

IT and reengineering processes in primary care. We should do it better

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Exploring the evolution of PC doctors, nurses & other healthcare professionals

- **Objective:** obtain basic requirements for big data and cognitive computing applications & preparing the basis for the acceptance of the evolution
- **Three ways:**
 - Clinical leadership
 - Improve process knowledge (Lean Health Care)
 - Nursing innovation

Primary Care: some remarks

Prestige (and economic income) of hospital doctors versus primary care doctors

Lack of experience of working in **processes**

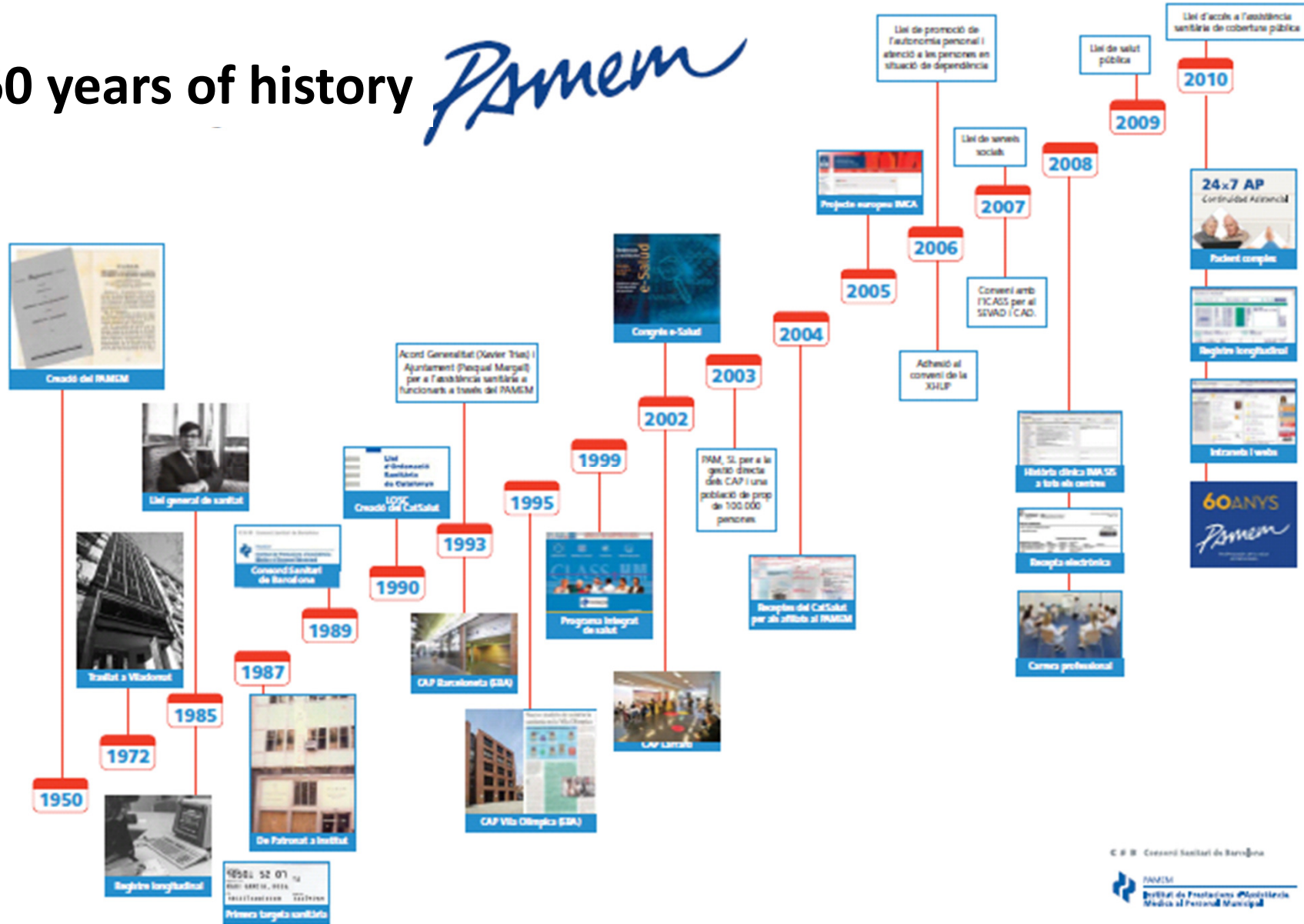
The understanding of the **role of nursing in PC**

Complex relationship with hospitals, social care, long term care



https://www.youtube.com/watch?v=h4LPTMG_SbCc&list=PLFxSxZE71UBy94Sv725JdQmPRIdKSLe2t

60 years of history *Psmem*



ation has always been a part of PAMEM

Cross-sectional record: allows for monitoring of health care consumption and



Reflection 1 - SETTINGS.R1W

File Edit Terminal Connection Options Window Help

-HISTORIAL DE PRESTACIONS-

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Lin	Data	Epi	Me	Co	Es	Pres	Of	Tapor	Conclu
113	02.07.99	0	185	MG	CMD0	1		5500	IPNAF
114	15.09.99	0	662	TS	P081	1		3060	IPNAF
115	15.09.99	0	185	MG	CM00	1		3500	IPNAF
116	15.09.99	0	502	UR	CMH0	1		16650	IPNAF
117	24.12.99	0	1117	NE	CMP1	1		0	VP
118	17.01+00	0	2	RA	E33	1		13000	IMAS
119	26.01+00	0	11171	NE	CMP0	1		0	VP
120	28.02+00	0	11171	NE	CMP2	1		0	VP
121	29.03+00	0	11171	NE	CMP2	1		0	VP

Prest.: T A C / R M N Conclu.: IMAS
 Provas: ESPERANÇA, HOSPITAL DE L' Espec.: RADI
 ICD9CM:

LINIA ANTERIOR	LINIA POSTERIOR	BUSCA LINIA

21.75 | HP70092 - TELNET(192.1.1.1)

Inicio | TIMING-Pamem - Microsof... | Microsoft PowerPoint | Reflection 1

Innovation has always been a part of PAMEM
 1987 · First issue of a health care card.

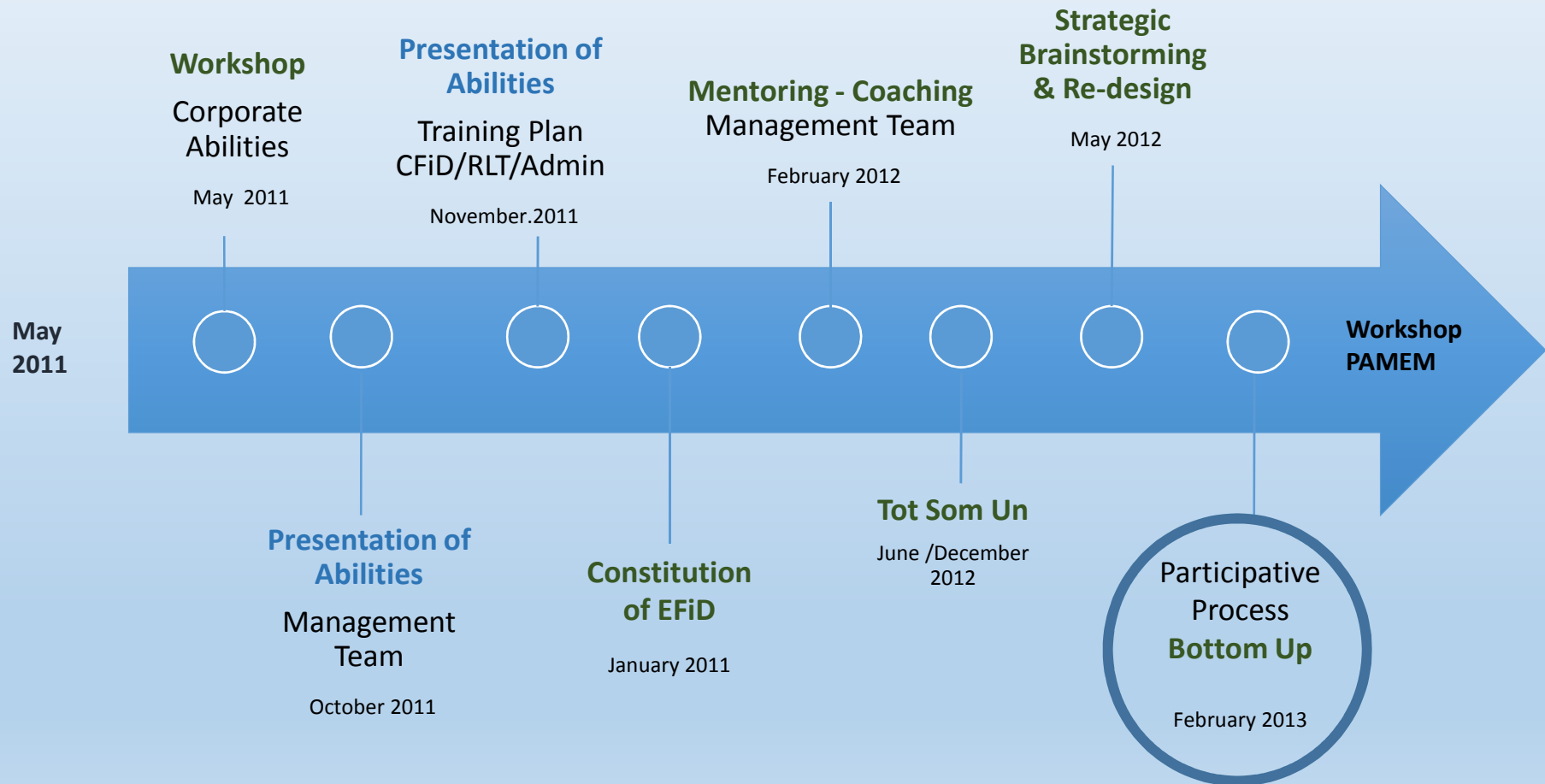


Today, we offer public primary care coverage to some 100,000 people in the neighbourhoods of Barceloneta, Vila Olímpica and Gràcia.

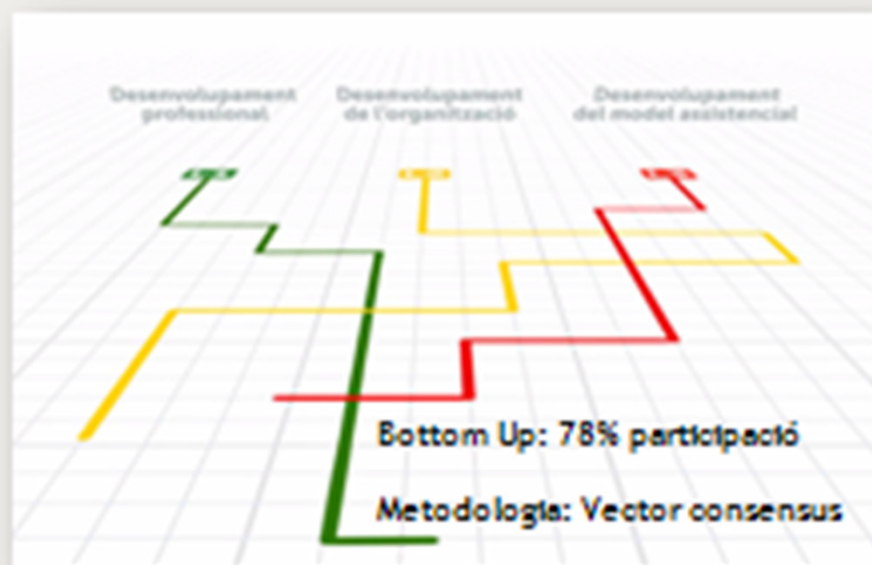


A provider of the public health care system

Organizational Development (may 2011 – march 2013)



3 línies d'acció



Projectes i actuacions:

1. Cronicitat: *Lideratge Clínic*
2. Gestió del temps: *Lean*
3. Laboratori professional: *Innova infermeria*

- L1** Desenvolupament professional: Millorar la qualitat i la satisfacció dels professionals
- L2** Desenvolupament de l'organització: Consolidar el model PAMEM com a organització que treballa en xarxa.
- L3** Desenvolupament del model assistencial: Desenvolupar el model assistencial per innovar en la prestació de serveis en atenció primària.

Clinical leadership agenda

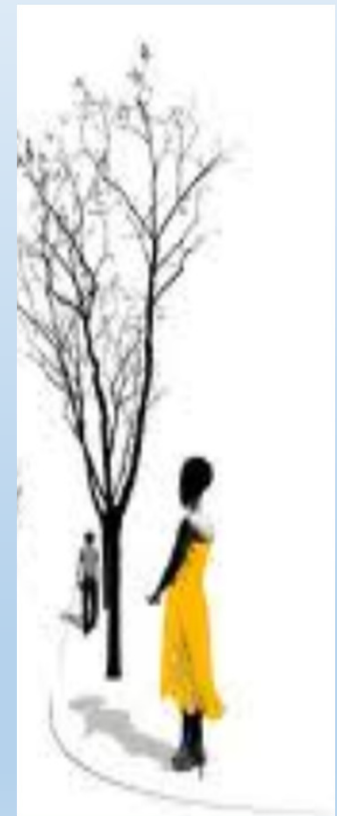
Lideratge	Visió	Models	Innovació	Coneixement
Liderar al 2014	Macro	Crònics	Creativitat (think)	Coneixement compartit
Models de lideratge	Micro	Atenció integrada	Emprenedoria (do)	Formació de formadors
Dinar	Dinar	Dinar	Dinar	Dinar
Taller negociació	Taller gestió recursos	Taller gestió clínica	Taller identificació de reptes	Taller habilitats digitals

Lean in Primary Care

There are a lot of experiences on using Lean with success in Emergency services, Operating Theaters and some in primary care



- Time optimization (**Consultations & Encounters**)
 - Reduction of unnecessary tasks performed
- **Work flows and spaces re-distribution**
 - Nurses & Doctors team model
- **Agendas optimization**
- Innovation on the queue management
- Optimization of Medical supplies use



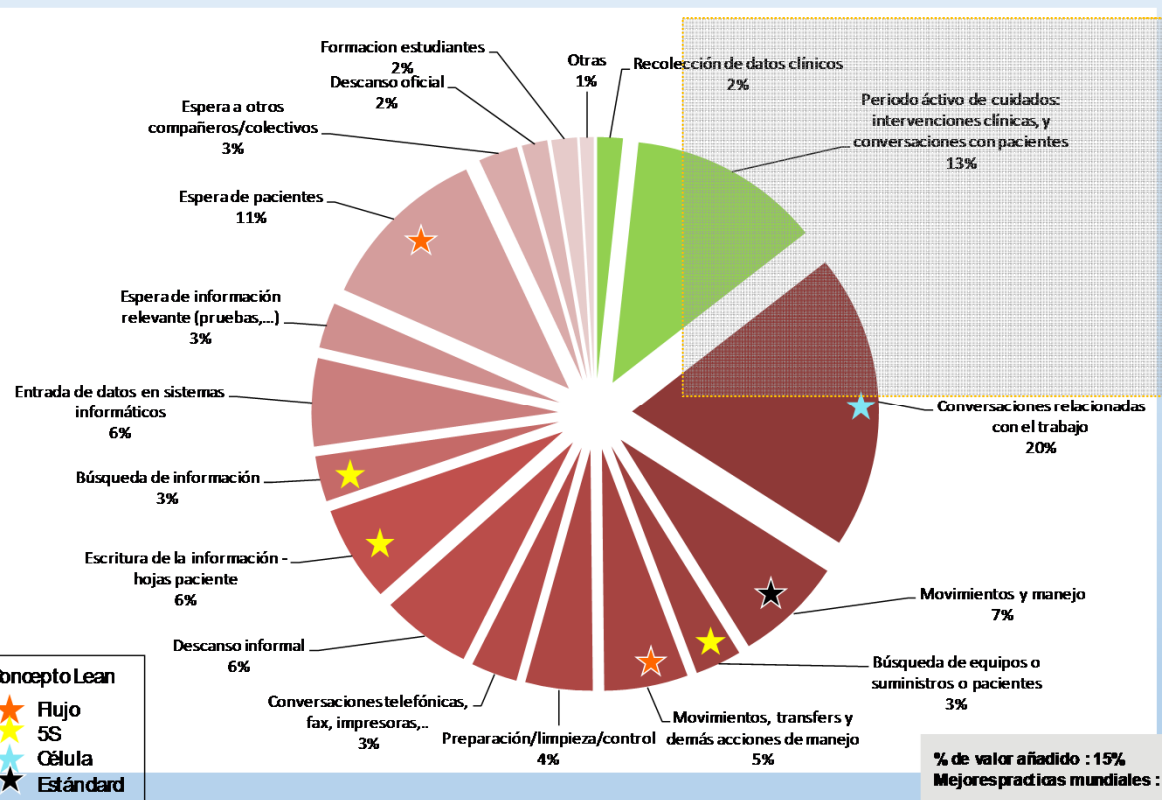
Lean: addressing the problems of clinical processes

The Added Value Measured



What are the problems?

High time of permanence, high costs linked to the permanence, old patterns of practice, gaps on communication between groups of clinical professionals (nurses & doctors)



Only 15% of your time is value

- Missing Information: search time
 - Sequential work, lack of visual management
 - Historic procedures:
 - Patient Box
 - Patient transfers and waiting times
 - Waiting time for results of tests
-
- Team work
 - Visual management
 - Management procedures
 - Workflows reengineering
 - Standardization

Main benefits to be obtained

Improved productivity	15% to 50%
Capacity improvement	10% to 50%
Reduction on the turnaround time	20% to 80%
Reduction on the waiting time	20% to 80%
Inventory reduction	30% to 80%
Space reduction	15% to 50%
Reduced setup times	30% to 90%
Cost reduction	10% to 30%
Improving the quality of life for professionals	

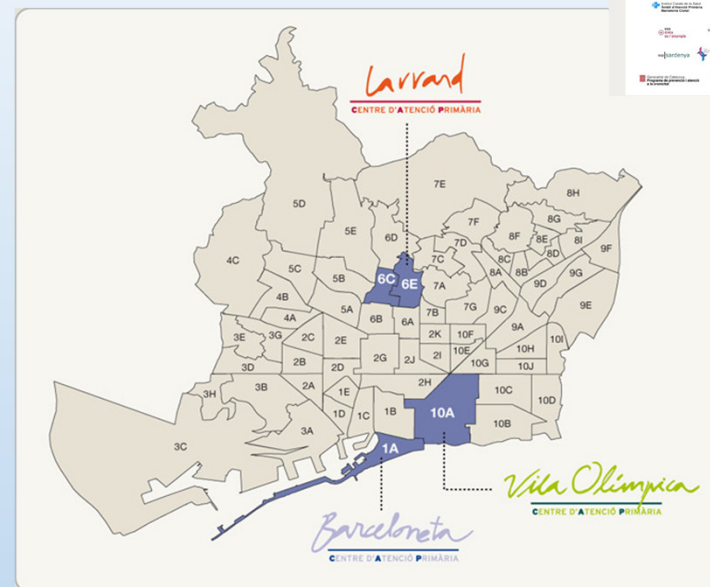
Project on COPD PC leadership

The COPD prevalence in Spain is 10.2%, in people between 40 and 79 years

The percentage of people aged 15 or more, assigned during 2013, with

- diagnosis of COPD is 4.15 %
- spirometries performed in this population 69.71%


There is a need to analyze the Infra-diagnosis in PAMEM



Register Catalunya 2013

	Population assigned	Population served	Population served >14 y	COPD	Prevalence	Spirometries COPD
CAP Barceloneta	15.833	11.655	10.244	422	4,12%	91,90%
CAP Vila Olímpica	28.766	21.307	17.892	620	3,47%	62,95%
CAP Larrard	41.996	28.760	25.741	1.193	4,63%	54,28%
	86.595	61.722	53.877	2.235	4,15%	69,71%

Infermeria Innova ENG



“The role of nursing
needs to be rethought
and given a more
resolution-oriented role.”

[https://www.youtube.com/watch?v=h4LPTMG
SbCc&list=PLFxSxZE71UBy94Sv725JdQmPRIdKS
Le2t](https://www.youtube.com/watch?v=h4LPTMG
SbCc&list=PLFxSxZE71UBy94Sv725JdQmPRIdKS
Le2t)

But,... How should we do it?



[1] People: Working with nurses motivated on the change management



[2] Project: Creating an environment of innovation to give answers to the nurses needs



[3] Knowledge: Thinking about the actual and future perspectives



[4] Action: Creating and developing a space of action with nurses (RN) with the aim of design the new roles

Però,... com ho fem?

[1] Persones, [2] Projecte, [3] Coneixement, [4] Acció

3. Thinking about the actual and future perspective (Knowledge)

Model description



[1] **Canvi:** Les societats estan canviant i com a conseqüència l'àrea de la salut també està canviant.

[2] **Cronicitat:** La cronicitat s'ha convertit en un dels reptes de major rellevància per als sistemes de salut comportant una necessitat de canvi de les infermeres per adaptar-se a les noves fórmules d'atenció.

[3] **Pràctica Avançada:** Davant aquesta situació (cronicitat) la pràctica avançada és l'opció recomanada per l'equip Infermeria Innova per adaptar-se a aquest canvi i a les noves demandes de la societat.

[4] **Àrees de desenvolupament dels rols infermers:** De les possibles àrees de desenvolupament de rols infermers i d'evolució dels rols ja existents volem destacar les de: **Gestió** (coordinació assistencial i coordinació cures infermeres), **Educació** (coach en salut, l'acció comunitària i l'educació grupal) i **Recerca** (a determinar).

3. Thinking about the actual and future perspective (Knowledge)

Advanced Practice definition

The image shows a corkboard with three hand-drawn diagrams illustrating the components and acquisition of advanced practice nursing. The diagrams are titled #1, #2, and #3.

- #1 Shared competence: Medical competence (or other professional). The nurse has the knowledge, skills and attitudes to develop it**
- #2 Acquisition of the competences of Advanced practice. Osmosis is: transferring a solvent through a semi permeable membrane.**
- #3 How do we think we can achieve on being Advanced practice nurses ?**
 - [1] Symbiosis
 - [2] Hybridization
 - [3] Mutation

The diagrams use various symbols and drawings to represent these concepts, including a brain, a question mark, a microscope, a stethoscope, a nurse, a doctor, and a hybrid figure. The word 'Osmosis' is written in the second diagram, and 'Symbiosis', 'Hybrid', and 'Mutacion' are written in the third diagram.

4. Creating a space of action to design the emergent roles (Action)

Innovation Seminars with support activities

Àrea professional
Atenció primària
Docència
Recerca

Nivell d'estudis
Diplomatura
Màster 120 ECTS
Formació continuada

Interessos i hobbies
Esportista
Natura
Voluntariat

Renta r
€) amb
180/20
pis sense ascensor.

Medicació
amb blister

Te ajudes al domicili
insuficients (TF per
higiene 1c/set) i precisa
cobrir necessitats
mínimes (comprar)

Precisa ajuts de
l'Ajuntament per
obres al domicili
(bany)

Dificultat en
mobilitat i risc
caigudes.

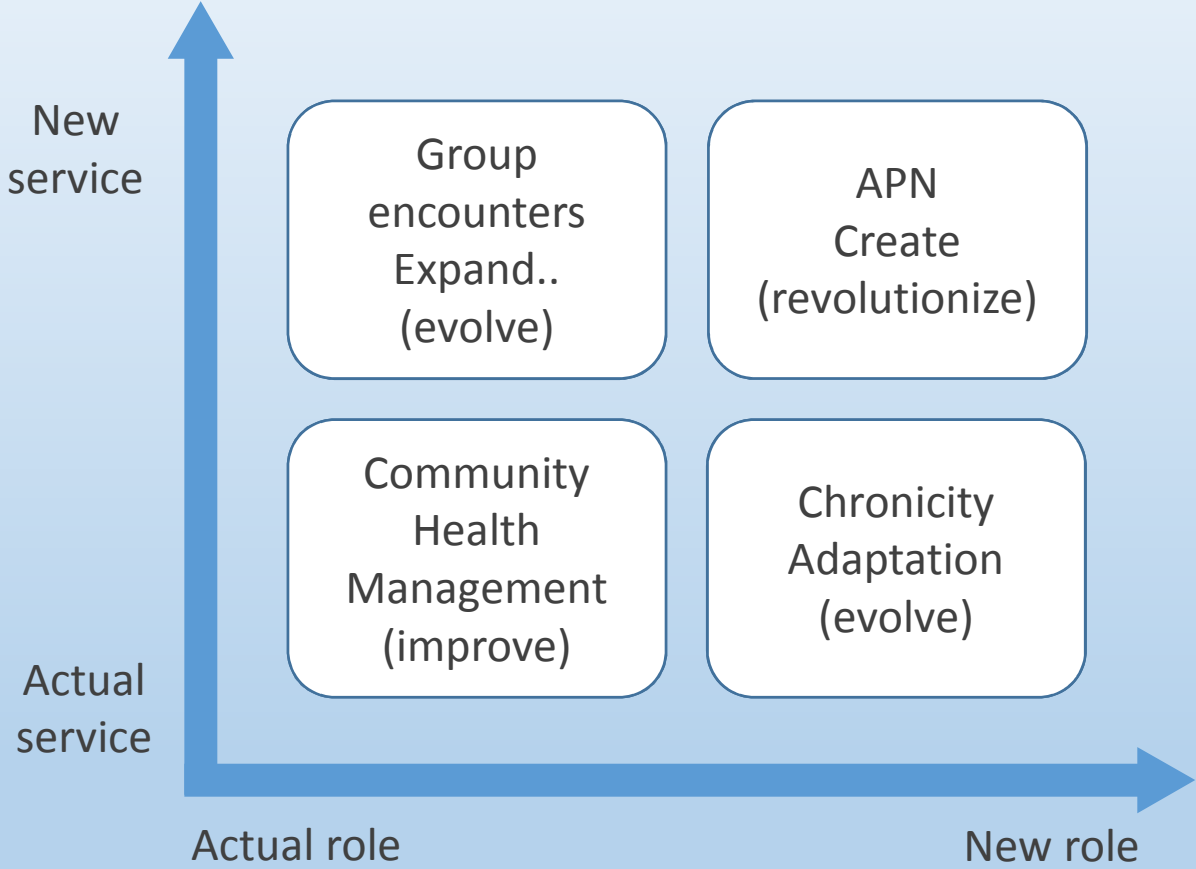
1. Millorar la qualitat assistencial a un menor cost.
2. Afavorir la continuïtat de les cures.
3. Coordinació nivells assistencials.
4. Consultors de casos senzills.
5. Disminuir càrrega assistencial.
6. Satisfacció usuaris i professionals.
7. Valoració integral sanitària
8. Millora de temps.
9. Eficiència

Category	jo	Jo i el meu equip (Act)	L'organització	Unlabeled
MC	5.5	5.5	6.5	5.5
PD	7.5	7.5	7.5	7.5
CS	4.5	4.5	4.5	4.5
7x24	5.5	5.5	5.5	5.5
PiR	6.5	6.5	6.5	6.5
VII	7.5	7.5	7.5	7.5
AC	5.5	5.5	5.5	5.5
GC	6.5	6.5	6.5	6.5
AP	6.5	6.5	6.5	6.5
PA	6.5	6.5	6.5	6.5

MC: Model Atenció integrada. PD: Definir població diana. CS: Cartera comuna de serveis. 7X24: Implementació atenció 7X24. PiR: Optimització professionals i rols. VII: Valoració integrada i integral. AC: Definir PIIC. GC: Assignar gestora de cas . AP: Oferir atenció planificada. PA: Redisseny procés assistencial.

5. Conclusions and discussion (The future)

Defining the emergent roles



Collaborative project on Advanced Nursing Practice in PC

University of Quebec at Rimouski



Relations
internationales
et Francophonie
Québec

APPEL À PROJETS - BIENNUM 2015-2017
COOPÉRATION QUÉBEC-CATALOGNE
FICHE SYNTHÈSE

UQAR

Les études

La recherche

Sciences infirmières



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Bureau : A-316
Télécopieur : 418 724-1450

Résumé du projet (contexte, objectifs, principales activités et échéance sur deux ans)

Contexte: Le Québec et la Catalogne partagent des préoccupations communes quant à l'organisation des systèmes de santé. Une solution prometteuse tant dans les contextes québécois que catalan est la pratique infirmière avancée (PIA). Enjeux: La signification de la PIA, ainsi que sa mise en application varient grandement d'un pays à l'autre et même à l'intérieur de ceux-ci. But: Le but de cette demande est de créer un collaboratif de recherche dynamique et permanent sur des rôles de PIA en misant sur les acquis développés au Québec et en Catalogne pour développer une programmation de recherche conjointe sur deux axes : A) La clarification conceptuelle et B) L'exploration des applications pratiques. Les étapes pour y parvenir, échelonnées sur deux ans, sont : 1-La structuration de l'équipe, 2-Le développement d'une programmation de recherche et 3-la diffusion des travaux.

OPD Continuum of Care

Activity	Problem addressed	Actuation	Complexity	Data BI	Call center WEB + channels Telehealth	Nurses role	Specialists consultants needs	Benefit
Preventive	Tobacco dependence	Tabaco AAAA	Low	X	XXX	S	x	LT
Screening	Infradiagnosis	questionnaire	Low	X	XXX	B	-	LT
Diagnosis	Low use	Spirometry Promotion	Medium	XX	X	B	xx	M
Treatment	Low adherence	Therapeutic adherence	High	XXX	XXX	S	xxx	ST
Exacerbations	Low control	Coordination health care services	High	XXX+	XXX+	A	xxx	ST
A & E / Hospitalizations	Low level follow- up	Efficient follow up	Medium	XXX	XXX	A	xx	ST
Home care: Oxygen Therapy	Low support	Support & monitoring	High	XXX	XXX	A	xxx	ST
EOL: Palliative care	Low support	Support & coordination	High	XX	XXX	S	xxx	ST

Concluding & synthesizing the experience

The problems

- ❖ **Big effort on time** to give information, educate, convince and manage the change on the primary care professionals
- ❖ **IS problem:** high level of implementation of Primary Care IS and medium level of the HIS, mostly lack of integration / interoperability between them and no processes oriented
- ❖ Most of the projects are under the **leadership of the hospitals** with a low level of participation of primary care
- ❖ Lack of knowledge on **clinical processes in PC**
- ❖ **In Spain**
 - ❖ **No public / private funds** to drive the change
 - ❖ Great **caution of the politico-technical** level to introduce reforms
 - ❖ The fear of politicization: the **privatization** phantom

Concluding & synthesizing the experience

The opportunities

- ❖ **Shared view** on the need for process reengineering
- ❖ **Good debate** around chronicity, integration with social care, innovation...
- ❖ Increasing **interest of the physicians** on clinical management, still we are in the early stages
- ❖ Great **interest of nurses** on the innovation project
- ❖ **Some voices begin to ask for changing the historical budgetary financial system to a new one:** capitation-like, integration incentives, improvement of processes (bundled payments)

Thank you !
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primary care. We should do it better

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