

Basque Country: Care plan for elderly

Part 1: General Information

Publication on EIP on AHA Portal	Yes
Copyright	No
Verification of the Good Practice	No
Evaluation of the Good Practice	Yes
Type of the Good Practice	Notable practice

Part 2: Description of the Good Practice

Name of the Good Practice	Care plan for elderly
Short name (Acronym)	PAM
URL of the Good Practice	Not available
Geographical scope	Regional level
Country	Spain
Region(s) involved	Basque Country
Status of the Good Practice	On-going
Stakeholders involved	<ul style="list-style-type: none"> • Primary care centres • General Practitioners • Nurses
Size of population covered	>100,000
Targeted audience	65 - 79, 80+
<p>Summary of the Good Practice</p> <p>This project, aimed at people over 70 years, pretends to prevent or delay the loss of function through preventive interventions and health promotion activities along with control of geriatric syndromes and associated comorbidity. The main objective is to have a homogeneous system of multidimensional assessment and action, in people aged 70 or older, based on current recommendations, oriented to prevention, functionality and adapted to the reality of primary care, allowing classification in typologies of elder people.</p> <p>This classification will provide us with a better understanding of the health situation of people of health quotas assigned in primary care and can thus establish appropriate interventions in each case and plan activities in an organized way for the different typologies of older people. Also through the Taxonomy NANDA-NOC-NIC will give us the possibility to individualize care plans which will allow better monitoring.</p> <p>The transferable key issues are the following:</p> <ul style="list-style-type: none"> • Have a program for elderly evaluation. • Have a classification model by typologies. 	

<ul style="list-style-type: none"> • Associate typologies based on functionality according to NANDA Diagnoses. Have a registration system for monitoring the elderly. • Have information to get indicators on health and social situation of the elderly.
<p>Key words: multidimensional assessment in elderly - fragility, integrated care in elderly, functionality, continuity of care in elderly</p>
<p>Good practice being part of the larger programme</p> <p>No.</p>
<p>Challenges / problems addressed by the good practice</p> <ul style="list-style-type: none"> • Have a screening model and systematic assessment of health in people ≥ 70 years • That every health professional knows the health status of persons ≥ 70 years assigned to its quota \ centre • Create synergies to schedule interventions for different types and health problems found. • Provide data and indicators that guide new programs and health policies for this group. • Sensitizing primary care professionals of the need to work in coordination with the social sphere and with a population approach.
<p>Importance of the challenges / problems before starting to implement good practice</p> <p>The aging population is an achievement and a challenge, in all developed countries. In 2014, the population of ≥ 65 years in Euskadi, was of 20.7% of the total, being of 18.1% in Spain [EUSTAT-2014].</p> <p>Despite encounter the problem of population aging there are not systematic intervention in the elderly in Osakidetza.</p> <p>Existing data along with the lack of prevention and promotion in aspects such as falls, polypharmacy, exercise push us to plan the realization of the PAM program.</p>
<p>Environment before the good practice was implemented</p> <p>There was no structured intervention of this type before the deployment of this practice.</p>
<p>Key innovative elements of the good practice and how the good practice improved situation compared to previous practice</p> <p>The Care Plan for the elderly (PAM), born with characteristics that provide topicality, innovation and commitment to quality care and continuity of care for the elderly. Its approach has the following characteristics:</p> <ul style="list-style-type: none"> • It supports the activity and resources of primary care and is based on current recommendations, scientific evidence, and guidelines of Osakidetza, Health Department of the Basque Government, the Ministry of Health, Social Services and Equality, and WHO. • It is aligned with the strategy of Euskadi socio-sanitary care. • Includes a multidimensional assessment including assessment by NANDA domains.

- Includes a classification of typology of older people, according to their function: healthy, chronically ill, frail, dependent, at the end of life
- Poses indicators for evaluation and monitoring of the program will be drawn from OBI (Oracle Business Intelligence).

Part 3: Transferability of the Good Practice

Cost-effectiveness of the good practice (including all kind of costs and outcomes such as better health, quality of life or other resources)	Equal costs, improved outcomes
Resources required for the deployment of the good practice (personnel, equipment, facilities, ICT and other resources required)	
<p>The deployment of this program involves a change in the routine clinical practice of professionals by incorporating a person-centred approach, extended to their environment (primary caregiver).</p> <p>To perform systematically the different assessments that incorporates, it requires a previous defined schedule:</p> <ul style="list-style-type: none"> • The centres of each phase of deployment. • Training: definition of content and professionals per centre that addresses • The use of information and analysis of indicators by centre / integrated care organisation/ Global - Monitoring, evaluation and program improvements detection 	
Total budget of the Good Practice	€0 - €9,999
Source of funding	Regional funding
The main actions that have to be done to deploy the Good Practice	
<ul style="list-style-type: none"> • A working group made up of health professionals (doctors and nurses in primary care and a technique of the Division of Health Care) was formed. • We have worked on a document that defines the content of the programme. The document has been reviewed by experts from other institutions and health services as well as socio-sanitary coordination. • New utilities have been designed in the Health Record and support documents have been developed for registration of the professional assessment and care plan. • It has designed a specific training for primary care professionals (medical and nursing). • It has been piloted in seven primary care centres with a population of 16,155 people ≥ 70 years, with a sample of 1340 people to value. • They have been defined indicators for evaluating the results of the assessments made in the elderly. • It has monitored piloting, evaluating results and established areas for improvement to the program for deployment. 	

<ul style="list-style-type: none"> • A schedule was made with concrete actions for piloting and subsequent deployment in the network of Osakidetza
<p>Issues during the implementation of the Good Practice</p> <p>In the pilot phase, we can highlight the following difficulties:</p> <ul style="list-style-type: none"> • Unequal participation between professionals and between different quotas per care centre • Lacking a systematic evaluation, some professionals have said that this assessment generated increased workload. • Although they believe that program is good, benefits are appreciated and would recommend, it is still seen little integration in daily practice. • As it is not yet included with compulsory in health organisations of Osakidetza, it is not exercised a leadership as in other programs. <p>All these difficulties are identified and formulated as areas for improvement.</p>
<p>Additional resources required to scale up Good Practice</p> <p>Yes.</p> <p>It is needed to invest resources in training, continuous monitoring and support persons who participated in the pilot to contribute its experience in deploying this initiative in other centres.</p>
<p>Basis to support sustainability of the Good Practice</p> <p>The justification for the sustainability of the practice is based on the impact identified in different clinical indicators evaluated in the pilot (analysis before / after) with 1073 patients. These indicators are grouped into the following areas:</p> <ul style="list-style-type: none"> • Clinical preventive (general, specific and medication) rating • Functional rating • Mental rating • Social and family and caregiver Rating
<p>Evidence to observe the Good Practice</p> <p>A visit to implementation site.</p>

Part 4: Viability assessment of the Good Practice

<p>Time needed to deploy the Good Practice</p> <p>Between one year and three years.</p> <p>At the moment, the practice has been piloted in 7 centres. It is expected to start implementation with deployment to other centres from October 2016.</p>

<p>Investment per citizens / patient / client in terms of financial resources</p> <p>No available calculation.</p>
<p>Evidence behind the Good Practice</p> <p>Documented evidence. Evidence is based on systematic qualitative and quantitative studies.</p> <p>To carry out the program, we have relied on scientific evidence on current recommendations of scientific societies and guidelines Osakidetza, Health Department of the Basque Government and the Ministry of Health, Social Services and Equality and WHO. They have been exploited results from the piloting which in turn serve for the research project has been started on this practice; It has been designed and initiated a research project approved by the CEIC- E (Ethics Committee for Clinical Research Euskadi) No. PI2015167. We understand give consistency to the program. It have been presented some results in communication format to different national and international scientific conferences</p>
<p>Maturity of the Good Practice</p> <p>There is evidence that the practice is economically viable and brings benefits to the target group. Further research and development is needed in order to achieve market impact and for the practice to become routine use.</p> <p>During the pilot, between December 2015 and April 2016, there have been multidimensional assessments of older people in each centre by professionals . During this period, we have identified a number of improvements in the various health centres, they have been incorporated into the program contributing to its refinement. This learning together with the results obtained shows that we have a sufficient level of maturity for deployment across the organisation.</p>
<p>Estimated time of impact of the Good Practice</p> <p>Long term and sustainable impact - e.g. a long time after the pilot project ended and routine day-to-day operation began</p>
<p>Impact observed</p> <p>Better care coordination (economic and societal).</p> <p>As explained above, we have obtained very favourable results in indicators of the following areas:</p> <ul style="list-style-type: none"> • Clinical preventive (general, specific and medication) rating • Functional rating • Mental rating • Social and family and caregiver Rating

Transferability of the Good Practice

Ready for transfer, but the innovative practice has not been transferred yet. The innovative practice has been developed on local/regional/national level and transferability has been considered and structural, political and systematic recommendations have been presented. However, the innovative practice has not been transferred yet.

Part 5: Your organisation

Name of the organisation	Primary and secondary healthcare sub directorate
Address of the organisation	C/ Alava 45; 01006 Vitoria-Gasteiz, Araba
Type of organisation	Regional public authorities
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