
CONFERENCE ABSTRACT

ResicsProject

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Introduction: The population ageing in Catalonia, the current profile of the user of the nursing homes and their heterogeneity, require an improvement of the current residential care model. The need of optimizing the financial resources, the improvement of the primary health care professionals' intervention on institutionalized patients, the rise of both healthcare quality and user's satisfaction makes the Catalan Public Health System guarantee a high quality integral health care for people institutionalised in nursing homes, reorienting the care model in order to promote a specific intervention in this group with a high percentage of comorbidity and high health expenditure.

The increase of life expectancy determines a rise of chronic diseases, fragility, and functions loss (both physical and mental).

The economic impact forces us to develop structures and organizations that adapt efficiently, creating a new integrating culture of health and social services in the residential environment.

The change: Our work aims to achieve integral coordination between Primary Care Services and Nursing Homes for the Elderly that allows improving health results, increase users' satisfaction, and reduce costs.

The project's overall aim is to create a healthcare network between Primary Health Care Services and South Hospitalet's UGEAP's nursing homes focusing their attention on the patient, improving care results, and optimizing public resources.

Initially a pilot project is in progress between Feixa Llarga Residence and the Primary Care Team Bellvitge. The objectives to be achieved within a period of one year maximum (2015) with different time intervals:

Within 1-3 months:

- Make an integral assessment of residents

- Develop an individualized care plan
- Identify complex situation's residents
- Establish systematic meetings between the Residence and EAP

Within 3-6 months:

- Agree on clinical practice guidelines and procedures
- Establish alliances between EAP/Residence resources
- Unify Health and Social terminology

Within 1 year:

- Apply in the residences the defined criteria about the Pharmacological Plan
- Extrapolate the model to the rest of the territory

Results: We outline the data within the first 6 months of 2015:

- The plan of joint training EAP/RGG agreeing on health and social terminology has been developed and implemented.
- Residential Feixa Llarga PCC/MACA users which depend on CAP Bellvitge have been identified.
- A medical case manager has been created as someone who coordinates resources.
- 5 joint procedures and circuits have been created in order to treat most prevalent problems of residents.
- Avoidable emergency referrals have been reduced getting from 65 cases a year to eight cases in six months (significant decrease of ambulances, emergency, and hospital stays costs)
- The average of defunctions on the RGG is 25 people per year. The decrease of the total defunctions of RGG deceased at the hospital is a significant 19% to 7.69%.
- The total pharmacy expenditure caused by choosing the most cost-efficient drug following clinical practice guidelines, for a more exhaustive control of the drugs' stock, to decrease prices by pharmaceutical laboratories requested by current regulations, and to increase the training of professionals in the rational use of medicines, has decreased.
 - o Reduction of total pharmacy cost of 24%
 - o Reduction of total chronic drug cost of 23%
 - o Increase of acute drugs cost of 10%

Conclusions: A continuity of care has been ensured by detecting high levels of users' and professionals' satisfaction because of the simplification that has meant the introduction of new circuits, which optimize resources and reduce costs.

The professionals involved have increased their trainings since they have followed a specific training process; they have created spaces of communication between the different teams involved in the care of residents/patients chronically institutionalized.

The study considers data and results of the first six months of 2015, which should be completed by the 31st December 2015 in order to compare complete annuities with data from the study RESFEI 10-14 (data from Feixa Llarga Residence).

We want to highlight the interest shown by other residential of the territory to be added to the project's implementation in the future, as well as other UGEAP. It is intended to extrapolate this model to the whole territory of the city of Hospitalet de Llobregat and its residential centers and later on to the whole territory of SAP DELTA.

Keywords: resics; primary care services; nursing homes; residential stablishment; catalonia; spain
