with the public. In addition, it also means knowing how and when to reject practices or habits embedded in daily routine which only take up time and resources, or render the system rigid and inflexible. From this standpoint, Innovation is a cross-cutting process that should influence the entire array of actions to be unfurled by the Second Healthcare Quality Plan.

Two major strategic strands are established: **“Horizontal innovation policies”** - in which Innovation is seen as an element supporting pre-defined strategic policies - and **“information and technology management”**, which includes initiatives specifically designed for technology management. The former presupposes the implementation of actions already contained in other strategic process (Electronic Administration, Citizen’s Single Digital Record, Virtual Library...), but which need to be viewed from the standpoint of the consistency they provide to the system’s overall innovation strategy. So concepts such as **e-health, e-health education, e-healthy lifestyle, e-self-care, e-training, e-administration** etc., provide unprecedented input to the strategies we

intend to implement in the context of the various strategic processes that make up this Second Plan.

Information and technology management offers a more pertinent vision, and bears in mind the technological platforms required for implementation of the actions devised and the need to establish a relevant management model. Functional integration of information and data systems will herald the necessary interventions to ensure that the APHS avails itself of a **Single Information System** recognised as such by anyone coming into contact with the APHS through this system. There are operational issues, such as a firm commitment towards using *open-source software*, creating a Bank for Technological Innovations, or the establishment of a Health Portal in the form of a Virtual Health Area, all of which contribute to a scenario of innovative proposals which are intended to render the APHS **a modern and state-of-the-art system**.

As a whole, these five strategic processes serve as a dynamic backdrop to the fabric and scope of the Second Healthcare Quality Plan for the Andalusian Public Health System, a framework instrument that provides continuity in going beyond and consolidating an imperative commitment. At the same time, the Plan paves the way towards an unprecedented era of progress in which to engage in delivery of a fresh constellation of strategies, actions and innovative proposals, to ensure ongoing improvement in the organisation, as well as high standards of excellence in the quality of the healthcare services provided to the Andalusian public.



STRATEGIC PROCESSES

SECOND HEALTHCARE QUALITY PLAN FOR THE ANDALUSIAN PUBLIC HEALTH SYSTEM 2005-2008

Over the last few years, new scenarios have been emerging in the healthcare arena. There is no doubt that their impact on the Andalusian Public Healthcare System is, and will continue to be decisive in the near future.

The increasing trend towards aging of the population and the rise in immigration flows, are concerns that have a direct influence on healthcare policy. Issues such as dependence, and the emergence of new socially-excluded groups, pose fresh questions that require rapid responses from the public authorities.

Citizen's increasing participation and protagonism in caring for their own health is no longer debatable. Individuals are more capable and responsible for self-care, and at the same time, they demand increasing quality in the healthcare services they receive.

Professionals are taking on unprecedented roles. Their competence and ability to perform professionally, greater ability to manage resources and take part in decision-making processes in fresh organisational environments are, without doubt, issues to be taken into account when rolling out processes aimed at transforming the system.

One of the major challenges facing healthcare organisations is to capitalise on the knowledge generated by the system, and to manage that knowledge effectively in order to provide added value in healthcare outcomes. Moreover, technological progress and cultural shifts entail imperative healthcare advances in an information and knowledge-based society such as ours.

To see Research not as a cost but as an investment towards Innovation, calls for the establishment of alliances between the industrial fabric and academia, as well as the development of new diagnostic and therapeutic alternatives in line with new advances in molecular medicine or genomics.

Finally, the foreseeable rise in healthcare expenditure, in a climate of increasingly scarce public resources, demands a formidable effort in terms of greater system efficiency and transparency vis-à-vis the general public.

Given this situation, clearly the Andalusian Public Healthcare System is set to face significant challenges over the next few years. They can be summarised as follows:

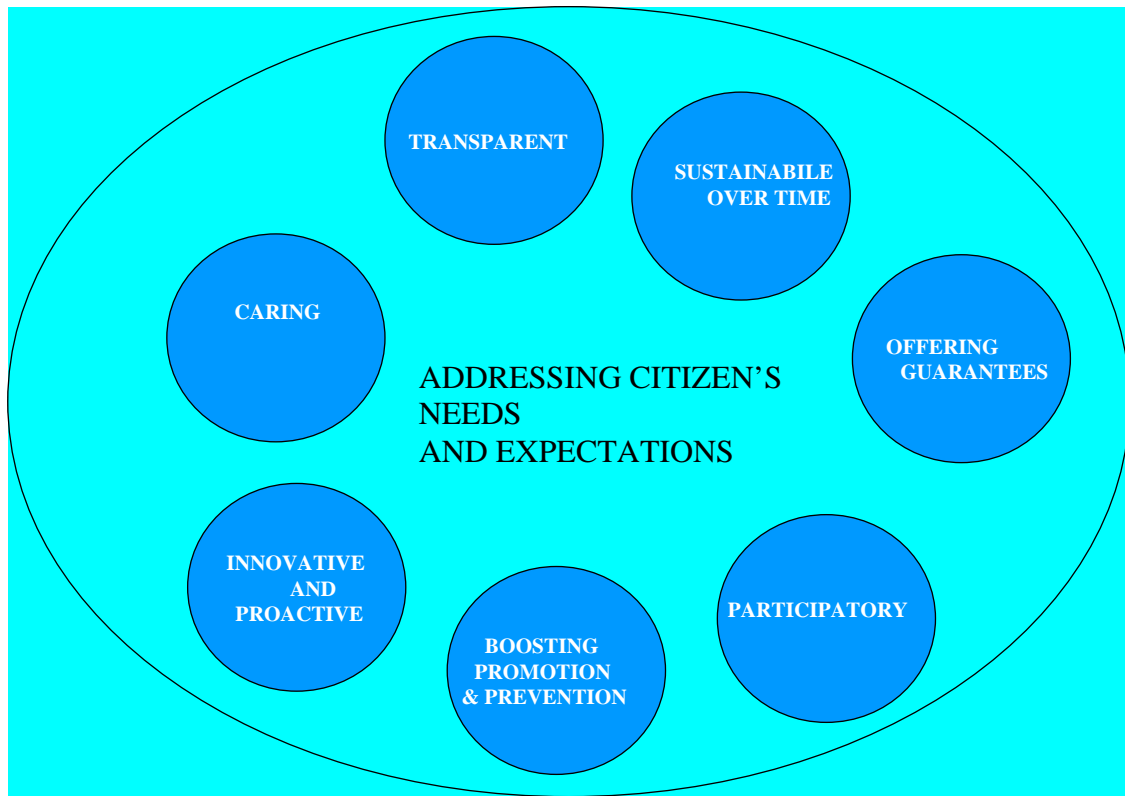
- Improve all aspects concerning relations with the public.
- Create an organisation in line with healthcare targets.
- Continue process-based work, so that all healthcare activities revolve around the patient.
- Make further progress in skills management for professionals.
- Strive towards the integration of healthcare in a knowledge-based society.
- Enhance the system's overall transparency – financial, operational, quality, etc – in the eyes of the public, bearing in mind at all times that we are managing vast and increasing, albeit limited resources.
- Boost organisational Research and Innovation.
- Provide added value to the Second Modernisation Plan for Andalusia by contributing to well-being and creativity while fostering a more modern public administration, which is closer to community grassroots.

The Second Healthcare Quality Plan for the Andalusian Public Healthcare System is a robust proposal to address the challenges ahead in an efficient manner. By defining five large-scale strategic processes, in a limited time frame (2005-2008) the Plan intends to implement a set of actions which, if adequately co-ordinated, will form the backbone of the quality-based policies to be promoted by the Andalusian Government's Regional Ministry of Health in the years to come.

PROCESSES, OBJECTIVES AND ACTIONS

STRATEGIC PROCESS I:

ADDRESSING CITIZEN'S NEEDS AND EXPECTATIONS



The Andalusian Public Health System (APHS) steers its quality-based interventions and services towards the public, which continue to be seen as the focal point of the system.

User satisfaction is one of the main indicators to ascertain the quality of healthcare services. It is possible to understand the public's real perceptions by using questionnaires that measure a variety of aspects pertaining to healthcare services. When comparing this parameter with initial expectations, it is also possible to infer a user's degree of satisfaction.

Active and committed citizen participation therefore plays a pivotal and particular role since the public's needs and expectations are the driving force for change within the organisation. Moreover, understanding those needs is one of the best ways to identify opportunities for improvement and to establish adequate response measures. Applying these in daily practice requires the use of instruments that are accepted by consensus by all the different stakeholders in the healthcare organisation, namely managers, professionals and the public.

In 21st Century Andalusian society, users of the public healthcare system, are increasingly better educated and informed; they expect warm, caring and individualised health care; they require freedom of choice and informed decision on their health; they want to be able to choose the communication channel that best suits them with no time constraints, and they expect to come into contact with professionals capable of offering advice and addressing their problems effectively.

In addition, citizens expect effective responses not only to specific health issues, but also to other concerns which may affect their health, or their immediate social surroundings from a different viewpoint: for instance, what might happen to the elderly population, or to young teenagers, or gender, nutritional and environmental issues, amongst others. Hence, the system seeks to address this wide variety of issues and dimensions by promoting active healthcare promotion and prevention policies.

Management of relations between the Andalusian Public Health System and modern citizens – seen as active individuals who share responsibility for their own healthcare – requires the organisation to be:

Innovative and proactive:

Adopting innovative solutions that reinforce the system's ability to adapt to and anticipate citizen's needs.

Engaged in ongoing improvements:

Grasping citizen's needs and expectations and, as a result, promoting organisational changes and improvements.

Transparent:

To manage citizen's needs and expectations through integrated information and communication policies which are totally transparent and capable of getting across to the public the system's genuine possibilities to respond to those needs.

Sustainable over time:

Triggering social awareness on the shared responsibility of citizen's in caring for their own health in order to preserve the system's balance.

Caring:

Raising the awareness of professionals and providing them with continuing education to give healthcare a human touch.

More participatory:

With a view to creating two-dimensional environments and communication styles, paving the way to more active and effective, voluntary citizen participation in the provision of healthcare services and to increase the healthcare system’s credibility.

With enhanced guarantees:

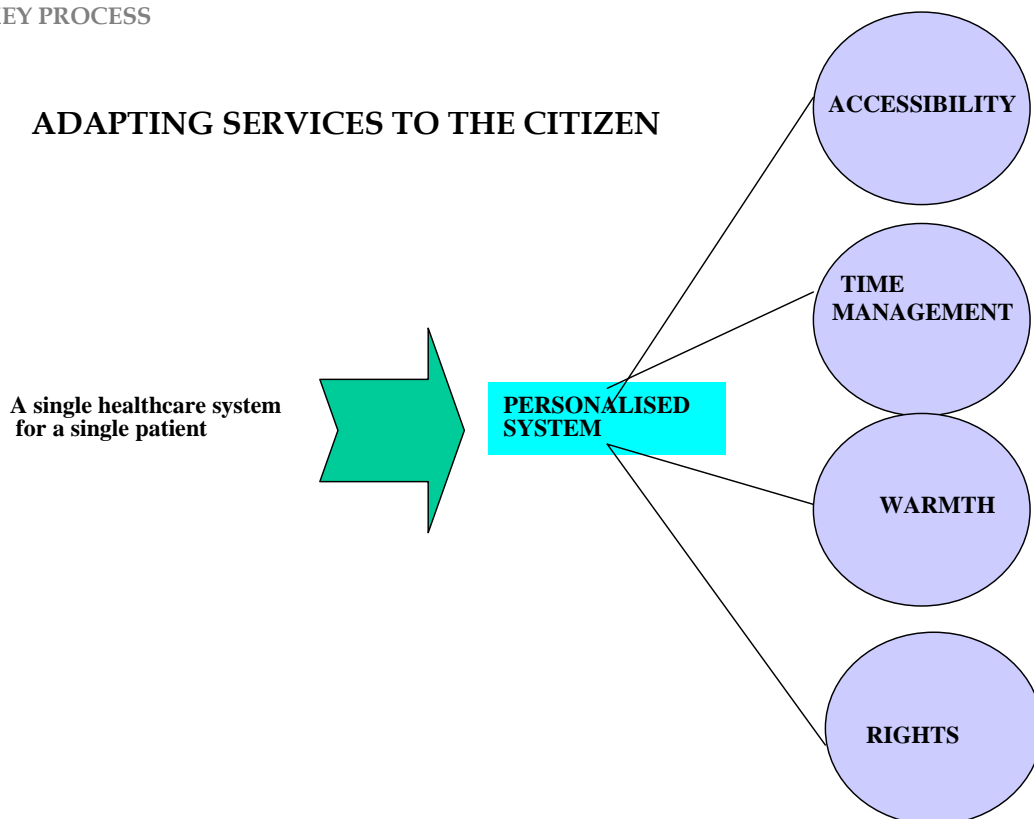
Guaranteeing fairness in access to and delivery of healthcare services requires the implementation of ongoing quality assessment methods and appropriate legislation.

Boosting prevention:

Health promotion and prevention strategies need to be rolled out to improve health outcomes.

This strategic process is the major pillar in the quality-based policies which are being promoted by the Regional Ministry of Health, through two key processes which form the backbone of the objectives and actions designed to take the APHS forward towards a more personalised system, capable of fostering better relations with the public and effective citizen participation.

KEY PROCESS



The Regional Ministry of Health has been focusing healthcare services clearly on the customer, seen as an individual whose social environment, age, gender and specific needs are unique and who therefore requires a specific and personalised response. The motto “A single healthcare system for a single patient “summarises the idea of personalised healthcare.

From this viewpoint, key factors are established for delivering improvements which will lead to tailor-made services, more adapted to the needs of today’s public at all levels of user interaction with the system:

- **Accessibility** to the healthcare system’s services with no time constraints, either via physical or virtual means.
- **Time management**, both in terms of addressing specific health problems, and the relationship between the system and the public. Time is an increasingly valuable asset in today’s society, so adequate time management is a good indicator of the system’s respect towards citizens.
- **Integration** between the different levels of healthcare and other institutions or associations to guarantee continuity in healthcare.

Objectives and actions are as follows:

OBJECTIVES

1.1 ADAPT ADMINISTRATIVE PROCESSES TO THE PUBLIC

LINES OF ACTION

- Draw up the map of the APHS administrative processes, setting priorities for action, and adapt them to the single act concept.
- Generate a single administration network with different modes of access for citizens: in person, web-based and by telephone.

1.2 USE NEW TECHNOLOGIES TO INCREASE PROACTIVITY IN CONTINUITY OF CARE AND FOLLOW-UP OF PATIENTS

LINES OF ACTION

- Establish new systems for healthcare continuity, defining specific commitments between different levels of care and the necessary technological developments.
- Draw up systems, using new technologies, for monitoring chronic patient compliance with treatments.
- Establish health activity reminder systems in the framework of the health care process map within the health system using new technologies (SMS, MMS...).
- Establish a 24-hour medical consultation service.

1.3 ADAPT SERVICES TO THE SOCIAL SETTING OF CARE CENTRES

LINES OF ACTION

- Adapt the organisation of centres to the social characteristics of the environment regarding flexible timing and optimisation of travel.
- Adapt services to the needs of segments of the population with special needs.
- Adapt customer relations units to new organisational developments and define the model for co-ordination with “Health Response”.

1.4 DEVISE CITIZEN-CENTRED CENTRES AND SERVICE PLANNING

LINES OF ACTION

- Draw up a guide for people-centred, functional architecture for centres and apply to the design of any new care centres.
- Complete the project for the Andalusian Public Health System Citizens' Expectations Bank.
- Develop a Portfolio of Services for Integrated Care Processes.

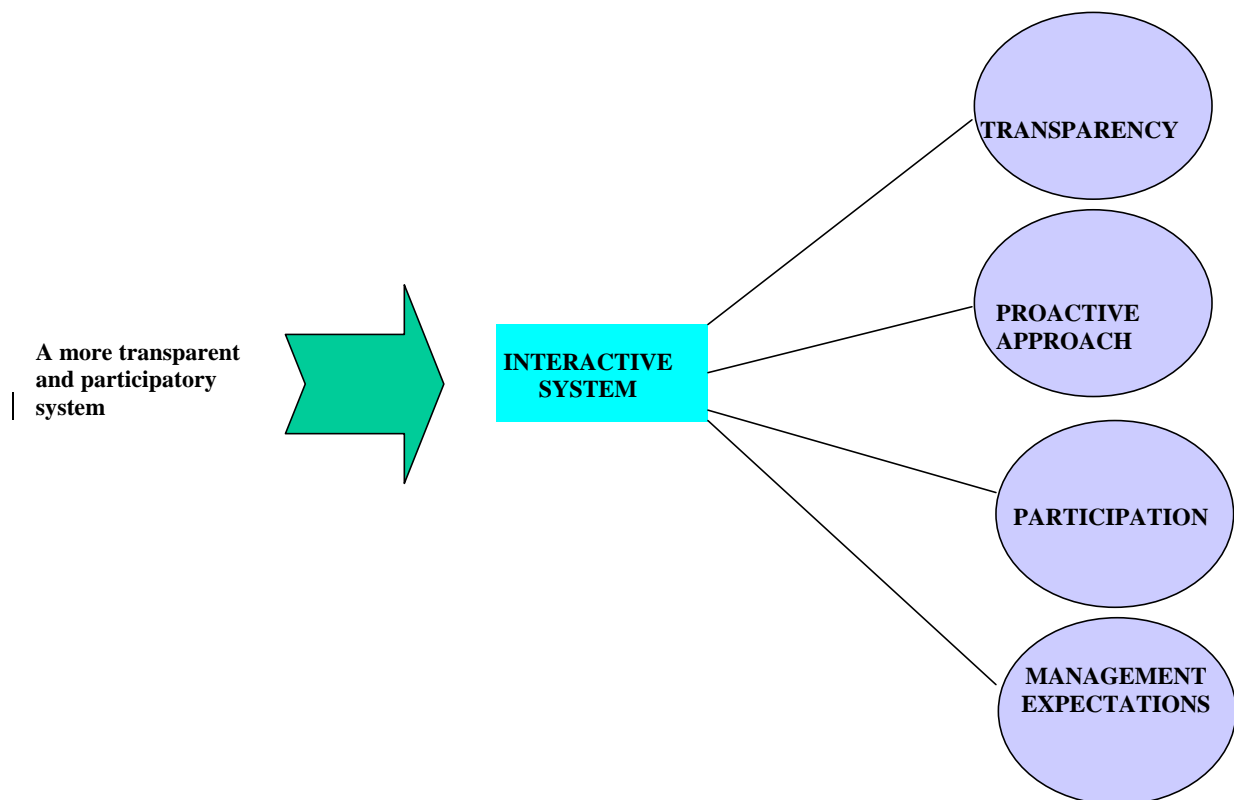
1.5 CONSOLIDATE AND BROADEN A SYSTEM FOR CITIZEN GUARANTEES

LINES OF ACTION

- Define and/or extend new rights for users of the health system: right to accompaniment, rights for hospitalised children, extension of the right to a second medical opinion...
- Gradually extend the right to guarantees to the map of health care processes within the healthcare system.

KEY PROCESS

ADDRESSING AND MANAGING CITIZEN RELATIONS



One of the commitments adopted by the Regional Ministry of Health during the present term of office is to achieve a healthcare system that is permanently open to the public. This initiative stems from the principle of transparency that should govern the interventions of the different stakeholders in the healthcare system at all times.

In addition, citizen participation is not only a requirement posed by the public to the healthcare system; it has become an inherent need in the system if it is to continue to progress. So, it is necessary to promote integrated policies to improve co-ordination of the endeavours made by the various agents in the system, to draw up the necessary strategies to understand user expectations and genuine user perceptions on the services delivered, as well as to ensure that useful information is provided to the public to increase awareness on their health, ensuring that they are better able to interact with the system. Both will be of assistance to the public when exercising their rights and taking decisions regarding their health.

Given this two-fold perspective, and bearing in mind the ultimate aim of improving citizen satisfaction through efficient management of user expectations, the following objectives have been defined:

OBJECTIVES

1.6 PROVIDE INFORMATION FOR CITIZENS TO TAKE DECISIONS REGARDING HEALTH

LINES OF ACTION

- Publish and distribute healthcare processes in a language that is easy to understand.
- Draw up guides to help in decision-making.
- Provide accessible information on how centres are run and on outcomes.

1.7 INFORMATION OFFERED TO CITIZENS MUST MEET THEIR NEEDS AND EXPECTATIONS

LINES OF ACTION

- Provide accessible citizen information on “miracle products”.
- Improve and diversify methods of accessing citizen information.
- Develop a system for accreditation and assessment of the information offered to citizens.

1.8 DEVISE STRATEGIES TO GUARANTEE EFFECTIVE USE OF THE INFORMATION PROVIDED BY THE PUBLIC IN PLANNING HEALTHCARE SERVICES

LINES OF ACTION

- Introduce objectives in Contract Programmes to respond to citizens needs.
- Establish a single system for complaints, suggestions, and acknowledgements linked to the Balanced Score Card.
- Publish any improvements or measured adopted based on information provided by citizens through appropriate channels.

1.9 SET UP AND DEVELOP INDIVIDUAL PARTICIPATION CHANNELS FOR PARTICIPATION IN CITIZEN RELATIONS WITH THE HEALTHCARE SYSTEM

LINES OF ACTION

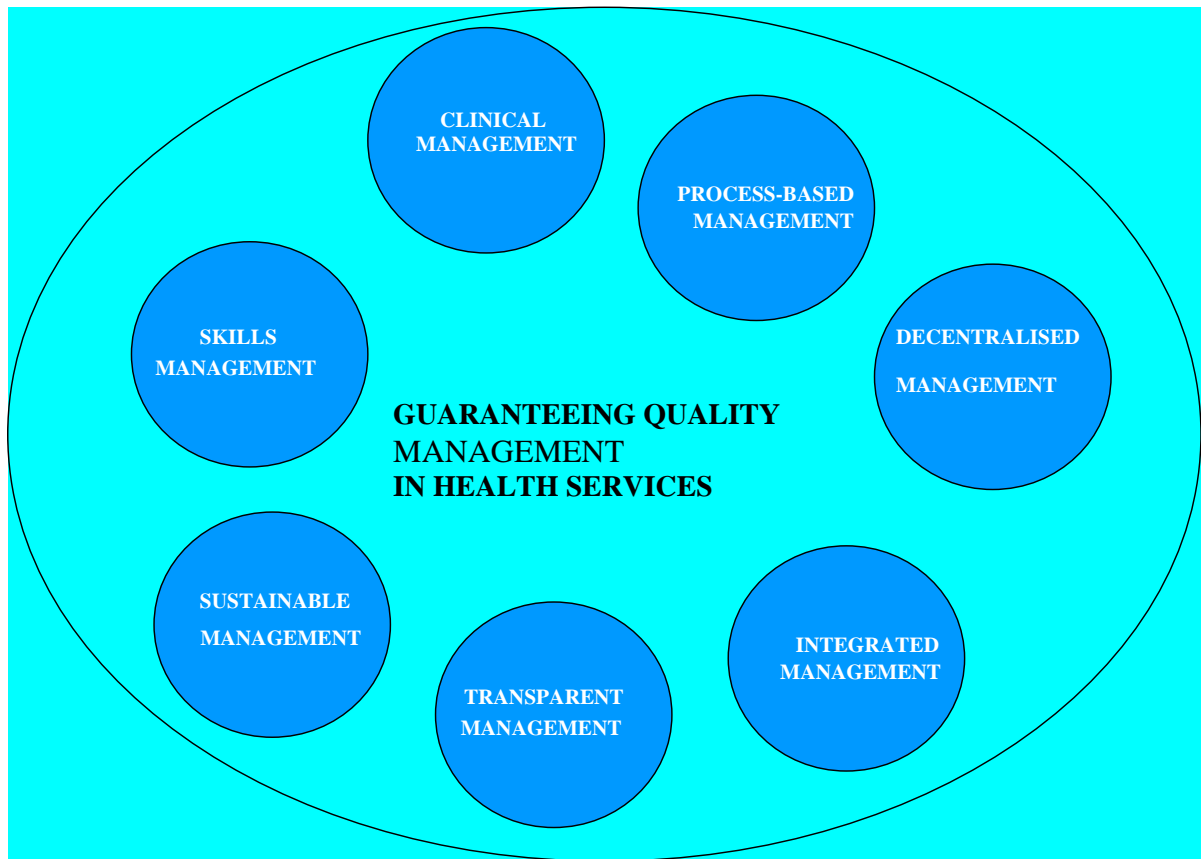
- Adapt user-centred informed consent for decision-making in a single document (guide).
- Promote positive participation scenarios (donations, living wills, etc.).
- Create areas for interactive participation at institutional level and at each of the care centres in healthcare system.

1.10 PLACE HEALTHCARE AUTHORITIES AND GROUPS IN A DEMOCRATIC PARTICIPATORY FRAMEWORK

LINES OF ACTION

- Establish participation channels and different sorts of strategies with self-help associations, especially those devoted to prevalent diseases.
- Establish joint plans between the Administration, voluntary workers and mediators, according to age and gender groups.
- Establish agreements with consumer associations for incorporating health criteria in their action policies.

STRATEGIC PROCESS II: GUARANTEEING QUALITY MANAGEMENT IN HEALTH SERVICES

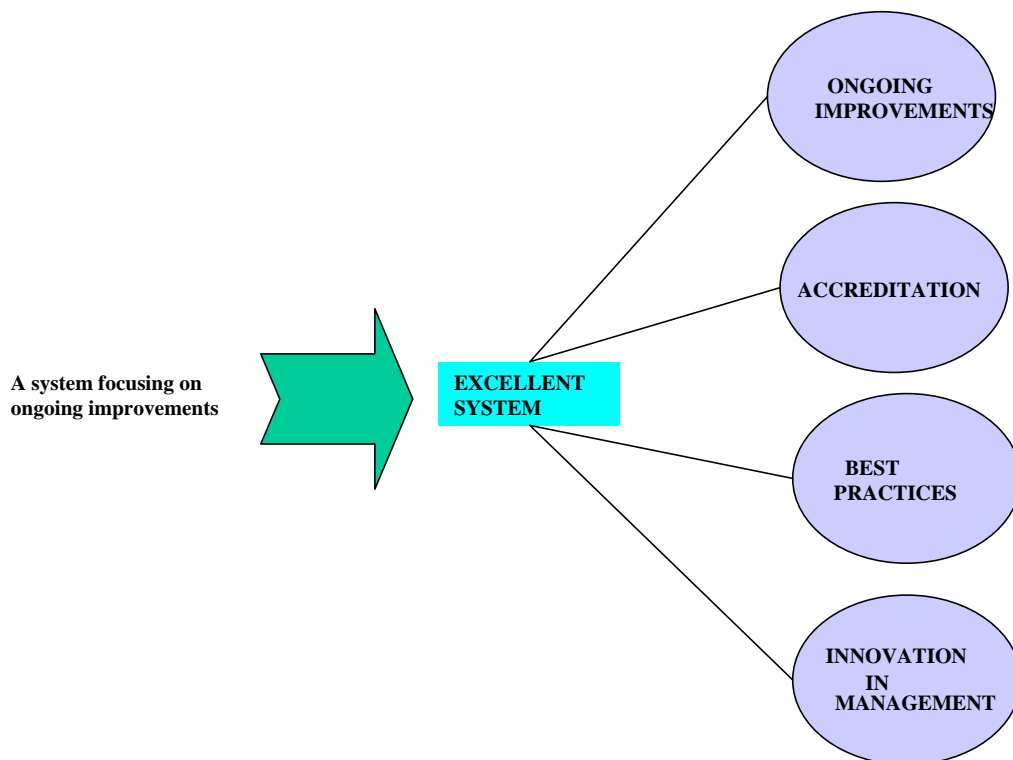


Quality of services should be seen from the strategic perspective of the organisation as a system delivering public guarantees to citizens, and hence management models should focus on preserving those guarantees. To this end, a number of tools are to be adopted and implemented to take the organisation forward towards a healthcare system that is better adapted to the needs and expectations of the public, while responding to the legitimate needs and interests of its professionals. Clinical management, process-based management and skills management continue to be vital instruments to ensure a more horizontal and decentralised, more flexible and better integrated organisation. As a result, the Second Healthcare Quality Plan for Andalusia clearly focuses on addressing implementation of these management tools.

To guarantee smooth running of the services requires that the organisation's quality systems be properly defined, and outcome-oriented. Progress along these lines will lead to a system that is highly appreciated by the public and professionals alike, as well as an organisation that seeks ongoing improvements with the aim of attaining excellence in the delivery of services.

KEY PROCESS

SERVICE QUALITY MANAGEMENT



Quality is an arena for consensus between the different stakeholders taking part in healthcare processes. Therefore, a pivotal aim is to promote a quality-based culture that inspires the entire organisation, leading to the introduction of innovation in the healthcare system. This perspective calls for a working methodology that establishes circles and hubs of influence for standard quality-based systems to be present throughout the organisation, fostering the establishment of informal organisational spaces, working groups for improvements, and stable quality structures at health centres.

At the same time, committing to quality implies guaranteeing and, therefore, accrediting quality. As a result, it is vital that healthcare centres understand the importance of accreditation processes for services, professional skills and healthcare processes alike. Likewise, accreditation is tantamount to a leading strategic element which may instil greater dynamism in healthcare organisations by promoting a culture based on ongoing improvements and the quest for excellence.

On the other hand, responding to present and future needs in society requires endeavours to adapt to a dynamic and ever-changing setting, which also requires different quality-based responses over short periods of time. Innovative management will be key in delivering those responses.

The objectives and actions foreseen are as follows:

OBJECTIVES

2.1 MOVE TOWARDS A MORE FLEXIBLE AND INTEGRATED ANDALUSIAN PUBLIC HEALTH SYSTEM

LINES OF ACTION

- Extend more decentralised management methods, offering centres and units greater capacity and autonomy through the use of clinical management tools, process-based management and skills-based management.
- Work towards a model based on co-ordination and co-operation between healthcare centres.
- Continue to integrate care levels by extending the Integrated Management Area model and incorporating new organisational models such as High Resolution Hospital Centres.
- Progress towards a single and flexible working environment that allows mobility of professionals across all APHS centres.

2.2 INTRODUCE THE ONGOING IMPROVEMENT STRATEGY VIA MANAGEMENT INSTRUMENTS.

LINES OF ACTION

- Establish quality management systems for centres based on a common structural approach: strategy, mission, vision, values, process documentation, process review procedures, standards, outcomes' assessment, customer satisfaction, etc.

- Include the Quality Management System for the centre in Contract Programme alongside objectives, resources and activities.
- Include service quality objectives in Management Agreements.
- Include indicators on adverse effects in clinical practice for service evaluation.

2.3 PROMOTE THE ROLE OF ACCREDITATION AS A SYSTEM FOR CITIZEN GUARANTEES AND FOR STRIVING TOWARDS EXCELLENCE

LINES OF ACTION

- Extend the Andalusian Accreditation Model, maintaining its dynamic nature and its capacity for development in line with the needs of the healthcare system.
- Support and provide permanent, regulated promotion of systems for ongoing improvement drawn up by the APHS centres and institutions, through existing structures (Quality Agency, Andalusian Public Health School).
- Develop the Professional Accreditation Model linked to the APHS Skills-based Management strategy.
- Include safety standards for clinical practice in the Andalusian Accreditation Model.

2.4 DEVELOP SUPPORT SYSTEMS FOR QUALITY MANAGEMENT OF THE SYSTEM

LINES OF ACTION

- Establish the Model for Clinical Management Units in the Health System Model as the core for organisational development.
- Link the development of Clinical Management Units to the implementation and management of Integrated Care Processes.
- Create a data-base on best practices to allow benchmarking of APHS professionals and services.

2.5 PROMOTE PROFESSIONAL DEVELOPMENT THROUGHOUT THE ORGANISATION

LINES OF ACTION

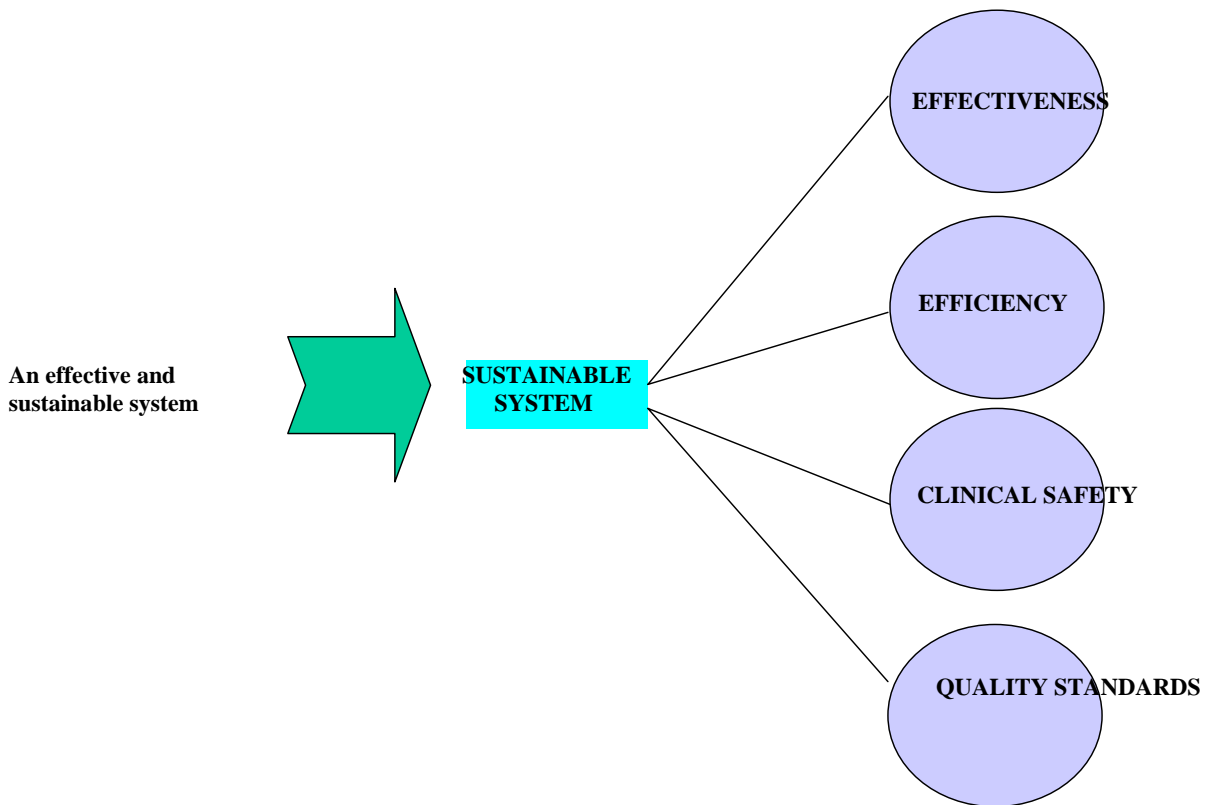
- Adopt the Skills management Model following reanalysis and adaptation.
- Standardise the Skills Management System using the SIGESxCOM tool throughout the APHS.
- Draw up professional development plans linked to Continuing Education Plans for APHS centres in the framework of the Skills Management Model.

2.6 CONTINUE DEVELOPING A SINGLE, TRANSPARENT INFORMATION SYSTEM THAT INCORPORATES NEW ICT DEVELOPMENTS

LINES OF ACTION

- Complete the development and implementation of the Citizen's Single Digital Record at all APHS centres and services.
- Include the APHS Integrated Care Process Map in the Citizen's Single Digital Record.
- Place the various IT developments at the heart of the Citizen's Single Digital Record (User Data Base, Prescription 21, Telemedicine, etc.).
- Implement the APHS Integrated Balanced Score Card.

SERVICES THAT DELIVER RESULTS



A quality-based approach focusing on the public must necessarily be based on the outcomes it achieves, and these should therefore be quantified and assessed in terms of service effectiveness and efficiency, as well as patients' clinical safety.

So, the ultimate consolidation of tools such as clinical management and process-based management may pave the way to a safer, more effective and sustainable system.

Clinical management tools have a profound influence on clinical practice management, guaranteeing efficacy and effectiveness of interventions through evidence-based medicine (EBM), management of healthcare processes and effective financial management in a climate of greater decentralisation and autonomy for the clinical structures delivering services. The implementation of these tools may target the re-organisation of structures for healthcare delivery (development of Integrated Clinical Management Units, more horizontal organisational lay-out, integrated primary-specialised care, re-engineering of services, etc.), changes in relations with and running of suppliers (healthcare-based organisation, drawing up a Processes Map, etc.) or, finally, by focusing on guaranteed healthcare outcomes (assessment of outcomes, quality policies, outcome-based bonuses etc.).

In this scenario, continuity of healthcare becomes a vital and essential quality criterion which should inspire the organisation, its modus operandi, training of professionals, etc. Healthcare continuity is not seen as an area requiring co-ordination but as a common vision for healthcare work, as a *continuum* involving many professionals in care centres at different locations, and with different intervention times.

From this viewpoint, fresh organisational models such as healthcare areas, High Resolution Hospital Centres, extending the Clinical Management Unit model and implementing the Healthcare Processes Map, alongside large-scale technological innovation projects, such as the Citizen's Single Digital Record, offer an opportunity to deliver services that respond to the public's new needs and expectations, with high degrees of quality and efficiency.

OBJECTIVES

2.7 EXTEND NEW MANAGEMENT METHODS COMBINING GREATER EFFECTIVENESS AND EFFICIENCY AND HIGH DEGREES OF AUTONOMY AND DECENTRALISATION

LINES OF ACTION

- Extend clinical management, fostering the establishment of multi-disciplinary professional teams, capable of working independently, with responsibility for patients and resources assigned to the Unit.
- Define the Management Model for Clinical Units and a new organisational framework in the hospital setting.
- Identify and develop elements for improvement in Management Areas.

2.8 STEER THE ORGANISATION TOWARDS ACHIEVING OUTCOMES

LINES OF ACTION

- Include the Health Care Process-based Portfolio of Services in the various APHS departments and Clinical Management Units.
- Systematically include the quality regulations for Integrated Healthcare Processes in Management Agreements as well as global measurements at different healthcare levels.
- Gradually steer the Andalusia Quality Model towards achievement of results.
- Design a strategy to ensure all services and clinical management units receive feed-back on the system's outcomes, by implementing the Integrated Balanced Score Card and adapting it to the local setting.
- Develop the APHS Healthcare Observatory as a tool to improve nursing care quality.

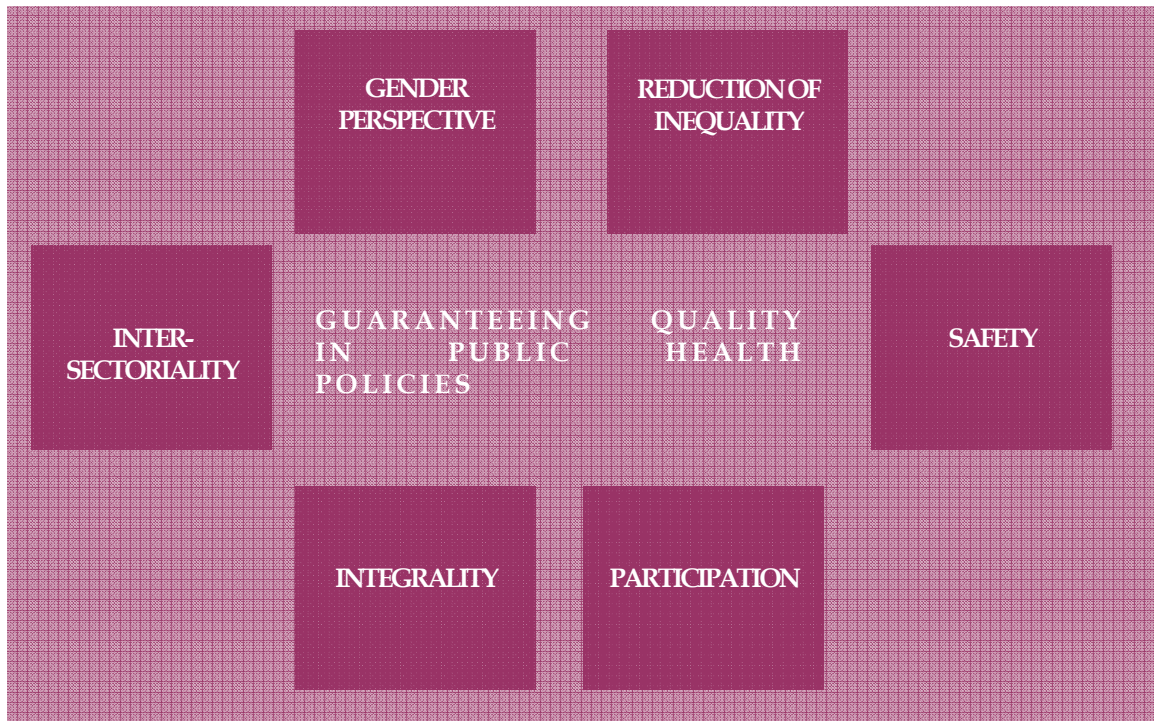
2.9 INCLUDE TECHNOLOGY ASSESSMENT IN APHS DECISION-MAKING PROCESSES

LINES OF ACTION

- Quickly detect new, emerging technologies, providing information on the foreseeable impact of new technologies and prospects for future use.
- Organise the inclusion and replacement or substitution of technologies based on an explicit, systematic, common procedure.
- Establish a fast assessment process to provide information and guidance on the proper use of technologies in the healthcare system, taking into account any available scientific evidence.

STRATEGIC PROCESS III

Guaranteeing the Quality of Public Health Policies in the Health System



This Second Healthcare Quality Plan includes public health policies brought together as a strategic process in order to ensure their involvement in a shared vision of quality. This should allow alignment with the health system quality strategy and is a preliminary step for the necessary integration of health policies and actions.

This new approach stems from the 3rd Andalusian Healthcare Plan, the basic framework for definition of the Andalusian Regional Government's health policies, which proposes two goals: to improve the health of the Andalusian people and to reduce inequality.

Quality in public health policies is the common language that imbues its strategies, objectives and lines of action and includes, as instrumental elements, gender-specific perspectives, citizen participation and inter-sectorial actions.

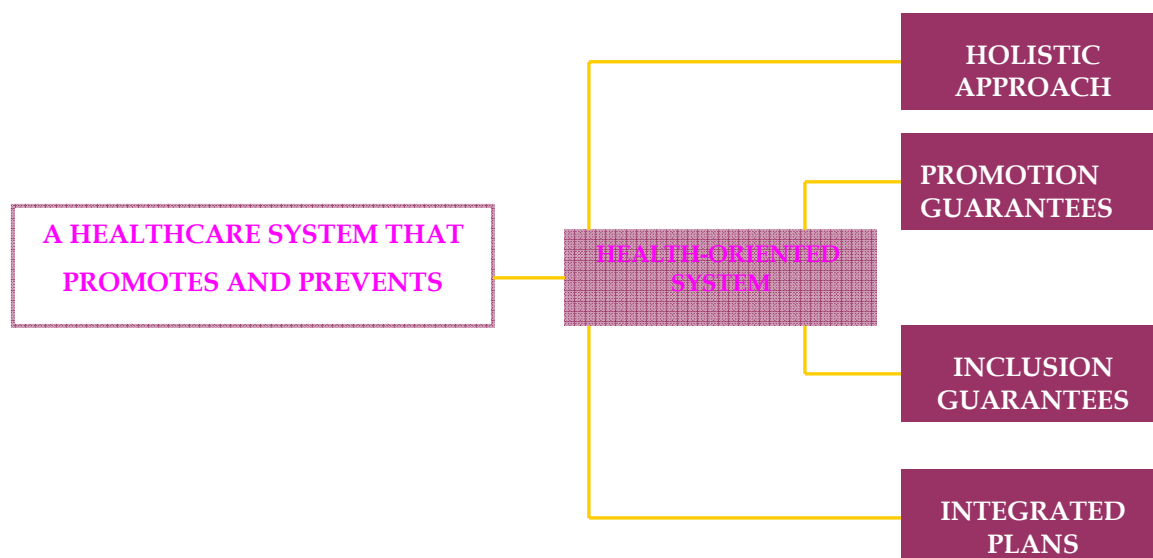
In this context, two approaches are outlined. One is linked to new policies for equity, improved accessibility and social inclusion, aiming to identify and deal with aspects relating to health and other elements in individuals and their environment which determine

differences in opportunities. The other is based on new modes of participation by citizens as individuals and in groups and new modes of collaborating with other sectors and institutions. Participation is understood not only as a right but as a strategic need for citizens to become involved in the world of human relations and in the way men and women relate to their environment. In the same way, inter-sectoriality is understood as co-operative work that goes beyond the limits of mere co-ordination, reaching agreements and leveraging the necessary synergies for dealing with the many factors that determine the health of people and communities.

Three key processes are defined, relating to enhanced health promotion and disease prevention and to health surveillance and protection.

KEY PROCESS

STEP UP POLICIES FOR HEALTH PROMOTION AND DISEASE PREVENTION



The purpose of stepping up policies for promotion and prevention within the healthcare system is to achieve a holistic approach to health problems, enhancing the well-being of all the inhabitants of the Andalusian community.

It is necessary to directly encourage the adoption of healthy lifestyles and create environments in which this option is possible, with specific actions addressing those areas and groups in which social tension makes this especially difficult. This strategy must go hand in hand with specific measures of a clearly preventive nature and with a communication plan, both internal and external, providing leadership, transparency and credibility throughout the process. Promotion and prevention must be effectively included as part and parcel of the health care delivery process.

OBJECTIVES

3.1 STEP UP HEALTH PROMOTION AND DISEASE PREVENTION POLICIES WITHIN THE PUBLIC HEALTHCARE PROCESS.

LINES OF ACTION

- Include in criteria for accrediting centres and services any standards and evidence needed to appraise the development of the promotion and prevention content in the services portfolio.

- Identify aspects of promotion and prevention that should be included in quality regulations for healthcare processes and the service portfolio.
- Include specific objectives relating to promotion and prevention amongst authorisation criteria for Clinical Management Units.

3.2 FOSTER ON-GOING IMPROVEMENT IN PROMOTION AND PREVENTION POLICIES.

LINES OF ACTION

- Identify criteria for evaluating promotion and prevention actions in the light of available scientific evidence.
- Define quality and good practices standards for promotion and prevention actions.
- Define a standard system for the evaluation of promotion and prevention actions.
- Promote lines of research on promotion and prevention actions.

3.3 ACHIEVE GREATER INVOLVEMENT OF PROFESSIONAL IN HEALTH PROMOTION AND DISEASE PREVENTION

LINES OF ACTION

- Include elements of promotion and prevention when drawing up skills maps and in criteria for accrediting APHS professionals.
- Value and explicitly recognise promotion and prevention objectives in the development of professional careers.
- Develop elements of promotion and prevention in the technological tools used in the APHS.
- Promote specific training on promotion and prevention as part of undergraduate, postgraduate and continuing education syllabuses.

3.4 PROMOTE HEALTHY LIFESTYLES IN THE ANDALUSIAN PUBLIC

LINES OF ACTION

- Identify and prioritise plans of action on healthy lifestyles based on scientific evidence.
- Develop a standard methodology for action to promote healthy lifestyles.
- Develop inter-sectorial networks to promote sharing of experiences and resources.

3.5 PROMOTE STRATEGIES TO TACKLE SOCIAL EXCLUSION FROM THE STANDPOINT OF PROVIDING HEALTHCARE TO THESE GROUPS

LINES OF ACTION

- Establish a standard working methodology for application to health services in collaboration with other sectors and social stakeholders.
- Include specific indicators for care of socially-excluded populations in systems for evaluating health centre and service quality.
- Draw up criteria for accreditation relating to the handling of socially-excluded populations.
- Include specific aspects of work with socially-excluded populations in skills maps.

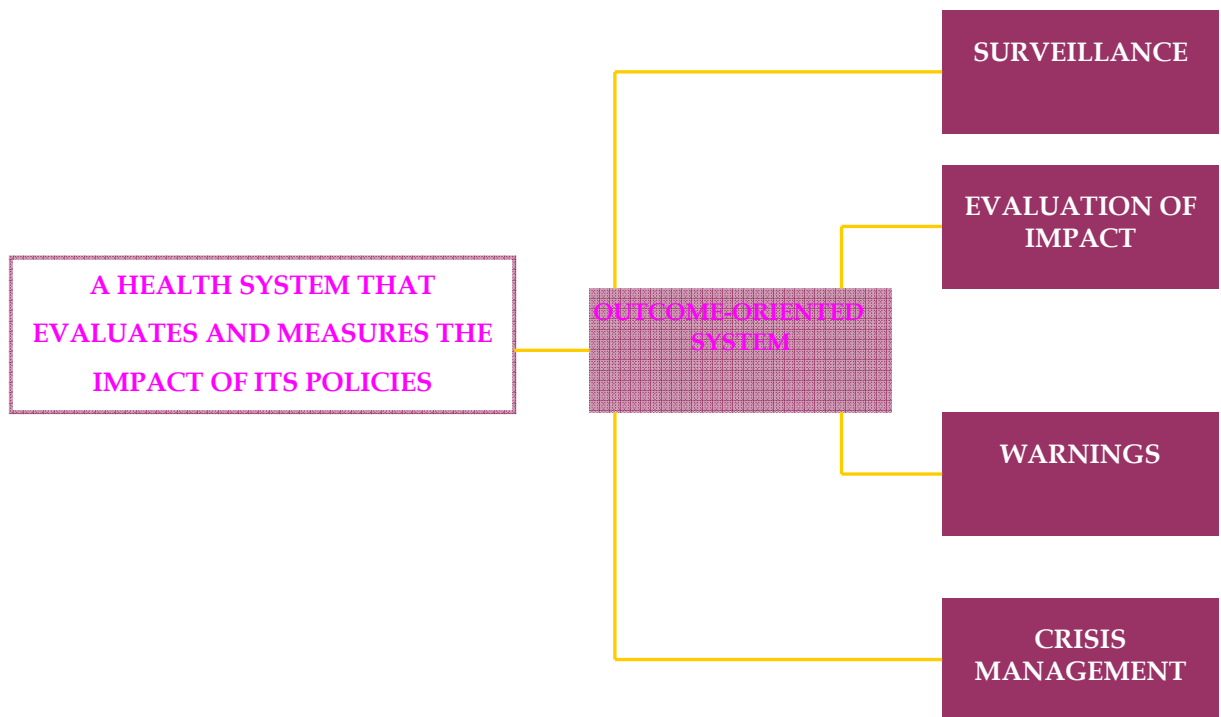
3.6 ENSURE IMPLEMENTATION OF COMPREHENSIVE PLANS AS KEY COMPONENTS IN HEALTHCARE FOR THE ANDALUSIAN PUBLIC

LINES OF ACTION

- Standardise the methodology for drafting, implementing and evaluating integrated plans so that the quality of actions can be monitored.
- Ensure the inclusion of elements of promotion and prevention in comprehensive plans in line with the needs of the target population identified, defining quality standards for these elements.
- Clearly identify any convergence between the plans and other possible strategies in operation, aiming to achieve the greatest possible efficiency in actions taken.

KEY PROCESS

DRIVING QUALITY IN HEALTH SURVEILLANCE POLICIES



Health surveillance aims to facilitate the planning and evaluation of policies for health promotion and protection, disease prevention and healthcare for Andalusian citizens. It therefore plays an essential role for Public Health, in that it provides valuable information for orienting health care services and inter-sectorial policies to improve health.

This key process involves the collection and integration of data from different sources, an analysis to ascertain the health status of the Andalusian people and its determinants, and the dissemination of this information amongst appropriate recipients.

OBJECTIVES

3.7 DEVISE A NEW SYSTEM FOR HEALTH SURVEILLANCE THAT ENABLES INTEGRATED ANALYSIS OF THE MAIN HEALTH DETERMINANTS AND PROBLEMS AFFECTING THE ANDALUSIAN POPULATION

LINES OF ACTION

- Identify indicators for planning and evaluating the specific goals laid down in the public health strategies included in the healthcare system plans and programmes.

- Define criteria for obtaining comparable information through structured access to sources of information.
- Develop technology for obtaining information efficiently, so that processing is compatible with health information systems within the APHS.
- Establish geographical association and recurrence criteria.

3.8 EVALUATE THE IMPACT OF HEALTH AUTHORITY ACTIONS ON HEALTH

LINES OF ACTION

- Clarify the coverage of services offered amongst target populations, identifying areas where coverage is deficient.
- Monitor health outcome indicators and analyse any inequalities using technology to obtain information efficiently. This must be compatible with APHS health information systems.
- Measure the outcomes of the care provided in the top-priority plans and programmes, identifying any variability and its impact on public health.
- Establish circuits to make information accessible to individuals and groups responsible for health decisions at different levels within the APHS.

3.9 ENABLE DEVELOPMENT OF A STATE-OF-THE-ART PUBLIC HEALTH WARNING NETWORK THAT IS SENSITIVE TO SOCIAL DEMANDS AND CAPABLE OF PROVIDING APPROPRIATE, URGENT AND ON-GOING RESPONSES

LINES OF ACTION

- Develop the warning network, including aspects of epidemiological surveillance, environmental health, food safety, drugs and health products and adverse effects of healthcare.
- Draw up or select guidelines for action in the most frequent warning situations.
- Devise guidelines for actions to be undertaken by this public health facility with any other bodies and levels involved.
- Draw up a skills map for professionals involved in this facility.
- Establish a system for accrediting the facilities of the Public Health Warning Network.

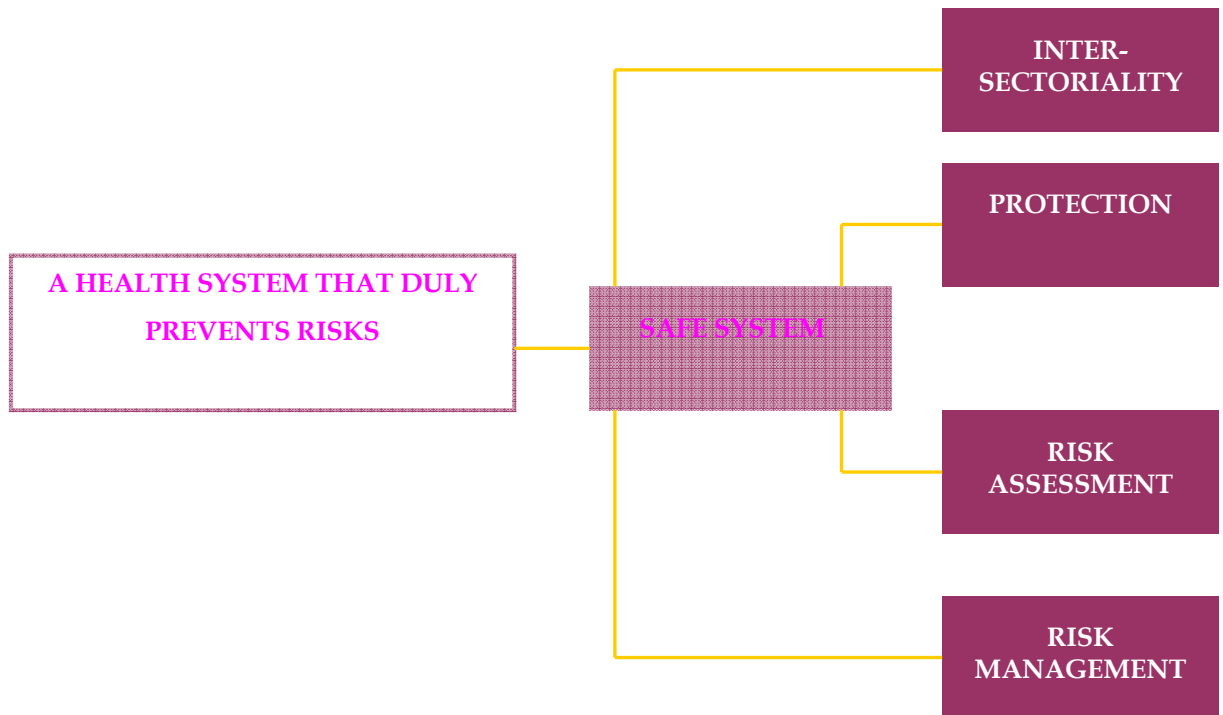
3.10 SET UP A QUALITY-BASED HEALTHCARE SERVICE ACTION PLAN, TO TACKLE POSSIBLE PUBLIC HEALTH CRISES

LINES OF ACTION

- Draw up a descriptive map of crisis situations.
- Draw up a manual for action and response in crisis situations.
- Draw up a procedure for communication with the mass media and the general public in crisis situations.
- Set up cross-sector crisis committees.

KEY PROCESS

DRIVING QUALITY IN PROTECTION POLICIES



Risk analysis methodology is considered the most suitable for enhancing the quality of protection policies in the field of environmental and food health because it systematises procedures allowing for great efficacy and efficiency in actions implemented. However, risk assessment and management, together with communication, must include certain elements such as criteria for inter-sectorial co-operation and participation in protection policies. This co-operation, which is formalised in the Andalusian Health Act itself, takes the form of on-going projects for collaboration.

Inclusion of the criterion of equity in health protection is essential for proper analysis since it accepts that there are inequalities in the area of health as a result of environmental- and food-related issues, and it helps to define areas of action that will optimise outcomes in the geographical and socio-economic sectors, etc. which are most exposed to such risks for health.

OBJECTIVES

3.11 PERFORM RISK ASSESSMENT IN THE AREAS OF ENVIRONMENTAL HEALTH AND FOOD SAFETY, ALWAYS BASED ON THE BEST AVAILABLE SCIENTIFIC INFORMATION.

LINES OF ACTION

- Set up scientific committees or working groups to assess each type of risk, applying the guideline principles of excellence, independence and transparency to both their membership and working methods.
- Establish a working procedure, through the evaluation committees and groups, including mapping of the most prevalent physical, chemical and biological risks and their social impact for the development of protection plans, as a method of eliminating inequality.
- Design a methodology for reporting. This must be both transparent and compatible with the confidentiality required for scientific and technical debates within committees and groups.

3.12 GUARANTEE QUALITY IN ACTIONS TAKEN BY PUBLIC HEALTHCARE SERVICES FOR HEALTH PROTECTION BY INTRODUCING PROCESS-BASED MANAGEMENT STRATEGIES.

LINES OF ACTION

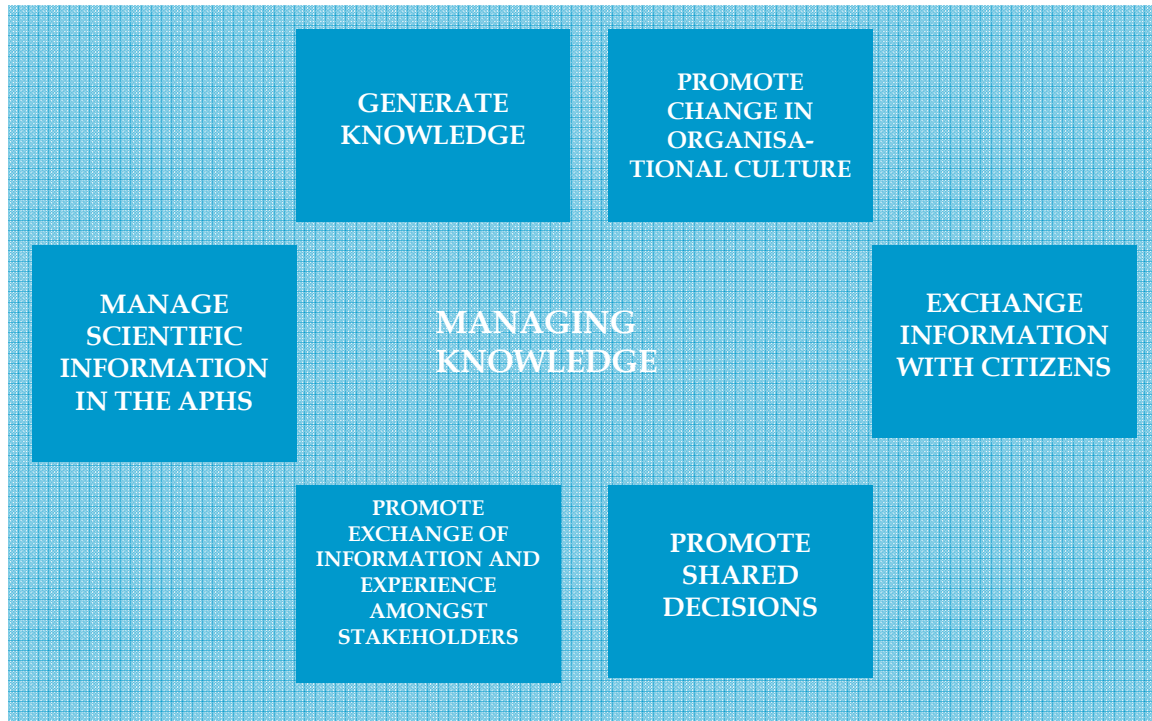
- Draw up a Quality Manual for Health Protection services.
- Draw up the Processes Map and an Accreditation Model for Health Protection services and their professionals.
- Include criteria of continuity - integrality - and scientific evidence of process-based management in Health Protection.

3.13 DEVELOP INFORMATION SYSTEMS IN THE FIELD OF HEALTH PROTECTION THAT CAN ENSURE GUARANTEED QUALITY IN ACTIONS TAKEN BY PUBLIC HEALTHCARE SERVICES

LINES OF ACTION

- Define the information systems needed in the field of Health Protection for proper risk management.

STRATEGIC PROCESS IV Managing Knowledge



The end of the 20th and beginning of the 21st centuries have witnessed a world undergoing a process of far-reaching transformation as a result of the transition from the “industrial society” to the “information society” or “knowledge society”. This new society considers knowledge to be a key resource which must be generated, disseminated and applied, requiring large investments in education, training, research and development, and information and communication technologies. In this environment, innovation and the creation and transfer of knowledge are taking place to an ever-increasing extent and at an ever-increasing speed.

The Knowledge Management paradigm, in this social context, can be understood as a new type of strategic management based on promoting the creation and transfer of knowledge within an organisation, considering the intellectual capital of the people working in it as the key resource. This strategic management framework includes initiatives which serve to guarantee the exchange and generation of knowledge that adds value to the organisation and to promote professional development, by means of skills management, accreditation and development of professional career models that recognise and encourage the acquisition and application of useful knowledge.

Healthcare systems are intelligent systems, comprising knowledge-generating organisations. This means that there is constant activity leading to transformation and adaptation. Some of the actions which have taken place in the field of health for adaptation to the knowledge economy or society have been included in the Knowledge Management paradigm alongside a range of initiatives aiming to achieve proper use of the huge amount of scientific information generated. Here we are referring to the various “evidence-based” practices, initiatives to assess innovations and draw up recommendations on how they can best be used (health technology assessment, clinical practice guidelines) and tools to summarise and transfer scientific knowledge (Cochrane Library, virtual libraries, websites for professionals and patients, techniques to encourage patients to participate in decision-making, etc.).

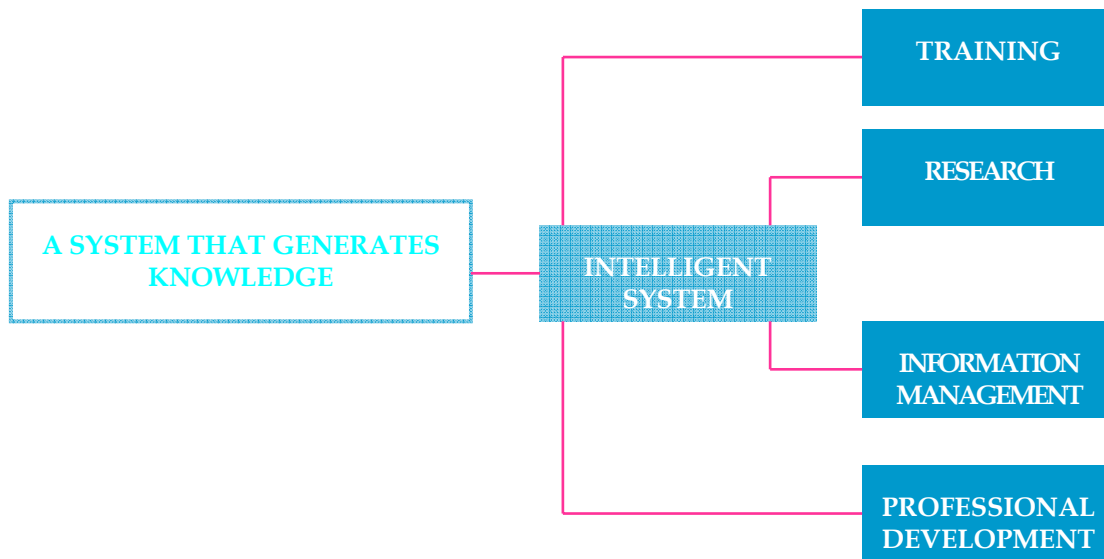
However, it must not be forgotten that there is another type of knowledge, the so-called tacit knowledge, which is key for generating value in a health care organisation. This knowledge stems from the experience of each of the different people who make up the organisation – from managers to the general public, and including professionals in all the different facets of health care. The exchange of tacit knowledge is essential for optimising the functioning of the organisation and its results. The production of accurate information and the efficiency of the channels through which it circulates are essential for developing the information society.

Patients and society in general are increasingly demanding information on their health problems and wish to participate in decisions that affect them. The system must allow them access to reliable, relevant information on their health and options for improving it and must enable them to assess the advantages and disadvantages of the different alternatives, in line with their values, beliefs, preferences and circumstances. Applied information technologies that target consumers have become an integral part of modern-day concepts of public health and of international health care policies, as well as vehicles and main sources for information on health for society in general.

Knowledge Management should therefore become one of the strategic points within the Andalusian Public Health System over the next few years, providing essential support for policies to transform the system.

KEY PROCESS

GUARANTEEING AND DRIVING KNOWLEDGE ACQUISITION THROUGHOUT THE HEALTHCARE SYSTEM



Training is an essential tool for generating new knowledge in the organisation and for its dissemination and exchange. Undergraduate, postgraduate and continuing education must be included in the skills-based strategy, and must be sufficiently consistent so that professional development can be seen as an element that is promoted by the organisation at the time when future professionals are starting out on their careers. It is therefore necessary to draw up an Integrated Training Plan for the healthcare system which will serve as an effective tool for promoting professional development strategies.

Research, technological development and innovation are essential elements for economic, scientific, social and entrepreneurial progress in a society. The common factor in these three elements is undoubtedly knowledge. If this is enhanced it will raise the levels of efficacy, efficiency and competitiveness as required for any leading organisation.

Creating a research culture in healthcare centres is becoming a constant concern amongst those responsible for institutions and the most motivated health care staff. But it is not sufficient to promote and encourage research. Mechanisms must be devised to ensure that research is carried out with due quality and in areas which are a priority for improving public health.

The First Healthcare Quality Plan defined the Framework Research Guidelines and proposed objectives and actions to encourage excellence in research in Andalusia. It also included the design of evaluation and quality systems for health research projects. The Second Healthcare Quality Plan continues to work along the same lines, and strengthens new lines to improve

knowledge generation, especially with regard to co-operation, development of structures, and evaluation and dissemination of research. All of this must be conducted in line with, and within the framework of scientific and technological policy in Andalusia, Spain and the European Union.

In summary, it is necessary to develop a strategy of alliances with different knowledge-generating entities (academia, technology parks, business, etc.) in order to produce synergies and co-operative attitudes that will lead to more competitive and better-integrated research, reaching a cross-section of sectors. The new strategies for research in the health system aim to integrate lines of innovation and bring together all the initiatives being adopted, forming a backbone for health research in the Andalusian community.

OBJECTIVES

4.1 DRAW UP AND IMPLEMENT AN INTEGRATED TRAINING AND PROFESSIONAL DEVELOPMENT PLAN FOR THE ANDALUSIAN PUBLIC HEALTH SYSTEM

LINES OF ACTION

- Draw up a plan to integrate undergraduate, postgraduate and continuing education, defining priority areas of action and providers.
- Develop/implement training events based on criteria of suitability and relevance (WHAT content, WHO shares, teaches and learns, HOW, with what methodology, and WHEN, timing) (Accreditation Model for Continuing Education).
- Draw up specific methodologies for evaluating the impact of learning.

4.2 STRENGTHEN A RESEARCH-BASED CULTURE IN THE ANDALUSIAN PUBLIC HEALTH SYSTEM

LINES OF ACTION

- Draw up new strategies for research in health for 2005-2010.
- Foster collaboration and synergies between basic research and clinical and operational research.
- Promote actions designed to encourage research as part of clinical or care activities.
- Enhance the presence of research objectives in the Contract Programmes established with health care centres and institutions.
- Promote research on health and care in the areas of primary care, nursing and other emerging groups.

4.3 STEER RESEARCH TOWARDS EXCELLENCE

LINES OF ACTION

- Periodically update the Andalusian Research Framework Guidelines to prioritise areas of special interest or new needs.
- Foster competitive and cooperative research through the development of networks.
- Draw up structures to support multi-centre research including hospitals, primary care, universities, technology parks and businesses.
- Develop lines of excellence by consolidating research institutes within the APHS (Biomedicine, Cell Therapy, Cell Line Bank, Nutrition and Olive Oil).
- Promote research studies relating to the assessment of technologies, in collaboration with APHS research groups and with other centres (networks, national and European projects).

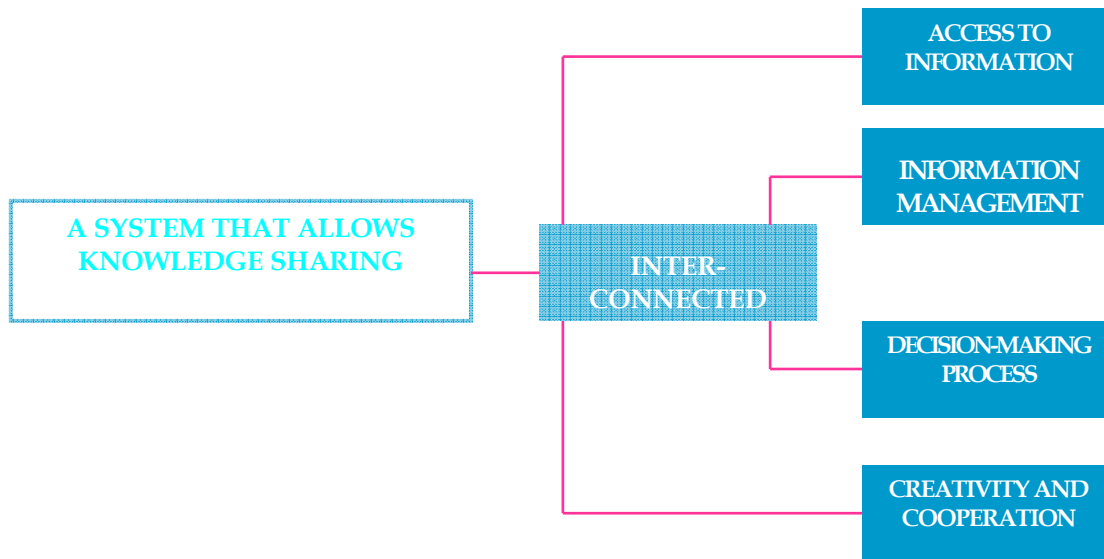
4.4 ADVANCE IN IMPROVEMENTS TO THE RESEARCH APPRAISAL PROCESS

LINES OF ACTION

- Consolidate and set the frequency for studies on bibliometric impact in Biomedicine and Health Science.
- Enhance the development of markers to evaluate the effect of research on health care quality and on health outcomes.
- Include evaluation criteria in research costs.

KEY PROCESS

GUARANTEEING KNOWLEDGE EXCHANGE WITHIN THE HEALTHCARE SYSTEM



The growing trend towards the generation, use and consumption of information in developed countries has led to surplus production and dissemination of health information far beyond society's capacity for processing it appropriately.

Healthcare professionals, in both clinical and management areas, should base their decisions on the best information available. However, this information is scattered amongst thousands of articles in journals, manuals, monographs, reports and practice guidelines. As a result, to compile and use this information effectively requires time, knowledge, motivation and tools.

In this context and stressing the importance of equity, modernisation of the healthcare system requires a new strategy for health information to ensure the availability of good-quality, easily-accessed information that can be obtained when and where it is needed, for professionals, patients, carers and society in general.

As the main asset in the healthcare organisation, professionals should establish mechanisms to generate and share knowledge for their day-to-day work. Both the acquisition of individual knowledge by each professional and its application in the service of the organisation are voluntary acts that must be encouraged and enhanced through specific actions.

One of the main challenges is to encourage knowledge sharing in four ways: allowing people to directly share their knowledge with others (*from tacit to tacit*), to combine knowledge taken from different sources (*from explicit to explicit*), to formally express the basis of their knowledge (*from tacit to explicit*) and to promote sharing of their knowledge throughout the organisation so that others can acquire it (*from explicit to tacit*).

Groups of practitioners, virtual areas facilitating contacts amongst professionals, managers, citizens and stakeholders, and processes that foster the dissemination of professional experiences in the management area all focus basically on the exchange of tacit knowledge.

An organisation learns to the extent that it facilitates learning by all its members and undergoes constant transformation on the path towards excellence. For this to be possible, the healthcare system centres on knowledge management at all levels, both hierarchical and functional, based on the fact that the knowledge held by professionals is really valuable when it flows from individual to individual, from group to group, from organisation to organisation. This process of knowledge management is perceived as the greatest, real capital of the APHS and, if efficiently managed, can become a key factor for success.

A change in culture and values is required to achieve a dynamic flow of knowledge amongst the different levels of the organisation. A sound strategy for managing professionals will encourage the necessary cultural and structural transformations. Those responsible for leading and managing the organisation have an essential role to play in assisting professionals to identify and make the necessary changes and in encouraging them to adopt working methods in line with the new situation.

Moreover, a healthcare organisation that places citizens at the centre of the system, as both stakeholder and recipient, should aim to achieve consistency by involving them in both decisions of a general nature relating to the organisation and functioning of the system as a whole and in others that affect their health or that of the people the system is there to protect.

Participation from citizens is only possible and effective if they are aware of the principles, values and arguments behind decisions on matters that affect their health. This knowledge can only be obtained if citizens are able to process it, understand it and use it rationally. This requires suitable tools to guarantee that integrated, relevant information is at the disposal of users and their representatives prior to decision making. This will allow them to make the choice which best suits their interests from a perspective of shared responsibility and informed involvement.

OBJECTIVES

4.6 DEFINE AND IMPLEMENT AN INFORMATION AND SCIENTIFIC DOCUMENTATION STRATEGY FOR THE HEALTHCARE SYSTEM

LINES OF ACTION

- Set up a Scientific Information and Documentation Centre for the APHS.
- Establish the APHS Virtual Science Library.
- Co-ordinate the Andalusian health documentation centres to provide backing for an institutional network that can thus use the most efficient and appropriate resources.
- Establish any necessary strategic alliances with similar institutions and organisations.

4.7 PROMOTE AND DISSEMINATE, AT ALL LEVELS OF THE HEALTHCARE SYSTEM, A DECISION-MAKING CULTURE BASED ON A RATIONAL, SYSTEMATIC AND EXPLICIT PROCEDURE

LINES OF ACTION

- Provide professionals with the means for identifying, locating and obtaining the necessary documentary resources for adapting their day-to-day practice to scientific criteria.
- Continue to include the best scientific evidence available in the design and management of health care processes, based on clinical practice guidelines.
- Include the foundations of evidence-based medicine in plans for undergraduate, postgraduate and continuing education.

4.8 BOOST THE DEVELOPMENT OF GROUPS OF PRACTITIONERS AMONG PROFESSIONALS WITHIN THE HEALTHCARE SYSTEM

LINES OF ACTION

- Identify existing groups of practitioners (reference groups for particular healthcare processes); indicating any working groups of interest for APHS professionals.
- Provide the means for existing groups of practitioners to maintain virtual and real contact amongst members.
- Promote the development of specific virtual spaces for groups of practitioners within the Health Portal.
- Set up mechanisms for recognition of organisations presenting innovations and good management practices.

4.9 IMPROVE PATIENT-USERS KNOWLEDGE ON THE SERVICES AND CHANNELS OFFERED BY THE HEALTHCARE SYSTEM

LINES OF ACTION

- Establish automatic points for information on the nature, purpose and priorities of the health system services.

- Promote use of the Internet to learn about services and how to access them.
- Devise educational and informational materials of different types to teach users how to make appropriate use of the different care services offered by the healthcare system.

4.10 INNOVATE IN SHARED DECISION-MAKING, GENERATING EXPERTISE TO BOOST PROGRESS AND DEVELOPMENT IN THIS AREA THROUGH RESEARCH

LINES OF ACTION

- Promote the development of qualitative research allowing inclusion of patients' expectations in both the development and the evaluation of processes.
- Include shared decision-making amongst health system priorities for action.
- Develop tools for decision-sharing amongst patients and professionals.

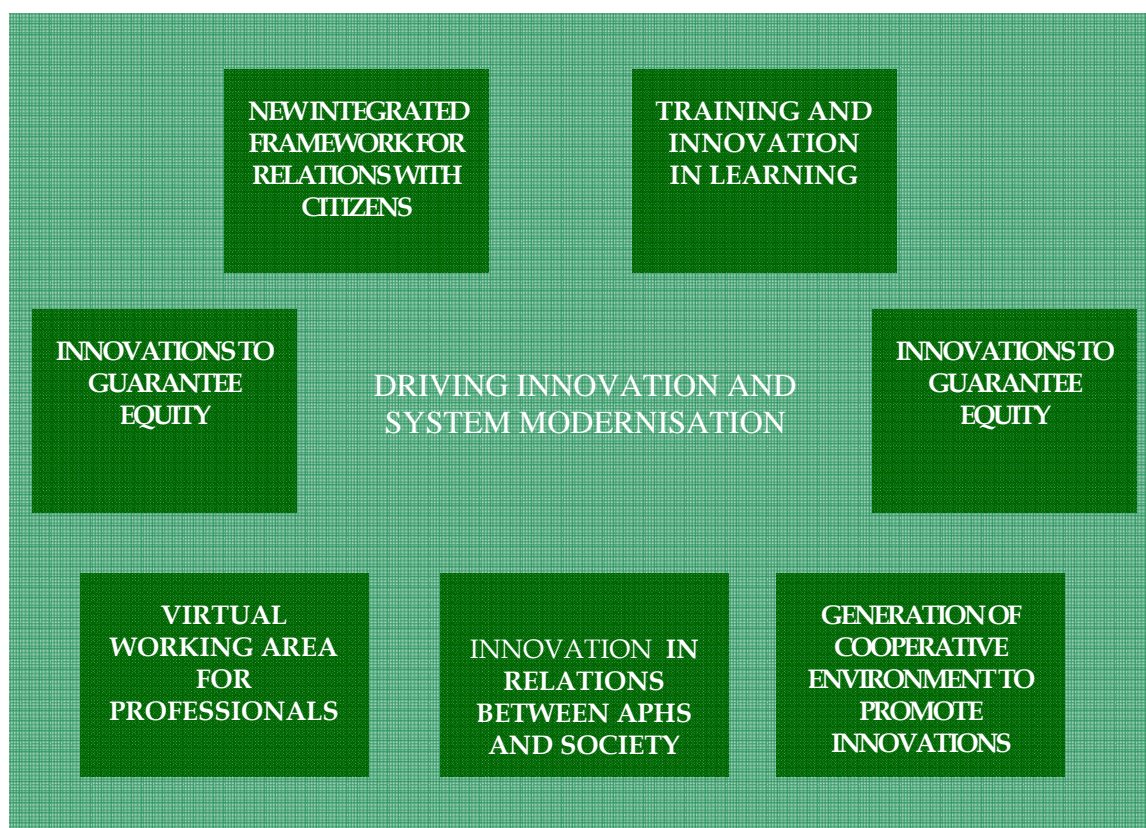
4.11 PROMOTE AN ORGANISATIONAL FRAMEWORK FROM WITHIN THE HEALTHCARE SYSTEM, THAT LEGITIMISES AND BRINGS ABOUT CHANGE IN ORGANISATIONAL CULTURE, LEADING TO A LEARNING ORGANISATION

LINES OF ACTION

- Draw up a strategy for the management of health professionals to promote creativity, innovation in talent management, co-operation and shared leadership.
- Draw up a talent development plan for APHS professionals based on joint training and aiming to generate knowledge, and create and strengthen a sense of personal commitment.
- Develop a framework of shared values in which co-operation and knowledge sharing play a key role.

STRATEGIC PROCESS V

Driving Innovation and System Modernisation



Over the last two decades, a health care system has gradually been built up in Andalusia that is progressing in terms of infrastructure, resources and services and has become a landmark for a variety of initiatives, such as the generation and guaranteeing of new rights for citizens, and cutting-edge biomedical research. The process of the Second Modernisation of Andalusia will continue to offer more, and better, public services.

Bearing in mind the basis of a universal, free, quality healthcare system, the Andalusian Public Health System must go further and must be able to leverage new opportunities arising in the information and knowledge society and to anticipate citizens' emerging needs.

Many elements must be taken into account to establish the desired level of excellence but there is one inescapable condition – citizens' expectations must be met, offering a response based on innovative solutions and services.

The need to continue developing and adapting the system stems from the fact that, in today's society, the key factor for competitiveness and development, which is also applicable to essential public services, lies in the optimisation of knowledge management, that is, how knowledge is

generated, stored and transferred. In a process of innovation as applied to the health system, this intangible raw material is turned into new products, services or technologies which, in turn, lead to better outcomes in terms of both care and health for citizens.

The challenge and opportunity of providing a structure and strategic dimension to healthcare innovation essentially entails setting up a consistent, sustainable and attractive model to bring the Andalusian Public Health System up to an acceptable, competitive standard of modernity. Here, modernity is understood as an organisational method which, based on a requirement for quality as the guarantee given by the authorities to citizens regarding health services, aims to generate added value, using innovation as a driving force behind change and on-going transformation.

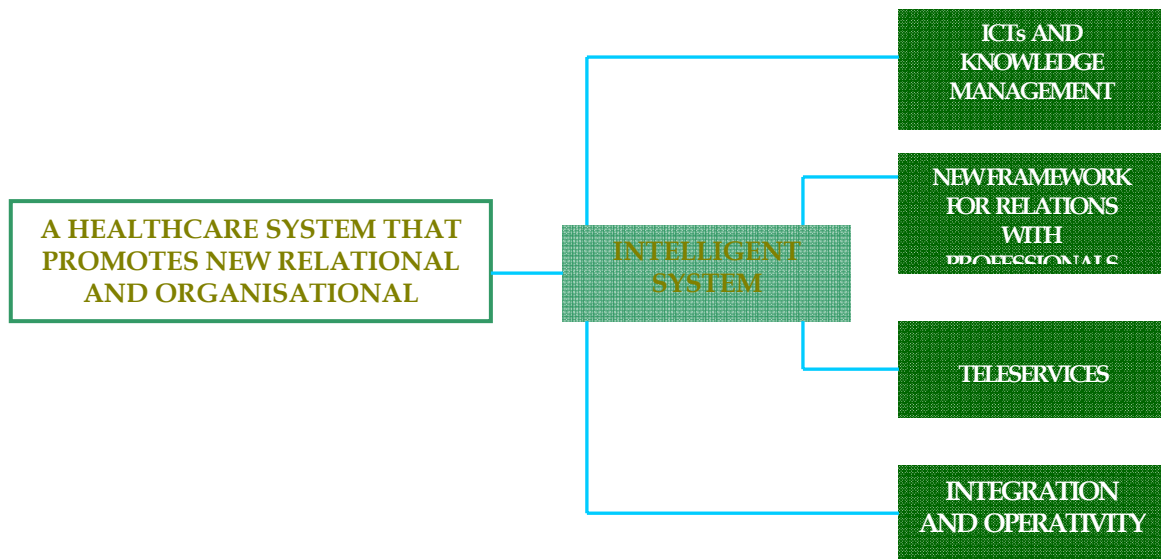
Innovation is intended to convert the Andalusian Public Health System into a highly efficient organisation for generating, compiling and transferring knowledge and for transforming it into new processes, services and technologies to enhance care quality, to improve system accessibility and personalisation for citizens and to increase opportunities for professional development for its workers.

It would be inappropriate to identify healthcare innovation solely with the application of new information and communication technologies to health. Technologies in themselves do not bring about far-reaching modernisation, they merely update the image. However, technologies are an outstandingly valuable tool for introducing innovative projects, albeit only as a channel. They facilitate analysis and, above all, support changes by generating opportunities for improvement in services and procedures. But technology alone cannot guarantee modernity since a culture of innovation is the result of people's individual and collective behaviour and not only of whatever infrastructure has been installed. The concept of "technology" should therefore be seen in a much broader sense covering relational, organisational and functional dimensions, amongst others.

This Second Healthcare Quality Plan includes Innovation as a cross-cutting strategic line which supports other strategic processes for achieving excellence in the Andalusian Public Health System, setting up three key processes.

KEY PROCESS

INNOVATION IN CLINICAL PRACTICE THROUGH THE INTENSIVE USE OF INFORMATION AND COMMUNICATION TECHNOLOGIES



The knowledge gathered in the healthcare system on the needs for new information systems to support clinical practice and the various management areas within the system, together with the impressive development of information and communication technologies (ICT), have led to new, powerful technological tools. The fact that the emergence and development of such ICTs facilitate the use and creation of knowledge means that synergies are generated in which knowledge management favours the development of technologies in general, just as these constitute the component which allows exponential development of knowledge management.

The project for an information system, built on the basis of citizens' opinions and participation and helping both citizens and managers in their decisions, with increasing transparency, is an ambitious project for a health system that aims to be both modern and innovative.

Starting from a framework of solidarity and collaboration which, in the near future, must reach out to a variety of sectors, we must move towards *"an information system that will allow standard electronic administration throughout the public administration in Andalusia, promoting systems for authentication and user identification such as digital certificates and leading not only towards personalised care but also to humane, universal care with equity and equality"*.

At the same time, progress must be made in improving the environment for relations between the system and its professionals, assisting them in their training and learning, using tools

generated by the synergy of new technologies and knowledge management. This should provide both the impetus and the guarantees for skills development amongst professionals.

OBJECTIVES

5.1 IMPROVE THE ENVIRONMENT FOR RELATIONS BETWEEN THE SYSTEM AND ITS PROFESSIONALS AND FACILITATE THEIR TRAINING AND LEARNING THROUGH THE USE OF TECHNOLOGIES

LINES OF ACTION

- Develop and implement the Integrated Working Environment (virtual, organised and relational) for APHS professionals.
- Apply advanced simulation and learning technologies in training for health professionals.

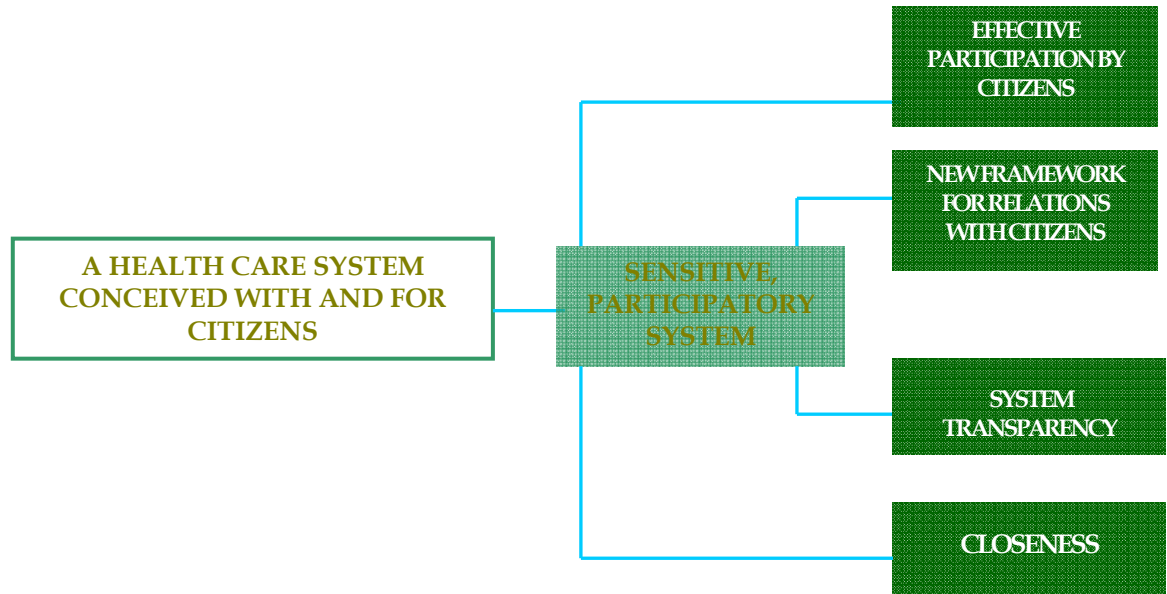
5.2 PROMOTE THE USE OF NEW TECHNOLOGIES IN HEALTHCARE PRACTICES

LINES OF ACTION

- Design the corporate strategy for telemedicine and teleservices, with no geographical limits, taken as a technological or healthcare tool and as an instrument for organisational change to help improve the efficacy and efficiency of care.

KEY PROCESS

INNOVATION IN SERVICES AND RELATIONS WITH CITIZENS



The new role and higher standard of quality required of public services mean that system interactivity and pro-activity together with service personalisation become essential steps to be taken over the next four years so that better, closer links can be forged with our citizens.

A public, participatory, transparent, humane health care system that takes up the new opportunities generated in the information or knowledge society must create a new integrated framework for relating with citizens based on a multi-channel, pro-active, interactive and integrating approach to the various existing systems.

One of the pillars for this new framework is the health system's corporate website which should represent a new, simple, interactive health service, one that is able to meet maximum needs and bring down barriers. In addition, it must take its inspiration from a multi-cultural philosophy, be a paradigm of participation and be the visible face of innovation, offering a pleasant, modern image.

'Health Response' should be another important pillar, reaching out to the whole of Andalusia, gradually adding new services and using its current technological platforms for improving interaction with citizens.

Finally, an especially relevant element is the new comprehensive system for the compilation and appraisal of citizens' expectations which should bring together contributions received from all locations throughout the region and via any channel. Initiatives, proposals, suggestions and opinions should all be examined and, if appropriate, should shape operational and strategic decisions.

OBJECTIVES

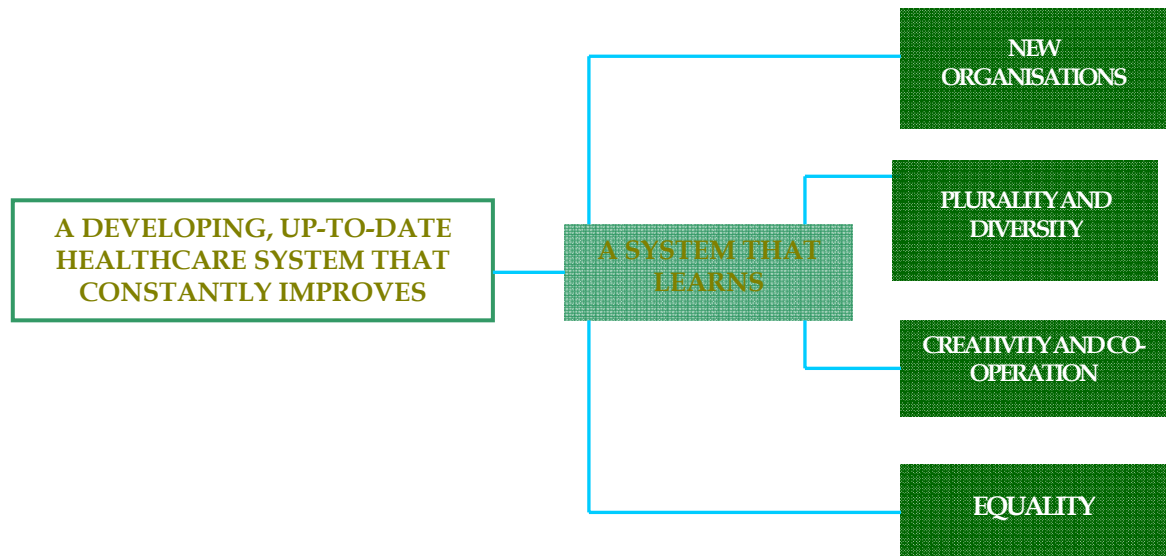
5.3 ENHANCE THE RELATIONAL SETTING WITH CITIZENS, INCREASING THE DEGREE OF PERSONALISED, PRO-ACTIVE, TWP-WAY AND EFFICIENT MANAGEMENT OF THEIR EXPECTATIONS.

LINES OF ACTION

- Define, draw up and implement the Integrated Framework for Citizen Relations (Virtual Health Environment) (EVS).
- Design and implement the Citizens' Electronic Forum.

KEY PROCESS

ORGANISATIONAL INNOVATION



The constant learning that takes place in a complex system, with constant interactions, such as the Andalusian Public Health System, with over eighty thousand professionals and eight million users, must be transformed using new technological tools, new methods of relating with citizens and new organisational methods.

Organisational innovation should be an integral part of all work on the design and planning of new services, infrastructure or organisational processes, not as an end in itself but as an element that can assist in the on-going improvement and modernisation of the system.

Technology, innovation and modernisation stand as the main allies for the system's sustainability policies and, together with Knowledge Management, should form an integrated view based on equity. Innovation and new technologies should be used to make the system fairer and more supportive, closing the inequality gap.

What is needed is an open system, one that seeks out new scenarios and that understands that the generation, collection and transfer of knowledge all take place naturally in a framework of collaboration. This synergy, thanks to actions and attitudes promoting co-ordination and

consistency especially amongst different professionals, services and areas, should provide the system with transparency.

The promotion of collaboration and the creation of health clusters allow increasing development of knowledge management based on research, innovation and development, focusing on on-going improvement to health care and to the standard of health seen in the general public.

OBJECTIVES

5.4 PROMOTE ORGANISATIONAL AND TECHNOLOGICAL INNOVATION OF THE SYSTEM, AND INCREASE AND DIVERSIFY THE LEVEL OF INTERRELATIONS BETWEEN THE HEALTHCARE SYSTEM AND THE PUBLIC

LINES OF ACTION

- Create health clusters.
- Set up a Bank of New Practices for Organisational and Technological Innovations in the health system.

5.5 FACILITATE, PROMOTE AND DISSEMINATE ACKNOWLEDGMENT OF DIVERSITY, ENABLING DIFFERENT SETTINGS AND FORMS TO CO-EXIST

LINE OF ACTION

- Draw up and implement the Equality Plan for the Andalusian Public Health System.

5.6 PROMOTE STRATEGIES FOR THE POSITIONING OF THE HEALTHCARE SYSTEM IN THE NEW EUROPEAN UNION FRAMEWORK FOR INNOVATION AND THE INFORMATION SOCIETY

LINE OF ACTION

- Co-operate on innovation within the framework of the European Union.



STRATEGIC
PROJECTS

The various objectives and lines of action affect many different areas. They are also closely inter-related so that, by grouping them, we can define a set of projects that allow us to adopt a clearly operational approach, determining the content of work in an integrated way and establishing areas of responsibility for each of the projects. This also allows us to clearly identify the main projects and, therefore, the priorities for action by the Regional Ministry of Health regarding its policies for Quality and Innovation over the next few years.

25 strategic projects have been drawn up. Each one involves various lines of action to achieve the objectives of one or more of the strategic processes laid down in the Plan.

PROJECT 1: PERSONALISATION MEASURES

The increasing demand for quality, personalised care makes it necessary to adopt measures that take into account users' individual needs, with actions including differentiated care for specific segments, more flexible timing, clear and practical information, etc. The development of a people-centred organisation requires a move from generalised care to care that adapts to the interests and requirements of different groups.

Lines of Action:

- Adapt the organisation or centres to the social characteristics of the environment regarding flexible timing and optimisation of travel.
- Draw up a guide for people-centred, functional architecture for centres and apply it to the design of any new healthcare centres.
- Adapt services to the needs of segments of the population with special needs.
- Devise systems, using new technologies, for monitoring how chronic patients adhere to treatments.
- Publish and distribute information on healthcare processes in language that is both easy to understand and adopts a gender approach.
- Adapt user-centred informed consent for decision-making, in a single document (guide).
- Draw up guides to help in decision-making.

PROJECT 2: INTEGRATED FRAMEWORK FOR CITIZEN RELATIONS

The aim is to draw up an integrated framework for relations with citizens, simplifying access to services by means of proactive, multi-channel communication systems using a single mode of

functioning to complement traditional links with users. This should lead to improved service quality and remote care, and should help reduce barriers and administrative formalities.

Lines of Action:

- Define, draw up and implement the Integrated Framework for Citizen Relations (Virtual Health Environment).
- Adapt customer relations units to new organisational developments and define the model for co-ordination with “Health Response”.
- Draw up the map of the APHS administrative processes, establishing priorities for action and adapt them to the single act concept.
- Generate a single administration network with different modes of access for citizens – in person, web-based and by telephone.
- Complete the project for the APHS Citizens’ Expectations Bank.
- Design and implement the Citizens’ Electronic Forum.
- Establish health activity reminder systems in the framework of the healthcare processes map within the health system using new technologies (SMS, MMS...)

PROJECT 3: NEW RIGHTS

Citizens’ rights within the Andalusian Public Health System are being promoted and strengthened by expanding existing rights and generating new ones – the right to guarantees, expansion of the right to a second medical opinion, the right to accompaniment and the rights of hospitalised children.

Lines of Action:

- Define and/or extend new rights for users of the health system: right to accompaniment, rights for hospitalised children, extension of the right to a second medical opinion...
- Gradually extend the right to guarantees to the map of health care processes within the health system.

PROJECT 4: NEW AREAS AND CHANNELS FOR CITIZEN INFORMATION

The development of new areas of information requires appropriate, full transmission of quality information to citizens, using several different channels and providing content that meets their

needs and that will be of use for decision-making, encouraging user participation and correct use of services besides publishing all sorts of useful information.

Lines of Action:

- Improve and diversify methods of access to information for citizens.
- Provide accessible information on how centres are run and on outcomes.
- Establish automatic user information points on the characteristics, goals and priorities of the health system.
- Promote use of the Internet to obtain information on services and how to access them.
- Offer training and informational materials via different media to educate users on proper use of the various services offered by the health system.
- Provide accessible information on “miracle products”.
- Develop a system for accreditation and assessment of information offered to citizens.
- Publish any improvements or measures adopted based on information provided by citizens through appropriate channels.

PROJECT 5: 24-HOUR MEDICAL HOT LINE

In the new framework of relations with citizens, it is necessary to diversify and facilitate access to services through easy-to-use channels that minimise physical barriers and time restrictions.

Lines of Action:

- Establish a 24-hour medical consultation service by telephone.

PROJECT 6: NEW ORGANISATION AND MANAGEMENT METHODS

The development of new, more autonomous, decentralised organisational and management models allows the Andalusian Public Health Service to continue advancing towards more efficient use of its resources and more effective service delivery, while maintaining its leadership in organisational innovations within the Spanish National Health System.

Lines of Action:

- Extend more decentralised management methods, offering centres and units greater capacity and autonomy through the use of clinical management tools, process-based management and skills management.
- Continue to integrate care levels by extending the Integrated Area Management model and incorporating new organisational models such as High Resolution Hospital Centres.
- Establish the Management model for Clinical Units in the Health System as the core for organisational development.
- Define the Management Model for Clinical Units and a new organisational framework in the hospital setting.
- Link the development of Clinical Management Units to the implementation and management of Integrated Care Processes.
- Identify and develop elements for improvement in Management Areas.

PROJECT 7. QUALITY MANAGEMENT FOR CENTRES AND HEALTH PROFESSIONALS

Quality, as a global strategy for the whole system, should be present at all levels and in all areas of the organisation (centres, professionals, objectives, agreements, etc.) through the adaptation and use of standard, consistent quality tools.

Lines of Action:

- Establish quality management systems for centres based on a common structural approach: strategy, mission, vision, values, process documentation, process review procedures, standards, outcomes assessment, customer satisfaction, etc.
- Include the Quality Management System for the centre in the Contract Programme alongside objectives, resources and activities.
- Include service quality objectives in Management Agreements.
- Support and provide on-going, regulated promotion of systems for continued improvement drawn up by health system centres and institutions, through existing structures (Quality Agency, Andalusian Public Health School, etc.).
- Include the Healthcare Process-based Portfolio of Services in the various APHS departments and Clinical Management Units.

- Systematically include quality standards for Integrated Health Care Processes in Management Agreements as well as global measurements at different health care levels.

PROJECT 8. ACCREDITATION OF THE HEALTHCARE SYSTEM (CENTRES, UNITS, PROFESSIONALS, ETC.)

Accreditation in the Andalusian Public Health System aims above all to promote and evaluate quality and improvement in service delivery and to consolidate these values as part of the culture and performance of all those involved. A key priority is to extend this model to all centres, units, professionals and services in the health system, including staff working in the fields of promotion, prevention, surveillance and health protection.

Lines of Action:

- Extend the Andalusian Accreditation Model, maintaining its dynamic nature and its capacity for development in line with the needs of the health system.
- Develop the Professional Accreditation Model linked to the health system's Skills Management strategy.
- Include in the criteria for accrediting centres and services any necessary standards and evidence for assessing the development of contents for promotion and prevention in the services portfolio.
- Ensure that the Andalusian Accreditation Model includes criteria regarding socially-excluded populations.
- Establish a system for accreditation of the Public Health Warning Network facilities based on quality criteria.
- Draw up a Processes Map and an Accreditation Model for Health Protection services and their professionals.

PROJECT 9. PROFESSIONAL DEVELOPMENT PLAN

The Regional Ministry of Health has drawn up a personnel management model in line with the strategy for renovation and change that has been adopted by the Andalusian Public Health System, because it is aware that a highly-qualified, motivated human team is the key to guaranteed service quality. It is therefore applying the Skills Management Model throughout the healthcare system. Development of this model should affect all areas and will require, amongst other measures, the design of training and career plans.

Lines of Action:

- Adopt the Skills Management Model following further appraisal and adaptation.
- Standardise the Skills Management System using the SIGESxCOM tool throughout the APHS.
- Draw up professional development plans linked to continuing education plans for APHS centres in the framework of the Skills Management Model.
- Include elements of promotion and prevention in the definition of skills maps, in accreditation criteria and in systems for career assessment.
- Promote specific training on promotion and prevention as part of undergraduate, postgraduate and continuing education.
- Draw up a skills map for professionals involved in the Warning Network.
- Develop/implement training events based on criteria of suitability and relevance (WHAT content, WHO shares, teaches and learns, HOW, with what methodology, and WHEN, timing) (Accreditation Model for Continuing Education).
- Draw up specific methodologies for evaluating the impact of learning.
- Promote actions aiming to motivate research as part of clinical or healthcare work.
- Include evidence-based medicine in continuing education and undergraduate and postgraduate syllabuses.
- Identify existing Groups of Practitioners (reference groups for particular health care processes), indicating any working groups of interest for health system professionals.
- Draw up a strategy for the management of health system professionals to promote creativity, innovation in talent management, co-operation and shared leadership.
- Draw up a talent development plan for health system professionals based on joint training and aiming to generate knowledge, as well as create and strengthen a sense of personal commitment.

PROJECT 10. PLAN FOR RATIONAL USE OF HEALTH TECHNOLOGIES

The Regional Ministry of Health is to set up a plan for the rational use of health technologies with the aim of promoting specific actions leading to the adoption of measures to guarantee that clinical practice by professionals is based on the best existing scientific evidence and on the use of healthcare technology in cases in which it has been seen to be effective.

Lines of Action:

- Quickly detect new, emerging technologies, providing information on their foreseeable impact and prospects for future use.
- Organise the inclusion and replacement or substitution of technologies based on an explicit, systematic, common procedure.
- Establish a fast-track assessment process to provide information and guidance on the proper use of technologies in the healthcare system taking into account any available scientific evidence.

PROJECT 11. PATIENT SAFETY

In order to reduce adverse events in clinical practice, it is necessary to identify and analyse any risk scenarios for patients, taking action to limit them and guarantee the necessary mechanisms to provide security in any actions and care received. Measures should minimise the risk of healthcare practices, avoiding errors and reducing any possible adverse effects.

Lines of Action:

- Include safety standards for clinical practice in the Andalusian Accreditation Model.
- Incorporate indicators of adverse effects in clinical practice into service evaluation.

PROJECT 12. PREVENTION AND PROMOTION POLICIES AS COMPONENTS OF QUALITY IN CENTRES AND SERVICES

It is of great strategic importance to embrace health promotion and prevention in the quality focus which we hope to apply throughout healthcare services and to find models for their appraisal that can be included in service management tools.

Lines of Action:

- Identify aspects of promotion and prevention that should be included in quality standards for healthcare processes and services portfolio.
- Include specific objectives relating to promotion and prevention amongst authorisation criteria for Clinical Management Units.

- Identify criteria allowing evaluation of promotion and prevention actions in the light of available scientific evidence.
- Define quality and good practices standards for promotion and prevention actions.
- Define a standard system for evaluation in promotion and prevention strategies.

PROJECT 13. DEVELOP METHODS TO PROMOTE HEALTHY LIFESTYLES

Improved health for all Andalusians stands amongst the objectives for public health policies in the 3rd Andalusian Healthcare Plan. In order to guarantee the quality of public health policies in the health system, measures will be adopted to influence factors determining health and lifestyle, identifying plans of action, applying a standard methodology for action and developing networks for the sharing of experiences and resources.

Lines of Action:

- Develop a standard methodology for action to promote healthy lifestyles.
- Identify and prioritise plans of action to promote healthy lifestyles based on scientific evidence.
- Create inter-sectorial networks to promote sharing of experiences and resources.

PROJECT 14. PROMOTE STRATEGIES TO ADDRESS SOCIAL EXCLUSION

Another of the objectives of the 3rd Andalusian Health Plan regarding public health policies is to reduce inequality. Measures will be taken to promote social inclusion, with actions involving inter-sectorial collaboration. Standard methodologies will be drawn up for dealing with social exclusion situations, covering competencies regarding work with specific groups.

Lines of Action:

- Establish a standard working methodology to be adopted by health services in collaboration with other sectors and social stakeholders.
- Include specific indicators of care for socially-excluded populations in systems for evaluating quality in centres and services.

PROJECT 15. NEW SYSTEMS FOR HEALTH SURVEILLANCE

Health surveillance is of key importance in public health in that it provides guidance for health care services and for inter-sectorial policies to improve health. The model for health surveillance must be in line with the latest needs and problems and with the current population scenario and must be supported by a suitable information system.

Lines of Action:

- Identify indicators to plan and evaluate the specific goals laid down in the public health strategies included in the health system plans and programmes.
- Define criteria for obtaining comparable information through structured access to sources of information.
- Develop technology for obtaining information efficiently, so that processing is compatible with health information systems in the health system.
- Establish geographical association and recurrence criteria.

PROJECT 16. INTEGRATED NETWORK FOR PUBLIC HEALTH WARNINGS AND CRISES

The development of an integrated network for public health warnings and crises requires guaranteed availability of the necessary resources for investigation and monitoring of warnings, guaranteed mechanisms for co-ordination and action with other institutions, setting up communication channels for warning or crisis situations and standardised procedures for action.

Lines of Action:

- Develop a new warning network, including aspects of epidemiological surveillance, environmental health, food safety, drugs and health products and adverse effects of healthcare.
- Devise or select guides for action in the most frequent warning situations.
- Draw up guidelines for actions to be taken by this public health facility in conjunction with any other bodies and levels involved.
- Draw up a descriptive map of crisis situations.
- Draw up a manual of action and response in crisis situations.

- Draw up a procedure for communicating with the media and the general public in crisis situations.
- Set up cross-sector crisis committees.

PROJECT 17. MEASUREMENT OF THE IMPACT OF HEALTH POLICIES

Evaluation of the impact on health of health policies and actions requires suitable markers and an appropriate information system for collecting and sharing information.

Lines of Action:

- Clarify the coverage of services offered amongst target populations, identifying areas where coverage is deficient.
- Monitor health outcome indicators and analyse any inequalities using technology to obtain information efficiently. This must be compatible with the APHS health information systems.
- Measure the outcomes of the care provided in different plans and programmes, identifying variability and its impact on public health.
- Establish circuits to make information accessible to individuals and groups that are responsible for health decisions at different levels within the APHS.

PROJECT 18. QUALITY POLICIES IN HEALTH PROTECTION

In order to promote quality in health protection policies, any risks must be assessed on the basis of the best scientific information available, and quality must be guaranteed by means of process-based management strategies and the use of suitable information systems.

Lines of Action:

- Create scientific committees or working groups to evaluate each type of risk, applying the guideline principles of excellence, independence and transparency.
- Establish a working procedure, through the evaluation committees and groups, including mapping of the most prevalent physical, chemical and biological risks and of the social impact for the development of protection plans, as a method of eliminating inequality.

- Design a methodology for communicating reports. This must be both transparent and compatible with the confidentiality required for scientific and technical debates within committees and groups.
- Draw up a Quality Manual for Health Protection services.

PROJECT 19. STRATEGY FOR HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT

In recent years, the Autonomous Community of Andalusia has been strengthening its research policy, taking the lead in areas of prime scientific and social importance. In order to continue along this path, over the next four years it is to adopt new strategies for research and innovation in health. Measures will include the promotion of research amongst emerging groups such as nursing and primary health care, the development of networks and structures for multi-centre research, the consolidation of the Research Institutes and the increase of research objectives in Contract Programmes.

Innovation will also be fostered by facilitating relations among the administration, knowledge-generating centres and business.

The ultimate objective is to contribute to the economic development of Andalusia by promoting alliances between research centres and enterprises, enabling them to place new products on the market.

Lines of Action:

- Draw up a Strategic Plan for Health Research for 2005-2010.
- Periodically update the Andalusian Research Framework Guidelines to prioritise areas of special interest or new needs.
- Foster collaboration and synergies between basic research and clinical and operational research.
- Foster competitive and co-operative research through the development of networks.
- Promote research studies relating to the assessment of technologies, in collaboration with APHS research groups and with other centres (networks, national and European projects).
- Increase the presence of research objectives in Contract Programmes established with health centres and institutions.

- Promote research on health and care in the areas of primary care, nursing and other emerging groups.
- Draw up structures to support multi-centre research including hospitals, primary care, universities, technology parks and businesses.
- Develop lines of excellence by consolidating research institutes within the APHS (Biomedicine, Cell Therapy, Cell Line Bank, Nutrition and Olive Oil).
- Consolidate and set the frequency for studies on the bibliometric impact in Biomedicine and Health Science.
- Promote lines of research addressing the evaluation of promotional and preventive actions.
- Enhance the development of markers to evaluate the effect of research on health care quality and on health outcomes.
- Include evaluation criteria in research costs.

PROJECT 20. SCIENTIFIC INFORMATION AND DOCUMENTATION STRATEGY

The health sector requires specific management of what is in effect its essential raw material – knowledge. In order to provide the necessary support and a management policy and strategy for the explicit knowledge located in documentary sources, the Regional Ministry of Health has promoted the creation of the Scientific Information and Documentation Centre and the Virtual Science Library. It has also drawn up measures for the co-ordination of existing centres and the creation of alliances with other similar institutions.

Lines of Action:

- Create a Documentation Centre to implement the Scientific Information and Documentation Policy for the APHS.
- Establish the APHS Virtual Science Library.
- Co-ordinate the Andalusian health documentation centres to provide backing for an institutional network that can thus use the most efficient and appropriate resources.
- Establish any necessary strategic alliances with similar institutions and organisations.

PROJECT 21. VIRTUAL WORKING ENVIRONMENT FOR PROFESSIONALS

Information technologies provide fundamental support for professionals. Virtual working environments of a relational nature should be set up to facilitate the integration of clinical and

administrative work (clinical work stations, for both doctors and nurses) and to provide support for professional development.

Lines of Action:

- Develop and implement the Integrated Working Environment (virtual, organised and relational) for APHS professionals.
- Apply advanced simulation and learning technologies in training for health professionals.

PROJECT 22. CORPORATE STRATEGY FOR TELEMEDICINE AND TELESERVICES

The various, isolated initiatives that have taken place in the field of telemedicine, generally as part of a pilot project within the Andalusian Public Health System, should be integrated to form part of a corporate project, based on a common strategy and criteria for the whole system, that will guarantee the extension of such possibilities to all areas.

Today, the Internet provides a cheap, ubiquitous platform for connectivity that greatly enhances the potential for telemedicine.

Lines of Action:

- Design the corporate strategy for telemedicine and teleservices.

PROJECT 23. CREATE THE HEALTH SYSTEM CLUSTER

The health system cluster is an organisational model that drives regional development, extending beyond the area of health care and establishing alliances between the public and private sector and amongst different health care levels and involving other related areas (education and research) and the business sector.

Clusters should act as a tool for promoting innovation in the system and for managing relations amongst the administration, knowledge-generating centres and enterprises.

Lines of Action:

- Create the health cluster.

PROJECT 24. TRANSPARENT, INTEGRATED INFORMATION SYSTEMS (DEVELOPMENT OF THE DIGITAL STRATEGY)

The challenges facing health systems – to offer accessible, quality services while containing overall costs – can only be met through updated, inter-operable, fully integrated health systems. The implementation of such systems, integrating the processes and functions of the different players involved and offering the necessary operational and strategic information to each of them, at corporate level and at the individual level of each centre or player, is a challenge that must be met by the Regional Ministry of Health.

It is especially important to complete the process for the implementation of the Single Digital Record to include health system care processes. This will be the core for further developments such as the User Data Base, and Prescription 21.

Lines of Action:

- Complete the development and implementation of the Citizen's Single Digital Record in all APHS centres and services.
- Integrate the APHS Integrated Care Process Map in the Citizen's Single Digital Record.
- Integrate the various IT developments in the nucleus of the Citizen's Single Digital Record (User Data Base, Prescription 21, Telemedicine, etc.)
- Implement the Balanced Score Card for the health system.
- Develop promotional and preventive components within the technological tools used in the APHS.

PROJECT 25. BANK OF ORGANISATIONAL AND TECHNOLOGICAL INNOVATIONS OF THE APHS

The determination of the Regional Ministry of Health to work in a framework of innovation, and the approach adopted by the health system as “a business that produces and shares knowledge” make it necessary to create a system for managing new technological and organisational initiatives. This takes the form of a Bank of New Practices which collects, validates, analyses and disseminates such practices.

Lines of Action:

- Set up a Bank of New Practices for Organisational and Technological Innovations in the health system.

