

POSTER ABSTRACT

Prospective analysis of the implementation of healthcare telemedicine between prisons in the area of Catalonia (Spain)

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Introduction: Consorci Sanitari de Terrassa is a public entity of the Government of Catalonia, which manages the Prison Hospital Unit of Terrassa (UHPT), a reference in Catalonia for the provision of health services to different prisons.

Healthcare delivery to the prison population is a goal for improvement of the Health Department. Telemedicine is an alternative to face-to-face service that can help to improve the care process in patients.

Objective: To introduce in this environment a new business model that facilitates communication between health professionals who take care of this population to improve the quality of healthcare in prisoners.

Methods: Phase I: comprehensive analysis of the environment, starting with a pilot stage of six months (October / 2010 to May / 2011) between UHPT and Can Brians 2 prison, with a population of 1,500 inmates. To evaluate the experience a survey was conducted with the support of AQuAS (Agencia de Qualitat i Avaluació Sanitàries de Catalunya).

Phase II: Intensive observation phase applying Shadowing methodology (May / 2015).

Phase III: with information from phases I and II, different elements will be identified and a new business model defined, following the design "Business Model Canvas" (Alexander Osterwalder), in order to facilitate the implementation of the Telemedicine project: "Telecare in prison systems".

Results: Phase I: The results of the pilot stage show high satisfaction in patients and professionals and an increase number of visits with the new system.

Phase II: The observation process identifies: 1) excessive time spent in transporting patient, arrival and departure in prison units use 3.5 hours; 2) excessive administrative procedures; 3) high use of resources to follow security protocols; 4) lack of communication between different healthcare providers.

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Phase III: The new business model suggests edit value for improving patient-centered communication and optimizing the use of resources.

Conclusions: It will be necessary to consider organizational and management changes to accommodate the new care system, promoting and encouraging change management.

It is important to identify a government person to lead the project to ensure continuity and sustainability in other prisons in Catalonia.

The implementation of this new business model will improve 1) patient-centered communication between care teams 2) optimization of management related to patient transport and 3) create protocols for clinical processes of healthcare activity according to the patient's health problems.

Keywords: videoconference; telemedicine; prison; observation; business model
