

Executive Summary

In the year 2004 we made a great government of Catalonia effort to improve the running of the organization and to attend its economical, facilities and human resources needs, in order to improve client attention. The goal for that year was increasing health care activity and restraining costs.

- **Budget:** The Catalan Institute of Health has closed the 2004 yearly economical exercise with a surplus of 13,5 millions of euros which have been used to decrease the debts due to supplying companies.
- **Infrastructure investment:** investment of € 76.5 millions to facilities and electrical medical equipment.
- **Increase of health care activity:** hospital discharges increased by 2,2% and the high tech operations increased by 12%. General practitioner appointments increased by a 9,1%, paediatrics appointments increased by a 7,5% and dentist appointment increased by 11,1%.
- **Teaching:** 4,300 undergraduate medical students, 1,745 undergraduate nursing students, 1,500 graduate medical students and 428 graduate nursing students enrolled.
- **Research:** Setting up of three biomedical research institutes. The Vall d'Hebron hospital reached an agreement with the Fundació Intitut d'Alta Tecnologia to improve cancer diagnosis. Primary Care initiated 15 new research projects and hospital care initiated 30 new research projects. Moreover, primary care and Agència d'Investigació Clínica de l'Atenció Primària processed 39 clinical experiments.
- **Organization levels agreements:** creation of a new territorial management in Girona, that unify primary and hospital care directors; created a new nurse work of connecting primary and hospital and use of new technologies to transmit diagnostic results.
- **Quality:** Awarded 4 ISO certification for hospital care clinical laboratory, 7 ISO certification for primary care clinical, 8 ISO certification for primary care image diagnosing techniques and 3 ISO certification for client attention unit of primary health and a Joint Commission accreditation in Salou primary healthcare team.
- **New care services:** At hospital care: operating theatres opened in the afternoon, built new external consultation rooms and created new units of in-home hospitalization. At primary care: new primary healthcare teams provided control bands used in OAT (oral anticoagulation treatment) and new spirometers used in treatment of COPD (Chronic Pulmonary Obstructive Disease).
- **New professionals:** 133 primary care medical professional, included in the Action Plan, and 62 new consultation rooms. The goal was to adapt the ICS offer to increasing social demands.

- **New human resources management instruments:** Improving the evaluation and implementation system of I, II, III professional career levels and implementation of new incentive based salary.
- **New economical resources instruments:** Costs reduced by a new aggregate purchasing system, integration of a new model of shared storage service and providing plan of the clinical test for the primary care made by the ICS hospitals.
- **Improvement of new communication and information technologies:** More information shared between primary and hospital care. 60% of the ICS users had its clinical history by computer.