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## CONFERENCE ABSTRACT

### Projects Implementation Col•laboratius Socio-Sanitary Girona (PIAISS)

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**Introduction:** The Program for Prevention and Care of Chronic Disease in Girona (CRONIGICAT) 1 From 2011 has developed its objectives to provide a level of quality of integrated care for chronic patients.

In early 2014 began to develop under this same direction, a strategy regarding social services of the territory, that within the framework of the Interdepartmental Plan Assistance and Social Intervention and Health (PIAISS) of the Department of Health of Catalonia mark sheet route in different areas of Girona.

**Practice description:** The strategy implemented in our territory aims to achieve integrated social and health care to better respond to patients considered most vulnerable priority Patients with Mental Disorder, Chronic Patients complex (PCC) and Advanced Chronic Disease (MACA).

The scope includes 29 primary care teams (EAP) of the Catalan Institute of Health (ICS), 3 EAPs Healthcare Institute (IAS), 4 Consortium of Social Services Gironès, Garrotxa, Pla de l'Estany and Alt Emporda, and 4 reference hospitals. With a population of about 400,000 people assigned.

The strategy is to develop a col • laboratory between social and healthcare tailored to each territory depending on your organization's work.

**Results and Impact:** The impact assessment of projects comprehensive care is complicated by the participation of different interest groups may have differing views on what results are considered more important. a strategy of qualitative and quantitative evaluation is used.

1.Evaluación qualitative degree of Territorial implementation of socio-integrated healthcare: Your valuation as high, medium or low is based on four criteria:

- 1.1. Having well defined and agreed goals.
- 1.2. Having identified who works well and who leads.
- 1.3. Having planned action.
- 1.4. Having indicators of process and outcome.

Rating 4 territories in the implementation phase:

HIGH: Garrotxa and Pla de l'Estany

MEDIA: Gironès

BAJA: Alt Empordà

2. Evaluation with quantitative:

2.1. Number of shares companies evaluated.

2.2. Indicators consensus on attention to chronicity made by Aqua. It is shown as an example of the Garrotxa

Source: Data from the Observatory website Health System of Catalonia. summaries 2014

Data format:

Indicator - Value - Reference in Catalonia

Hospital emergency rate - 447-428

Emergency Level 4 and 5 of triage (%) - 61.8 to 67.1

Emergency rate level 4 and 5 selection - 281-299

1.000h avoidable hospitalizations .-- 7.3 to 9.8

COPD hospitalizations for 1.000h .-- 0.9 to 2.10

Hospitalizations from 2.08 to 3 .-- ICC 1.000h

polypharmacy patients (%) - 0.002 to 0.07

Population served in home care (%) program - from 6.11 to 10.3

average stay of hospital care - from 4.6 to 6.1

emergency admissions (%) - 62.5 to 66.2

hospital mortality (discharge) by ICC - 10.3 to 8.50

Total mortality 30dies CHF - 15.7 to 12.1

Readmissions within 30 days for selected causes - from 5.9 to 9.6

Readmissions within 30 days ICC - 7.5 to 14

Readmissions within 30 days for COPD - from 12.6 to 16

emergencies admitted (%) - 5.9 to 12

best results are observed compared with the values of Catalonia for almost all indicators

Featured

We appreciate the need for a body to ensure that the commitment set out in the Governance Body develops within a reasonable time and in the manner, according to the targets set in each territory.

The implementation process has led to a learning common work that has enabled initiate some actions as unify the terminology, identify the target population, and to avoid duplication. It has also allowed establish dynamic shared work to agree on the minimum data necessary and indispensable to share.

**Conclusion:** As for sustainability and transferability consider essential use for evaluation indicators consensus and aggregate data compiled by the Department of Health itself. The advantages of this option are obvious. It is an independent source of information with a high degree of validity and reliability. It allows sharing the same results between suppliers with a common terminology and a global vision. Data are published and are accessible online on the website of Health System Observatory of Catalonia. Therefore, decrease own costs associated with the combine • selection, processing and data analysis. It is information that is used by the Department of Health to purchase services.

Complement associated with the qualitative evaluation allows to assess the impact of socio-health care more integrated locally.

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**Keywords:** integrated care; social care; health program

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