Transversal Unit of Home Hospitalization and Early Discharge at the Integrated Health Area of “Barcelona Esquerra”: an extension of fifteen years of a successful experience

Carina Hernández, PhD, RN1, Imma Puig, MsC1, Gemma Martinez, MsC, RN1, Gemma Gallardo, MsC, RN2, David Font, PhD1, Jordi Altes, MD2, Antoni Castells, MD2

1Hospital Clinic, 2Hospital Plató, Barcelona, Spain

Context:
- Catalonia has a tax-based health care system that provides universal healthcare coverage. The Catalan Health Care System is organized by a unique network with a single public payer and multiple service providers publicly or privately owned.
- The Healthcare in Barcelona is structured in four integrated health areas, one of which is the Integrated Health Area of “Barcelona Esquerra” (AIS-BE), the territory referred to in this study.
- “Barcelona Esquerra” works on the basis that an appropriate transfer of selected care complexities from specialized to community-based care within an integrated care scenario can promote healthcare efficiencies. This program is based on enhance the coordination between providers and professionals, especially through clinical leadership. The projects developed were set according to the priorities defined in the Catalan Health Plan. Main traits have been reported (1).
- The successful experience of the Unit of Home Hospitalization (HH) set at Hospital Clinic, prompted to the deployment of a Transversal Unit of Home Hospitalization as an Integrated Care Service at “Barcelona Esquerra” area.
- In 2010, Hospital Clinic and Hospital Plató signed a collaboration agreement to develop common projects in this area. In 2017 this agreement has been enhanced to a more strengthened partnership, in order to reinforce the integration and develop new projects.

Background:
- Adoption of HH, encompassing hospital avoidance and early discharge as a mainstream service at Hospital Clinic de Barcelona has proven healthcare value generation over the last twelve years. The results demonstrated safety and effectiveness with a high level of user’s acceptance and health value generation of the approach (2).
- In 2018 the Health Care Department in Catalonia, through the Catalan Health Service (CatSalut), proposed to expand the model HH from Hospital Clinic to all the areas covered by hospitals in the “Barcelona Esquerra”. Since then, the program has increased its complexity and expanded to 48 beds/day. This approach has led to the need for more coordination and integration of different health providers. Several professionals from Hospital Plató (1 doctor and 2 nurses) and Hospital Sagrat Cor (1 doctor) worked together in the project.

Methods:
- Professional working group of different providers
- Identification of clinical leadership for each hospital
- Agreement on logistics and outcomes
- Training of professionals

Results:
- Service Selection: The program workforce has increased considerably to cover the expansion to the current 48 patients/day (73% full substitution of in-patient care).
- Significant management adaptations and staff training activities were implemented. Transitional care strategies and care coordination between professionals and providers have been refined. Moreover, enhanced clinical predictive modelling is being explored.
- Business model: Financial sustainability of the service, both at provider and at health system levels, has been proven.
- Increase activity (from 735 episodes to 1,200 episodes), Increase complexity (PRM (Average Relative Weight) (from 0.67 to 0.73) and decrease emergency room visits after discharge (from 4.8% to 4.6%).
- The high level of acceptance of the service by patients/relatives, as well as staff training activities, have been key facilitators of management changes required during the period.
- Flexible application of the collaborative methodology has been key to foster transformation during project lifetime.
- Enablers: Difficulty having complete clinical information for different information systems.

Conclusions:
- Interventions that promote the integration among professionals and organizations, improve quality of care and patient experience.
- Organizational factors, especially leadership styles and common clinical and organizational cultures, and the grade of engagement and coordination between professionals has become the key of the success.
- Systematic assessment of patient experience contributes to service design.
- Fully integrated techno-support of the service is a key facilitator.