
CONFERENCE ABSTRACT

OSABIDE IN RESIDENCES: Continuity of care, through the Integration of Systems

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1: OSAKIDETZA, Spain;

2: DIPUTACION FORAL BISKAIJA, Spain;

3: BIOEF, Spain.

Policy developments: There is consensus among experts assert that the system of social health provision is fragmented, users will be those who suffer the consequences, and that we must provide better coordinated and integrated socio-services model.

In Euskadi, with great institutional experience in geriatric care, there is a Basque Council of geriatric care, whose purpose is the guidance and monitoring of policy decisions, regulatory, economic, organizational and care, in terms of care coordination.

In July 2013, the Basque Council of geriatric care (CVASS) approved five Strategic Lines (L.E.) for 2013-2016. The document that collects, includes a review of the concept of geriatric care, calling complex construct. The L.E. reinforce the strategic approach model of coordination between sectors, which does not prevent progress, when necessary, to integrated health and social care provision.

Also the strategic lines of the Basque health service OSAKIDETZA, provide "Advance the Implementation and Consolidation of Clinical Information System Unified" with actions to integrate the systems of healthcare information among different health care settings and social partners, to promote continuity of care under the same process.

Introduction: For our project, we focus on L.E-2: "System Implementation Information and Communication Sociosanitario". This line aims to avoid the fragmentation of information and the difficulties of accessibility to enable more equitable benefits and improve continuity of care and attention, people integrated into the Sociosanitario space.

In 2012, Euskadi had a population > 65 years of 431,460 people, there 17746 residential places. Of these, 3735 with Osakidetza doctor and squares 14011 (80.48%), with other medical institutions without access to clinical data Osabide history.

We also find residences that have different clinical information systems not compatible with H. C. Osabide, Osakidetza and offline with the electronic prescription.

Sanches; OSABIDE IN RESIDENCES: Continuity of care, through the Integration of Systems.

Objective: Piloting and deploy the Osabide medical history, Residences, responding to an approach focused on three elements:

Person: Security, Privacy, comfort, satisfaction and continuity of care.

Professional: Agility, Communication, Collaboration, Coordination and Feedback.

Institutions: Coordination, agreements, consensus, communication and interoperability.

METHODOLOGY: Project Management Methodology was used.

The project was divided into several phases, with different solutions:

- Phase I: CLINIC (medical history viewer)
- Phase II: CLINIC + PRESBIDE (universal electronic prescribing system)
- Phase III: GLOBAL Osabide (unified medical record) + PRESBIDE
- Pass IV: GLOBAL Osabide + PRESBIDE + OSANAIA (clinical nursing station)

Public Residences, concerted Private residences, both with / without medical Osakidetza: Inclusion criteria were defined.

the type of units of each residence, number and profile of residents, professionals, existing healthcare information system was assessed.

proposal for piloting, which approved the CVASS was developed.

Results:

- Piloting in 19 Residences (07-2014_06-2015): 4 in Araba, Bizkaia 9 and 6 in Gipuzkoa
- Professional Training.
- Obtaining indicators
- Impact: reach 2122 residential places (12%)
- Detection enhancements for subsequent deployment
- Approach deployment. Target 2015: exceed 30% range in residential places.

Lessons learned / improvements to mainstream: PRESBIDE achieve interoperability with information systems Residences: Resiplus, SIGECA, Others, ...

Residences allow the connection to the public computer network "EUSKAL SAREA".

Implement other features on-line (Interconsultations, RX and analytical requests, ...).

Improve the involvement of professionals and Institutions

Enable access to other professionals involved in the P.A.I.

Objectives Integration incorporate clinical information systems, through concerts and Contracts Program.

Conclusions:

- The pilot of this project has detected improvements over Information System and Inter-agency coordination (Meso level).
- Access to the HC Osabide, an improvement of Integrated Management, both in diagnostic activity, treatment and monitoring of institutionalized Residential users, achieving improvements in safety.
- Improved interagency coordination, information sharing systems.
- Allows benefit from synergies and opportunities for coordination and improved health integration.
- Progress was objectified in the development of geriatric space, at the micro level.

Keywords: socio-sanitary integration; clinical information systems; universal electronic prescription; continuity of care; socio-health history
