

Description of innovative experiences

The Cohesion and Quality Act 16/2003 establishes actions of coordination and cooperation between the public health administrations as a way of ensuring the right to health protection, with the common objective of guaranteeing equity, quality and social participation within the National Health System.

The decentralization process undertaken by the National Health System has made it possible to develop initiatives and reforms in the design, planning and running of health programmes, which are considered innovations within the territory of each autonomous community. This new scenario prompts the need to encourage cooperation and coordination between the different health services of the autonomous communities.

The health services of each autonomous community has a store of resources and knowledge at its disposal with which to develop its responsibilities in health. This autonomy has found expression in a wide array of initiatives developed in different regions to meet distinct healthcare needs and priorities. Over time, this process of innovation will lead to differing levels of development and experience in the National Health System which will have a beneficial effect on the whole. One of the challenges that the National Health System has tackled in recent years is precisely that of introducing knowledge management and organizational learning to the different health services so that improvements are shared. This is being done through the participation of the health services in the commissions and working groups set up in the Interterritorial Board of the National Health System and through the different institutional and monitoring committees of health strategies of the NHS, generating a new culture of work which encourages co-responsibility and cohesion among the different health services.

Knowledge management

Health organizations can be characterised as knowledge-intensive firms (KIF). Knowledge can be defined as information whose validity has been proved and which enable causal relations to be predicted.

Another alternative form consists of defining knowledge as a combination of structured experiences, values, contextual information and

expertise which provides a framework for the evaluation and incorporation of new experiences and information⁷⁵.

Health organizations are deeply involved in the processes of change and innovation as they constantly have to absorb new findings, usually generated in other centres, knowledge which must be adapted in a complex process with the participation of different 'interest groups' including political groups, management teams, professionals and the public.

Knowledge management consists of transferring know-how from those who possess it to those who require it.

In this sense, in order to create a culture of knowledge management, each health service should identify the relevant knowledge it generates and those it lacks to complete its task (satisfying the citizens' needs and demands for health and healthcare). It must acquire this information, identify the sources and methods used and develop or adapt this new knowledge through its own internal processes.

Benchmarking is one of the most important strategies for learning between organizations in the field of healthcare, as it involves working out how other organizations operate in order to adapt this knowledge to one's own organization. This is done by comparing and learning from organizations with 'excellence' in one particular area.

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, there are challenges to be overcome in the development of this task:

- The difficulty in identifying the innovations among the health services which could be adopted by others (best practices).
- The causal relationship, based on scientific evidence between the innovations and the results which can be expected, a complex task that requires resources and effort. On many occasions there is great causal ambiguity about the effectiveness of an innovation
- Appropriate incentives are required to share knowledge because of the additional effort required in giving the experience and results a structure and theoretical foundation which is not always sufficiently appreciated.
- The person receiving the information must be sufficiently motivated to learn from others' experience. The syndrome known as NIH (not invented here) leads one to reject any innovation proceeding

75 Davenport and Prusak (2001).

from other organizations or areas, and has the undesirable effect of duplicating efforts by “re-inventing the wheel”.

- The *capacity to absorb* new knowledge is essential if an organization is to assimilate and adapt them, which means that prior knowledge (experience and/or theory) of the subject to be learned is required in order to understand the innovations that have taken place.

Innovation

Innovation in the field of the health services is a complex subject because:

- First of all, they are innovations in services.
- Secondly, the chosen area of reference is a health system (consisting of many interconnected elements).
- Thirdly, we are dealing with public health systems, and this environment is the setting for the meeting of health authorities, professional staff, the industry which supplies the input (pharmaceuticals technology etc.), and the public, whose awareness, needs, and expectations play an ever more important role, in keeping with a developed society.

Innovation⁷⁶ forms part of the establishment of new ideas which aid in the creation of value for the organization. The result is greater efficiency and effectiveness of the services provided.

Innovations should be understood as changes in the behaviour of organizations. In the case of healthcare systems, this could mean the introduction of a new service or the significant improvement of an existing one, a new process, new technologies and new forms of organization.

Innovations can be classified in terms of the degree of originality they display and the nature of the change they represent. This enables us to distinguish between radical and incremental innovation and between innovation of product or process, although new technologies and products lead on to changes in process.

In general terms, most innovations in a strict sense, such as a new technology or pharmaceutical product, are carried out by the industry, which intervenes in medical practice and finally, after an evaluation process, is included in the health service. This incorporation may signify an important change in the knowledge of the professional health personnel (training and

⁷⁶ Schumpeter considers that a company innovates in the following cases: the introduction of a new product or service, the development of a new production method, the opening of new markets, access to new suppliers and new ways of organizing an economic activity.

experience), which in turn modifies the human capital. It may also bring about important changes in the routines, procedures and organization when established (for example, major outpatient surgery).

The changes involved in adapting new knowledge to the organization can also be considered innovations, and the more they transform the human capital and the organizational procedures, the more radical they should be considered.

In other cases, innovations are incremental given that they introduce changes based on the foundations of existing knowledge, and originate from continuous improvement projects for existing processes.

Also, as services are involved, the extension of the range of services can be understood as an innovation, as can changes in the organization or management of the procedures, or improvements in the coordination of activities which have beneficial results for the protected population, and new public health programmes which aim to promote health and the prevention of illness.

An innovative experience can be limited specifically to the territory of the autonomous community which has developed it, either because it is less valuable in other areas, or because the knowledge required for its application forms part of *practice communities* which cannot be easily taught or adopted outside (tacit knowledge sustained by practice).

In other cases, the innovative experience can be adopted by other communities without great modification, which makes its spread easier. In these cases, the knowledge which the innovation is based on is *explicit or articulated* (separable from the person or group that created it).

To sum up, the National Health System should continue to develop organizational contexts for the management of knowledge and distribution of innovative experiences –encouraging those which have shown good results and creating others– where the exchange of information and new experiences between the communities can take place.

For this to happen, access to knowledge must be improved, by promoting channels and networks for communication and distribution among the individuals and organizations involved, between working teams and groups. The aim is to achieve improved access to relevant information and new research, whenever it is believed to create value for the organization through dialogue, and as long as there is motivation to take part in exchange programmes and consensus seeking.

Tendencies observed between 2004 and 2007

This section aims to provide analysis and synthesis of the experiences in innovation which the autonomous communities have indicated as such

during 2004-2007 for the creation of the annual report of the National Health System.

The methodology has consisted of requesting each community to report those experiences that they consider to be specially innovative, whether in their origin, development, management or results.

The results are therefore subjective, based on the judgement of each autonomous community in accordance with its idea of what a specially innovative experience is.

The methodology⁷⁷ used in this period 2004-2007 has been modified. So, in 2004 and 2006 each community decided what type of innovation would feature in its report while in 2006 and 2007 the communication was based on the request for an innovative experience in one of the following categories: health promotion and prevention of illness, management of health services, gender equity, healthcare for immigrants and support for research. This change may make a comparative analysis of the period under observation more difficult.

The first noticeable result is an increase in the innovative experiences presented by each autonomous community (fig.28). 28 innovative experiences were presented in 2004, most of which were related with health information systems. These experiences sought to enable the integration of different levels of care (primary and specialised) and practices (administrative and clinical) that make up the health services, to improve access to information for professionals and users of the system (annual report of the Health System 2004).

38 innovative experiences were presented in 2005, representing an increase of 35.7 % on the previous year⁷⁸.

61 innovative experiences were presented in 2006, which, as there were no submissions from Asturias or Cantabria, represented a significant increase over the previous year.

Finally, 72 innovative experiences were reported in 2007.

A descriptive comparison⁷⁹ is the first stage in the analysis (fig. 29). The first detail to notice is the number of innovations in the largest areas, health

77 Every year the Observatory on the National Health System sends a *Guide to completion* to the autonomous communities. This guide, which is revised every year, offers guidance to the health services on the type of information required for each of the 12 sections that it consists of. Section 12 deals with innovative experiences.

78 Each autonomous community decides on the number of innovative experiences to include in its report and these vary between one and five.

79 It has been necessary to classify the experiences of 2004 and 2005 according to the criteria of 2006 and 2007.

Figure 28. Evolution of the innovative experiences presented, 2004-2007

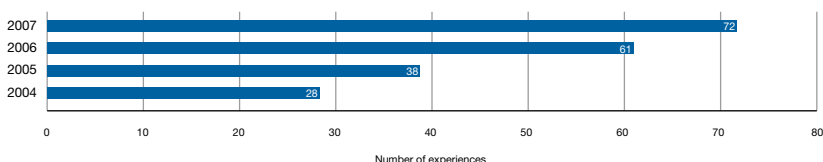
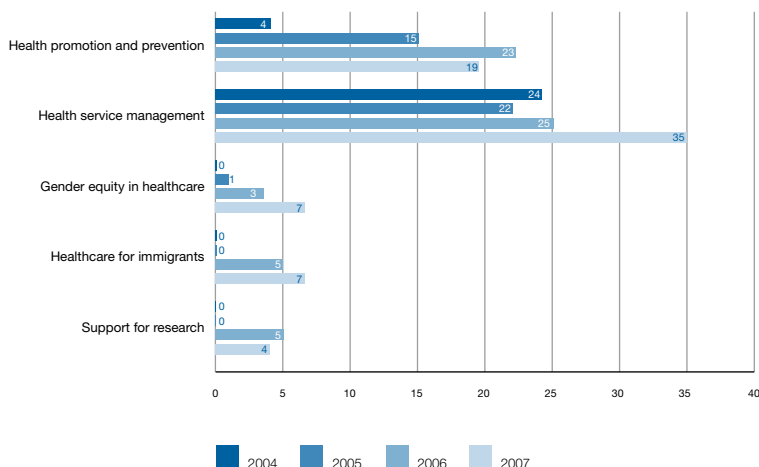


Figure 29. Classification of the innovative experiences, 2004-2007



promotion and prevention of illness, management of health services, with the other three areas the subject of fewer innovative experiences.

Besides the types of project outlined initially, the information received from the autonomous communities encouraged the addition of two sub-categories in 2006 and 2007.

First, the category of promotion of health and prevention of illness has been divided into the following:

- Experiences aimed at primary and secondary school pupils.
- Experiences aimed at the over 60s.
- Experiences aimed at other groups.

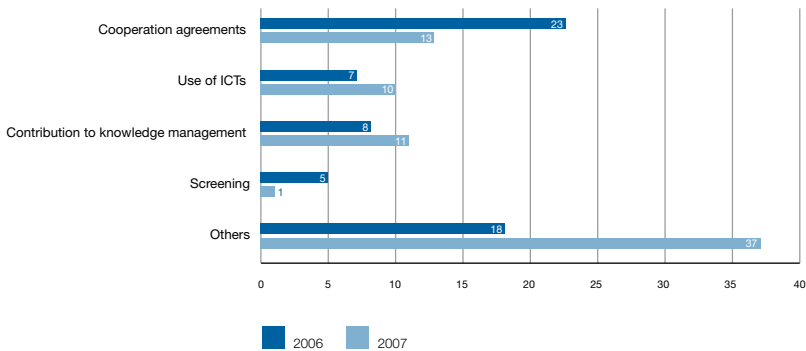
It has also been decided to use other self-explanatory categories that help to understand the nature of the innovative experiences:

- That the innovative experience be carried out in collaboration with other entities where there is an agreement to collaborate.
- That the experience uses ICT to a significant degree.
- That the experience contributes to the management of knowledge, because the human capital is reinforced by training programmes, processes are regulated through process certification or design, coordination is improved between groups which can create value, and access to coded knowledge is made easier, among others.
- That the innovative experience be a screening programme.
- Others, including actions to improve administration, creation of awards, holding conferences, informative studies and measures to improve access (fig. 30).

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 (tables 63-67).

As the table shows, there has been a slight increase in the number of experiences reported dealing with the management of health services, those aimed at achieving greater gender equity in health and healthcare for immigrants. The reports of experiences supporting innovation remained roughly constant, while those dealing with health promotion and prevention of illness saw a slight drop.

Figure 30. Evolution of the number of innovative experiences classified by their principal characteristic, 2006-2007



ICTs, Information and Communication Technologies.

Likewise, the communication of innovative experiences where the use of information and communication technology (ICT) is essential grows considerably every year, as do those contributing to knowledge management.

It should be noted that the decrease in the number of projects of collaboration with other entities mentioned by the autonomous communities is due to the fact that the projects reported in 2006 were mostly aimed at promoting a healthy lifestyle among primary and secondary students, in collaboration with educational institutions. Although these continued into 2007, they were no longer mentioned as innovative experiences as they had been mentioned in the previous year.

TABLE 63. Innovative experiences, 2006-2007

	Cooperation agreements with other bodies		Use of ICTs		Contribution to knowledge management		Screening		Others		Total		Percentage	
	06	07	06	07	06	07	06	07	06	07	06	07	06	07
Health promotion and prevention	16	9	1	-	-	-	4	1	2	9	23	19	38	26
Health promotion and prevention among primary and secondary school pupils	9	5	1	-	-	-	1	-	-	-	11	5	18	7
Health promotion and prevention for the over 60s	2	2	-	-	-	-	-	-	1	-	3	2	5	3
Health promotion and prevention among other groups	5	2	-	-	-	-	3	1	1	9	9	12	15	17
Health service management	2	1	5	10	5	6	-	-	12	19	25	35	41	49
Gender equity and healthcare	2	1	-	-	-	5	-	-	1	1	3	7	5	10
Healthcare for immigrants	2	1	1	-	-	1	-	-	2	5	5	7	8	10
Support for research	1	1	-	-	2	-	-	-	2	3	5	4	8	5
Total	23	13	7	10	8	11	5	1	18	37	61	72	100	
Percentage	38	18	12	14	13	15	8	1	29	52	100			

ICTs, Information and Communications Technologies.

TABLE 64. Innovative experiences, by autonomous community, 2006

	Innovative experience
Andalusia	Prevention of Tobacco addiction
	Centralised appointments in Diraya
	Virtual library of the public health system of Andalusia
Aragon	Public health alert system
	Health and the environment seminar
	Programme <i>cinema and health</i>
	Focuss
Balearic Islands	Electronic prescription service
	Quality management system conforming to ISO 9001:2000
Canary Islands	Postgraduate training programme in health centres
	Health classes
	Centralised handling of waiting lists
	Healthcare for immigrants
	PRETEA Project
Castile and Leon	Organization of referral service 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	Single office for the health area of Puertollano
	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
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 strategies developed and expectations for humane assistance
	Delphi report on the humanization of health care in the public health system of Extremadura.
	Design and creation of a study among professionals of the public health system of Extremadura on awareness of the Extremadura Health Plan 2005-2008
	Programme "Exercise is good for you"
Galicia	Research support office of the Health Department
	Mobile magnetic resonance
	Value-health Project
	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
	Ficbac Workshops
Murcia	Pilot project for the prevention of colorectal cancer
	Education for Health in School Plan
Navarre	MAPPA Project
The Basque Country	Analysis of waiting-list graphs and Osakliniker
	Introduction of a quality system in the management of hemoderivative transfusions
	Health care programme for immigrant women working as prostitutes
La Rioja	Drojnet Project
	Equipment supply contract of the San Pedro Hospital
	Eye Care Plan for the Calahorra Foundation
	Selene Project, on electronic clinical histories
	Regional purchasing platform project
Ceuta and Melilla	PERSEO Project
	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

TABLE 65. Classification of innovative experiences 2006 by their most notable characteristic

Cooperation agreements with other bodies	Use of ICTs	Contribution to knowledge management	Screening	Others
Health promotion and prevention among primary and secondary school pupils				
I'm not going to smoke Cinema and Health PRETEA Health and School Programme Value health Projects Prevention of injuries through traffic accidents Health education in schools Prevention of eating disorders PERSEO	Drojnet		Screening programme for autism	
Health promotion and prevention for the over 60s				
Exercise is good for you Care for the elderly under polymedication			Clinical profile of centenarians in the Lugo area	
Health promotion and prevention among other groups				
Encouragement of Environmental Health Health generating companies Prevention of child abuse Healthcare for male sex workers Vision prevision Hospital of Calahorra Foundation			Project for preventing lower back pain Prevention of diabetes mellitus Prevention of colorectal cancer	Health Classes
Health service management				
Complete evaluation of dependency Territorial health authorities	Diraya Electronic prescriptions Centralised handling of waiting lists Turriano Selene	Focuss ISO 9001 Certification Funcis Single office for the health area of Puertollano MAPPA Quality management transfusion haemoderivatives		Healthcare warning system SP Organization of referral services in specialised care Supply contract for hospital equipment Regional purchasing platform Quarterly bulletin of management contracts Registry of advanced directives Awareness of the Health Plan Qualitative research into humanisation Delphi Study Waiting list/admissions in graphs Transport on demand (accessibility) Mobile magnetic resonance (accessibility)

Gender equity and healthcare				
Programme for tackling gender-based violence Health care for female immigrant prostitutes			Health for women over 40	
Healthcare for immigrants				
Health care programme for vulnerable groups Immigration master plan	Complete healthcare for immigrants 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 of Ceuta
ICTs, Information and Communications Technologies.				

TABLE 66. Innovative experiences, by autonomous community, 2007

	Innovative experience
Andalusia	Programme of tobacco dehabituatation for prisoners Comprehensive environmental health system Care plan for carers within the family Communication panel Advanced therapy plan of Andalusia
Aragon	Solsano Agreements of the Sectorial committee Complete care programme for women Intercultural training seminars for health professionals
Asturies	Methadone maintenance programme in pharmacy offices Training programme in the correct use of medicines aimed at primary care doctors, with the condition that the trainers were practicing professionals, doctors and pharmacy specialists in primary care, work colleagues of those attending Consolidation of the information system in primary care and introduction of the software tool ISIS for the analysis of activities in primary care Inclusion of the national code for prescription medicines in prescriptions Asynchronous telehealth project (teleophthalmology and tele dermatology)
Balearic Islands	HANCP Electronic prescription H3 Project
Canary Islands	Teletranslation system for the health service Home hospitalisation units Health advice as technology Delta nutritional education project

Cantabria	<p>Improvement of safety in the use of medicines in primary care</p> <p>Plan to encourage breast feeding</p> <p>Creation of UFSP</p> <p>Process management project</p> <p>Early warning of gender-based violence</p> <p>CAP for health and administrative personnel in relation with healthcare for immigrants</p> <p>Use of facemasks in waiting rooms during flu period</p>
Castile and Leon	<p>Intervention programme for patients who have attempted suicide</p> <p>Management programme for prolonged and severe mental illness cases</p> <p>Automatic processing of appointments in health centre</p> <p>Study of the prevalence of ADDH</p> <p>Classification procedure of healthcare processes in electronic medical histories</p>
Castile-La Mancha	<p>OCAU</p> <p>Telepathology network for healthcare</p>
Catalonia	<p>Health and school</p> <p>Health in the neighbourhood</p> <p>Logartime</p> <p>Protocol for assistance in cases of violence against women</p> <p>Immigration master plan</p> <p>Research programme into malaria <i>Plasmodium-Vivax</i></p>
Extremadura	<p>Programme of prevention, treatment and control of tobacco addiction</p>
Galicia	<p>CREATIVE</p> <p>Quality management programme for the Galician plan on drugs</p> <p>Complete cancer plan</p>
Madrid	<p>Evaluation of effectiveness of the heptavalent-pneumococcal conjugate vaccine</p> <p>Standardised charter of services in primary care</p> <p>Health actions to counter violence against women within a relationship</p> <p>Cross functional project of intervention for persons engaging in prostitution area 9 of Sermas</p> <p>Research activity in nursing</p>
Murcia	<p>Quality of life and health: diabetes mellitus</p> <p>Health, immigration and social and cultural conditioning. Strategies for action</p> <p>Humane treatment of birth project</p> <p>Collaboration agreement with the association <i>Murcia Acoge</i></p> <p>Integration and clinical information: primary and specialized care</p> <p>Service point in emergency areas for cases of gender-based violence</p> <p>Coordination protocol for health education activities in the detection and diagnosis of ADDH</p>
Navarre	<p>Effective educational advice on lifestyles</p> <p>Promotion of breast-feeding programme</p> <p>Screening for diabetic retinopathy with non-midriatic retinography in primary care</p> <p>Organizational improvement project in primary care</p> <p>Healthcare programme for immigrants</p>
The Basque Country	<p>Explore the uses of ACG</p> <p>Variations in detection and monitoring of chronic processes</p> <p>Pharmacological interactions 3s-Osabide</p> <p>Virtual training on the rational use of medicines</p> <p>Cardiac rehabilitation</p>
La Rioja	<p>Inauguration of Hospital San Pedro, of CARPA and CIBIR</p> <p>Home Hospitalisation</p> <p>Teledermatology</p>

Ceuta and Melilla	Complete project of digital imaging in the health area of Melilla Inclusion of photograph in TSI Framework programme of joint actions with Imserso for complete healthcare services in Melilla Creation of USYR in Ceuta Quality awards 2007 Red Cross Hospital of Ceuta
<p>ACG, Adjusted Clinical Groups, Classification system of patients in primary care taking into account morbidity, burden of illness among the public treated, frequency, the burden on care services and determines the consumption of resources according to these factors; ADD/H Attention Deficit Disorder with/without Hyperactivity; CAP, Knowledge, Attitudes and Practice of health and administrative personnel in primary care in the Health Service of Cantabria with regards to the treatment of the immigrant population in Cantabria. The aim of this study is to investigate the perceptions and interpretations of the different healthcare and administrative personnel in primary care concerning the challenges and requirements for training and resources when dealing with immigrant users of the system; CARPA, High Resolution Centres for Care Processes; CIBIR, Centre for Complete Biomedical Research of La Rioja; Creative, selective prevention programme for the consumption of alcohol, cannabis, cocaine and other drugs in public urban areas; Delta Project of Nutritional Education, aimed at the prevention of obesity in childhood; Diraya, corporate information system whose objective is to integrate all health information on any person, making it available in the place and time when the person requires healthcare; Drojnet Project on Cooperation between regions and across frontiers for the development of a drugs information service which is interactive and adapted for young people, with the aim of starting, developing and improving selective prevention through new media and new technology; HANCP Hazard Analysis and Nutritional Control Points Project which aims to involve small and medium sized companies in the reformulation of its foodstuff and prepared meals to fight against obesity; H3 project, developed with the aim of reducing the deficit of anaesthesiologists in Ib-salut; MAPPA Project, aimed at developing and establishing a quality strategy aimed the central processes of a health organization, the clinical care processes; OCAU, Quality and Patient Service Offices; Perseo, Pilot Reference Programme for Schools Health and Exercise against Obesity; Selene Project on electronic medical histories, a solution for the Integrated Health Network which unifies knowledge of the different areas and levels of care in a complex and standardised information system. It is a tool for health and social personnel to improve the efficiency of processes and workflow, reduce operational costs and especially improve the quality of care; Solsano Programme, Solar protection programme for children. Its aim is to promote healthy behaviour in boys and girls during their time in the open, and that these habits last through their adult life; TSI, Individual Health Card; UFSP, Operational Units of Patient Safety Units dedicated to prevention activities and monitoring clinical risks Their mission is to encourage the culture of safety in the Health Service of Cantabria; USYR, Operational Unit of patient safety and management of clinical risks.</p>	

TABLE 67. Classification of innovative experiences 2007 by their most notable characteristic

Cooperation agreements with other bodies	Use of ICTs	Contribution to knowledge management	Screening	Others
Promotion and prevention of health among primary and secondary students				
Solsano Delta Study on the prevalence of TDAH Health and school Protocol for the coordination of educational and health actions in the detection and diagnosis of ADDH				

Health promotion and prevention for the over 60s				
Health in the neighbourhood Framework programme of joint action with Imserso for complete social and health treatment in Melilla				
Promotion and prevention of health among other groups				
Tobacco dehabitation programme for prisoners HANCP			Evaluation of effectiveness of the heptavalent-pneumococcal conjugate vaccine	Health advice through technology Plan to encourage breast feeding Use of facemasks in waiting rooms during flu period Programme of prevention, treatment and control of tobacco addiction Creative Quality of life and health: diabetes mellitus Effective Advice Programme on lifestyles Programme to encourage breast feeding Cardiac rehabilitation
Management of health services				
Electronic prescriptions	Teletranslation system Automatic appointment processing in health centres Classification procedure of healthcare processes in electronic medical histories Telepathology network for healthcare Integration, clinical information primary and specialized care Pharmacological interactions in 3s-Osabide Virtual training in the rational use of medicines in primary care Teledermatology Complete project of digital imaging in the health area of Melilla Inclusion of photographs in the TSI	Creation of the UFSP Process Management Project Quality management programme for the Galician plan on drugs/ Standardised charter of services in primary care Screening of diabetic retinopathy with non-midriatic retinography in primary care		Complete system of environmental health Agreements Sectorial Committee Project H3 Home hospitalisation units Improved safety in the use of medicines in primary care Intervention programme for patients who have attempted suicide Management programme for prolonged and severe mental illness cases OCAU Logaritme Complete cancer plan Humane and natural childbirth project Organizational improvement project for primary care Explore uses of ACG Variation in detection and monitoring of chronic patients in primary care Inauguration of Hospital San Pedro Inauguration of CARPA Home hospitalisation Creation of USYR in Ceuta Quality awards 2007 of the Red Cross Hospital of Ceuta

Gender equity and healthcare				
Cross functional project of intervention for persons engaging in prostitution area 9 of Sermas		Comprehensive Plan of Assistance for Women Early warning of gender-based violence Protocol for assistance in cases of violence against women Health actions to counter violence against women within a relationship Service point in emergency areas for cases of gender-based violence		Care plan for carers within the family
Healthcare for immigrants				
Collaboration agreement with the association Murcia Acoge		Intercultural training seminars for health professionals		Communication panel CAP for health and administrative personnel in relation with healthcare for immigrants Immigration master plan Health, immigration and social and cultural conditioning Strategies for action Healthcare programme for immigrants
Support for research				
Research programme into malaria <i>Plasmodium-Vivax</i>				Advanced therapy plan for Andalusia Research activity in nursing personnel Inauguration of CIBIR
<p>ACG, Adjusted Clinical Groups; CAP, Knowledge, attitudes and practice; CARPA, High Resolution Centres for Healthcare Treatments; CIBIR, Biomedical Research Centre of La Rioja; HANCP, Hazard Analysis and Nutritional Control Points; ICTs, Information and Communication Technologies; OCAU, Quality and Patient Service Offices; PEP, Persons engaging in prostitution; TDAH, Attention deficit disorder with or without hyperactivity; TIC, Information and telecommunication technologies; TSI, Individual Health Card; UFSP, Operational Units for Patient Safety; USYR, Operational Unit for Patient Safety and Management of Clinical Risk.</p>				



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