National Health System
Quality Plan

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INTRODUCTION

General Health Law 14/1986 set forth the National Health System as being a set of Central Government and Autonomous Community health services integrating all of the health functions and benefits under the responsibility of the public powers for due fulfilment of the right to the safeguarding the health.

The Spanish National Health System is characterized by availing of a broad range of services including practically all of the health technologies and procedures with which scientific knowledge currently deals with diseases and the consequences thereof in human health.

In conjunction therewith, the General Health Law sets forth the universality of health coverage as one of the basic characteristics of the Spanish system on stipulating that public health care shall cover the entire population.

Said law likewise sets forth equity as the overall principle of the National Health System, a principle set out in guarantee of access and the health services being provided under actual conditions of equality.

In addition thereto, the General Health Law places special importance on the means and actions of the health care system being prioritarily oriented toward the health promotion and disease prevention, entailing an integral concept of health, by which the health services are to incorporate the health-promotion and disease-prevention measures just as the care, curative, rehabilitory and palliative care measures.

The Spanish National Health System is currently characterized by its wide-ranging decentralization, which definitively reached completion in 2002, as of which point in time all of the Autonomous Communities are vested with the authorities over health matters set forth under our legal system.

This decentralization is one element contributing to assuring that the public health services will be focused on the health needs of the citizens, of the patients and of the users, making it possible for the unique individual aspects specifically of the territories within which the providing of the services thereof is headquartered may be taken into account.

It thus may be said that, over the last twenty years, Spain has been able to set up a fine health system based on its broad-ranging services, its more than acceptable levels of quality, its health indicators and its fair-to-all, universal coverage.

This National Health System, the decentralization of which facilitates a better adaptation to the health needs of both patients and users, also requires carrying out cohesion and coordination measures which will assure a suitable
implementation of strategies and measures common to the entire country as a whole.

The Spanish Ministry of Health and Consumer Affairs, in its role of coordinating the National Health System, has as one of its missions that of furthering the cohesion thereof and of supervising equal access to and the quality of the services offered in order to thus guarantee the rights of citizens, patients and users in their relations with the National Health System.

Universalization having been consolidated, and the services offered established, the quality-related challenged takes the forefront.

The health systems of our neighbouring countries are taking on this challenge by means of carrying out different strategies, the common denominator of which has been their being focused on a clinical practice based on scientific evidence in order to assure the finest of services for citizens, patients and users.

At the same time, the increasingly more citizen-oriented role of the modern health systems has given rise to a new patient-focused healthcare model having arisen, which has been the basis for setting out new strategies.

The nature of the health organizations, in other words, the hospitals, healthcare centres and all of the other centres where patient care is provided, such as professional knowledge management organizations, as well as the nature of the work of the physicians, nurses and other healthcare professionals carry out in their relations with patients, provides a specific framework within which the quality-development measures must be set forth.

These strategies have also been set out in staunch determination to achieve the highest degrees of social sustainability and legitimacy of the public health systems both among the citizenry as well as among the patients, users and professionals.

The efficiency-improvement strategies contribute to the social sustainability of the National Health System by making the economic resources earmarked for health by the Central Government and the Autonomous Community Governments be put to the best possible use.

The hospitals and healthcare centres are complex professional organizations which manage a wide variety of know-how and multiple relations, one of the most outstanding of which is that which is established among the healthcare professionals and the patients.

It must be born in mind that, in Medicine, the knowledge related to diseases evolves at a fast rate. Heretofore unknown advances in the fight against disease and in the study of the causes and the consequences thereof have been achieved. Thus, healthcare professionals are bound to the requirement of keeping up to date regarding the new advances which necessarily entails channelling major professional and institutional efforts toward meeting the major challenge of distinguishing those aspects which are to be incorporated into
clinical practice in the light of scientific evidence and thus benefit patients and users.

The major phenomenon involved in the incorporation of the new information technologies into many realms of daily life entails one unprecedented change with regard to the greater possibilities which both the professionals as well as citizens, patients and users have for accessing information related to health, diseases, the conditioning factors thereof and the possibilities for the prevention, cure or rehabilitation thereof, based on published proven experiences.

The growing interest among citizens and the mass media concerning the health-sickness phenomenon also conditions an endless flow of information on healthcare technologies, on new discoveries and other health-related matters which systematically keep up expectations of improvement in the disease-fighting ability of Medicine.

The traditional doctor-patient relationship based on the existence of major information imbalances between the two is now evolving toward heightened demands on the part of citizens stemming in good part from these major possibilities of accessing information and also due to a major maturity of the citizenry as far as the exercise of their rights is concerned.

It is within this context that healthcare quality-promoting lines arise which incorporating the carrying out of strategies and measures for encouraging the excellence of the public healthcare organization and professionals both in the technical aspects as well as in scientific knowledge. In other words, all of those which are to mean high-quality-care clinical practice.

The main objective of these strategies is to assure high-quality, more personalized healthcare which is more focused on the individual needs of patients and users, it therefore being obvious that it is necessary to focus efforts on supporting the professionals in all that which contributes to encouraging clinical excellence.

Within this context, the continual updating of knowledge and the continuous development of skills and attitudes aimed at meeting the needs and expectations of patients and users who are becoming increasingly demanding comes to bear as a major challenge for the healthcare organizations.

In short, for the Spanish Ministry of Health and Consumer Affairs, there are two essential main figures in the healthcare system: the patient and the professional.

It is around these main figures, which the measures of the health services must set out strategies, measure and programs for taking action to assure that the main objective of the public health services, high-quality health care fair to all which will mean an improvement in the health indicators of the population, will be achieved.
The healthcare must be carried out within a cohesive territorial framework which will guarantee equality in the exercise of the rights of citizens to healthcare and the safeguarding of the health by means of an efficient management of the public resources.

To aid the National Health System in meeting this type of challenge, based on the mandate of the second Presidents' Conference, the Spanish Ministry of Health and Consumer Affairs has set out this Quality Plan for the Spanish National Health System.

The aim thereof is to carry out strategies making it possible to guarantee maximum healthcare quality for all citizens, regardless of where they live. These strategies must be supplementary to those carried out through the Autonomous Community health services in the exercise of their authorities.

The inspiring principles of the Quality Plan for the National Health System are those providing guarantees for patients, users and professions for the purpose of achieving a National Health System which will be:

- Focused on patient and user needs.
- Oriented toward health protection, health promotion and prevention.
- Concerned about encouraging fairness for all.
- Determined to encourage clinical excellence.
- Interested in promoting the assessment of technologies and procedures based on the best available evidence.
- Capable of generalizing the use of new information technologies for improving the care of patients, users and citizens and assuring the cohesion of the services.
- Capable of planning its human resources far enough in advance to suitably cover the needs of the services.
- Transparent for all those involved.
- Assessable concerning the outcome of the actions thereof.

For achieving these objectives, the National Health System Quality Plan will carry out a number of measures, the large majority of which involve the setting out of a stable collaboration with the Autonomous Communities, scientific societies, universities, research institutes and establishments and patients.

The Quality Plan for the National Health System is not intended to replace or duplicate the many measures currently being carried out in this regard by the Autonomous Communities by means of different projects and plans aimed at
improving healthcare quality in the exercise of their authorities, thus proposing lines of work to which the same may voluntarily adhere.

The purpose of this Quality Plan is that of furthering the cohesion of the National Health System and aiding in guaranteeing maximum healthcare quality for all citizens, regardless of where they live, whilst also providing tools useful to healthcare professionals and those responsible for health in the Autonomous Communities in their quality-improvement objective.

This Plan responds to one of the guidelines of the II Presidents' Conference, which set out the need of a Quality Plan for the National Health System being prepared by the Spanish Ministry of Health and Consumer Affairs, for which purpose it was resolved to earmark a 2006 budget item totalling 50 million euros.

This Quality Plan was promised by the Spain's President in his inauguration address, the main end purpose of which is the improvement of the quality of the National Health System by assuring access to the services thereof under conditions of equality throughout the entire country.

The Quality Plan for the National Health System makes provision for six (6) major areas for taking action aimed at providing a solution to the matters having a bearing on the major principles and challenges of our healthcare system:

1. Health protection, health promotion and prevention.
2. Promoting equity.
3. Support for the planning of human resources in health.
4. Promoting clinical excellence.
5. Utilization of the information technologies for improving care for citizens.

These areas are specifically set out in 12 strategies, 41 objectives and 189 improvement projects.

The strategies have been designed as major axes of action on a medium to long-range basis. The objectives, which deal with the most important aspects of the current situation of the healthcare services, are set out on a medium-range basis, most of the improvement projects having been set out to be achieved on a short-range basis.

In addition to the above, to promote the quality policies in the healthcare services, the Quality Plan for the National Health System is introducing the giving of quality awards as one element for stimulating good practices and an opportunity for many thereof being brought forth to then become useful for the entire System.
STRATEGIES AND OBJECTIVES
HEALTH PROTECTION, HEALTH PROMOTION AND PREVENTION

STRATEGY 1: PROTECT HEALTH

Objective 1.1: Bolster the Transborder Health Services

All of the activities encompassed within the term "Transborder Health" come exclusively under the authority of the Central Government. Through these activities, the Central Government supervises and controls the possible health risks resulting from the import, export or transit of goods, as well as from international passenger transport. The importance thereof has been patent when adopting the measures necessary for dealing with situations such as those stemming from SAR's or avian influenza and will become even more evident, if possible, when enforcing the provisions of the International Health Regulations.

For carrying out these activities, there is a peripheral organization comprised of 32 establishments spread throughout most of the Autonomous Communities. Services including public services, border inspection, international immunization and hygiene health inspection are carried out thereby.

In its awareness of the importance of these services, the Council of Ministers has recently approved a transborder health quality plan setting out objectives for each area, establishing specific quality commitments, standardizing and simplifying processes, optimizing procedures and implementing assessment systems. Some of the most outstanding projects for within the scope of authorities of the Spanish Ministry of Health and Consumer Affairs for the 2006-2007 period include:

Projects to be carried out:

- Update the rules of law in force to adapt the same to the new situation and to the requirements stemming from the new International Health Regulations.
- Standardize the Administrative Processes by preparing the Procedure Manual for the authorization of border facilities and of companies exporting to third countries.
- Optimize the health surveillance and control measures of the border facilities by means of the preparation of the action protocols for the supervision and monitoring of health and hygiene conditions of the border facilities and of companies exporting to third countries.
- Establish the Transborder Health services listing.
- Conduct a regular user satisfaction survey.
- Improve the complaint and claim system.

**Objective 1.2: Bolster epidemiological surveillance**

Bolster the health risk surveillance systems and relate them increasingly more to the information systems which measure both the health results (including Mortality, Morbidity, Accidents, disability) and the demands for and use of health services (including Emergency Services, Hospitalization, Frequenting Variations) is the core element for heightening healthcare policy effectiveness.

The incorporation of the Public Health Information Systems within the common framework of the National Health System Information System (NHS-IS), the inclusion of population-related and geographical criteria and filling in certain information gaps detected will afford the possibility of relating and making the public health information systems and those of the healthcare and health results system compatible and interactive, thus making it possible to assess the effects of the interventions on the population and to set out effective preventive healthcare strategies to deal with different types of problems (high temperatures, avian influenza, etc.).

**Projects to be carried out:**

- Set up agreements with the Autonomous Communities for participation in the improvement of the public health information and health surveillance systems.
- Through the creation of Databases generated with homogenous population criteria, relate the synthetic Public Health indicators and data (determining and health risks) in time and space with those for Healthcare (Services Demand and Use).
- Generate new Health Surveillance tools: Alert systems based on habits of frequenting certain services and other territorialized Healthcare Information systems.
- Incorporate a Geographic Information System (GIS) which will facilitate Georeferenced Database use, operation and analysis.

**Objective 1.3: Environmental health risk management**

Health and the surrounding environment are closely linked. The air we breathe, the water we drink, our working environment and building interiors are involved to a major degree in our well-being and our health. Thus, the quality and healthiness of our environment are highly important for good health.

The improvement of the management of the existing procedures, the conducting of health-related environmental impact assessments and the integration of environmental management-related aspects related to health centre management are elements which make it possible to improve the public
health measures which are being carried out in the field of environmental health. Thus, the protection of human health can be improved along the line of that which was set out in the European Commission and European Parliament Regulation regarding the registering, assessment, authorization and restriction of chemical substances and preparations (REACH Regulation).

Projects to be carried out:

- Computerize the procedures for the assessment and authorization of chemical products (industrial, biocides and plant care products) to promote the risk assessment studies, substance classification and labelling as well as better information on authorized substances for both professionals and the public at large.

- Bolster the Rapid Information Exchange Network on chemical products to encourage the surveillance and control of the safety of these produces once marketed. The objective is to bolster the coordination between the Spanish Ministry of Health and Consumer Affairs and the Autonomous Communities and thus reduce the risks for public health resulting from the irregularities in the marketing or the use of chemical products.

- Assess the impact on health of drinking water quality using the EIS health impact assessment methodology, all of which is to be based on the information furnished by the National Drinking water Information System concerning the causes of different types of contamination and the knowledge of the corrective and preventive measures to be taken in each case.

- Prepare guides for the design and implementation of environmental management in the healthcare services and an environmental management manual in these services to promote the awareness of healthcare professionals concerning the involvement of the environment in health and the need of incorporating environmental management-related aspects into the healthcare centre organization and management processes.

- Develop a Health and Environment Action Plan for the purpose of increasing the coordination of the joint environment and health-related activities, further strengthening the research activities and the mechanisms for improving risk assessment and developing a set of environmental health indicators.
STRATEGY 2: HEALTH AND LIVING HABITS

Objective 2.1: Analyze the evidence on the effectiveness of the health promotion and primary prevention strategies

Since the late seventies, different countries have been organizing panels of experts to systematically make a regular review of the scientific evidence available on the effectiveness of the early detection and the prevention of different diseases.

Since the end of the eighties, some Governments of developed countries have also been regularly bringing together experts from a large number of preventive clinical healthcare services to review the effectiveness evidence, the benefits and risks of the preventive interventions and the community prevention and health promotion activities.

Within our scope, there is only one experience of a nationwide nature which is supported by the Spanish Ministry of Health and Consumer Affairs, which is the Preventive and Health Promotion Activity Program (PHPAP) of the Spanish Family and Community Medicine Society (SEMFYC) which was gotten under way in 1988.

Carrying out work projects making it possible to analyze the evidence on the effectiveness of the health promotion and disease prevention strategies can aid in properly orienting the activities carried out by the health services.

Projects to be carried out:

- Preparation of a plan for the revision of the evidence on the effectiveness of prevention and health promotion interventions of a community nature and in clinical practice which are carried out in the National Health System.

- Preparation of regular preventive recommendations on: immunizations, nutrition, physical activity and preventing obesity among the infant-juvenile population; smoking prevention; alcoholism prevention and preventing the drinking-related problems among teenagers and young adults; and the prevention of the dependency of senior citizens by means of holding forums for debate and consensus.

- Carry out campaigns to inform the population based on the evidence found.

- Carry out preventive measures based on the evidence through the monitoring system for the prevention of smoking set forth under Law 28/2005 of December 26th on healthcare measures regarding smoking and the regulation of the sale, supply, use and advertising of tobacco products.
Objective 2.2: Promote the development of Primary Care

Primary Care has demonstrated its positive influence on improving the effectiveness and efficiency of the National Health System and has achieved a high degree of satisfaction among the citizenry. However, demographic changes have taken place over recent years in addition to changes in the morbidity and in the demands of the population which have a bearing on primary care.

Aware of this fact, the II Presidents' Conference held in September 2005 stressed the need of promoting primary care and of getting the competent Agencies involved in bettering the problem-solving capacity and the resources thereof.

For this purpose, the Spanish Ministry of Health and Consumer Affairs is promoting the AP-21 Project (Strategies for Twenty-first Century Primary Care) which is aimed at making suggestions for improvement based on the collaboration for this purpose of the main scientific societies and the Autonomous Communities.

Given that primary care is an essential terrain for achieving the quality-related objectives of the system, actions which may aid in carrying out said Strategy have been included in the Quality Plan.

Projects to be carried out:

- Promote studies assessing the effectiveness and efficiency of different organizational systems and the different professional incentive strategies in Primary Care carried out by the Autonomous Communities, more specifically:
  - Primary Care Clinic Management Services.
  - Single management with different degrees of integration between primary and specialized care which are being implemented in different Autonomous Communities.
  - Association-based organizations.

- Finance pilot projects having the objective of promoting the integration of preventive and health promotion activities in Primary Care consulting rooms.

- Promote quality-improvement projects in:
  - Home care
  - Emergency care
  - The rational use of medications
Assess experiences which have been carried out in different Autonomous Communities to improve the problem-solving capacity in Primary Care, including aspects such as those in following:

- Reducing waiting times to see physicians by means of better planning and Internet appointments.
- Eliminating red tape from consulting rooms to lengthen the time of actual care by the medical and nursing professionals as compared to the amount of time spent on bureaucratic tasks.
- Better access from primary care to diagnostic testing.
- Improve the coordination between primary care and hospital care. Here, interconsultation experiences at the health centre, telemedicine and single clinical record will be included.
- Promote and assess pilot experiences in citizen participation, particularly those carried out by Autonomous Communities and those carried out within the scope of the community activity program in Primary Care of scientific societies.
- Get a virtual documentation Library on Primary Care under way.

**Objective 2.3: Prevent Obesity**

In Spain, the estimated mean prevalence of obesity is 14.5% among adults and 13.9% among small children and young adults. In comparison with all of the other European countries, Spain is ranked in a mid-line position in the percentage of obese adults. However, the prevalence of obesity among Spanish children within the 6-12 age range is 16.1%, exceeded in Europe solely by the children in Italy, Malta and Greece.

Obesity is an avoidable chronic disease, in addition to being a risk factor for developing other chronic diseases. Combating obesity is important in terms of public health and in terms of health services costs. In Spain, a 1999 study assessed the annual cost of obesity at 2.5 billion euros.

The Spanish Ministry of Health and Consumer Affairs has approached this problem by means of launching the NPAOPH Strategy, an acronym for Nutrition, Physical Activity, Obesity Prevention and Health.

Apart from the above, in Spain, two out of every three school-age children have a low degree of physical activity outside of school, meaning that they do less than one hour/day of any type of physical activity. Thirty-eight percent (38%) of the young people report being sedentary during their free time.

Small boys and girls in Spain spend an average of 2.5 hours a day watching television, which makes them the leading TV addicts, second only to British
children, in the European Union. These same children spend an additional hour at the computer or playing video games.

Exercise and sports are then being replaced by an extraordinary increase in the amount of time devoted to passive entertainment during childhood, adolescence and young adulthood.

In addition thereto, it is a known fact that an individual's relationship with food and eating habits are determined by the first years of life, as a result of which a proper diet from birth and throughout early childhood has been proven to be the most effective method for preventing obesity. At age two, it is already possible to recognize inappropriate eating practices potentially conditioning obesity.

Therefore, the prevention of obesity must start during early childhood by means of promoting health eating habits in Primary Care by getting paediatricians, nursing personnel, parents and educators involved.

**Projects to be carried out:**

- Design and contribute to carrying out programs for promoting physical activity with the participation of the Spanish Food Safety Agency (AESA), primary care professionals, the municipal governments and the Autonomous Communities.

- The Spanish Food Safety Agency will design and contribute to carrying out programs for promoting physical activity in elementary, junior high, high schools and universities in collaboration with the education authorities.

- Informative strategies will be carried out targeted on parents through the healthcare professionals which will set out specific practical guidelines on healthy eating and physical exercise.

- A working group will be set up with the participation of the Autonomous Communities and the scientific societies for setting out protocols in Primary Care consulting rooms which will make it possible:
  a) To identify the children at risk of obesity as soon as possible by means of the investigation of the family-related conditioning factors and the follow-up of the individual situation of each child by using the Body Mass index in the consulting room.
  b) Including overweight young children and teenagers in specific care programs affording the possibility of regularly checking the evolution of their weight and height and initiating strategies for family and individual re-education.
  c) Holding courses and seminars to create an awareness among Primary Care professionals concerning the importance of being overweight and obesity for health, and to familiarize them with the approach to obesity according to the established criteria.
- Promote research on obesity.
- Set out an action plan for the prevention of obesity within the school setting.

**Objective 2.4: Prevent drinking among minors under age 18**

The last two surveys on drugs conducted on the school-age population within the 14-18 age range by the National Drug Plan in 2002 and 2004 show the prevalence of drinking among youths to have risen by 10 points in scarcely two years.

This increase is particularly significant in the case of the youngest. Hence, for the age 14 group, the prevalence of drinking during the 30 days prior to the interview has gone from 26.1% in 2002 to 38.8% in 2004, meaning an increase of more than 12 points within solely two years.

The same is true for the indirect binge drinking indicators, which also show high figures. In fact, 46.1% of the school-age children within the 14-18 age range surveyed in 2004 state having gotten drunk at least once in their lives, 27.3% having said that they had done so within the past 30 days. In this last group, the average binge drinking is 2.7 per month, meaning an episode of drunkenness every 10 days.

Binge drinking has a negative effect on the health of minors, as well as a potential impact on poor school performance, whilst also being significantly linked to the incidence of traffic accidents, a major part of which occur on the weekends and involve teenagers driving motorcycles.

Despite the above, solely 9% of all Spanish teenagers consider themselves as drinking a lot or quite a lot. This is added to the fact that a large majority thereof do not consider alcohol abuse as being a possible health problem.

This and other data are leading the Spanish Ministry of Health and Consumer Affairs to propose a number of actions for dealing with problematical drinking, particularly among specific areas of the population: teenagers and motor vehicle drivers.

**Projects to be carried out:**

- Position drinking excessive amounts of alcohol as a problem for individual health and for public health, particularly among the under-18 aged population.
- To prepare a legal text having the main objective of safeguarding the health of minors in relation to the damage associated with drinking through measures aimed at reducing accessibility to drinking by minors which will provide a greater degree of protection
against the pressures which lead young children and teenagers to drink and which support those individuals who choose not to drink.

- Promote informative instructional campaigns and actions within the school setting and in that of the prevention of the problems associated with drinking, with special emphasis on the traffic accidents related to drinking.

**Objective 2.5: Prevent household accidents**

The last National Health Survey shows that ten percent (10%) of the population has had some accident within the twelve months immediately prior to the interview, household accidents being the most frequent (27% of all accidents).

The importance of household accidents lies both in their frequency as well as in the special importance they take on among certain population groups, such as small children, the elderly (especially over age 75) and women.

Among small children, household accidents are more frequent among boys than girls, whilst among adults, they are more frequent among women than men. The prevalence of household accidents among men slightly increases as of 75 years of age.

From an integral concept of health, their potential for prevention stands out as one of the most important characteristics of household accidents. This conditions the need for taking on broad-action strategies in order to be able to prevent them from occurring and thus reduce the accident prevalence, with the resulting reduction of injuries to personal health.

**Projects to be carried out:**

- Conduct the DADO2006 survey on the prevalence of household accidents.

- Carrying out a household accident prevention Plan including actions for heightening product safety on the part of the National Institute for Consumer Affairs and with the Autonomous Communities. Measures must likewise be carried out to inform the population as a whole and risk groups: including the school-age population and the elderly.
STRATEGY 3: PROMOTE BEST PRACTICES-BASED HEALTH POLICIES

Objective 3.1: Describe, systematize, analyze and compare information on the health policies, programs and services

Health policies must be based on knowledge useful for the action. Although the production of data and the systematic presentation thereof is common practice in the health systems in our surrounding environment, the generation of knowledge based thereon requires specific processes.

It is with this objective that the aim is to create a dynamic by which, through the accurate processing of the data, information will be generated which, on being checked against the Spanish and international experiences and properly analyzed, produces the knowledge necessary to monitor and improve the National Health System.

The diversity of the actions of the Autonomous Communities in the National Health System provides ample opportunities for mutual learning and collaboration in quality improvement. The evolution of the system, its territorial characteristics and its capacity for adaptation and innovation, allow for common aspects and differentiating situations to co-exist in response to health problems and needs which are sometimes similar and in other cases not to such a great degree.

Projects to be carried out:

- Publish and disseminate a regular report on the health condition of the people of Spain.
- Publish and disseminate reports on the functioning, achievements and problems of the National Health System, as well as on the territorial variability of the health situation and in the health risks.
- Promote the conducting of studies for the knowledge and analysis of the health policies, programs and services in Spain.
- Compare the contents and results of the policies, the programs and the actions of the health services in Spain with those of other countries in collaboration with the European Healthcare System Monitoring System and other international organizations.
**Objective 3.2:** Place the knowledge, concerning the evolution, problems and achievements of the National Health Service and of the health services of which it is comprised, at the disposal of the users, professionals and decision-makers, and check the same against the opinions thereof.

The access of all those involved to the information on the health services is a right, but also generates opportunities for the improvement of these services. In particular, the population and users having a better knowledge thereof makes it possible for all of them, regardless of their social or cultural situation, to be able to use them properly.

There are different approaches to the knowledge of the health needs of the population, but one of the most effective is asking the users or potential users. Most of them will have had some contact either directly or through their family members, with the healthcare services, and almost all of them will have a definite opinion as to their experiences and expectations. Knowing and analyzing these opinions is of use for approaching the responses of the healthcare authorities to the needs felt to exist by the population.

**Projects to be carried out:**

- Analyze the trend in the opinion of the population as a whole regarding their health as well as their satisfaction with the functioning of the National Health System.

- Disseminating the information on quality indicators, the National Health System and its services, and facilitating the comparison with their best practices for improving the quality thereof.

- Promoting spaces for virtual and in-person meetings (seminars, workshops, forums) among social organizations, professional societies and the government agencies for the purpose of sharing and comparing different perceptions of the health services.

- Create forums for debate on the Spanish Ministry of Health and Consumer Affairs webpage on the functioning of the National Health System and matters of interest to citizen for facilitating their involvement in health-related aspects and the more proper use of the healthcare services.
STRATEGY 4: ANALYZE THE HEALTH POLICIES AND PROPOSE ACTIONS FOR REDUCING THE INEQUITIES IN HEALTH WITH EMPHASIS ON GENDER-RELATED INEQUALITIES

Equity in health is a top-priority objective of the National Health System, as has been set forth under the General Health Law since 1986. In Spain, there is sufficient evidence on the relationship between social inequalities and results on health, but there is very little information on how to approach this from the health systems. To set out and assess equity in health policies, it is necessary, first of all, to avail of information systems which will make it possible to know the social characteristics of the individuals for whom care is provided in order to be able to analyze the inequalities. These characteristics include the socioeconomic level or social class and also those incorporating other dimensions of the social disadvantages, such as nationality, religious beliefs, gender, sexual preference, age or place of residence, all of which are related but are different and operate differently in each individual population.

Objective 4.1: Promote the knowledge of the gender-related inequalities in health and bolster the gender focus in health policies and in continued training of healthcare personnel.

The gender-related inequalities in health and in the care provided by the healthcare services have a bearing both on men and on women, but they are more prejudicial to women not only for social reasons, but due to the way in which the services are organized.

Gender-related equity in health requires that men and women be treated equal when they have common needs, and that their differences are dealt with differently. This must be taken into account throughout the entire service planning and providing process, throughout all scopes and levels thereof.

The knowledge on which the decisions on the health systems are based must not be gender-biased, and thus the healthcare professionals must be capable of comprehending gender inequalities and of implementing the measures necessary to promoting equity within the health systems.

Projects to be carried out:

- Drafting and publication of an annual report on Health and Gender.
- Providing accessible, quality information on gender and health in the National Health System on the Spanish Ministry of Health and Consumer Affairs webpage in collaboration with individuals and organizations who are experts in health and gender communication.
- Promote the inclusion of the gender perspective in the healthcare information systems and in the health strategies by working with the panels of experts and scientific societies.

- Identification and dissemination of good practices on the inclusion of the gender focus in the health policies and services.

- Promote the training of the human resources in health, including the gender-related inequalities in health both in undergraduate education (in collaboration with the universities) as well as in the continued training of health personnel, in collaboration with the Autonomous Communities.

- Develop indicators on sexual and reproductive healthcare in the National Health System, as well as the promotion, identification and dissemination of good practices, with the collaboration of women's organizations and professional societies.

- Focus special attention on the prevention of unwanted pregnancies, especially among those groups where this problem arises more often.

- Improve the knowledge as to the magnitude and evolution of gender-based violence as a health problem, proposing information sources and indicators.

- Improve the prevention, detection and care provided by the National Health System for those women who are at risk or are suffering gender-based violence.

- Study the health of mature women as a time of life at which risk situations arise (double workday, unofficial caregiving, medicalization of aging) and opportunities for improving their lifestyles and their self-perception of their health.

- Study the gender-related differences in the care of the most frequent processes (i.e., ischemic cardiopathy or cancer).

- Study the gender-related differences in the patterns of drinking and drug use among the young.

**Objective 4.2: Generate and disseminate knowledge on the inequalities in health and stimulate good practices in the promotion of equality in healthcare and in the reduction of inequalities in health through the National Healthcare System.**

Two major lines of activities are planned: improvement of health and access to the health services of the most highly disadvantaged groups; and improvement of the health of all of the groups by breaching the gap in health between the most highly disadvantaged and those who are in a better situation.
Projects to be carried out:

- Prepare a report on how the inequalities are considered by social class, educational level and among immigrant population in the health strategies and plans, both in the Autonomous Communities and on an international scale.

- Conduct pilot studies on the access to and use of the National Health System according to socioeconomic characteristics and educational level of the user population.

- Design a nationwide survey on the access to and use of National Health System services according to socioeconomic characteristics and culture of the user population to be conducted in 2007.

- Define and study the health and needs of care in the National Health System of the women and men having disabilities or handicaps.

- Design and study with the mediating organizations, the health and needs of care within the National Health System of male and female sex workers.

- Compile and disseminate good practices and tools for improving accessibility to and proper use of the health services, especially the primary care and emergency services and the preventive and health promotion programs, by the groups at risk of exclusion (particularly by the immigrant population).

- Develop strategies for promoting healthcare with a multicultural focus - especially in aspects such as caregiving, eating and violence - above all, among women and children.

- Promote the collaboration with other government agencies for improving the effectiveness of the healthcare programs for these population groups, especially with the municipal governments (FEMP-Spanish Healthy City Network).
STRATEGY 5: ADAPTING THE HUMAN RESOURCES OF THE NATIONAL HEALTH SYSTEM TO THE NEEDS OF THE HEALTHCARE SERVICES

The planning and development of the human resources in health is a key tool for promoting care quality. Good planning has to do with aspects including improving the human resource-related information systems, ascertaining the medium and long-range needs of specialists and supporting the Teaching Services in charge of the training thereof.

The Spanish Ministry of Health and Consumer Affairs considers human resource planning to be an aspect of primer importance for healthcare service quality.

Thus, a preferential line of action is being initiated with the Quality Plan which will make it possible to deal with problems which the National Health System has had for years in this regard.

Objective 5.1: Study the needs for medical specialists

The demographic changes currently under way, the new benefits the citizens are getting, the progressive complexity of diagnostic and treatment technologies and the effects of the movement of professionals in progressively broader areas make it hard for the balance between the supply and demand of medical professionals to be met without a constant assessment of needs. All this makes it necessary to study the current and foreseeable future availability of human resources, specialization by specialization, in order to meet these new challenges.

Projects to be carried out:

- Preparation of a study of specialist needs making it possible to carry out a suitable planning of the future needs of the National Health System.

Objective 5.2: Support the ordering of the National Health System’s human resources

The planning of the information systems related to human resources, especially those affording the possibility of a common, homogeneous, real-time processing of the information is considered a valuable initiative for both the Autonomous Communities and the National Health System as a whole.
Projects to be carried out:

- Define the common information which must be compatible in order to avail of a common information system on the human resources of the National Health System.
- Make the compatibility of the tools currently available possible.
- Create a management infrastructure at all of the centres which will afford the possibility of real-time data processing.

**Objective 5.3: Bolster the Teaching Services and the Resident Training Program**

As a result of the review and analysis made of the reports issued by the teaching commission networks and the reflections which the Spanish Ministry of Health and Consumer Affairs has made on the surveys which the residents completed within the framework of the Annual Auditing Plans, a deficit in material resources is detected in the Teaching Services responsible for training our specialists. A highly limited degree of sharing of experiences and participation in training activities of a practical nature at centres of technical training import not linked to or outside of the resident teaching services is also detected.

- Equip the different Teaching Services of the National Health System with updated teaching, academic and know-how material in terms of the needs detected, following a report issued by the Health Services.
- Create a scholarship support line for the training of residents at high-tech training centres to support the travel expenses and, wherever applicable, attendance to training activities, and also by means of the acquisition of resident training material for the National Health System.
- In accordance with the Autonomous Communities, stimulate and promote stays at public centres operating under the Health Services aimed at carrying out teaching activities of special interest for meeting the objectives of the training program thereof, whether they be courses, workshops, practice session or any similar activity, placing priority on the learning activities of a practical nature and rotations.
STRATEGY 6: ASSESS THE CLINICAL PROCEDURES AND TECHNOLOGIES AS A BASIS FOR CLINICAL AND MANAGEMENT DECISION-MAKING

Over the last twenty years, in most developed countries, the assessment of clinical procedures and technologies before and during their implementation in the health systems and also once they have been implemented has shown itself to be a key tool in order for the decision-making of clinics, health authorities, managers and patients to enhance care quality and efficiency.

These assessments, based on the finest knowledge available and made by specialized groups, teams or agencies independent from the manufacturers, can be highly useful both for assuring the effectiveness, use and efficiency of the technologies and procedures, and for recommending or not the inclusion thereof in the listing of services which are financed with public funds; on occasions also providing an orientation as to the most suitable care modalities in each case.

Over the last ten or fifteen years in Spain, some Autonomous Communities have progressively been creating groups, teams, institutes or agencies devoted to the assessment of health technologies. These groups have achieved a more than acceptable level of development and influence within their respective scopes of action and have provided themselves with an incipient coordination which has allowed them, in some cases, to operate as a network. In addition thereto, the health centres and hospitals have shown a growing interest in the professionals and managers in this field.

The Spanish Ministry of Health and Consumer Affairs, through the Healthcare Technology Assessment Agency of the Carlos II Health Institute, is carrying out technology-assessment activities of major interest to the National Health System.

The II President's Conference recognized the importance of this activity and set forth the need of promoting the development thereof within the entire National Health System as a whole through the work of the Healthcare Technology Assessment Agency of the Carlos III Health Institute in collaboration with all of the other Autonomous Community Healthcare Technology Assessment Services.

Objective 6.1: Propose procedures and criteria for detection and following up on the trend in new and emerging technologies and procedures

The fitting assessment and the follow-up on the trend in the technologies and procedures before they are proposed for implementation in the healthcare systems allows all those involved, especially the healthcare authorities, to get an idea beforehand as to the safety, pertinence and effectiveness thereof in the patients' benefit.
This contributes to the leadership of the health authorities, involves an improvement in care quality, a decrease in the uncertainties and generates savings on time and resources.

In the European Union, there are sentinel networks devoted to carrying out this detection and follow-up, of which some of the Spanish teams comprise part. The configuration of a networking strategy among the National Health System Assessment Agencies and Services for the identification, prioritizing and early assessment of new and emerging healthcare technologies and procedures can furnish the National Health System with information highly important for making the decisions which will make it possible to improve the quality and listing of services common to all citizens.

Projects to be carried out:

- Identification and selection of the new and emerging technologies and procedures by means of routine prospecting of specific sources.
- Orchestrating the corresponding information network on evidence for the health authorizes, the healthcare centres and professionals.
- Creation and maintenance of a new and emerging technology and procedure database.
- Production of a biannual report with the corresponding technical data sheets for the National Health System.
- Progressive expansion of the capacity for detecting new technologies and procedures by means of the signing of agreements with international entities devoted to healthcare technology assessment.
- Set up an ongoing relationship with the healthcare technology manufacturers and producers which will enhance the carrying out of quality-improvement measures.

**Objective 6.2: Design a Healthcare Technology Assessment Plan for the National Health System**

Design or adapt proven methodologies and produce explicit criteria and standards for assessing the technologies and procedures which are in the stages of being implemented and used on an overall basis in the health systems, place them at the disposal of authorities, clinics and managers, as well as suitably prioritize and assess a significant number thereof, are aspects of importance for guaranteeing patient safety, the excellence of clinical work and the technical quality of the healthcare provided.
Projects to be carried out:

- Adapt proven methodologies and produce standards for proper use of healthcare technologies and procedures.

- Prepare a Healthcare Technology Assessment Plan and procedures considered top-priority for the National Health System based on the recommendations made by the Healthcare Technology Assessment Agency of the Carlos III Health Institute and all of the other Autonomous Community Healthcare Technology Assessment Agencies and Services.

- Incorporate into the Royal Decree by which the listing of common services of the National Health System is set forth, the need of availing, in a procedure for the updating thereof, of an assessment report form the Spanish Ministry of Health and Consumer Affairs through the Healthcare Technology Assessment Agency of the Carlos III Health Institute in collaboration with all of the other Autonomous Community Healthcare Technology Assessment Agencies and Services.

**Objective 6.3: Spread the assessing culture among clinics and managers, and train professional devoted to the assessment of technologies in health**

Spread the assessing culture based on basic concepts of effectiveness, usefulness, cost and efficiency among a large number of clinics and managers contributes to promoting quality control and clinical experience whilst also facilitating the healthcare institution management.

In addition to the above, training a larger number of professionals working part-time or full-time on the assessment of technologies and procedures in health heightens the assessing capacity as well as the quickness and accuracy and, therefore, the usefulness and impact of the recommendations resulting from the assessments.

Both of these aspects are also requirements resulting from the fast pace and volume with which new technologies and procedures are emerging and being implemented in healthcare services, or with which new indications arise or problems come up with those already in use.

Projects to be carried out:

- Preparation of a training program on the assessment of technologies and procedures in health for clinics and managers.

- Develop a structured offer of monographic seminars on tools, analysis of variables, models, measurements of effectiveness and usefulness and economic analysis for professionals starting out work or who are
Currently already working on the assessment of technologies and procedures in health.

- Prepare a map of resources shared in assessment of technologies and procedures in health, and a common policy to accessing informative resources and training on the part of the Spanish assessment groups and agencies.

**Objective 6.4: Bolster the tools of which the National Health System avails for assessing technologies and procedures in health**

To carry out many of the actions described in the preceding objectives hereinabove, as well as to heighten the capacity for the production and suitable actual dissemination of scientific evidence in the field of health, it is quite advisable to bolster the incipient network of technology assessment in health agencies and services such that it will be capable of serving as a true "assessment research" and training centre serving the entire National Health System.

**Projects to be carried out:**

- Build an electronic shared knowledge platform from which the healthcare professionals will have ready access to the assessments database, emerging technologies report, the training resources, the common methods, the resource maps and the links to the domestic and international assessment networks and other related projects (i.e. Health Guide).
STRATEGY 7: ACCREDIT AND AUDIT HEALTHCARE CENTERS AND SERVICES

Accrediting and regularly auditing healthcare and research centres, services and establishments undoubtedly contributes to promoting the quality thereof.

The Spanish Ministry of Health and Consumer Affairs is vested with the authority to set forth the basic conditions and the common requirements which must be set out in order for the Autonomous Communities to carry out this work and may likewise design processes and offer methodological tools useful for performing these duties.

Objective 7.1: Set forth the basic common requirements and the safety and quality guarantees which must be fulfilled for opening and operating Healthcare Centres at the National Health System level.

The safety and quality-related guarantee of the healthcare provided to citizens at the healthcare centres, services and establishments is core objective of the Spanish Ministry of Health and Consumer Affairs, in its role of guaranteeing the equity and cohesion of the National Health System, as well as of the Autonomous Community healthcare authorities in their role of being responsible for the organization and provision of the healthcare services:

Projects to be carried out:

- Prepare and enact regulations on common criteria for the authorization of healthcare centres and services, which involves:
  - Setting up a working group with representatives from the Autonomous Communities to define contents and criteria.
  - Reviewing the regulations and the criteria set out by the Autonomous Communities.
  - Preparing a proposal of common quality and safety-related criteria.
- Promoting the external assessment by the means of the accreditation of healthcare centre and service certification officials and the drafting of certification standards.

Objective 7.2: Guarantee the quality of the National Health System reference Centres, services and procedures by publishing the basic standard and establishing an accreditation model.

The project of defining and designing reference services for the National Health System must safeguard the principles of equity, universal access and solidarity among regions and, therefore, contribute to promoting equity throughout the entire System, so that all citizens may be provided with the same specialized
services regardless of where they live in Spain or where they are located at each given point in time, with the same safety and quality-related guarantees resulting from the experience and work with a sufficient number of cases to build up said experience.

The achieving of this objective is therefore aimed at guaranteeing the quality, the safety and an optimum use of the public healthcare resources.

Projects to be carried out:

- Draft and enact the Royal Decree on Reference Centres, Services and Establishments.
- In further expansion thereupon, prepare and publish the accreditation form including the process of auditing and assessing the reference centres, services and establishments, the accreditation manual, and standards and criteria to be employed.
- Set the process in motion for the designation of the Reference Centres, Services and Establishments with the overall planning criteria agreed upon within the National Health System Interterritorial Council.

**Objective 7.3: Bolster the teaching auditing process of the centres accredited for graduate training**

The graduate training of the healthcare professionals in Spain is recognized at the international level as a reference model for its quality, transparency and equity. Availing of a teaching centre and establishment auditing and accreditation model has made this possible, long experience in the development thereof now having been accumulated.

However, the review which has been being made since 2003 advises further strengthening this model in several aspects, particularly by increasing the coverage and the agility thereof by providing it with a greater degree of transparency and by homogenizing the criteria and the profile of the assessors and the management of the reports.

Projects to be carried out:

- Updating of the teaching accreditation model, which includes:
  - Prepare the new "Teaching Auditing Manuals" and the Family and Community Medicine, Occupational Medicine and Neurology Assessment Protocols.
  - Design the training and continued updating model for the assessing technicians.
- Systematically share the results of the assessments with the Autonomous Communities by means of the preparation of an overall report with the results of the audits.
**STRATEGY 8: IMPROVE THE SAFETY OF THE PATIENTS FOR WHOM CARE IS PROVIDED AT THE NATIONAL HEALTH SYSTEM HEALTHCARE CENTERS**

The undesirable side effects of healthcare are one cause of high morbidity and mortality in all developed healthcare systems. In addition to the personal consequences on the health of the patients due to these damaging effects, this also involves a major economic and social impact.

Therefore, improving patient safety has been one of the priority strategies in the healthcare system quality policies, strategies having been adopted by different international organizations (EU, WHO, OECD), etc for dealing with the occurrence of adverse events related to healthcare.

**Objective 8.1: Promote and develop the patient safety culture and knowledge among the professional at any level of healthcare**

Developing a safety-related culture within an organization requires staunch leadership and careful planning and follow-up. Knowing how the professionals perceive safety is the first step toward implementing actions making it possible to modify their practices. Research, informing and training, play a top-priority role in establishing a patient safety-related culture which will make it possible to improve the quality of the healthcare services by means of knowing the undesirable effects which sometimes arise in the healthcare processes.

The conducting of the first National Adverse Effects Study (ENEAS Study) marks a major step in this direction. This study, the fifth in importance in the world and the third of its kind being conducted in Europe, shows adverse effects at the National Health System hospitals to be at figures similar to those of the countries which have conducted the same (France, United Kingdom, Canada, Australia) and indicates where the greatest prospects for improvement lie: adverse effects due to mediations, hospital infections and anaesthesia and surgery-related effects.

**Projects to be carried out:**

- Disseminate the results of the National Adverse Effects Study.

- Conduct a study on the way in which the National Health System professional perceive patient safety.

- Set out a priority line of basic and applied research on Patient Safety through the Healthcare Research Fund.

- Hold an International Conference on Patient Safety in the National Health System for analyzing the advances and sharing the design of new strategies in this field with the Autonomous Communities, professionals and experts.
- Sign the joint declaration with the WHO for promoting the World Alliance for Patient Safety.
- Design and offer professionals clinical management and safety tools.
- Run a communication campaign on patient safety.
- Prepare a proposal of measures for improvement on the subject of adverse effects.

**Objective 8.2: Design and set up systems for reporting on patient safety-related incidents**

The primary objective of an incident reporting system is to better patient safety by learning from the adverse effects and the mistakes made. The incident reporting systems are not aimed at identifying and penalizing the healthcare personnel involved in the incident, but rather at learning from the mistakes made and preventing them from being repeated.

**Projects to be carried out:**

- Make an analysis of the currently-existing adverse effects reporting systems and set out a basic set of minimum patient safety indicators.
- Design a system for the notification of adverse effects at the National Health System level and in the different Autonomous Communities.

**Objective 8.3: Implement projects by means of agreements with the Autonomous Communities which will promote and assess safe practices in eight specific areas.**

All of the actions included will be carried out by the Autonomous Communities based on the specific agreements which are made between the Spanish Ministry of Health and Consumer Affairs and the Communities. These agreements will include financing and a system for assessing the completion of the projects.

- **Prevent Averse Effects of anaesthesia in selective surgery**
  The effects which anaesthesia may have range from nausea to acute cerebrovascular accident (ACVA) or acute myocardial infarction (AMI). Although not all of these events can be readily catalogued as avoidable, there are some effective measures capable of reducing the probability of their occurring.

- **Prevent hip fractures in post-surgical patients**
  Protocols revolving around the appropriate use of analgesics and sedatives and the appropriate nursing care and monitoring will be prepared and disseminated, in order to encourage the prevention of post-surgical hip fractures.
- **Prevent pressure ulcers in patients at risk.** Decubitus ulcers arising due to patients lying in a hospital bed is a frequent complication among immobilized patients which has a negative impact on the individual's health and often leads to a lengthier hospital stay and an increase in healthcare costs. Decubitus ulcers can be prevented with the proper nursing care, in particular by means of the design and implementation of a patient identification checklist and a protocol for taking action.

- **Prevent Pulmonary Thromboembolism (PET)/ Deep Vein Thrombosis (DVT) in patients undergoing surgery.** Protocols revolving around the appropriate use of anticoagulants for enhancing the prevention of PET/DVT which especially take into consideration the indication of prophylaxis in patients at risk will be prepared and disseminated.

- **Prevent nosocomial infection and surgical infections.** The incidence of hospital-acquired infections can be reduced by means of pre-, intra- and post-operative measures especially including the prevention of environmental risk factors (i.e. for preventing Legionnaire's disease), strict hygiene and the proper use of antibiotic prophylaxis. Proper cleaning of the hands with water-alcohol solution is an effective measure for reducing hospital-acquired infections and is currently being recommended by the leading international healthcare organizations. The measures for which provision is made in this case are: a) design of a protocol for taking action with recommendations of proper hygiene and antibacterial prophylaxis in patients at risk; b) promoting clean hands practice at healthcare centres; c) disseminating pamphlets and informative posters; d) defining critical points where water-alcohol solutions must be available.

- **Preventing wrong-site surgery.** Although not highly frequent, the consequences of this error may be quite serious. The identification of this event must lead to an exhaustive analysis thereof. The prevention thereof must be achieved by designing a protocol with precise recommendations as to how to prevent wrong-site surgery.

- **Prevent medication-related errors.** The errors in medication or in the administering thereof are one of the most frequent causes of adverse effects both among hospitalized patients and within the realm of primary healthcare. The health systems can improve this problem by means of measures including computerized prescription systems, improvements in the identification of drugs, improvements in the communication among professionals and implementation of strategies which will allow the use of devices for aiding in the strict following of prescribed treatments. In addition thereto, it is necessary to create tools which will make it possible to improve the informing of the professionals (i.e. further strengthening the medication "technical data
sheet"), further expanding upon the special-control drug regulations and further strengthening the working conditions or also the networking of the 17 Autonomous Community drug-surveillance centres. In any case, actions in emergency care, hospitalization, specialist and primary care consulting rooms and, lastly, in home care, will be undertaken.

- Assure the implementation and proper use of the informed consent form as well as full compliance with the last will of the patients. Inadequate physician-patient communication for the conducting of certain tests and procedures, as well during the terminal stages of life, can give rise to problems and suffering for the patient and the family members thereof as a result of not having appropriately respected the patient's rights on having prolonged the symptoms or due to not having respected the patient's religious beliefs or culture. It is therefore necessary to assure that sufficient information and written documentation exists on the treatment preferences of the patient in the terms for which provision is made under the laws in force, particularly during the final stages of their life.

**Objective 8.4: Reinforce the quality systems for the transfusion centres and services**

The National Health System, as the vast majority of developed countries, has taken the altruistic approach of volunteer blood donations as the essential basis for the best guarantee of quality and safety both for donors and recipients.

On its part, for the purpose of guaranteeing a high degree of quality and safety of the blood and the components thereof which will be equivalent among all Member nations, as well as for contributing to boosting citizen confidence in transfusion, the European Union adopted the European Parliament and Council Directive 2002/98/EC of January 27, 2003, setting out quality and safety standards for the extraction, verification, processing, storage and distribution of human blood and the components thereof, as well as EC Directive 2004/33/EC concerning certain technical requirements of blood and blood components.

In Spain, Royal Decree 1088/2005 of September 16, sets forth the technical requirements and minimum conditions for blood donation and for the transfusion Centres and services, whilst it also compiles and orders the domestic regulations in force, incorporating the provisions of the aforesaid Directives into the Spanish legal system. Under Article 32 thereof, it is set forth that the Transfusion Centres and Services must avail of a Quality System in accordance with the principles of good practices which covers all of the activities thereof.

Subsequently, on October 1, 2005, EC Directive 2005/62/EC was published in application of EC Directive 2002/98/EC in which reference is made to the Community standards and specifications related to a Quality System for Blood Transfusion Centres. The Member States have until August 31, 2006 to adopt the pertinent legal provisions.
To achieve the objective of implementing the quality and proper practices assessment systems at the Hospital Transfusion Services and Centres, the Scientific Committee for Transfusion Safety, the scientific body of the National Transfusion Safety System created by virtue of RD 1088/2005 has set forth priority projects for 2006 including the following:

Projects to be carried out:

- Prepare the Common Transfusion Centre Inspection and Accreditation Criteria.
- Set out joint strategies with the healthcare professionals, blood donor associations and Autonomous Communities for encouraging blood donation and achieving self-sufficiency.
- Create the panel of experts on haemosurveillance, which shall carry out the following projects:
  - Hold a Forum for debate on haemosurveillance to reinforce this function by dealing with aspects including the guarantee and reinforcement of the blood and blood derivative traceability systems.
  - Develop the software application for the information system on adverse effect in transfusion.
  - Connection to the European Alert System.
  - Develop a system for the exchange of blood products which will assure the principle of solidarity by means of the creation of a specific Intranet for the entire country.

**Objective 8.5: Carry out measures for the improvement of the quality of the National Transplant Organization processes**

Since its creation over more than 20 years ago, the National Transplant Organization (NTO) has done great scientific, healthcare and social work which has allowed Spain to be the leading country worldwide in transplants. Maintaining this leadership position and meeting the new challenges which are arising in this field required further strengthening and developing many of the NTO management procedures and technical tools.

Projects to be carried out:

- Digitize the transplant coordination file.
- Create the National Transplant Organization record department.
- Develop an integrated information system for the donation and transplant network which comprises part of the NHS-IS.
- Accredit centres for extracting, processing and transplanting haematopoyetic progenitors.

- Get under way the coding and traceability system in the harvesting, processing and use of cells and tissues (in implementation of Directive 2004/23) by means of the processing and publication of a Royal Decree.
STRATEGY 9: IMPROVE THE CARE OF PATIENTS WITH CERTAIN PATHOLOGIES

Special attention is being placed on the most prevalent pathologies entailing a greater care, family and social burden in all countries and on the part of the specialized international organizations. In the developed countries, this is particularly true concerning the chronic pathologies, because they are affecting increasingly growing percentages of the population for increasingly longer periods of time and, if they are not properly prevented and treated, they may give rise to major losses in self-sufficiency on the part of those affected thereby and the primary caregivers thereof, who are mainly women.

All of which must not lead us to reduce the efforts in research and care in the other low-prevalence pathologies but which have a major individual and family impact which are known as "rare diseases".

Objective 9.1: Improve the care of the patients with prevalent diseases entailing a major social and economic burden

The last National Health Survey shows that the most frequent chronic disorders stated by the population age 16 and above are arthritis and rheumatic problems (16.4%), high blood pressure (14.5%), hypercholesterolemia (10.5%), allergies (9.8%), diabetes (5.9%), heart diseases (5.8%), asthma, chronic bronchitis or emphysema (5.5%) and depression (5.4%). With the exception of asthma, chronic bronchitis and emphysema, all of the chronic problems considered are more frequent among females.

The aforementioned Survey shows that 58.3% of the population age 65 and over (67.3% of the males and 51.7% of the females) is capable of performing daily living activities without help. However, from 1993 to 2001, a drop was found to exist in the percentage of the population which is able to perform daily living activities on their own, more markedly so among women. A major part of this loss of self-sufficiency is due to a small number of highly prevalent chronic pathologies.

This and other data (particularly the data related to morbidity and mortality) have led to designing a major project for the drafting of Health Strategies. The Health Strategies are based on the principle of territorial cohesion and equity, the end purpose of which is that of guaranteeing that all citizens have access under the same conditions to the measures and procedures which have been proven effective on improving health and the quality of live regarding which a consensus has been reached as to the effectiveness thereof.

This initiative is aimed at improving the quality of the care of a large part of the chronic or potentially chronic pathologies which may have a major bearing on the quality of life (including self-sufficiency) of those affected thereby - especially the elderly and their families.

The following Strategies will be prepared and gotten under way within the 2006-2007 period:
Cancer Strategy

In absolute terms, cancer is the leading cause of death in Spain. Getting this Strategy under way means an opportunity to optimize cancer prevention, diagnosis and treatment as well as to improve the information, reinforce research and assess the advances made.

Ischemic Cardiopathy Strategy

Cardiovascular diseases are the second-ranked cause of death for the Spanish population as a whole. Ischemic cardiopathy causes the greatest number of cardiovascular deaths and, in most cases, is fully preventable both prior to its occurrence as well as with regard to the negative impacts thereof.

Diabetes Strategy

In developed societies, the rise in the prevalence of diabetes mellitus is associated with the increase in obesity, it being know that preventing obesity strongly contributes to preventing diabetes. When not diagnosed in time or when not properly treated, diabetes causes a great number of complications which may end up giving rise to varying degrees of disability. These complications are preventable for the most part, for which a strategy is necessary in the National Health System which will guarantee the access of all patients to the most effective measures for the prevention, diagnosis, treatment and rehabilitation of this disease.

Mental Health Strategy

Mental illnesses are one of the groups of disease having the highest impact both on the direct economic cost thereof and on the indirect social costs to which rise is given in the mentally ill and their families. The prevention, treatment and rehabilitation thereof, as well as the social reinsertion of these patients entails challenges for professional, family members and healthcare personnel, one of the most important of which is a better coordination among the different healthcare devices and levels.

Palliative Care Strategy

Caring for terminal patients entails a number of aspects due to the emotional and ethical implications thereof and the need for special care of both the patient as well as the caregivers and family members. This requires major coordination among levels and institutions, broad-ranging support of the professionals involved and has a high healthcare cost.

Cerebrovascular Accident Strategy

Cerebrovascular Accident (CVA) causes the largest number of death due to cardiovascular causes among women and is, in absolute terms, the third-ranked cause of death in Spain. The prevention thereof, as well as early care, can
mean a major reduction both in the morbidity as well as the major negative effects thereof in terms of disability, dependency and deterioration of the quality of life of those affected and their caregivers.

**Chronic Obstructive Pulmonary Disease Strategy**

Chronic Obstructive Pulmonary Disease (COPD) is, in absolute terms, the fourth-ranked cause of death in Spain, in addition to having a high economic and social cost in terms of disability, dependency and deterioration of the quality of life of the patient and the family members thereof.

All of the aforementioned Strategies entail carrying out a regulated number of measures which may be summarized as:

- Preparing the base document for the Strategy in collaboration with scientific societies, the Autonomous Communities and the patients' associations.
- Putting the modalities for implementation to debate and approval of the Interterritorial Council and reaching an agreement with the Autonomous Communities.
- Preparing a communication plan and getting the same under way.
- Setting up a system for the assessment and follow-up of the degree of progress, and publishing the results thereof.
- Regularly reviewing and updating the contents.
- Promoting research on selected aspects.

**Objective 9.2: Improve the care of the patients with rare diseases**

Rare diseases are conventionally considered as being those with a prevalence of less than 5 cases per every 10,000 inhabitants. Currently, there are around 5,000 rare diseases listed, which show a great geographical, social and time-related variability. The diagnosis as well as the treatment thereof is not always easy, this treatment being is only palliative in many cases for the time being. The European Union has set out a Plan for Action for these diseases and has included them as a priority in its Framework Research Program. Recently, the Senate passed a motion for creating a presentation seeking solutions for these patients and their families.

From the healthcare standpoint, there are two lines of work on this subject: promoting research and improving care.
Projects to be carried out:

- Getting the new CYBER on rare diseases under way through the Carlos III Health Institute, the objective of which is to increase the knowledge on these diseases (the vast majority genetically-based) by further strengthening aspects including the DNA banks and databases.

- Improving early diagnosis and the treatment of these patients by means of the designation of the corresponding reference services.
**STRATEGY 10: IMPROVE CLINICAL PRACTICE**

Documenting the variability of clinical practice, analyzing the causes thereof, distinguishing between the acceptable variability and that which is considered unacceptable, adopting strategies oriented toward eliminating the latter, as well as measuring the final impact on the quality of life of a number of actions and procedures, have shown themselves to be initiatives leading to substantial improvements in the practice of the professionals and in the conduct of the healthcare institutions, also promoting quality.

**Objective 10.1: Document and propose initiatives aimed at reducing the unjustifiable variability in clinical practice**

The variability in clinical practice is due to a number of heterogeneous causes, some of the most outstanding of which include the characteristics of the population, the available resources, the culture and training of the organization and of the professionals, the working procedures and systems, the declared or undeclared incentives, the use or not of guides or protocols. There are three lines of working more frequently used for reducing the unjustifiable variability in clinical practice and improving care quality:

- Study and document the existence of variability to distinguish between justifiable and unjustifiable variability, analyze the causes associated thereto and implement corrective measures.

- Improve the basic and continued training of the professionals and implement continued assessment and improvement mechanisms.

- Implement standardized working procedures and clinical management tools which include the use of clinical practice guides.

In a decentralized system such as the National Health System, it is becoming increasingly more necessary to avail of studies on the variability in clinical practice in order to detect the potential quality and inequity-related problems arising. This is particularly important in the use of surgical acts and procedures. Based on these studies, it is possible to develop validated information systems and tools.

**Projects to be carried out:**

- Design and carry out studies and methodological proposals for analyzing the variability in clinical practice in:
  
  - Processes related to patient safety.
  
  - Prevalent diseases: cancer, ischemic cardiopathy, diabetes, cerebrovascular accident and COPD.
- Certain high-cost, highly complex surgical and diagnostic procedures related to the most highly prevalent pathologies (including cardiac surgery and related procedures, orthopaedic surgery and cancer).

**Objective 10.2: Promote the preparation and use of Clinical Practice Guides linked to the Health Strategies, by consolidating and extending the Health Guide Project and training professionals**

The Clinical Practice Guides are tools which have shown themselves to be useful for bringing the finest scientific evidence to the professionals. In Spain, the Health Guide Project, supported by the Spanish Ministry of Health and Consumer Affairs, compiles Clinical Practice Guides prepared nationwide, assess them and disseminates them through a portal. It also provides methodological support for the organization preparing the Guides and carries out a training program.

In order for the Clinical Practice Guides to be used, it is necessary to heighten the awareness of the professionals as to the advantages thereof by means of continued information, awareness and continued training measures. Therefore, it is a top priority to dynamize and improve knowledge management in Health and prepare Clinical Practice Guides on prevalent high-impact diseases which entail a great degree of variability in the handling thereof, such as: Cancer, Ischemic Cardiopathy and Diabetes.

**Projects to be carried out:**

- Consolidate and Extend the Health Guide Project.
- Set out a valid methodology for the National Health System for the preparation of Clinical Practice Guides.
- Prepare Clinical Practice Guides of overall interest to the National Health System which support the implementation of the Strategies in Health, including Practice Guides for the proper handling of:
  - Ischemic cardiopathy
  - Breast, colon, rectal, lung and prostate cancers.
  - Complications in diabetes.
  - Mental health problems: Eating disorders, Anxiety, Depression, Schizophrenia and Bipolar Disorder.
  - Protocols for neurological diseases such as Parkinson's Disease and Alzheimer's Disease.
  - Palliative care.
- Organize seminars and events with the participation of Scientific Societies, Quality Assessment Agencies and carry out activities for heightening the awareness of professionals concerning the preparation, implementation and use of Clinical Practice Guides.

**Objective 10.3: Improve the knowledge of the patients' quality of life**

The satisfaction of the patients and the measurement of their quality of life are key elements involved when assessing the results of the healthcare process. These indicators are not only a valid element for assessing the healthcare quality, but also the only one in which the patients give their opinion and making it possible to measure not only the "technical" effect thereon of healthcare or the disease process thereof. There are certain healthcare processes, vital situations, pathologies or events throughout life which are particularly subject to be assessed in relation to their effect on the quality perceived and the quality of life.

**Projects to be carried out:**

- Design and conduct studies on the quality of life and the determining factors and variables thereof:
  - One year after receiving a solid organ transplant.
  - One year after an Acute Cerebrovascular Accident
  - In patients having undergone mastectomies.
  - In patients having received a hip prosthesis.
  - In "frail elderly people" often readmitted to the hospital.
USE THE INFORMATION TECHNOLOGIES FOR IMPROVING CITIZEN ASSISTANCE

STRATEGY 11: ON-LINE HEALTHCARE

For the purpose of generalizing the use of the new technologies in the healthcare system for improving patient care and citizen assistance, the use thereof will be promoted from the most basic assistance levels up to the most highly complex structures and devices. To this end, all of the Autonomous Communities will be collaborated with for the purpose of developing a set of on-line healthcare services which will be based on the implementation and/or extension of different solutions within this scope; healthcare card, electronic clinical record, electronic prescription and telematic access to information and steps for completing formalities.

This support will require the adoption of interoperability criteria among all of the Health Services. In this regard, the implementation of information standardization criteria in conjunction with the development of a National Health System healthcare Intranet, will make it possible to achieve one of the System’s objectives: to facilitate to the utmost the protection of the health of citizen at all times regardless of where they may require healthcare.

This strategy is organized into four major objectives:

Objective 11.1 Guarantee the unmistakable identification of citizens throughout the entire National Health System by means of the healthcare card and the database of the population covered by the NHS

The secure, unmistakable identification of each citizen is a pre-requisite for the use of the technologies in their healthcare. This identification is based on the generation on the part of the Spanish Ministry of Health and Consumer Affairs, in collaboration with the Autonomous Communities, of a unique personal identification code for the use thereof in the National Health System by means of the development of a database which includes the basic information on the entire population. Thus, the Autonomous Communities will avail of a common information exchange services on the covered population.

Projects to be carried out:

- Culminate the incorporation of all of the Autonomous Communities into the covered population (or Healthcare Card holders) Database of the National Health System.

- Enhance the accessibility to the database from all of the National Health System healthcare centres.
- Facilitate the incorporation of interoperability models into the healthcare applications which use the card as a means of identification in all of the Autonomous Communities, so that all of the healthcare cards can be read at any point in the National Health System.

- Design a covered population information system in conjunction with the healthcare administrations having authority over healthcare assurance.

**Objective 11.2: Promote the electronic record and make the exchange of clinical information among different professionals, healthcare devices and Autonomous Communities possible**

The implementation of the electronic record will contribute to heightening the problem-solving capacity and the quality of patient care in day-to-day clinical practice. It will likewise facilitate knowing and managing variability in clinical practice. Apart from this, it will contribute in a great way to eliminating red tape. The electronic clinical record must not be understood as solely a method of storing and retrieving data, but also as an element of relation among the different professionals, and among the professionals and patients throughout the entire healthcare process within the scope of the National Health System, all of which must be accomplished with the strictest of respect for that which is set forth with regard to data protection under the laws of Spain.

**Projects to be carried out:**

- Promote the maximum extension of the clinical record computer applications adopted and support the computerization of the consulting rooms in all of the Autonomous Communities through funds earmarked for the Healthcare On-Line project.

- With the aid of professionals and experts, define the Clinical Record standardization criteria for the entire National Health System as a whole, with a view to assuring the interoperability and validity thereof for the patients at any point in the healthcare system.

- Set forth the mechanisms making it possible to link the Clinical Records of each patient which may exist at any point in the System to the Personal Identification Code, so that the healthcare information may be accessible for the possible future healthcare which may be provided at any point within the System by using the electronic healthcare card.

- Study and dynamically update the contents and formats for the exchange of clinical information in consonance with the evolution of the technologies.
Objective 11.3: Promote the electronic prescription for the extension thereof throughout the National Health System

The implementation of the electronic prescription is aimed at achieving several objectives. First of all, for citizens it will mean a minimization of red tape and provides a perspective of greater mobility within the public healthcare system. The writing of drug prescriptions will be facilitated for the professionals, particularly in the treatment of chronic patients, by means of the on-the-spot prescription of drugs. In fact, it is aimed to be able to describe and prescribe on-the-spot all those medications deemed necessary for each patient and in the amount needed thereby for following the treatment guidelines for the duration of the treatment.

The electronic prescription will allow assisted, computerized medical prescription using the new technologies, both for the prescribing of the treatment as well as for the dispensing and billing thereof. The automation of these activities substantially modifies the current processes based on the use of hard copies and makes it possible to avail of real-time information on the drug benefit processes, facilitating the management and analysis thereof. Likewise, the electronic prescription must favour the more rational use of medications in keeping with the patient's needs, preventing the unnecessary storing of medications and additionally making it possible to lengthen the amount of time physicians spend with their patients in the consulting rooms. The objective for the National Health System is the integration of the prescription systems of the Autonomous Communities which will allow the aforementioned mobility of patients and readily avail of updated information on the medical drug use and expenditures.

Projects to be carried out:

- Set out the criteria and technological means for facilitating drug benefits for users, by simplifying to the utmost the steps necessary for assuring the continuity of the treatments throughout the System.

- Define the basic functional specifications which any electronic prescription system within the National Health System must meet.

- Define the functional requirements of the electronic prescription system for that it will be operative among Autonomous Communities.

- Set out an electronic prescription technical design in the National Health System.
Objective 11.4: Offer new patient-physician relation services in the National Health System: Internet appointment-making, telemedicine and teletraining

This is a matter of placing communications networks and interactive information systems, specific devices and tools at the disposal of citizens and professional for the remote carrying out of party-to-party processes and improving the healthcare process.

Projects to be carried out:

- Promote the use of the Internet for facilitating the administrative relationship between the citizens and the healthcare system (appointment-making systems).
- Encourage the telediagnosis systems (X-ray or other types of images -dermatology- electrocardiograms, etc.) in those locations in which this resource solves problems for users or professionals.
- Promote teletraining mechanisms for the healthcare professionals.

Objective 11.5: Guarantee accessibility from any point throughout the system, the interoperability and the proper use of the information

The Spanish Ministry of Health and Consumer Affairs will take the responsibility for maintaining the capacity, availability and security of the National Health System network for the purpose of guaranteeing all citizens full accessibility to the telematic health services from whatever point they may access the National Health System and their place of residence. In addition thereto, the central node for the interconnection of the National Health System telematic services will be set up. Said node will also house the capabilities for the exchange of information with third country systems, with special emphasis on the field of the identification and assurance of users coming from the European Union.

Projects to be carried out:

Communications Networks:

- Improve computer communications with the bandwidth necessary for guaranteeing the transactions required by the information systems.
- Implement network monitoring, maintenance and operating analysis services.
- Implement security and contingency plans which will guarantee maximum stability of these systems in keeping with the functions they must support.

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- Equip and renew the network electronics of the nodes of those taking part in the system.

**Interoperability:**

- Develop the catalogue of on-line services taking in the needs of the Autonomous Communities.
- Define the functional and technological standards, as well as the exchange formats.
- Render the assistance for the adaptation of the systems to the standards defined within the National Health System.
- Have a common good practices area for sharing applications and elements used in the Autonomous Communities.

**Data mining:**

- Develop, implement and set out the parameters of the data mining tools of the National Health System Information System.
- Implement systems for the display, publication and distribution of the data and indicators.
- Maintain the data storage by acquiring the elements necessary for guaranteeing the availability and security thereof and that the requirements set forth under the Data Protection Act will be fully met.
- That which is set forth under the laws governing the protection of this type of data shall be guaranteed in the systems having a bearing on personal data.
**STRATEGY 12: DESIGN A RELIABLE, SUITABLE AND ACCESSIBLE NATIONAL HEALTH SYSTEM INFORMATION SYSTEM**

The National Health System Information System (NHS-IS) is one of the key elements for meeting the challenges arising out of the National Health System's new organization situation and of the demands for more and better information on the public health services put forth by citizens, patients, professionals and healthcare administrations.

The NHS-IS must be based on unquestionable technical credibility and a position of neutrality within the National Health System, achieving the recognition of those for which its services are provided by means of a high level of involvement on the part of the generators and users of the information in the development thereof, in an constant transparency-oriented effort.

For the development thereof, a continuous improvement and innovation policy will be implemented, and the consolidation thereof will be carried out based on the following criteria:

- Use explicit, technically-precise methodologies.
- Produce an annual report on the development thereof which will be presented to the Interterritorial Council.
- Constantly collaborate with the National Health System agents.
- Disseminate reliable, timely, updated information suited to the needs of the different users.

**Objective 12.1: Select and define the key National Health System indicators**

The National Health System will have a number of indicators grouped into five major groups: degree of health; resource supply; accessibility; care quality; and results.

**Projects to be carried out:**

- Defining and methodological development of the selected indicators through Interterritorial Council Information Systems Subcommittee working groups.
- Preparation of the "Set of Key National Health System Indicators" for the presentation thereof to the National Health System Interterritorial Council.
- Preparation of a National Health System Balanced Scoreboard.
- Publication of the initial data with the information already available.
- Modification and/or expansion of the current information subsystems for the purpose of making all of the indicators selected possible.
- Conducting the relational analysis of the information by publishing regular reports for the purpose of providing an overall view and the comparability of the information.

**Objective 12.2: Start up the National Health System Database**

Compiling data from the Autonomous Community Health Services, from the Spanish Ministry of Health and Consumer Affairs and from other Spanish and international sources employing a structured logic storage generates added value. This affords the possibility of setting up a database for the healthcare field which will potentially be highly useful for research and analysis. To turn this potentiality into a reality, the data must be at the disposal of the Central Government and the Autonomous Communities, as well as other virtual users under whatever accessing terms may be set forth by the healthcare authorities.

**Projects to be carried out:**

- Review, standardize and validate the data entailed in the different healthcare statistics operations.
- Incorporate the debugged microdata into the Spanish Ministry of Health and Consumer Affairs and the National Health System Repository.
- Set out the corresponding data mining and report design plans.
- Set out the policy concerning the Data Bank access and use.

**Objective 12.3: Improve and integrate the currently-existing information subsystems**

Different healthcare statistics are currently available which provide data concerning level of health, healthcare resources, activity, expenses and results. The main ones are:

- The Covered Population Database
- The National Healthcare Centres, Services and Establishments Register
- The National Health Survey
- The Primary Care Information System
- The Mining of the Joint Minimum Basic Hospital Release Data Register
- The In-Patient Healthcare Establishment Statistics/Specialized Care Statistics
- The Waiting List Information System
- The Cohesion Fund
- The Drug Benefit Information System
- The Healthcare Spending Statistics
- The Healthcare Barometer
- The National Death Index
- The Death Rate Statistics
- The IVE Statistics
- The Immunization Statistics

It is necessary to analyze their contents, to expand thereupon in some cases and to adapt them in others to the information needs of the different integrating parts of the National Health System so that they may be analyzed from different standpoints. Therefore, the Spanish Ministry of Health and Consumer Affairs will be promoting an information development policy aimed at the efficient, appropriate use thereof by means of actions which will make interoperability possible among the different information systems managed by the Autonomous Communities and the Spanish Ministry of Health and Consumer Affairs.

**Projects to be carried out:**

- Define the information system standardization procedures.
- Redefine and/or broaden the contents of certain currently-available information subsystems.
- Put new information subsystems into operation mainly within the scope of primary care and specialized outpatient care.
- Integrate the data from the different subsystems from organizational, functional, territorial or any other standpoints which may be considered pertinent.
Objective 12.4: Set out a plan for accessing the data and disseminating the information obtained

Setting up a set of systematic, known activities subject to a schedule previously known by the different users will contribute to heightening the transparency, the quality and the accessibility of the NHS-IS.

Projects to be carried out:

- Determine the repertory of publications from the NHS-IS.
- Set the publication schedule, stipulate the formats and, wherever applicable, the distribution lists for each product.
- Develop a policy of high accessibility to the information, with multi-channel access using the new communications technologies, particularly the Spanish Ministry of Health and Consumer Affairs webpage.
- Start up communication and discussion forums among different professional groups within the National Health System which will contribute to improving the healthcare system on sharing and analyzing the existing information.
- Maintain and improve the dissemination and exchange of information with the international organizations.
QUALITY AWARDS
QUALITY AWARDS

Quality award contests have been used by the health authorities and by different institutions as an appropriate strategy for promoting the quality policies in the healthcare systems.

In the case of the Quality Plan for the National Health System, these awards can be one way of stimulating good practices, an opportunity for many of these good practices to come to fore and a complement to all of the other tools employed for promoting the furthering thereof.

This involves, on one hand, rewarding those health institutions, centres, teams and services which have set themselves apart in carrying out activities for improving the quality of the services offered to the citizenry. And, on the other hand, of acknowledging initiatives for improving the quality of healthcare by means of innovative projects.

The following award modalities are proposed for this purpose:

Innovation in the Overall Improvement of Care Quality Award, for which those health centres, institutions, teams and services which have gotten an innovative program for the overall improvement of care quality by implementing some model of excellence in 2006 will be eligible.

Best Clinical Practices Award, for which those health centres, institutions, teams and services which have developed a program aimed at improving healthcare practice in the following aspects in 2006 will be eligible:

- Patient safety
- Clinical practice effectiveness and usefulness
- Appropriateness of the care provided in ischemic cardiopathy, cancer and diabetes.

Quality and Equality Award, for which those centres, groups, teams or institutions which have developed and assessed a program in 2006 for improving the accessibility or the quality of the care provided to the following will be eligible:

- Women
- Risk groups or particularly vulnerable groups

Transparency Award, for which those health centres, institutions, teams and services which have developed a major initiative for improving the quality of the
healthcare information systems or for communication among institutions, patients and professionals will be eligible.

**Special Recognition Award**

A special recognition award may be given to the entire course of care quality improvement, which may be either individual or institutional, and shall not entail any economic reward.

The opening of the award contests will be announced annually by Ministerial Order, stipulating the procedure for the submission of candidates. The candidates submitted will be assessed by an Assessment Committee chaired by the Minister or by whomever may be delegated thereby and shall be comprised of:

- Professionals and management officials from the different Autonomous Communities possessing recognized healthcare service and citizen assistance quality and continued improvement knowledge, career experience and prestige.

- Professional whom the Spanish Ministry of Health and Consumer Affairs designated for this purpose.

The Committee may declare the awards or the projects void should the studies submitted for any of the modalities not be up to the suitable standard. This decision shall be firm and final.

The winners of the financed awards shall be sent the amounts thereof to the addresses of their workplaces in addition to a diploma serving as proof thereof. The winners of the non-financed awards shall be awarded a trophy and a diploma.

The awards will be presented at a ceremony presided by the Minister of Health and Consumer Affairs.
THE PLAN ASSESSMENT
Due to the very nature thereof, the National Health System Quality Plan is going to involve, in one way or another, a wide range of individuals and groups: scientific societies, patients' associations, Autonomous Communities, municipal governments, teaching institutions, research departments, assessment organizations, the media and others.

Therefore, this Plan must be carried out by means of a wide range of tools and initiatives: enacting laws, further strengthening the networking of institutions and groups, holding forums and workshops, holding conferences and congresses, signing agreements, arrangements and conventions, holding contests, opening virtual spaces, organizing training courses and activities, designing and launching publicity campaigns and others.

Given that the main objective of this Plan is to build an alliance favouring healthcare quality, the degree to which it will be achieved will have to be gauged in terms of this major objective.

This overall assessment must be made with the collaboration of those responsible for the healthcare services, the citizens and the professionals.

To this end, both the overall degree of the Plan's impact as well as the degree to which each one of the Strategies of which it is comprised is carried out will be surveyed using the regular surveys conducted by the Spanish Ministry of Health and Consumer Affairs and, wherever applicable, ad hoc surveys.

An initial overall assessment will be made at the end of the second year the Plan is in effect.

In addition to the overall assessment, each one of the objectives will be put to a specific assessment.

This specific assessment will be made using qualitative or quantitative techniques or a combination thereof and may be process or result assessments depending upon the type of objective in question. In most cases, the initial assessment of the degree of progress achieved for each objective will be made at the end of the first year the Plan is in effect.
LIST OF OBJECTIVES
AND IMPROVEMENT PROJECTS
BOLSTER THE TRANSBORDER HEALTH SERVICES

1. Update the rules of law in force to adapt the same to the new situation and to the requirements stemming from the new International Health Regulations.

2. Standardize the Administrative Processes by preparing the Procedure Manual for the authorization of border facilities and of companies exporting to third countries.

3. Optimize the health surveillance and control measures of the border facilities by means of the preparation of the action protocols for the supervision and monitoring of health and hygiene conditions of the border facilities and of companies exporting to third countries.

4. Establish the Transborder Health services listing.

5. Conduct a regular user satisfaction survey.

6. Improve the complaint and claim system.

BOLSTER EPIDEMIOLOGICAL SURVEILLANCE

7. Set up agreements with the Autonomous Communities for participation in the improvement of the public health information and health surveillance systems.

8. Relate, in space and time, through the creation of Databases generated with homogenous populations criteria, the synthetic Public Health indicators and data (determinings and health risks) with those for Healthcare (Services Demand and Use).

9. Generate new Health Surveillance tools; Alert systems based on habits of frequenting certain services and other territorialized Healthcare Information systems.

10. Incorporate a Geographic Information System (GIS) which will facilitate Georeferenced Database use, operation and analysis.

ENVIRONMENTAL HEALTH RISK MANAGEMENT

11. Computerize the procedures for the assessment and authorization of chemical products (industrial, biocides and plant care products) to promote the risk assessment studies, substance classification and labelling as well as better information on authorized substances, both for professional and for the public at large.
12. Bolster the Fast Information Exchange Network on chemical products to encourage the surveillance and control of the safety of these produces once marketed. The objective is to bolster the coordination between the Spanish Ministry of Health and Consumer Affairs and the Autonomous Communities and, thus, reduce the risks for public health resulting from the irregularities in the marketing or the use of chemical products.

13. Assess the impact on health of drinking water quality using the EIS health impact assessment methodology. All of this based on the information furnished by the National Drinking Water Information System concerning the causes of different types of contamination and the knowledge of the corrective and preventive measures to be taken in each case.

14. Prepare guides for the design and implementation of environmental management in the healthcare services and an environmental management manual in these services to promote the awareness of healthcare professionals concerning the involvement of the environment in health and the need of incorporating environmental management-related aspects into the healthcare centres organization and management processes.

15. Develop a Health and Environment Plan for Action for the purpose of increasing the coordination of the joint environment and health-related activities, of further strengthening the research activities and the mechanisms for improving risk assessment and developing a set of environmental health indicators.

**ANALYZE THE EVIDENCE ON THE EFFECTIVENESS OF THE HEALTH PROMOTION AND PRIMARY PREVENTION STRATEGIES**

16. Preparation of a plan for the revision of the evidence on the effectiveness of prevention and health promotion interventions of a community nature and in clinical practice which are carried out in the National Health System.

17. Preparation of regular preventive recommendations on: immunizations, nutrition, physical activity and preventing obesity among the infant-juvenile population; smoking prevention; alcoholism prevention and preventing the drinking-related problems among teenagers and young adults; and the prevention of the dependency of senior citizens, by means of holding forums for debate and consensus.

18. Carry out campaigns to inform the population based on the evidence found.

19. Carry out preventive measures based on the evidence through the monitoring system for the prevention of smoking set forth under Law 28/2005 of December 26th, on healthcare measures regarding smoking and the regulation of the sale, supply, use and advertising of tobacco products.
PROMOTE THE DEVELOPMENT OF PRIMARY CARE

20. Promote studies assessing the effectiveness and efficiency of different organizational systems and the different professional incentive strategies in Primary Care carried out by the Autonomous Communities, more specifically:

- Primary Care Clinic Management Services.
- Single management with different degrees of integration between primary and specialized care which are being implemented in different Autonomous Communities.
- Association-based organizations.

21. Finance pilot projects having the objective of promoting the integration of preventive and health promotion activities in Primary Care consulting rooms.

22. Promote quality-improvement projects in:

- Home care
- Emergency care
- The rational use of medications

23. Assess experiences which have been carried out in different Autonomous Communities to improve the problem-solving capacity in Primary Care, including aspects such as those in following:

- Reducing waiting times to see physicians by means of better planning and Internet appointments.
- Eliminating red tape from consulting rooms to lengthen the time of actual care by the medical and nursing professionals as compared to the amount of time spent on bureaucratic tasks.
- Better access from primary care to diagnostic testing.
- Improve the coordination between primary care and hospital care. Here, interconsultation experiences at the health centre, telemedicine and single clinical record will be included.

24. Promote and assess pilot experiences in citizen participation, particularly those carried out by Autonomous Communities and those carried out within the scope of the community activity program in Primary Care of scientific societies.

25. Get a virtual documentation Library on Primary Care under way.
PREVENT OBESITY

26. Design and contribute to carrying out programs for promoting physical activity with the participation of the Spanish Food Safety Agency (AESA), primary care professionals, the municipal governments and the Autonomous Communities.

27. The Spanish Food Safety Agency will design and contribute to carrying out programs for promoting physical activity in elementary, junior high, high schools and universities in collaboration with the education authorities.

28. Informative strategies will be carried out targeted on parents through the healthcare professionals which will set out specific practical guidelines on healthy eating and physical exercise.

29. A working group will be set up with the participation of the Autonomous Communities and the scientific societies for setting out protocols in Primary Care consulting rooms which will make it possible:
   a) To identify the children at risk of obesity as soon as possible by means of the investigation of the family-related conditioning factors and the follow-up of the individual situation of each child by using the Body Mass index in the consulting room.
   b) Including overweight young children and teenagers in specific care programs affording the possibility of regularly checking the evolution of their weight and height and initiating strategies for family and individual re-education.
   c) Holding courses and seminars to create an awareness among Primary Care professionals concerning the importance of being overweight and obesity for health, and to familiarize them with the approach to obesity according to the established criteria.

30. Promote research on obesity.

31. Set out a plan of action for the prevention of obesity within the school setting.
PREVENT DRINKING AMONG MINORS UNDER AGE 18

32. Position drinking excessive amounts of alcohol as a problem for individual health and for public health, particularly among the under-18 aged population.

33. To prepare a legal text having the main objective of safeguarding the health of minors in relation to the damage associated with drinking, through measures aimed at reducing accessibility to drinking by minors, which will provide a greater degree of protection against the pressures which lead young children and teenagers to drink, and which support those individuals who choose not to drink.

34. Promote informative instructional campaigns and actions within the school setting, and in that of the prevention of the problems associated with drinking, with special emphasis on the traffic accidents related to drinking.

PREVENT HOUSEHOLD ACCIDENTS

35. Conduct the DADO2006 survey on the prevalence of household accidents.

36. Carrying out a household accident prevention Plan including actions for heightening product safety on the part of the National Institute for Consumer Affairs and with the Autonomous Communities. Measures must likewise be carried out to inform the population as a whole and risk groups: including the school-age population and the elderly.

DESCRIBE, SYSTEMATIZE, ANALYZE AND COMPARE INFORMATION ON THE HEALTH POLICIES, PROGRAMS AND SERVICES

37. Publish and disseminate a regular report on the health condition of the people of Spain.

38. Publish and disseminate reports on the functioning, achievements and problems of the National Health System, as well as on the territorial variability of the health situation and in the health risks.

39. Promote the conducting of studies for the knowledge and analysis of the health policies, programs and services in Spain.

40. Compare the contents and results of the policies, the programs and the actions of the health services in Spain with those of other countries in collaboration with the European Healthcare System Monitoring System and other international organizations.

41. Analyze the trend in the opinion of the population as a whole regarding their health as well as their satisfaction with the functioning of the National Health System.

42. Disseminating the information on quality indicators, the National Health System and its services, and facilitating the comparison with their best practices for improving the quality thereof.

43. Promoting spaces for virtual and in-person meetings (seminars, workshops, forums) among social organizations, professional societies and the government agencies for the purpose of sharing and comparing different perceptions of the health services.

44. Create forums for debate on the Spanish Ministry of Health and Consumer Affairs webpage on the functioning of the National Health System and matters of interest to citizen for facilitating their involvement in health-related aspects and the more proper use of the healthcare services.

PROMOTE THE KNOWLEDGE OF THE GENDER-RELATED INEQUALITIES IN HEALTH AND BOLSTER THE GENDER FOCUS IN HEALTH POLICIES AND IN CONTINUED TRAINING OF HEALTHCARE PERSONNEL.

45. Drafting and publication of an annual report on Health and Gender.

46. Providing accessible, quality information on gender and health in the National Health System on the Spanish Ministry of Health and Consumer Affairs webpage in collaboration with individuals and organizations who are experts in health and gender communication.

47. Promote the inclusion of the gender perspective in the healthcare information systems and in the health strategies by working with the panels of experts and scientific societies.

48. Identification and dissemination of good practices on the inclusion of the gender focus in the health policies and services.

49. Promote the training of the human resources in health, including the gender-related inequalities in health both in undergraduate education (in collaboration with the universities) as well as in the continued training of health personnel, in collaboration with the Autonomous Communities.
50. Develop indicators on sexual and reproductive healthcare in the National Health System, as well as the promotion, identification and dissemination of good practices, with the collaboration of women's organizations and professional societies.

51. Focus special attention on the prevention of unwanted pregnancies, especially among those groups where this problem arises more often.

52. Improve the knowledge as to the magnitude and evolution of gender-based violence as a health problem, proposing information sources and indicators.

53. Improve the prevention, detection and care provided by the National Health System for those women who are at risk or are suffering gender-based violence.

54. Study the health of mature women as a time of life at which risk situations arise (double workday, unofficial caregiving, medicalization of aging) and opportunities for improving their lifestyles and their self-perception of their health.

55. Study the gender-related differences in the care of the most frequent processes (i.e., ischemic cardiopathy or cancer).

56. Study the gender-related differences in the patterns of drinking and drug use among the young.

57. Prepare a report on how the inequalities are considered by social class, educational level and among immigrant population in the health strategies and plans, both in the Autonomous Communities and on an international scale.

58. Conduct pilot studies on the access to and use of the National Health System according to socioeconomic characteristics and educational level of the user population.

59. Design a nationwide survey on the access to and use of National Health System services according to socioeconomic characteristics and culture of the user population to be conducted in 2007.

60. Define and study the health and needs of care in the National Health System of the women and men having disabilities or handicaps.

61. Design and study with the mediating organizations, the health and needs of care within the National Health System of male and female sex workers.
62. Compile and disseminate good practices or tools for improving accessibility to and proper use of the health services, especially the primary care and emergency services and the preventive and health promotion programs, by the groups at risk of exclusion (particularly by the immigrant population).

63. Develop strategies for promoting healthcare with a multicultural focus - especially in aspects such as caregiving, eating and violence - above all, among women and children.

64. Promote the collaboration with other government agencies for improving the effectiveness of the healthcare programs for these population groups, especially with the municipal governments (FEMP- Spanish Healthy City Network).

**STUDY THE NEEDS FOR MEDICAL SPECIALISTS**

65. Preparation of a study of specialist needs making it possible to carry out a suitable planning of the future needs of the National Health System.

**SUPPORT THE ORDERING OF THE NATIONAL HEALTH SYSTEM’S HUMAN RESOURCES**

66. Define the common information which must be compatible in order to avail of a common information system on the human resources of the National Health System.

67. Make the compatibility of the tools currently available possible.

68. Create a management infrastructure at all of the centres which will afford the possibility of real-time data processing.

**BOLSTER THE TEACHING SERVICES AND THE RESIDENT TRAINING PROGRAM**

69. Equip the different Teaching Services of the National Health System with updated teaching, academic and know-how material in terms of the needs detected, following a report issued by the Health Services.

70. Create a scholarship support line for the training of residents at high-tech training centres, to support the travel expenses and, wherever applicable, attendance to training activities, and also by means of the acquisition of resident training material for the National Health System.

71. In accordance with the Autonomous Communities, stimulate and promote stays at public centres operating under the Health Services aimed at carrying out teaching activities of special interest for meeting the objectives
of the training program thereof, whether they be courses, workshops, practice session or any similar activity, placing priority on the learning activities of a practical nature and rotations.

**PROPOSE PROCEDURES AND CRITERIA FOR DETECTION AND FOLLOWING UP ON THE TREND IN NEW AND EMERGING TECHNOLOGIES AND PROCEDURES**

72. Identification and selection of the new and emerging technologies and procedures by means of routine prospecting of specific sources.
73. Orchestrating the corresponding information network on evidence for the health authorizes, the healthcare centres and professionals.
74. Creation and maintenance of a new and emerging technology and procedure database.
75. Production of a biannual report with the corresponding technical data sheets for the National Health System.
76. Progressive expansion of the capacity for detecting new technologies and procedures by means of the signing of agreements with international entities devoted to healthcare technology assessment.
77. Set up an ongoing relationship with the healthcare technology manufacturers and producers which will enhance the carrying out of quality-improvement measures.

**DESIGN A HEALTHCARE TECHNOLOGY ASSESSMENT PLAN FOR THE NATIONAL HEALTH SYSTEM**

78. Adapt proven methodologies and produce standards for proper use of healthcare technologies and procedures.
79. Prepare a Healthcare Technology Assessment Plan and procedures considered top-priority for the National Health System based on the recommendations made by the Healthcare Technology Assessment Agency of the Carlos III Health Institute and all of the other Autonomous Community Healthcare Technology Assessment Agencies and Services.
80. Incorporate into the Royal Decree by which the listing of common services of the National Health System is set forth, the need of availing, in a procedure for the updating thereof, of an assessment report form by the Spanish Ministry of Health and Consumer Affairs through the Healthcare Technology Assessment Agency of the Carlos III Health Institute in collaboration with all of the other Autonomous Community Healthcare Technology Assessment Agencies and Services.
SPREAD THE ASSESSING CULTURE AMONG CLINICS AND MANAGERS,
AND TRAIN PROFESSIONAL DEVOTED TO THE ASSESSMENT OF
TECHNOLOGIES IN HEALTH

81. Preparation of a training program on the assessment of technologies and procedures in health for clinics and managers.

82. Develop a structured offer of monographic seminars on tools, analysis of variables, models, measurements of effectiveness and usefulness and economic analysis for professionals starting out work or who are currently already working on the assessment of technologies and procedures in health.

83. Prepare a map of resources shared in assessment of technologies and procedures in health, and a common policy to accessing informative resources and training on the part of the Spanish assessment groups and agencies.

BOLSTER THE TOOLS OF WHICH THE NATIONAL HEALTH SYSTEM
AVAILS FOR ASSESSING TECHNOLOGIES AND PROCEDURES IN
HEALTH

84. Build an electronic shared knowledge platform from which the healthcare professionals will have ready access to the assessments database, emerging technologies report, the training resources, the common methods, the resource maps and the links to the domestic and international assessment networks and other related projects (i.e. Health Guide).

SET FORTH THE BASIC COMMON REQUIREMENTS AND THE SAFETY
AND QUALITY GUARANTEES WHICH MUST BE FULFILED FOR OPENING
AND OPERATING HEALTHCARE CENTRES AT THE NATIONAL HEALTH
SYSTEM LEVEL.

85. Prepare and enact regulations on common criteria for the authorization of healthcare centres and services, which involves:

- Setting up a working group with representatives from the Autonomous Communities to define contents and criteria.
- Reviewing the regulations and the criteria set out by the Autonomous Communities.
- Preparing a proposal of common quality and safety-related criteria.

86. Promoting the external assessment by the means of the accreditation of healthcare centre and service certification officials and the drafting of certification standards.
GUARANTEE THE QUALITY OF THE NATIONAL HEALTH SYSTEM REFERENCE CENTERS, SERVICES AND PROCEDURES BY PUBLISHING THE BASIC STANDARD AND ESTABLISHING AN ACCREDITATION MODEL

87. Draft and enact the Royal Decree on Reference Centres, Services and Establishments.

88. In further expansion thereupon, prepare and publish the accreditation form including the process of auditing and assessing the reference centres, services and establishments, the accreditation manual, and standards and criteria to be employed.

89. Set the process in motion for the designation of the Centres, Services and Reference Establishments with the overall planning criteria agreed upon within the National Health System Interterritorial Council.

BOLSTER THE TEACHING AUDITING PROCESS OF THE CENTERS ACCREDITED FOR GRADUATE TRAINING

90. Updating of the teaching accreditation model, which includes:

- Prepare the new "Teaching Auditing Manuals" and the Family and Community Medicine, Occupational Medicine and Neurology Assessment Protocols.

- Design the training and continued updating model for the assessing technicians.

- Systematically share the results of the assessments with the Autonomous Communities by means of the preparation of an overall report with the results of the audits.
PROMOTE AND DEVELOP THE PATIENT SAFETY CULTURE AND KNOWLEDGE AMONG THE PROFESSIONAL AT ANY LEVEL OF HEALTHCARE

91. Disseminate the results of the National Adverse Effects Study.

92. Conduct a study on the way in which the National Health System professional perceive patient safety.

93. Set out a priority line of basic and applied research on Patient Safety through the Healthcare Research Fund.

94. Hold an International Conference on Patient Safety in the National Health System for analyzing the advances and sharing the design of new strategies in this field with the Autonomous Communities, professionals and experts.

95. Sign the joint declaration with the WHO for promoting the World Alliance for Patient Safety.

96. Design and offer professionals clinical management and safety tools.

97. Run a communication campaign on patient safety.

98. Prepare a proposal of measures for improvement on the subject of adverse effects.

DESIGN AND SET UP SYSTEMS FOR REPORTING ON PATIENT SAFETY-RELATED INCIDENTS

99. Make an analysis of the currently-existing adverse effects reporting systems and set out a basic set of minimum patient safety indicators.

100. Design a system for the notification of adverse effects at the National Health System level and in the different Autonomous Communities.

IMPLEMENT PROJECTS BY MEANS OF AGREEMENTS WITH THE AUTONOMOUS COMMUNITIES WHICH WILL PROMOTE AND ASSESS SAFE PRACTICES IN EIGHT SPECIFIC AREAS

101. Prevent Averse Effects of anaesthesia in selective surgery

102. Prevent hip fractures in post-surgical patients

103. Prevent pressure ulcers in patients at risk.
104. Prevent Pulmonary Thromboembolism (PET)/ Deep Vein Thrombosis (DVT) in patients undergoing surgery.

105. Prevent nosocomial infection and surgical infections.

106. Preventing wrong-site surgery.

107. Prevent mediation-related errors.

108. Assure the implementation and proper use of the informed consent form as well as full compliance with the last will of the patients.

**REINFORCE THE QUALITY SYSTEMS FOR THE TRANSFUSION CENTERS AND SERVICES**

109. Prepare the Common Transfusion Centre Inspection and Accreditation Criteria.

110. Set out joint strategies with the healthcare professionals, blood donor associations and Autonomous Communities for encouraging blood donation and achieving self-sufficiency.

111. Create the panel of experts on haemosurveillance, which shall carry out the following projects:

   - Hold a Forum for debate on haemosurveillance to reinforce this function by dealing with aspects including the guarantee and reinforcement of the blood and blood derivative traceability systems.

   - Develop the software application for the information system on adverse effect in transfusion.

   - Connection to the European Alert System.

112. Develop a system for the exchange of blood products which will assure the principle of solidarity by means of the creation of a specific Intranet for the entire country.

**CARRY OUT MEASURES FOR THE IMPROVEMENT OF THE QUALITY OF THE NATIONAL TRANSPLANT ORGANIZATION PROCESSES**

113. Digitize the transplant coordination file.

114. Create the National Transplant Organization record department.

115. Develop an integrated information system for the donation and transplant network which comprises part of the NHS-IS.
116. Accredit centres for extracting, processing and transplanting haematopoietic progenitors.

117. Get under way the coding and traceability system in the harvesting, processing and use of cells and tissues (in implementation of Directive 2004/23) by means of the processing and publication of a Royal Decree.

**IMPROVE THE CARE OF THE PATIENTS WITH PREVALENT DISEASES ENTAILING A MAJOR SOCIAL AND ECONOMIC BURDEN**

118. Prepare the Cancer Strategy in collaboration with the scientific societies, the Autonomous Communities and the patients' associations.

119. Prepare the Ischemic Cardiopathy Strategy in collaboration with the scientific societies, the Autonomous Communities and the patients' associations.

120. Prepare the Diabetes Strategy in collaboration with the scientific societies, the Autonomous Communities and the patients' associations.

121. Prepare the Mental Health Strategy in collaboration with the scientific societies, the Autonomous Communities and the patients' associations.

122. Prepare the Palliative Care Strategy in collaboration with the scientific societies, the Autonomous Communities and the patients' associations.

123. Prepare the Cerebrovascular Accident Strategy in collaboration with the scientific societies, the Autonomous Communities and the patients' associations.

124. Prepare the Chronic Obstructive Pulmonary Disease Strategy in collaboration with the scientific societies, the Autonomous Communities and the patients' associations.

**IMPROVE THE CARE OF THE PATIENTS WITH RARE DISEASES**

125. Getting the new CYBER on rare diseases under way through the Carlos III Health Institute, the objective of which is to increase the knowledge on these diseases (the vast majority genetically-based) by further strengthening aspects including the DNA banks and databases.

126. Improving early diagnosis and the treatment of these patients by means of the designation of the corresponding reference services.
DOCUMENT AND PROPOSE INITIATIVES AIMED AT REDUCING THE UNJUSTIFIABLE VARIABILITY IN CLINICAL PRACTICE

127. Design and carry out studies and methodological proposals for analyzing the variability in clinical practice in processes related to patient safety.

128. Design and carry out studies and methodological proposals for analyzing the variability in clinical practice in prevalent diseases: cancer, ischemic cardiopathy, diabetes, cerebrovascular accident and COPD.

129. Design and carry out studies and methodological proposals for analyzing the variability in clinical practice in certain high-cost, highly complex surgical and diagnostic procedures related to the most highly prevalent pathologies (including cardiac surgery and related procedures, orthopaedic surgery and cancer).

PROMOTE THE PREPARATION AND USE OF CLINICAL PRACTICE GUIDES LINKED TO THE HEALTH STRATEGIES, BY CONSOLIDATING AND EXTENDING THE HEALTH GUIDE PROJECT AND TRAINING PROFESSIONALS

130. Consolidate and Extend the Health Guide Project.

131. Set out a valid methodology for the National Health System for the preparation of Clinical Practice Guides.

132. Prepare Clinical Practice Guides of overall interest to the National Health System which support the implementation of the Strategies in Health, including Practice Guides for the proper handling of:

- Ischemic cardiopathy
- Breast, colon, rectal, lung and prostate cancers.
- Complications in diabetes.
- Mental health problems: Eating disorders, Anxiety, Depression, Schizophrenia, and Bipolar Disorder.
- Protocols for neurological diseases such as Parkinson's Disease and Alzheimer's Disease.
- Palliative care.

133. Organize seminars and events with the participation of Scientific Societies, Quality Assessment Agencies, and carry out activities for heightening the awareness of professionals concerning the preparation, implementation and use of Clinical Practice Guides.

IMPROVE THE KNOWLEDGE OF THE PATIENTS’ QUALITY OF LIFE

134. Design and conduct studies on the quality of life and the determining factors and variables thereof one year after receiving a solid organ transplant.
135. Design and conduct studies on the quality of life and the determining factors and variables thereof one year after an Acute Cerebrovascular Accident.

136. Design and conduct studies on the quality of life and the determining factors and variables thereof in patients having undergone mastectomies.

137. Design and conduct studies on the quality of life and the determining factors and variables thereof in patients having received a hip prosthesis.

138. Design and conduct studies on the quality of life and the determining factors and variables thereof in a "frail elderly people" often readmitted to the hospital.

**GUARANTEE THE UNMISTAKABLE IDENTIFICATION OF CITIZENS THROUGHOUT THE ENTIRE NATIONAL HEALTH SYSTEM BY MEANS OF THE HEALTHCARE CARD AND THE DATABASE OF THE POPULATION COVERED BY THE NHS**

139. Culminate the incorporation of all of the Autonomous Communities into the covered population (or Healthcare Card holders) Database of the National Health System.

140. Enhance the accessibility to the database from all of the National Health System healthcare centres.

141. Facilitate the incorporation of interoperability models into the healthcare applications which use the card as a means of identification in all of the Autonomous Communities, so that all of the healthcare cards can be read at any point in the National Health System.

142. Design a covered population information system in conjunction with the healthcare administrations having authority over healthcare assurance.

**PROMOTE THE ELECTRONIC RECORD AND MAKE THE EXCHANGE OF CLINICAL INFORMATION AMONG DIFFERENT PROFESSIONALS, HEALTHCARE DEVICES AND AUTONOMOUS COMMUNITIES POSSIBLE**

143. Promote the maximum extension of the clinical record computer applications adopted and support the computerization of the consulting rooms in all of the Autonomous Communities through funds earmarked for the Healthcare On-Line project.

144. With the aid of professionals and experts, define the Clinical Record standardization criteria for the entire National Health System as a whole with a view to assuring the interoperability and validity thereof for the patients at any point in the healthcare system.
145. Set forth the mechanisms making it possible to link the Clinical Records of each patient, which may exist at any point in the System, to the Personal Identification Code so that the healthcare information may be accessible for the possible future healthcare which may be provided at any point within the System by using the electronic healthcare card.

146. Study and dynamically update the contents and formats for the exchange of clinical information in consonance with the evolution of the technologies.

**PROMOTE THE ELECTRONIC PRESCRIPTION FOR THE EXTENSION THEREOF THROUGHOUT THE NATIONAL HEALTH SYSTEM**

147. Set out the criteria and technological means for facilitating drug benefits for users by simplifying to the utmost the steps necessary for assuring the continuity of the treatments throughout the System.

148. Define the basic functional specifications which any electronic prescription system within the National Health System must meet.

149. Define the functional requirements of the electronic prescription system for that it will be operative among Autonomous Communities.

150. Set out an electronic prescription technical design in the National Health System.

**OFFER NEW PATIENT-PHYSICIAN RELATION SERVICES IN THE NATIONAL HEALTH SYSTEM: INTERNET APPOINTMENT-MAKING, TELEMEDICINE AND TELETRAINING**

151. Promote the use of the Internet for facilitating the administrative relationship between the citizens and the healthcare system (appointment-making systems).

152. Encourage the telediagnosis systems (X-ray or other types of images - dermatology- electrocardiograms, etc.) in those locations in which this resource solves problems for users or professionals.

153. Promote teletraining mechanisms for the healthcare professionals.
GUARANTEE ACCESSIBILITY FROM ANY POINT THROUGHOUT THE SYSTEM, THE INTEROPERABILITY AND THE PROPER USE OF THE INFORMATION

Communications Networks:

154. Improve computer communications with the bandwidth necessary for guaranteeing the transactions required by the information systems.

155. Implement network monitoring, maintenance and operating analysis services.

156. Implement security and contingency plans which will guarantee maximum stability of these systems in keeping with the functions they must support.

157. Equip and renew the network electronics of the nodes of those taking part in the system.

Interoperability:

158. Develop the catalogue of on-line services taking in the needs of the Autonomous Communities.

159. Define the functional and technological standards, as well as the exchange formats.

160. Render the assistance for the adaptation of the systems to the standards defined within the National Health System.

161. Have a common good practices area for sharing applications and elements used in the Autonomous Communities.

Data mining:

162. Develop, implement and set out the parameters of the data mining tools of the National Health System Information System.

163. Implement systems for the display, publication and distribution of the data and indicators.

164. Maintain the data storage by acquiring the elements necessary for guaranteeing the availability and security thereof, and that the requirements set forth under the Data Protection Act will be fully met.

165. That which is set forth under the laws governing the protection of this type of data shall be guaranteed in the systems having a bearing on personal data.
SELECT AND DEFINE THE KEY NATIONAL HEALTH SYSTEM INDICATORS

166. Defining and methodological development of the selected indicators through Interterritorial Council Information Systems Subcommittee working groups.

167. Preparation of the "Set of Key National Health System Indicators" for the presentation thereof to the National Health System Interterritorial Council.

168. Preparation of a National Health System Balanced Scoreboard.

169. Publication of the initial data with the information already available.

170. Modification and/or expansion of the current information subsystems for the purpose of making all of the indicators selected possible.

171. Conducting the relational analysis of the information by publishing regular reports for the purpose of providing an overall view and the comparability of the information.

START UP THE NATIONAL HEALTH SYSTEM DATABASE

172. Review, standardize and validate the data entailed in the different healthcare statistics operations.

173. Incorporate the debugged microdata into the Spanish Ministry of Health and Consumer Affairs and the National Health System Repository.

174. Set out the corresponding data mining and report design plans.

175. Set out the policy concerning the Data Bank access and use.

IMPROVE AND INTEGRATE THE CURRENTLY-EXISTING INFORMATION SUBSYSTEMS

176. Define the information system standardization procedures.

177. Redefine and/or broaden the contents of certain currently-available information subsystems.

178. Put new information subsystems into operation mainly within the scope of primary care and specialized outpatient care.

179. Integrate the data from the different subsystems from organizational, functional, territorial or any other standpoints which may be considered pertinent.
SET OUT A PLAN FOR ACCESSING THE DATA AND DISSEMINATING THE INFORMATION OBTAINED

180. Determine the repertory of publications from the NHS-IS.

181. Set the publication schedule, stipulate the formats and, wherever applicable, the distribution lists for each product.

182. Develop a policy of high accessibility to the information, with multi-channel access using the new communications technologies, particularly the Spanish Ministry of Health and Consumer Affairs webpage.

183. Start up communication and discussion forums among different professional groups within the National Health System which will contribute to improving the healthcare system on sharing and analyzing the existing information.

184. Maintain and improve the dissemination and exchange of information with the international organizations.
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