

Action plan project +FUTURE



“We promote action to
anticipate the challenges
of tomorrow”



+FUTUR
Actuar x Avançar-se



November 2021

+FUTUR project

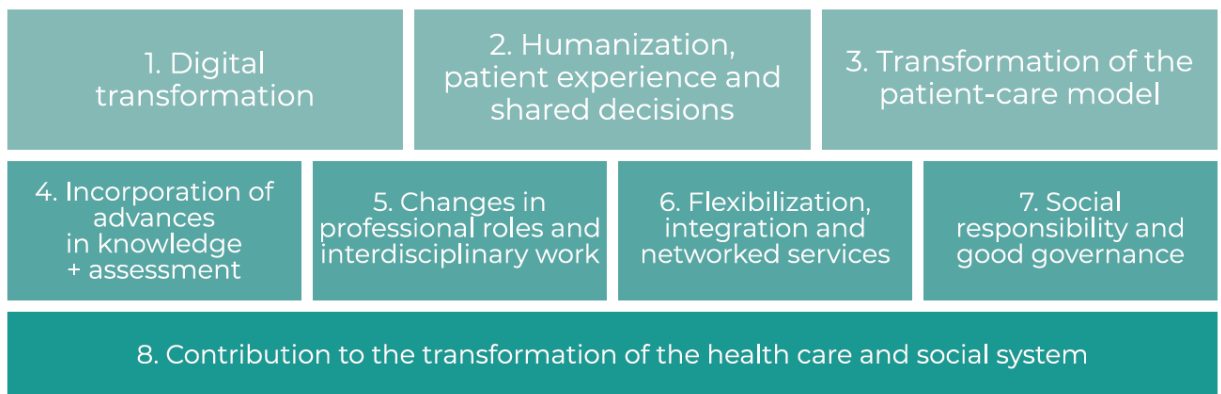
We drive the transformation of health care and social organizations to anticipate the future challenges of caring for people.

2017 Prospective analysis of future challenges

The starting point of the project promoted by La Unió in 2017, with the broad participation of the entities, was able to identify the priority action areas of the + FUTUR to encourage organizations to advance in responding to the future needs of people and the new models of care

A trend scenario built collectively with the definition of priority lines of action is a contribution to the management of change in organizations to face future challenges in advance and promoting and accompanying immediate decision-making

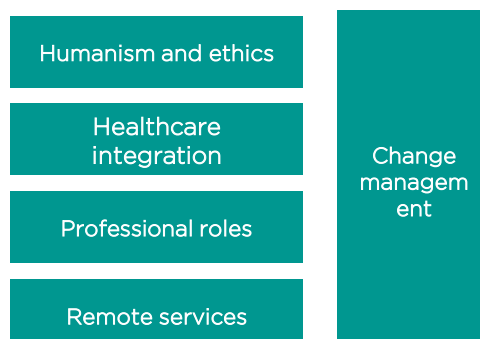
Priority work areas based on a scenario of new trends created collaboratively



2020 Action plan of the +FUTUR challenges

The + FUTUR project has the ultimate purpose of making transformational changes in organizations that impact on improving care for people and their health and quality of life. The action plan means moving from ideas to action, so that things happen. Therefore, the project will only be possible with the involvement of organizations and many professionals who through their experiences and knowledge become operational proposals. The lessons learned from COVID-19 and the development of the action plan has been led by the Steering Committee and specified in 4 priorities

4 +1 Priority themes



Action Plan

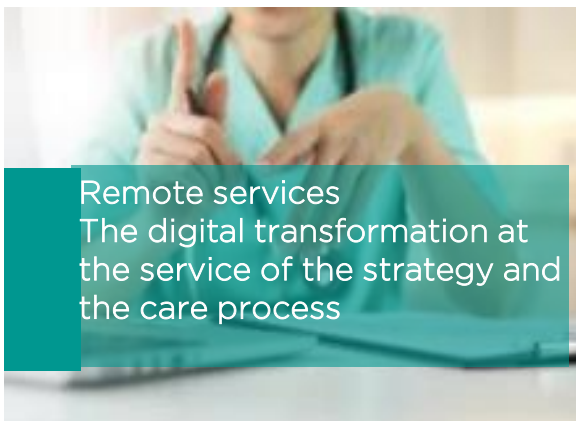
We promote action to anticipate the challenges of tomorrow

A useful and applicable tool

1. Identification of resistors
2. Recommendations for organizations in the form of priorities (WHAT) and checklist of actions (HOW)
3. Proposals for changes that are raised to the administrations

With an innovative methodology for the participation of the entire sector

- 6 online workshops
- 80 participants
- 45 health and social entities
- Smart Delphi of diagnosis and prioritization
- Debate of cases
- Generation of ideas
- Previous survey
- Analysis of international references



Healthcare integration

Areas and organizations with shared objectives

There has long been talk about the need to improve coordination between care settings, but unfortunately, there are cases in which people feel lost within the system and confused by fragmented services.

Care integration means services aimed at people receiving a continuum of health promotion, disease prevention, diagnosis, treatment, case management, rehabilitation and support services coordinated between the different care areas and points of care according to their needs and throughout the course of life.

To transform organizations, it is necessary to value and promote stable consensus through networking among the plurality of nearby social and health entities in the territory, with a model of care focused on the person where he participates and feels accompanied at all times.

1. Resistance. Why is it so difficult?

- Care circuits are not agile enough and are not created according to consensus between care areas.
- There are communication problems between professionals from different healthcare fields due to the lack of tools or references.
- The information given to the patient and family is sometimes poorly focused or excessive, which makes it difficult for people to understand and transition within the system.
- There are difficulties in governance between organizations and economic disincentives to care integration.



2. Recommendations for organizations

2.1 Priorities for action (what to do)

To promote integrated care in the territories, among professionals, among people and between organizations.



2.2 Checklist of changes (how to do)

Agree objectives with transversal processes between organizations

- Interdisciplinary working groups and from different care areas of the territory
- Joint planning between the different organizations
- Evaluation with patient experience indicators
- Governance system between care areas to resolve conflicts

Create circuits, roles and responsibilities

- Interdisciplinary working groups and from different care areas of the territory
- Joint planning between the different organizations
- Evaluation with patient experience indicators
- Governance system between care areas to resolve conflicts

Give communication tools and skills to professionals

- Simple, accessible and frequent communication channels of the patient with the care team.
- Training in leadership, teamwork, communication and shared decisions.
- Professionals with motivation
- Time and information systems for sharing information between levels

Empower people with information and communication

- Patient Engagement
- Proactively tools for the patient's voice
- Two-way communication.

Professional roles

Internal interprofessional agreements

The new scenario forces us to accelerate transformations in organizations to bring the maximum value of each professional to the attention of people. That is why it is key to consolidate interdisciplinary work mechanisms and the exchange or incorporation of new roles.

An example is the introduction of the figure of the clinical assistant that allows to support the clinical professionals, performing a complementary task to the care -administrative processes and is positioned as the reference of the patient by the administrative aspect. We must also count on the assumption of more functions of existing professionals, who can develop them by their competences, under a principle of subsidiarity, and the development of new functions to acquire more skills, for example with the figure called advanced practice nurse.

1. Resistance. Why is it so difficult?

- There are no spaces to propose role changes.
- It is necessary to explain more and better to the management and to the professionals the reasons for a change of roles.
- The benefits of a change of roles are not sufficiently explained to the people served
- Not enough attention is given to the relevance of the threats and risks of NOT facing change.



2. Recommendations for organizations

2.1 Priorities for action (what to do)

To incorporate new roles or exchange professional roles within organizations



2.2 Checklist of changes (how to do)

Identify process needs and opportunities for professionals

- Ask professionals about their roles and possibilities for improvement
- Diagram the process and identify the value chain
- Examine low-value tasks

Rethinking the process of care

- Working groups to build a role map
- Consensus of a win-win situation
- Redefining objectives, competencies and functions of each professional

Design a change management plan

- Analysis with the whole team and with the opinion of the patients.
- Protocol with algorithms of who does what.
- Indicators to objectify change (accessibility, resolution and quality of care) + experience of the person
- Dashboard with key indicators.
- Training on areas of improvement
- Internal and external communication plan

Virtual patient care

The digital transformation at the service of the strategy and the care process

COVID-19 has forced services to prioritize non-face-to-face care, accelerating solutions but also changing the way they organize. There is consensus that this modality is here to stay, but support is needed to set this transformation in motion.

Not everything is good and in some patients it does not work or is counterproductive, so professionals and patients must be involved to identify criteria and design application protocols. There has been little planning and now it is time to share what works, not only the technological tool but also the cases in which it is indicated and that it is used as a complement to the assistance act not only substitute for the face-to-face visit.

From the strategic planning of organizations, actions must be established so that professionals see the benefits of virtual care to provide maximum value.

1. Resistance. Why is it so difficult?

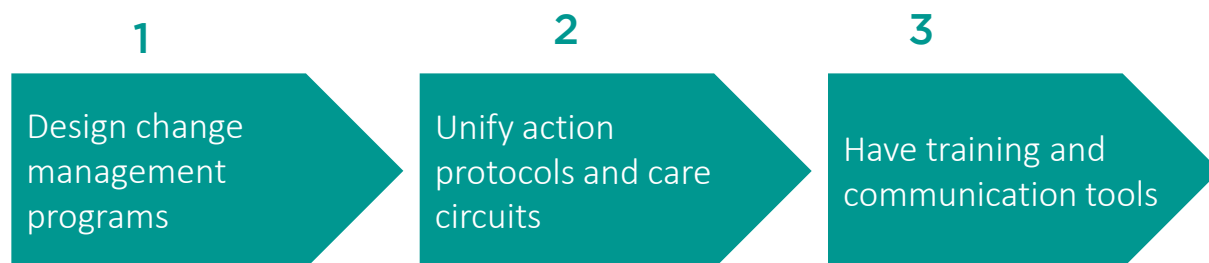
- There is a lack of objectives and indicators to measure and encourage the activity.
- It is difficult to mobilize professionals and be clear in which cases the use of non-face-to-face care modalities is appropriate.
- There are difficulties in consolidating technology integrated with information systems.
- It is necessary to find professional leadership and give training to make optimal use.
- Patients need to get used to using it



2. Recommendations for organizations

2.1 Priorities for action (what to do)

To integrate non-face-to-face care into the organization's strategy



2.2 Checklist of changes (how to do)

Design change management programs

- Strategic plan of non-face-to-face care with the participation of professionals and patients in its design.
- Multidisciplinary digital transformation team to train, communicate and validate models.
- Identification of the care phases where to apply and which professionals intervene.
- Selection of beneficiary patients
- Budget to invest in technology
- Monitoring indicators and results for change management.

Unify action protocols and care circuits

- Clinical criteria.
- Agreements with professionals and patients.
- Review of circuits and networking with other entities from different healthcare areas.
- Reference figures in the phases of the attention process.

Have training and communication tools

- Training in communication and professional-patient language through telecare.
- Satisfaction surveys.
- Professionals and patients more motivated in its use.
- Option to the patient to decide type of visit.

Humanism and ethics

Organizational ethics in the strategy and care process

The current pandemic has further strained the social contract between citizens and health professionals, putting into play a whole series of values and principles of bioethics such as charity, non-maleficence, justice in terms of equity, accessibility and autonomy.

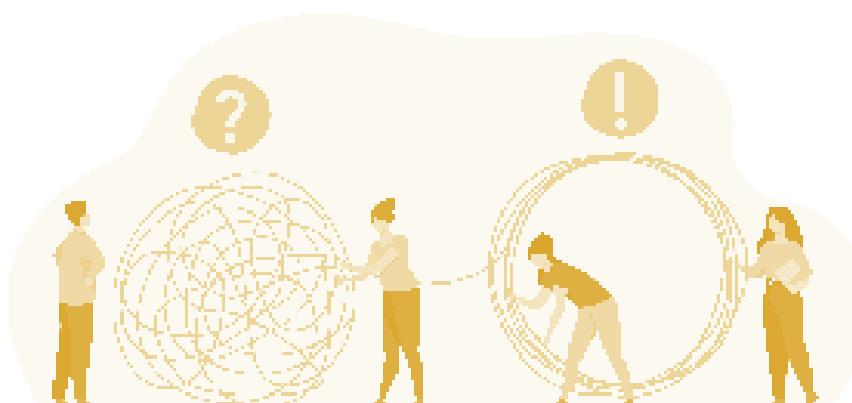
These tensions have an impact on decision-making and the relationship between professionals and the people served and their families.

All organizations have the challenge that their mission, vision and values end up shaping the organizational culture and permeate the style on which the whole of the assistance is developed. In the same way, organizations have to face changes in the strategic scope and in the care process to ensure the new role that citizens demand in terms of participation, co-decision and transparency.

For all this, organizations need tools to take into account ethical criteria in strategic planning and in the organization of the care process.

1. Resistance. Why is it so difficult?

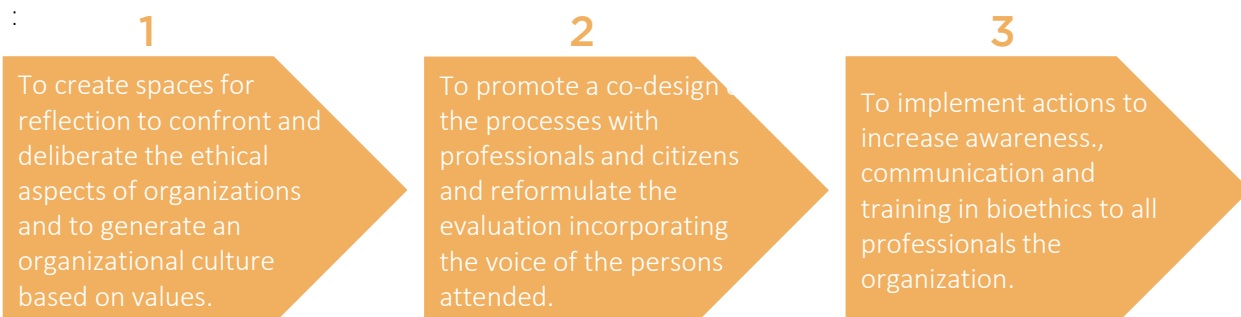
- Barriers for participation in the design of the strategy and process of care, incorporating the vision of professionals and people attended.
- It is difficult to instill values such as accessibility, fairness, transparency throughout the organization, beyond a declaration of intention.
- There is a lack of an evaluation mechanism to objectify that actions are based on values.



2. Recommendations for organizations

2.1 Priorities for action (what to do)

To incorporate an ethical aspect into the strategy and ensure that ethical criteria are present in the organization of the care process



2.2 Checklist of changes (how to do)

To create spaces for reflection to confront and deliberate the ethical aspects of organizations and to generate an organizational culture based on values.

- Agenda for internal debate
- Spaces for dialogue and genuine participation
- Organizational Ethics Committees.
- Provide healthcare teams with skills to think about (o to discover) the applicability of ethics
- Networking with other entities to share how ethics is incorporated into organizations.

To promote a co-design of the processes with professionals and citizens and reformulate the evaluation incorporating the voice of the persons attended.

- Participation as a process to aid decision-making
- Participation as a shared process between professionals and citizens, with a diversity of opinions among equals.
- Perspectives of the person experience, professional experience, and community experience.

To implement actions to increase awareness, communication and training in bioethics to all professionals the organization.

- Focus groups on their applicability
- Application of the ethical values on a daily basis
- Making professionals aware of about the value and usefulness of ethics
- Training in bioethics, prioritizing leading professionals..

Change management

The transformations that involve the project +FUTUR require a dynamic of change management in organizations, where the recommendations that have been pointed out can be reference elements for the implementation and control of the processes.

A. Systemic changes from the government

- Establish objectives of agreed results between different levels of care and organizations.
- Adapt regulatory frameworks and legal support and legal coverage to launch projects.
- Adapt payment systems to favor and not discourage improvements in the provision of services in terms of results and overall efficiency.
- Have technological platforms, establish standards, develop communication tools and facilitate the interoperability of alliances between levels of care and organizations.
- Facilitate inclusive and shared governance between different entities.
- Establish evaluation frameworks on common outcome goals and incorporate patient experience.

B. Actions promoted from La Unió

From La Unió, as an association of entities providing health and social services, it can contribute to making changes effective with various lines of action:

- Accompany management teams to incorporate trends and place prioritized change processes in the strategy of organizations.
- Share experiences of transformation and extension based on the identification and dissemination of good practices.
- Promote demonstrative projects with the interaction between associated entities.
- Support the development of innovative methodologies for process design and evaluation of results.
- Promote training programs on knowledge and skills of professionals and managers in the areas related to prioritized change processes.
- Establish systems for measuring the changes and actions that we propose.

Methodology

The Committee of the +FUTUR Project was initially asked to reread the challenges and openly propose a renewed work dynamic, more adapted to the current reality, with the participation of professionals from the associated entities and that would allow them to be more incisive in the transformations, landing the purposes and the HOW to carry them out.

The success factors of the project are defined:

- We provoke systemic changes
- We promote the transformation of organizations
- We facilitate overcoming resistance to change

The contribution made by the +FUTUR Project in change management is highlighted with the following aspects:

- Holistic vision of the Organization
- Orientation to the contribution of value Impact on the instruments of planning, allocation of resources, information system so that change occurs.
- Evaluation that legitimizes transformational change.
- Transversal vision aimed at improving accessibility, adequacy and the level of resolution

In order to meet the objectives, participatory workshops have been convened with people from different healthcare fields, territories and profiles, with the aim of generating recommendations for organizations and proposals for transfer to the Administration. In these workshops, a participatory dynamic has been followed to facilitate the elaboration of ideas and concrete proposals.

