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**Introduction:** In an autonomous region in Spain, the heads of cardiovascular disease from four hospitals, forty-three primary care centres and the ambulance provider, have come together to collectively reduce variability, improve outcomes and patient experience, increase efficiency and focus on population health through prevention. As a result, a cardiovascular network was founded to address the needs of the population through eight projects, each with a group of professionals dedicated to its completion. This region has Beveridge-type universal healthcare and the clinical network must operate under a choice model in which patients can choose where they wish to be treated. This approach has never been carried forward in Spain previously nor, as far as we are aware, in Europe from the bottom-up with clinical leaders achieving buy-in from the political level.



**Purpose:** With the well-known demographic challenge putting the system under strain, our hypothesis is that this innovative collaborative approach where by hospitals pool resources and implement collective improvements from the bottom-up will result in better health for its population of over one million people.



**Methods:** The Institute for Healthcare Improvement's Assessment Scale for Collaboratives is used to track project progress through the valuation of project leads assigned to each project and the senior project manager. This scale divides progress from: forming team, activity but no changes, modest improvement, significant improvement, and outstanding sustainable results; some are further subdivided as shown in the image. Projects each have their set of indicators to ensure project objectives are achieved.



**Results:** The network has 8 working projects which include different specialists, professional groups and organizations including primary care and the main ambulance provider. The four hospitals have pulled together their resources to recruit two project managers. Progress measured with the Assessment Scale for Collaboratives indicates that projects have moved forward 18% in a three month period, reaching an average progress of 35%.



**Conclusion:** The closer collaboration across four hospital sites has put this network at the forefront of Spanish health policy by focusing work on diseases rather than by geographical areas. This allows clinical leaders to decide and focus on objectives that most suit the needs of its population whilst building a culture of continuous improvement across multiple care sites and professional groups.

Project progress January 2020	1 Forming Team	1.5 Planning for the project has begun	2.0 Activity but no changes	2.5 Changes tested but no improvement	3.0 Modest improvement	3.5 Improvement	4.0 Significant improvement	4.5 Sustainable improvement	5.0 Outstanding sustainable results
1 Design and implementation of an integrated atrial fibrillation pathway									
2 Common discharge reports for hospitalised cardiovascular patients across the four hospital sites									
3 AAS Code: Urgent referral to one hyper-specialised team for the treatment of acute aortic syndrome									
4 Including the patient's voice for the design of better hospital admissions									
5 Implementing a four-intervention nursing bundle to improve the experience of hospitalised patients									
6 Early detection of undiagnosed atrial fibrillation in the population									
7 ECHO (Extension for Community Healthcare Outcomes): virtual training for primary care physicians to improve cardiovascular care and integration between hospital and primary care									
8 Do-Not-Do/Choosing Wisely: Reducing diagnostic tests and treatments of Little value to patients									

