

Description of innovative experiences

The existence in Spain of 17 Autonomous Communities with complete autonomy as regards the management of their health services is an ideal scenario for a learning process in which those initiatives and innovations which can be adapted by other communities can be compared and evaluated.

However, the learning process is never simple when organizations are involved, and there are several potential causes of difficulties: sometimes, the causal relationship between the results obtained and the initiatives cannot be clearly demonstrated, creating certain causal ambiguity; on occasions the sharing of knowledge implies an extra effort which may not be recognised, and on the other hand the receiver may lack motivation due to the ‘not invented here’ syndrome, and this may lead to a rejection of innovations from other areas or organizations. This usually leads to a case where efforts are duplicated in “reinventing the wheel”.

The capacity to accept and absorb new developments is therefore a requirement, which means that a certain level of maturity is required in order to incorporate some innovations.

When referring to innovations in the complex world of health care services, the proposals of the Autonomous Communities have been classified into five groups: programmes of health promotion and prevention; management of health services; gender equity in health care; health care for immigrants and support for research.

From the point of view of classification theory, it should be pointed out that the concept of innovative experiences should be interpreted in relative terms. For example, a programme to prevent child obesity at school (set up for the first time by a particular health service) is understood to be an innovative experience although it may not strictly be considered innovative, given that other communities or countries have already included it as part of their system.

In many other cases, innovation is gradual in nature, consisting in the improvement, adaptation or modification of a variable, but not in a substantial or radical way.

Another relevant issue arises when an innovative experience should be considered as such within the autonomous community which has developed it, and yet has limited value outside it because the knowledge required is locked into *practice communities* which make transfer difficult (tacit knowledge sustained by practice).

In other cases, the innovative experience can be adopted by other autonomous communities without major modifications, which enables it to spread more easily. In such cases, the knowledge on which the innovation is based is explicit and articulated (mostly separate from the person or group who developed it).

61 innovative experiences were presented in 2006, and there were two Autonomous Communities that gave no answer to this section (table XVIII). 23 of these experiences are classified as health promotion and prevention, which means that they represent 37.7 %. The other main category is that of health management, includes 27 experiences, 43.5% of the total. There were only two experiences (3.3%) among those reported which dealt with gender equity in health care.

Table XVIII: Innovative experiences, by autonomous community, 2006	
Autonomous community	Innovative experience
Andaluca	Prevention of tobacco addiction Diraya centralised appointment system Virtual library of the public health system of Andalusia
Aragon	Public health alert assistance system Health and Environment Seminar Programme Cinema and Health Programme Focuss
Balearic Islands	Electronic prescription service Quality management system conforming to ISO 9001:2000
Canary Islands	Post-graduate training programme in health centres Health Classes Centralised handling of waiting lists Health service for immigrants PRETEA project
Castile and Leon	Organization of services with reference to specialised care Transport on demand Programme for detecting autistic conditions Project for preventing lower back pain Complete dependency evaluation for those persons included in the service of home assistance for immobilised patients
Castile-La Mancha	Unified management for the Puertollano region Turriano computer application for managing primary care Registry of Advanced Directives
Catalonia	Programmes for health promotion and prevention: Health and School Administration of public health services in Catalonia: territorial health authorities Programme for tackling violence against women Immigration Master Plan Hivacat programme

Autonomous community	Innovative experience
Valencian Community	Health generating companies Prevention of injuries in traffic accidents Prevention of eating disorders Improvement of health and social services for handling child abuse and vulnerability Health programme for women over 40
Extremadura	Promotion of healthy lifestyles to prevent diabetes mellitus and its complications Qualitative research into the strategies developed and the new expectations for humanization and its continuing improvement Delphi report on the humanization of health care in the public health system of Extremadura. Design and creation of a study among the professionals of the public health system of Extremadura on the awareness of the Health Plan for Extremadura 2005-2008 Programme "Exercise is good for you"
Galicia	Galician Research Support Office of the Board of Health Mobile magnetic resonance Projects Valora-Health Study of the clinical and social profile of centenarians in the Lugo area.
Madrid	Health promotion programme for particularly vulnerable groups. Programme of assistance in the improved use of medicine for elderly patients under polymedication. Complete health care for male sex workers. Guide for complete health care for immigrants in area 2 Fibac Workshops
Murcia	Pilot Project for the Prevention of Colorectal Cancer Education for Health in School Plan
Navarre	MAPPA Project Health care programme for immigrant women working as prostitutes
Basque Country	Analysis of waiting-list graphs and Osakliniker Introduction of a quality management system in the management of the hemoderivative transfusion process
Rioja	Drojnet Project Equipment supply contract of the San Pedro Hospital in Logroño Eye Care Plan for the Calahorra Hospital Foundation Selene Project, electronic clinical histories Regional Purchasing Platform Project
Ingesa (Ceuta and Melilla)	PERSEO Programme Quarterly bulletin monitoring of the management contract. Pictograms as a means of communication amid language diversity Quality awards 2006 of the Red Cross Hospital in Ceuta

There were five experiences reported in both of the remaining categories, health care for immigrants and support for research.

Besides the basic types that have been defined as the basis for classifying the information requested from the autonomous communities, there are many other classifications possible due to the inherent complexity involved in the organization and running of a health service (table XIX).

**Table XIX: Innovative experiences in the Autonomous Communities.
Health Care and promotion, 2006**

	Cooperation agreements with other bodies	Use of ICT	Contribution to knowledge management	Screening	Others	Total	Percentage
Health care and promotion	16	1		4	2	23	37,7
Health care and promotion among primary and secondary school pupils	9	1		1		11	18
Health care and promotion for the over 60s	2				1	3	5
Health care and promotion among other groups	5			3	1	9	14,7
Health service management	2	5	6		12	25	41
Gender equity (health care)	2			1		3	5
Health service for immigrants	2	1			2	5	8,15
Research support	1		2		2	5	8,15
Total	23	7	8	5	18	61	100
Percentage	37,7	11,5	13,1	8,2	29,5	100	

ICT, Information and communication technology.

For this reason, it was decided at first to create a further division of the category health promotion and prevention as follows: Health promotion and prevention among primary and secondary students (11), health promotion and prevention for the over 60s (2) and health promotion and prevention for collectives (10).

A descriptive analysis of the marked experiences reveals the following aspects:

- The importance of programmes of health promotion and prevention; they are 23 out of the 61 (37.7%), and the number of programmes aimed at the school population stands out (11) compared with only 3 aimed at the over 60s.
- One aspect that may give us another informative classification of these programmes is the importance that agreements for collaboration between the health services and other institutions have

in 16 of the total of 61 (26%). Of these, the collaboration has involved education (9), screening programmes (4) and pharmacy, social services, and others (3).

- The quantitative importance of actions classified in the area of health management, with 25 out of the total of 61 programmes, represents 41%. Health management brings together a wide variety of initiatives, given the breadth and complexity which the term includes. Using the same criteria, the following facts stand out:
 - Five initiatives are characterised by the use of ICT, in areas such as digital histories, electronic prescriptions and appointment systems, among others.
 - In the management of health services, six experiences make contributions to the management of knowledge (reinforcing human capital with training programmes, improving structural capital with certifications and standardised care procedures, or improvements in coordination to establish new procedures).
 - Two experiences were reported that were carried out through agreements for collaboration.
 - Finally, a category of “other experiences” has been included, in which there were two notable initiatives for improving access.
 - The remainder are barely innovative in character, including some administrative initiatives, the creation of awards or the organization of seminars of informative studies.
- The paucity of initiatives belonging to the category of gender equity is remarkable, with only three entries. One is a collaboration with the Catalan Women’s Institute, another concerns medical attention for immigrant women and prostitutes, and the third is a health programme aimed at women over 40.
- Those Autonomous Communities with the greatest number of immigrants have presented programmes in this category. Catalonia has a Master Plan, Madrid has two initiatives, while the Canary Islands and Ceuta and Melilla also have one.
- The area of support for research contains five very different initiatives, among which is that of the virtual library of Andalusia. The other initiatives are categorised as agreements for collaboration between research groups, bureaucratic measures, such as administrative support when soliciting projects, or the arrangement of seminars to favour collaboration between groups.

Other categories have been considered for explaining the initiatives: whether the innovative experience is carried out in collaboration with other bodies; if the experience depends on ICT significantly; if the experience contributes to the management of knowledge (reinforcing human capital by training programmes, standardisation processes through certifications and/or process design, improving coordination between groups capable of adding value and enabling easier access to encoded information, among others); whether the experience is a screening programme and many others, including actions aimed at improving the administration, the creation of awards, celebration of seminars, informative studies and measures to improve access.

These two criteria have been used to create a second double-entry table which gives us a more complete classification of the innovative experiences presented (table XX).

Table XX: Innovative experiences in the Autonomous Communities. Other classification categories, 2006					
	Cooperation agreements with other bodies	Use of ICT	Contribution to knowledge management	Screening	Others
Health care and promotion among primary and secondary school pupils	I'm not going to smoke Cinema and Health PRETEA Health and School Programme Projects Valora-Health Prevention of injuries in traffic accidents Education for Health in School Plan Prevention of eating disorders PERSEO	Drojnet		Programme for detecting autistic conditions	
Health care and promotion for the over 60s	"Exercise is good for you" Care for the elderly under polymedication				Study of the clinical and social profile of centenarians in the Lugo area
Health care and promotion among other groups	Environmental health plan Health generating companies Prevention of child abuse Health care for male sex workers Eye Care Plan for the Calahorra Hospital Foundation			Project for preventing lower back pain Prevention of diabetes mellitus and its complications Prevention of colorectal cancer	Health Classes

	Cooperation agreements with other bodies	Use of ICT	Contribution to knowledge management	Screening	Others
Health service management	Complete evaluation of dependency Territorial health authorities	Diraya Electronic prescriptions Centralised handling of waiting lists Turriano Selene	Focus ISO 9001:2000 Certification Funcis Unified management for the Puertollano region MAPP Management of the hemoderivative transfusion process		Public health alert assistance system Organization of reference systems in specialised care Supply contract for hospital equipment Regional purchasing platform Quarterly bulletin of management contract Registry of advanced directives Awareness of the Health Plan Qualitative research into humanisation Delphi Study Waiting list graphs Transport on demand (accessibility) Mobile magnetic resonance (accessibility)
Gender equity (health care)	Programme for tackling gender -based violence Health care for female immigrant prostitutes			Women's health for the over 40s	
Health service for immigrants	Health care programme for a vulnerable group Immigration Master Plan	Complete health care for the immigrant population of area 2			Health service for immigrants Pictogram
Support for research	Hivacat programme		Virtual library Ficbac		Research support office Quality awards 2006 of the Red Cross Hospital in Ceuta

ICT, Information and communication technology.

The importance of the programmes for promotion and prevention among the school population (primary and secondary education) which are to be carried out in collaboration between the health and educational authorities should be noted (15% of the total).

From the analysis carried out, it can also be concluded that the degree of innovation should be considered in terms related with the autonomous

community itself, although this does not imply that the experience involves a substantial or radical change in the type of knowledge or responsibilities required for its application at national or international level.

At the same time, it can be seen that the type of experience mentioned is highly asymmetrical, from programmes for arousing interest among the school population to others with less impact, such as preliminary studies, awards or seminars, which should be consigned to other sections of the report, as they are not innovative experiences in the strict sense of the term, from the point of view of mutual learning and knowledge management.

The present Report from the Observatory on the National Health System spans 2006 and intends, the way it did in previous years, to offer an account of the present situation of the National Health System and its evolution throughout the year. Its aim is to provide the Health Sector and society in general with overall data and general knowledge of actual healthcare experiences and practice in Spain. Displaying the whole picture enables accountability and a better access to information on the National Health System's activities during the period under analysis.

