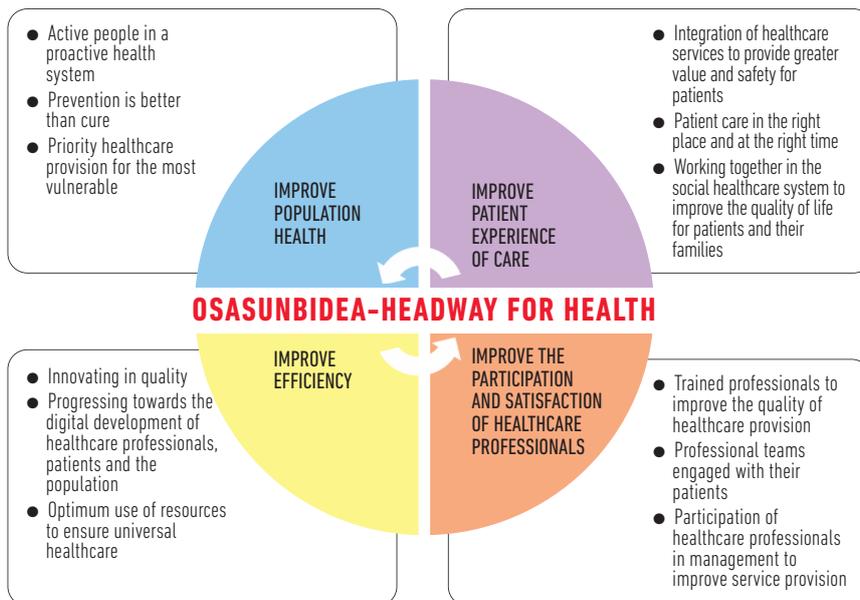


“OSASUNBIDEA: HEADWAY FOR HEALTH”

GOALS AND ACTIONS (2015-2020)







N A ♥ A R R A

“OSASUNBIDEA: HEADWAY FOR HEALTH”

GOALS AND ACTIONS
(2015-2020)

“OSASUNBIDEA: HEADWAY FOR HEALTH”

The “Headway for health” Strategy of the Navarra Health Service. Goals and actions (2015-2020)

Edit: Navarra Health Service-Osasunbidea

Design and layout: Heda Comunicación

Website:

www.estrategiaosasunbidea.navarra.es

GOALS AND ACTIONS (2015-2020)

CO-AUTHORS

Oscar Moracho Del Río.

Director General: Navarra Health Service-Osasunbidea

Alfredo Martínez Larrea.

Director of Patient Care: Navarra Health Service-Osasunbidea

Lázaro Elizalde Soto.

Director of the Department for Citizen Health, Assurance and Guarantees: Department of Health

Javier Apezteguía Urroz.

Assistant Director of Integrated Healthcare

Isabel Rodrigo Rincón.

Head of the Support for Clinical Care Management Department: Navarra Hospital Complex

M^a Mar Malón Musgo.

Assistant Director of Primary Healthcare: Navarra Health Service-Osasunbidea

WORKING GROUP

Fernando Domínguez

Cunchillos. Regional Minister for Health

Luis Gabilondo Pujol.

Director General: Health Department of the Regional Government of Navarra

M^a José Pérez Jarauta.

General Manager: Institute of Public and Occupational Health of Navarra

Marisa Garcia Mayayo.

Director of Economic Management and General Services

Esteban Ruiz Álvarez.

Director of Human Resources

Manolo Carpintero

Navarro. Ex-Director of Patient Care

Javier Díez Espino.

CEO of Primary Healthcare

José Ramón Mora

Martínez. CEO: Tudela Healthcare Area

Marisa Hermoso de

Mendoza Merino. CEO: Estella-Lizarrá Healthcare Area

Antonio Merino Díaz de

Cerio. General Manager: Navarra Hospital Complex

Antonio López Andrés.

Assistant Director of Pharmacy

Esther Eraso Goñi.

Assistant Director of Personnel and Labour Relations

Borja Azaola Estévez.

Assistant Director of Primary Healthcare and Continuity of Care: North Navarra

Javier Abad Vicente.

Director of Planning, Assessment and Knowledge Management: Department of Health

Jesús Berjón Reyero.

Medical Director: Navarra Hospital Complex

Maite Soria Sarnago.

Head of Nursing: Navarra Hospital Complex

Emilia Esandi Álvarez.

Director of Healthcare Provision: Estella-Lizarrá Healthcare Area

Olga Sanz Asín.

Director of Healthcare Provision: Tudela Healthcare Area

Ion Ariceta Iraola.

Assistant Surgical Director: Navarra Hospital Complex

Manuel Montesino

Semper. Assistant Director of Outpatients and Diagnostic Processes: Navarra Hospital Complex

Tomás Belzunegui Otano.

Assistant Director of Inpatients and A&E Processes: Navarra Hospital Complex

Javier Turumbay Ranz.

Head of Healthcare Information Systems Service

Nancy Nelly Gonzalo

Herrera. Head of Primary Healthcare and Continuity of Care: Estella-Lizarrá Healthcare Area

Ana Carmen Jaso López.

Head of Primary Healthcare and Continuity of Care: Tudela Healthcare Area

With help and guidance

from Rafael Bengoa Rentería and Patricia Arratibel Ugarte: SI-Health

INDEX

PRESENTATION	7
1. METHODOLOGY USED TO DRAW UP THE “HEADWAY FOR HEALTH” STRATEGY”	9
Stage 1: PARTICIPATION.....	9
Stage 2: REFLECTION AND INTERNATIONAL REVIEW.....	9
2. DETAILED DESCRIPTION OF THE 12 PRIORITISED INTERVENTION AREAS OF THE “HEADWAY FOR HEALTH” STRATEGY ”	11
a.1 ACTIVE PEOPLE IN A PROACTIVE HEALTH SYSTEM	14
a.2 PREVENTION IS BETTER THAN CURE.....	15
a.3 PRIORITY HEALTHCARE PROVISION FOR THE MOST VULNERABLE	17
b.1 INTEGRATION OF HEALTHCARE SERVICES TO PROVIDE GREATER VALUE AND SAFETY FOR PATIENTS	19
b.2 PATIENT CARE AT THE RIGHT PLACE AND AT THE RIGHT TIME	22
b.3 WORKING TOGETHER IN THE SOCIAL HEALTHCARE SYSTEM TO IMPROVE THE QUALITY OF LIFE FOR PATIENTS AND THEIR FAMILIES	25
c.1 INNOVATING IN QUALITY	26
c.2 PROGRESSING TOWARDS THE DIGITAL DEVELOPMENT OF HEALTHCARE PROFESSIONALS, PATIENTS AND THE POPULATION.....	28
c.3 OPTIMUM USE OF RESOURCES TO ENSURE UNIVERSAL HEALTHCARE	29
d.1 TRAINED PROFESSIONALS TO IMPROVE THE QUALITY OF HEALTHCARE PROVISION	31
d.2 PROFESSIONAL TEAMS ENGAGED WITH THEIR PATIENTS	33
d.3 PARTICIPATION OF HEALTHCARE PROFESSIONALS IN MANAGEMENT TO IMPROVE SERVICE PROVISION	34
3. DESCRIPTION AND PRIORITISATION OF ACTION LINES COMPLEMENTARY TO THE “HEADWAY FOR HEALTH” STRATEGY”	36
STRATEGIC AREA 1: PROMOTE COMMUNITY HEALTH AND REDUCE HEALTH INEQUALITIES	37
STRATEGIC AREA 2. ENSURE A HIGH QUALITY AND SUSTAINABLE HEALTH SYSTEM WHICH MEETS THE NEEDS OF THE POPULATION	38
STRATEGIC AREA 3: RESPONSIBILITY AND SOCIAL IMPACT	42
APPENDIX 1- PLANS AND PROJECTS	45
APPENDIX 2- INDICATORS AND TARGETS	48
APPENDIX 3: PROGRAMME AGREEMENT	49



PRESENTATION

Health... the most treasured asset of any society, a source of wealth and, as a social investment of prime importance, a key driver of other functions of society. The good health of the people of Navarra is not the sole responsibility of the Department of Health, or of the Navarra Health Service-Osasunbidea: it is the joint responsibility of each and every individual and societal stakeholder.

Our health system, developed over time through hard work, investment and professional know-how, is a benchmark for others. Despite this, we find ourselves at a turning point in our history, facing up to the enormous challenge of ensuring the sustainability of the system itself and its continuous improvement over the years to come. An ageing population, chronicity, increased expectations, over-medicalisation and constant advances in technology not only present new opportunities but also generate a greater level of demand which is becoming more and more difficult to meet. Furthermore, if we factor into this equation ever-present financial limitations, the fragmented nature of health care and services, a lack of coordination with other stakeholders, rigid regulations and the innate tendency of our system to react and provide services instead of prevention and effective problem solving, the very capacity and sustainability of the system are in serious jeopardy.

To address these challenges, the system must be changed, and urgently. This requires the commitment of all involved, a joint effort by all of us. Old routines, clichés, prejudices and habits of no value need to be left behind and replaced by new patient-focused approaches to bring about better health. In short, the system needs to be reinvented from the foundations of all that's currently good about it.

Though essentially far-reaching, these changes must be made gradually but without delay and without taking unnecessary risks. This document, a continuation of the background paper, specifically details the lines of action and goals to be delivered by the Navarra Health Service to meet the challenges involved. Though the plan itself runs to 2020, it is designed to be merely the first step along a path of continuous development through a series of annual updates, as many of the proposed changes will require time to bed in and innovation to bring about a change of organisational culture to enable continuous improvement in health outcomes.

In short, though we can feel rightly proud of what we've achieved so far, we must also be very aware of the difficult and compelling challenge ahead of ensuring the sustainability and continuous improvement of the Navarra Health Service, and especially of the health of Navarra and its people.

Many thanks in advance.

Oscar Moracho del Río

Director General, Navarra Health Service-Osasunbidea



METHODOLOGY USED TO DRAW UP THE “HEADWAY FOR HEALTH” STRATEGY

The strategy of the Navarra health system is an ongoing and continuous process of constant concern. Channelling the required efforts in the right direction is the key starting factor for the success of any complex project. In this respect, the first step taken by the Management Team in 2015 towards developing the current strategy was to identify those various plans and projects which were either already being rolled out successfully or which were considered a priority to launch. Though priority was initially given to understanding and addressing those problems seen as most pressing (improving access and waiting times and the lack of investment in technology) and in setting up the structure required to do so, the drawing up of the strategy has been a continuous, orderly and participative process from the outset, delivered essentially over two stages.

STAGE 1: PARTICIPATION

From the outset, the chosen methodology for shaping strategic thinking has been the Balanced Scorecard (BSC). The BSC is an integrative tool which provides a comprehensive view of the different strategic dimensions of an organisation, thereby facilitating and enabling a shared reflection by the organisation's leaders on strategy roll-out and development, on its alignment to the organisation's processes and its cause-effect relationship with results. This approach was selected with two objectives in mind: firstly, to be able to prioritise key intervention areas, and secondly, to use the BSC to closely monitor the deployment of related actions, thereby proving the usefulness of the BSC and its capacity as a tool to help guide the Navarra Health Service along the right path.

In November 2015, meetings were held and prioritisation exercises conducted between twenty two senior managers of the Department of Health and of the Navarra Health Service. Once the various plans and projects required to deliver the different dimensions of the strategy had been identified, those plans and projects were prioritised on a joint participatory basis with 28 primary healthcare centres, the Regional Health Council of Navarra, the Technical and Healthcare Boards of the 5 Health Management Authorities, the Consumer Association and the Professional Associations of Doctors, Nurses, Psychologists, Pharmacists and Social Workers. The outcome was the 12 Intervention Areas which lie at the heart of the current Headway for Health strategy and, consequently, of the first Programme Contracts signed with health authorities and health centres in 2016 and 2017.

STAGE 2: REFLECTION AND INTERNATIONAL REVIEW

On the basis of the decisions taken in the first stage, a period of time was set aside for initial actions to take root and priority plans and projects to be taken forward.



Subsequently, a second process of reflection was undertaken between November 2016 and March 2017, involving 29 senior managers and various other players within the health sector. An analysis was made of trends in strategy planning in various benchmark health systems, and particular effort was made to draw up the best possible reader-friendly narrative description of the strategy for the people of Navarra and other stakeholders, as across-the-board engagement in the project is considered a key factor if it is to succeed.

In the course of this second process of reflection, it became clear that the attention which had previously been paid to detail on an operative level whilst compiling the required information and opinions had provided us with a solid and well-focused base document. Shaping and structuring the resultant information into 4 end goals and 12 corresponding intervention areas is intended to make the strategy easier to understand, and is designed to enable efforts to be focused on the necessary transformation of the system.

The Headway for Health strategy provides us with a work agenda combining the close monitoring of all related actions and projects with the specific prioritisation of the 12 intervention areas designed as the drivers of change. Finally, it is important to highlight the involvement and cohesion of the people who have participated and continue to participate in this project, and without whom the formulation of this strategy document would not have been possible.

DETAILED DESCRIPTION OF THE 12 PRIORITISED INTERVENTION AREAS OF THE “HEADWAY FOR HEALTH” STRATEGY

The Headway for Health strategy is made up of a series of intervention, or activity, areas to be addressed – to a greater or lesser degree – by the Navarra Health Service, as part of the transformation process, and also to ensure the rigorousness and efficiency of its management system on a day-to-day basis. At this stage, it is important to explain that the Headway to Health strategy has been designed as a new formulation, or application, of the Navarra Health Service strategy that has existed and been followed in recent years. The difference is that the Headway for Health strategy is more focused on the transformation requirements of the system. The Balanced Scorecard (BSC, see below in Appendix 1), initially designed to shape strategic reflection, prioritise actions, set targets and monitor progress of strategy, consists of 3 key strategic areas, 8 strategic objectives, 24 strategy lines, 63 dimensions and over 130 projects. Many of these projects are already underway and those which have yet to be launched are at an advanced stage of definition and development. As an organisation, we are still using this BSC and will continue to roll out and develop all the plans and projects in it.

With regard to drawing up the Headway for Health strategy, the decision was taken by the team from the Navarra health system to identify 4 end goals and their corresponding intervention areas (3 per goal, 12 in total, see above) to be developed with a specific view to transforming the system. The process was of particular use in coordinating the efforts of the management team of the Navarra Health Service, without prejudice to all the other activity areas defined in the BSC.

The 12 priority intervention areas are as follows¹:

- 1. ACTIVE PEOPLE IN A PROACTIVE HEALTH SYSTEM** (Health promotion and self-care)
- 2. PREVENTION IS BETTER THAN CURE** (Prevention and early detection).
- 3. PRIORITY HEALTHCARE PROVISION FOR THE MOST VULNERABLE** (Preventing disability and promoting personal autonomy, Healthcare in all policies and equality).
- 4. INTEGRATION OF HEALTHCARE SERVICES TO PROVIDE GREATER VALUE AND SAFETY FOR PATIENTS** (Integrated, effective and safe service provision).
- 5. PATIENT CARE IN THE RIGHT PLACE AND AT THE RIGHT TIME** (Faster services and waiting times).
- 6. WORKING TOGETHER IN THE SOCIAL HEALTHCARE SYSTEM TO IMPROVE THE QUALITY OF LIFE FOR PATIENTS AND THEIR FAMILIES** (Provision of social healthcare).
- 7. INNOVATING IN QUALITY** (Innovation and continuous improvement).
- 8. PROGRESSING TOWARDS THE DIGITAL DEVELOPMENT OF HEALTHCARE PROFESSIONALS, PATIENTS AND THE POPULATION** (Information and assessment systems).
- 9. OPTIMUM USE OF RESOURCES TO ENSURE UNIVERSAL HEALTHCARE** (Efficiency of actions).

1. The former name of the strategy line in the Balanced Scorecard is shown in brackets

10. TRAINED PROFESSIONALS TO IMPROVE THE QUALITY OF HEALTHCARE PROVISION

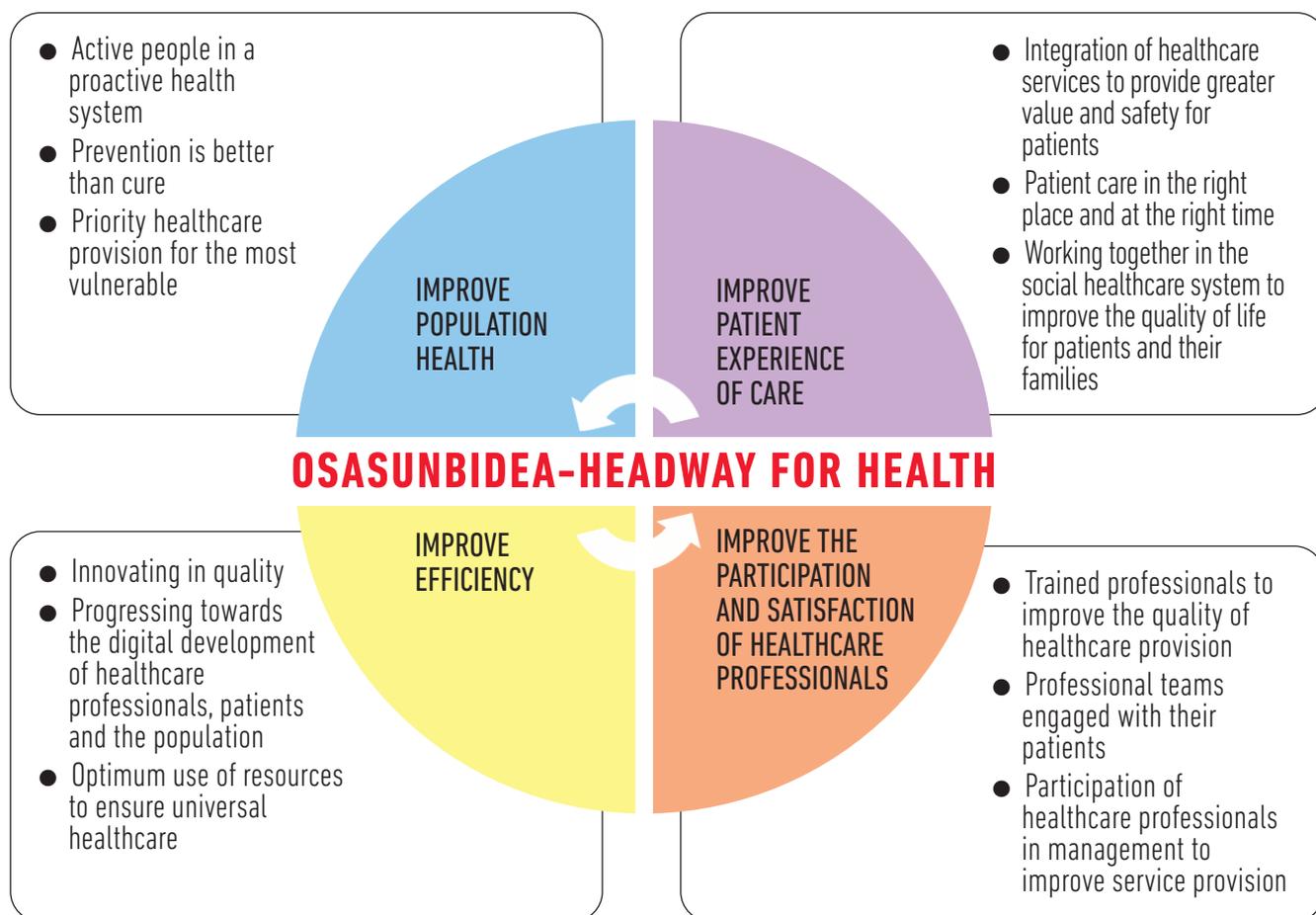
(Knowledge and professional development).

11. PROFESSIONAL TEAMS ENGAGED WITH THEIR PATIENTS

(People involvement and satisfaction).

12. PARTICIPATION OF HEALTHCARE PROFESSIONALS IN MANAGEMENT TO IMPROVE SERVICE PROVISION

(Clinical governance).



Each intervention area is outlined below, with further detail provided on:

1. their alignment to the four end goals of the strategy;
2. the general principles underlying each one;
3. the content focus of each one, detailing target populations(s) and the levels and/or functions of the organisation addressed and impacted;
4. results indicators for monitoring purposes; and
5. the starting point of the indicator in 2015 (2015 value) and the target value to be reached in 2020 (n/a indicates non-availability or unreliability of 2015 value).

The table below shows the cross-cutting impact of the intervention areas on each of the four end goals of the Extended Triple Aim, together with a brief description of its content focus.

EXTENDED TRIPLE AIM

	PRIORITISED INTERVENTION AREAS	IMPROVE POPULATION HEALTH	IMPROVE PATIENT CARE AND EXPERIENCE	IMPROVE EFFICIENCY	IMPROVE PARTICIPATION AND SATISFACTION OF HEALTHCARE PROFESSIONALS	CONTENT FOCUS
A IMPROVE POPULATION HEALTH	a.1 Active people in a proactive health system	■	■	■		Developing a community fabric conducive to networking, the promotion of "active communities" and improving the self-care capacity of the population.
	a.2 Prevention is better than cure	■		■		Optimising the healthcare model, offering, whenever possible, the best possible care in the right place for the defined target group, with most care delivered in patients' homes, at primary healthcare level and in each patient's community environment.
	a.3 Priority healthcare provision for the most vulnerable	■		■		Tailored intervention on specific population groups, with priority given to those groups at greatest risk of developing the most common fatal diseases in Navarra, chronic populations and the most vulnerable population groups with the greatest health inequality.
B PATIENT CARE	b.1 Integration of healthcare services to provide greater value and safety for patients	■	■	■		Improving intervention prior to the initial stages of a health problem, taking the initiative and not just responding to demand, providing new forms of evidence-based intervention focused on the community and which meet the needs of the population in an efficient and safe manner.
	b.2 Patient care in the right place and at the right time	■	■	■		Improving existing processes and developing new operational ones internally to ensure access to initial appointments, complementary follow-up tests and surgery, particularly in those cases where delay may lead to further health complications.
	b.3 Working together in the social healthcare system to improve the quality of life for patients and their families		■	■		Breaking down the dividing lines between social and health care, ensuring seamless continuity of care and comprehensive and quality healthcare for those most at risk.
C IMPROVE EFFICIENCY	c.1 Innovating in quality			■	■	Raising quality and clinical safety standards by better aligning care processes to scientifically proven and evidence-based good practice in the sector.
	c.2 Progressing towards the digital development of healthcare professionals, patients and the population		■	■		Developing technology to enable better care provision and improve patient experience of healthcare services.
	c.3 Optimum use of resources to ensure universal healthcare		■	■		Greater efficiency of internal operational procedures. Better and higher quality clinical and safety management enables certain tasks to be eliminated and to reinvest resources in new services and benefits.
D PROFESSIONALS	d.1 Trained professionals to improve the quality of healthcare provision		■	■	■	Synchronising the joint efforts of healthcare professionals (understood as everybody working in the organisation), managers and patients. New professional profiles including specific characteristics and skills focused on new patient care requirements need to be drawn up.
	d.2 Professional teams engaged with their patients		■		■	This strategy can only be delivered with the involvement of all healthcare professionals. Essentially, it consists of the everyday activity of those healthcare professionals: they must participate in its definition and development, with a new model of leadership which increases their satisfaction level.
	d.3 Participation of healthcare professionals in management to improve service provision	■	■	■	■	Merging the clinical culture and the management culture as one, providing the system with the tools required to overcome the current separation between the two.

A

IMPROVE POPULATION HEALTH

a.1 ACTIVE PEOPLE IN A PROACTIVE HEALTH SYSTEM



General underlying principles

- Scientific evidence supports the relevance of promoting health, self-care and reducing health inequalities.
- The strategies of the WHO and several other international organisations support the inclusion of basic lines of health promotion to ensure the sustainability of the system, and especially to increase the quality of life of the population.
- Health promotion strategies which have been rolled out on an international basis include reorienting health services, incorporating approaches to drive health promotion and education, social action and greater attention to community action and improvements to living environments.
- In Navarra, the size of the population, the existence of a team of highly qualified healthcare professionals and the potential for the interaction of multidisciplinary teams of professionals from different sectors (education, social, local administration, etc.) to work together on a collaborative basis are all conducive to the successful deployment of health promotion policies.
- The deployment of health promotion policies, activities and methodologies provides a new opportunity for the interaction of healthcare processes. This type of proposal, though commonly found in official statements, has to date been put into practice more as an element of healthcare paradigms focused on professionals rather than on people and their situations.
- Actions focused on empowering people and communities to improve their state of health (or ill-health) represent a shift in healthcare service provision. As well as improving the sustainability of the system, these actions enable self-care processes, thereby eliminating unnecessary patient demand on the system and consequent inefficiencies.

Content focus

- To contribute to the **development of professional networks and a collaborative community fabric** of local services, organisations, associations and collectives, providing more comprehensive care, promoting a culture of healthcare and self-care, avoiding excessive medicalisation and developing professional networks of comprehensive care and social healthcare networks.
- To promote a culture of **rational and efficient use of healthcare services**.
- To take forward a series of structural measures to empower the population in their own **self-care**.

Results indicators and target values

CONTENT FOCUS	INDICATOR	2015	TARGET 2020	
Development of the community fabric	Develop "active communities" promoting healthy lifestyles in the different basic healthcare areas (BHA)	0	> 20 BHA	
Self-care	Smoking rate	23%	< 22%	
	Obesity rate	11,7%	9%	
	Members of the general public receiving "lifestyle prescriptions" on leading a healthy lifestyle (%)	NA	↑3%	
	Problematic use of alcohol (acute intoxication) (%)	15-17 year-olds	26,3%	25%
		18-64 year-olds	18,8%	17,9%
	Number of "Homes for the Active Elderly"	0	>20	
	Over 65-year-olds who do recommended physical activity (%)	NA	↑10%	
	Number of youth clinics and programmes on sex education	1	10	

a.2 PREVENTION IS BETTER THAN CURE



General underlying principles

- The importance of demographic intervention in preventive health and early detection of certain pathologies and in certain population groups is backed up by high quality scientific evidence with a high grade of recommendation.

- There is enough know-how and organisational capacity and experience in the system to roll out high coverage intervention programs. Any such programs, whether focused on the general population and/or on specific sub-populations, would likely prove to be of high impact.
- Fewer social and healthcare system resources are used by intervening at the early or initial stages of a health problem than through intervention at later moments in the natural history of that same health problem. In this respect, investment in child healthcare brings the highest return.

Content focus and target populations

CANCER.

Breast cancer. Early detection in 45 to 69-year-old women residing in Navarra, and in over 35-year-old women with a family history of breast cancer (current screening rate: 100%).

Colorectal cancer. Early detection in asymptomatic 50 to 69-year old people resident in Navarra.

Cervical cancer. HPV vaccination of 11 and 12-year-old females and cytological screening for early detection.

METABOLOPATHIES. 100% population coverage of new-borns, with intervention programme including congenital hypothyroidism, phenylketonuria, cystic fibrosis, medium chain Acyl-CoA dehydrogenase deficiency (MCAD), long chain Acyl-CoA 3-hydroxysteroid dehydrogenase deficiency, glutaric acidemia type 1 and sickle cell anaemia.

ACTIVE AND HEALTHY AGEING. Over 60-year-olds.

CHILD AND YOUTH PROGRAMMES. Most underprivileged child population

HEALTHY LIFESTYLES. The population at large and patients and population groups most at risk and/or who would benefit most.

Results indicators and target values

CONTENT FOCUS	INDICATOR	2015	TARGET 2020
Breast cancer	Mortality rate of breast cancer in women	10,6%	< 10%
Colorectal cancer	Initial participation in early detection program of colorectal cancer (%)	67,5%	> 67%
	Mortality rate of colorectal cancer	22,6%	< 22,4%
Cervical cancer	11 and 12-year-old females receiving HPV vaccination (%)	77,5%	> 86%

CONTENT FOCUS	INDICATOR	2015	TARGET 2020
Active and healthy ageing	Adherence to recommendations on healthy ageing (%)	N/A	↑ 10%
	Over 65-year-olds with a physical activity, healthy diet and/or healthy sexuality prescription (%)	N/A	↑ 10%
	Disability-free years for over 65-year-olds	14,9	16,4
	People living at home the last 5 years of their life (%)	N/A	↑ 10%
Priority care for underprivileged groups	Psychosocial risk assessment for under 6-year-olds (%)	N/A	> 85%
Child and youth programmes	Child and adolescent obesity rate	7,8%	< 7%
Healthy lifestyles	Healthy lifestyle prescriptions in populations with chronic health problems (%)	N/A	↑ 5%
	Smoking population rate among 14 to 17-year olds	7,9%	< 7,8%
	Daily consumption of fresh fruit (% of population)	64%	> 66%
	Physical inactivity rate in the population	28%	< 26%

a.3 PRIORITY HEALTHCARE PROVISION FOR THE MOST VULNERABLE



General underlying principles

- Certain collectives and populations are more vulnerable to losing personal autonomy and developing disabilities.
- A decision has been taken to develop an intervention plan to prevent the development of disabilities and to maintain personal autonomy levels in and amongst particularly vulnerable populations.
- Though average life expectancy in Navarra is amongst the highest in Europe (86.6 years for women and 80.6 years for men), there is room for improvement in healthy life years.

- The prevalence of chronic processes and disability is increasing with time. One of the end goals of the Headway for Health strategy is focused on active ageing.

Content focus and target populations

SELF-CARE

- Promote self-care in specific populations.
- **Looking after carers** through support and skills improvement.

IMPROVED FUNCTIONAL ABILITY

- Improved access to **rehabilitative home care**.
- **Improved rehabilitative care:** neurological, cardiac and respiratory rehabilitation.

MENTAL HEALTH

- **Cognitive stimulation** in cases of mild dementia.
- **Early detection and intervention programme for patients with first psychotic episode**, as a pioneer programme in Europe.

PHARMACY

- **Regulation of pharmaceutical copayment** at lower income levels (<18,000/year), both for the active population and the retired, to reduce levels of non-compliance with prescribed treatment for financial reasons.

Results indicators and target values

CONTENT FOCUS	INDICATOR	2015	TARGET 2020
Self-care	Patients with chronic problems trained in self-care in selected pathologies (%)	NA	> 60%
	Train over 200 patients and/or carers every year in school for patients	200	>1.000
Functional improvement	Patients with home-based rehabilitation programs who have achieved their functional objective (%)	0	> 70%
	Patients diagnosed with defined cardiac or neurological processes and offered some kind of post-discharge functional recovery program (%)	NA	> 70%
	Fragile patients offered a programme to avoid functional deterioration whilst in hospital (%)	NA	> 50%
	COPD patients prescribed functional respiratory recovery actions (%)	NA	> 90%

CONTENT FOCUS	INDICATOR	2015	TARGET 2020
Mental Health	Patients with mild dementia prescribed cognitive stimulation (%)	NA	> 95%
	Patients with first psychotic episode offered an early detection and intervention program (%)	0	100%

B

IMPROVE PATIENT CARE AND EXPERIENCE

b.1 INTEGRATION OF HEALTHCARE SERVICES TO PROVIDE GREATER VALUE AND SAFETY FOR PATIENTS



General underlying principles

- In recent years, healthcare provision has been focused on providing ever more medical treatment and services. This scenario is jointly attributable to increasing demand, greater expectations of the population, excessive medicalisation of society at large and a lack of in-depth studies on the suitability and effectiveness of healthcare processes. If the efficiency and sustainability of the system is to be ensured, and possible iatrogenic effects diminished, the urgent challenge of reducing or even eliminating unnecessary, non-evidence based and valueless treatment must be addressed head-on.
- We are also aware of the epidemiological shift in the population towards ageing and chronicity. This reality leaves us with no choice other than to review the current model of healthcare in place and to propose a different organisational model focused on a sustainable system capable of meeting the needs of the population.
- The ultimate goal of the organisation is to be geared towards meeting end-user needs and expectations. At all times, this is to be achieved following criteria of rationality, using existing and available human and material resources and with a view to continuous process improvement.
- Clear evidence has been available for some time of the efficiency and degree of patient satisfaction with alternatives to traditional hospital treatment, such as outpatients surgery and home hospitalisation. Both of these services have considerable room for improvement in the current system.
- The capability of the system to respond to needs must be progressively improved, shifting priority to local community healthcare provision closer to each patient's home rather than hospital care.

- Over the last 15 years or so, as a result of the publication of the "To Err is Human" IoM report on the adverse effects of healthcare, clinical safety has become an international movement. In this respect, significant progress has been made in Navarra since work started in this area of healthcare in 2005. However, clinical safety must be a key and constant line of action within healthcare quality.
- Humanization is also a key objective within this line of intervention. In this case, activities are designed to improve the satisfaction of the end-users of the system with the way they are treated, with patient-focused care and respect for each individual's values, promoting a culture of humanization within the healthcare system and creating the conditions required for such a culture to develop and thrive.

Content focus

- Extension of the **strategy for chronic and multi-pathological patients**: heart failure, dementia, fibromyalgia, diabetes mellitus, schizophrenia, multiple sclerosis, ALS, ischemic cardiopathology, COPD, inflammatory bowel disease, stroke, asthma.
- **Functional capacity improvement plan.**
 - ... Definition of integrated care processes (lumbago, neck pain, knee pain, shoulder pain, chronic pain, hip fractures).
 - ... Definition of indications and circuits of care in interventional therapies (blockages, fine needle aspiration for shoulder calcifications, shock waves).
 - ... Multidisciplinary Functional Unit for complex cases of musculoskeletal diseases.
 - ... Development of cardiac and respiratory rehabilitation.
 - ... Incorporation of home-based physiotherapy.
 - ... Direct referral from Primary Healthcare to physiotherapy in processes in which agreement has been previously reached on treatment.
- Increased **response capacity (effectiveness) in Primary Healthcare** and standardised care for the same needs throughout the health system.
- **Higher degree of effectiveness in defined clinical processes.**
 - ... Setting up integrated service delivery teams to look into actions capable of being deployed community-wide.
 - ... Priority work areas: dermatology, digestive medicine, vascular surgery, endocrinology, urology.
- **Home hospitalisation**
 - ... Extension of home hospitalisation throughout Navarra..
- **Pain/ Palliative care.**
 - ... Extension of palliative care to non-oncological patients.
- **Improved clinical safety for patients**
 - ... Programme for the prevention of nosocomial infection (zero bacteremia and pneumonia, proper use of antibiotics, hand washing).
 - ... Programme for the prevention of errors associated with sanitary devices

- (medication reconciliation, expert systems and help for proper drug prescription).
- ... Programme for the prevention of surgical complications (checklists, prevention of thromboembolism).
- ... Programme for the prevention of care-related complications (fall prevention, prevention of bedsores).
- ... Programme for the prevention of complications in the areas of medical care and diagnosis.
- ... Systems for clear patient identification and information.

● **Patient satisfaction**

- ... Patient **satisfaction surveys** in both Primary and Specialised Healthcare, with subsequent improvement plans in all health centres.
- ... **Improved patient experience and satisfaction ratings in priority processes:** Cancer, Stroke, chronic processes.
- ... Drawing up and rolling out of **Humanization Plan**.

Results indicators and target values

CONTENT FOCUS	INDICATOR	2015	TARGET 2020
Chronicity strategy	Average annual attendance rate of "red cube" (complex pluripathological) patients in hospital A&E department	NA	< 1
	Potentially avoidable hospital admissions of patients within the chronicity strategy (%)	6,73%	< 2%
	Patients with continuity of care report (%)	22%	> 70%
	"Red cube" patients with medication reconciliation on admission and discharge (%)	0%	> 98%
	"Red cube" patients in contact with the primary healthcare team within 24 hours after discharge (%)	NA	> 98%
Functional improvement	ICPC patients with spinal pain, shoulder pain and non-oncological chronic pain attending group workshops / total number of patients with these diagnoses	NA	> 60%
Effectiveness of primary healthcare	Patients who have received minor surgery in primary healthcare / 1,000 habitants	11,88	> 25%
	Referrals from primary (PH) to specialised (SH) healthcare in defined processes in integration groups (%)	NA	↓ 70%
Home hospitalisation	Cases of home hospitalisation/ traditional hospitalisation	3,11%	> 12%

CONTENT FOCUS	INDICATOR	2015	TARGET 2020
Palliative care	Terminal care patients receiving palliative care (%)	NA	> 98%
	Patients in palliative care with pain assessment (%)	50,4%	> 98%
Pain	Patients with a score of under 2 on the pain assessment scale on discharge (%)	NA	> 80%
Clinical safety	Prevalence rate of nosocomial infection	6%	< 5,5%
	Open surgical operations with surgical safety checklist (%)	64%	> 95%
	Fatality rate on discharge of patients with sepsis	28,20%	< 23%
	Patients taking > 8 different drugs whose medication has been reviewed in the last year (%)	0%	> 90%
	Patients over 75-years-old who have been assessed in the last year on their risk of suffering a fall (%)	29%	> 90%
Patient satisfaction	Overall degree of patient satisfaction	AP:8,54 AE:8,52	> 8,6
	Patients expressing a positive perception after receiving treatment for cancer, a stroke and chronic processes (%)	NA	> 90%

b.2 PATIENT CARE AT THE RIGHT PLACE AND AT THE RIGHT TIME



General underlying principles

- Access to the diagnostic processes and treatment necessary to cure or to alleviate health problems in a reasonable space of time to avoid further health complications is a basic right of all citizens.
- The Navarra health system has considerable room for improvement when compared to other health systems in the surrounding environment.
- Development of this intervention area is a priority to be able to progress in all the others.
- The main objective is to reduce waiting times for initial appointments, complementary follow-up tests and surgery, particularly in those cases where delay may lead to further health complications.

Content focus

- Increase the % number of **initial appointments** offered within a defined period of time to reduce the waiting period (in calendar days) for regular and priority appointments in specialised healthcare.
- Increase the % number of **complementary tests** offered within a defined period of time to reduce the waiting period in special follow-up tests (diagnostic and screening colonoscopies, ultrasound scans, mammograms, MRI and CT scanning).
- Increase the % number of **surgical operations** scheduled within a defined period of time to ensure compliance with the Guarantee Act in the case of those surgical procedures to be performed within 120 days.
- Ensure the provision of non-scheduled appointments with **primary healthcare professionals** within 24 hours.
- Priority appointments and treatment in specialised healthcare for referrals of **suspected serious illness**: high resolution circuits. At least 15 specialist areas of the Navarra Health Service will have developed at least one high resolution circuit.
 - ... Dermatology: skin cancer.
 - ... Digestive medicine: suspected metastatic liver cancer, obstructive jaundice, reasonable suspicion of acute hepatitis, suspected malignant neoplasm.
 - ... Complex diabetic patients in vascular surgery, nephrology and ophthalmology.
 - ... Vascular surgery: arterial ulcers.
 - ... Cardiology: chest pain.
 - ... Pulmonology: reasonable suspicion of lung cancer.
- Ensure the deployment of the strategy for addressing **time-dependent emergencies**.

Results indicators and target values

CONTENT FOCUS	INDICATOR	2015	TARGET 2020
Access to services	Initial appointments within 30 days (%)	9,35%	> 90%
	Initial priority appointments within 15 days (%)	35%	> 90%
	Special follow-up tests within 45 days (%)	67%	> 90%
	Surgical operations scheduled to be performed within 120 days and which are performed within that period of time (%)	70%	> 90%



CONTENT FOCUS	INDICATOR	2015	TARGET 2020
Access to services	Same-day non-scheduled appointments requested with primary healthcare professionals and given within 24 hours (%)	78%	> 90%
High resolution	Patients with chest pain treated within the high resolution circuit in less than a week (%)	0%	> 90%
	Patients treated for symptomatic aortic stenosis within the high resolution circuit in less than 2 weeks (%)	0%	> 90%
Cancer	People with suspected lung, breast or colorectal cancer whose treatment for the condition begins within a maximum of 60 days after their first medical appointment in relation with the condition (%)	NA	> 90%
	People with a Pathology Laboratory diagnosed cancer who receive their first chemotherapy treatment within 7 days (%)	NA	> 90%
	People with a Pathology Laboratory diagnosed cancer whose first surgical or radiotherapy treatment is performed within 30 days (%)	NA	> 90%
Accessibility	Severe trauma patients treated in a hospital A&E department within an hour after the accident (%)	NA	> 60%
	Patients to be treated with thrombolysis after suffering a stroke and who receive treatment within 60 minutes (%)	NA	> 80%
	Patients who have suffered a heart attack and who receive angioplasty treatment within an hour of ECG diagnosis (%)	NA	> 70%
Satisfaction	Patient satisfaction with waiting times for primary healthcare appointments (patient satisfaction survey)	7,89*	> 8,5
	Patient satisfaction with waiting times for specialised healthcare appointments (patient satisfaction survey)	6,6*	> 8

*2016 figures (no survey was conducted in 2015)

b.3 WORKING TOGETHER IN THE SOCIAL HEALTHCARE SYSTEM TO IMPROVE THE QUALITY OF LIFE FOR PATIENTS AND THEIR FAMILIES



General underlying principles

- The dividing line between the social and healthcare services potentially required by citizens is unclear. Organisational models establish the limits between social and health care on the basis of variable criteria.
- Organisations are responsible for ensuring seamless continuity of care between social, social healthcare and healthcare services. How these services are classified should not affect the quality of service delivery or end-user satisfaction with it.
- Integrated planning, management and service tools need to be developed for all organisations and services involved in the provision of social healthcare.
- All such actions must be planned and taken forward on an integrated and cross-departmental basis.
- This intervention area is focused on a particularly vulnerable population, with chronic diseases causing severe functional impairment and dependency giving rise to highly complex social and healthcare requirements. Additionally, temporary circumstances of incapacity and dependency may take second place to acute processes.

Content focus

- **Comprehensive assessment** of those individuals subject to tailored intervention plans and care across all social and healthcare services.
- **Improvement plan** on the quality of healthcare provision in residential care centres within the Chronicity and Multiple Pathology Strategy of the Navarra Health Service, in integrated care processes and in all coordination mechanisms with primary and specialised healthcare.
- Provision of a **residential convalescence service** for those people requiring support and care for basic needs after leaving hospital and who cannot be cared for in their usual home.
- Deployment of a **home-based rehabilitation programme**, with priority given to immobilisation syndrome, hip fractures, knee and hip replacements and strokes.
- Extension of the **pharmaceutical care model** of the Navarra Health Service to residential care centres.
- Promotion of **home-based social healthcare**.
- Pilot project on integrated care in the sub-district of Tafalla.

Results indicators and target values

CONTENT FOCUS	INDICATOR	2015	TARGET 2020
Comprehensive assessment	Over 85-year-olds assessed using the RAI-CA software solution (%)	0%	> 60%
Tailored intervention plans	People prioritised through RAI-CA assessment with tailored care plans (%)	0%	> 50%
Integrating service delivery	Residential care centres (20+ places) with access to the electronic medical records (EMR) database of the Navarra Health Service (%)	20%	100%
	Residential care centres with access to the EMR database of the Navarra Health Service and included within the chronicity and palliative care strategies (%)	0%	> 80%
	Average hospital stay for hip fractures and strokes through early discharge (%)	ND	↓ 5%
Pharmaceutical care	Extension of pharmaceutical care model to public and state-aided residential care centres in Navarra	230 beds	1.000 beds

C

IMPROVE EFFICIENCY

c.1 INNOVATING IN QUALITY



General underlying principles

- Healthcare services are always delivered through a series of actions taken on various levels as a team. Consequently, not only must the services provided be of the highest technical quality but the system must also be equipped with an organisational and management framework capable of maximising added value and securing the best possible results.
- Excellence models, based on process innovation and continuous improvement of results, have had a considerable impact in recent years in both healthcare and non-healthcare organisations. The culture and dynamic of self-assessment and continuous improvement has been assimilated in those organisations to progress in both quality management and management quality.

- Innovation – process analysis, results assessment, self-criticism, the creativity of our people and external learning through analysing best practice (benchmarking) – is fundamental for developing strategy and for continuous improvement in health outcomes.
- The management capacity of the different services provided has considerable room for improvement. This is attributable to a lack of specific training in recent years and to a largely unsystematic approach to developing quality management tools.
- In short, a systematic approach to the deployment of continuous improvement and innovation in management and results is required to optimise organisational efforts and to share experiences and best practice with benchmark organisations.

Content focus

- **Training programme** on management and quality tools for **senior managers, managers and healthcare professionals**.
- Deployment of the Advanced Management Model/ EFQM Model in all organisations, and in those services and/or healthcare management units who so request and of greatest impact on the Navarra Health Service.
- Progressive deployment of **management by processes** in organisations and services, starting with healthcare circuits, ISO certification in central services and clinical pathways in all services for pathologies of the highest prevalence and of the greatest impact.
- Research and innovation projects in areas of particular relevance (chronicity, clinical management, people management, etc.).

Results indicators and target values

CONTENT FOCUS	INDICATOR	2015	TARGET 2020
Quality and Management	Number of people in the organisation formally trained in management	ND	> 400
	Health Management Authorities of the Navarra health system annually assessed against the Advanced Management Model (%)	0%	100%
Management by processes	ISO certification of support services	3	15
	Clinical services with at least one Clinical Pathway implemented (%)	< 4%	> 70%
	Process map and a description of macro processes in all Health Management Authorities	0	6
Research	Research projects in areas of particular relevance	0	3

c.2 PROGRESSING TOWARDS THE DIGITAL DEVELOPMENT OF HEALTHCARE PROFESSIONALS, PATIENTS AND THE POPULATION



General underlying principles

- Information systems must continue to improve to support the roll-out and development of all other intervention areas and strategy lines. More specifically, this improvement must be focused on:
 - enabling interconnection and integration of the different information sources (clinical, medical care, financial, administrative, etc.) in relation to each person receiving attention, i.e. personalised information to enable analysis and decision-making; and
 - developing new systems specifically focused on improving the management capacity of the organisation, e.g. assessment and control systems, amongst others.
- New and expert information systems must also be further developed to:
 - support clinical decision-making and the recording of clinical data on patients; and
 - promote active citizenship and empowerment of patients, enabling them to communicate with the health system.
- These information systems must process high-quality and reliable data. Furthermore, the data provided by healthcare professionals must be commonly applicable across the organisation and provide information system users with measurable and standardised information in a coherent and consistent manner.
- The Healthcare Information Systems must be of a high quality and performance, enabling users to access information quickly and independently to increase productivity and anticipate problems. The information must also contribute positively to the decision-making process and to avoiding duplications.

Content focus

INPUT OF INFORMATION

- Manage quality data: setting up of **Master Files**.
- Develop the Navarra Health Service **Integrated Medical Record System** "Andia": integration of the different operational systems currently in existence.
- **Cancer Register** integrated into operational systems.
- **Time-dependent Emergencies Register** integrated into operational systems.
- **Coding** of A&E and outpatients services.

USE OF INFORMATION

- Organisational **Results Assessment** Programme, covering operational systems, the BSC and the Analytical Accounting programme.
- Develop the **Personal Health File**: the creation of a personal digital space in a secure technological environment, made available to the people of Navarra for them to consult information on their health. The Personal Health File also enables users to complete administrative formalities online and, when necessary, is a safe way of communicating with healthcare staff.

Results indicators and target values

CONTENT FOCUS	INDICATOR	2015	TARGET 2020
Chronicity	Balanced scorecards (BSC) developed in processes/profiles deployed within the chronicity strategy	1	7
	Control panels developed in processes/profiles deployed within the chronicity strategy	3	7
	Chronic patient healthcare requirements integrated into the information systems (%)	0%	95 %
Responsiveness	Services managed through the Request and Results Management System (%)	0%	> 98 %
Prescription assistance	Clinicians with the Safe Prescription Assistance System included in their information system (%)	0%	100%
Analytical accounting	Deployment of the Analytical Accounting tool in health centres and clinical services (%)	underway	> 90 %
Coding	Coding of A&E and outpatients services (%)	ND	> 80%
	Coding of allergies unified in all operational systems (%)	0%	> 80%
Citizens	Citizens who have requested registration and access to the personal health file initiative (%)	0%	> 10%

c.3 OPTIMUM USE OF RESOURCES TO ENSURE UNIVERSAL HEALTHCARE





General underlying principles

- Ensuring rationality and efficiency in selecting and acquiring materials, drugs, equipment and services is both fundamental and complex. Though suitability, convenience, safety, quality and maintenance all have to be taken into account, cost is a critical factor as it represents a third of the budget of the Navarra health system. Centralised procurement enables unified criteria to be established and purchase prices to be reduced.
- Choosing generic drugs and biosimilars improves safety and leads to a considerable reduction in the cost of similar treatments.
- There remains considerable scope for improvement in some healthcare activities within the Navarra health system. For example:
 - ... certain processes have a higher indication rate than that dictated by scientific evidence and that which is considered to be recognised good practice within the sector; and
 - ... certain processes are very costly and have considerable room for improvement.
- On the basis of this scenario, actions have been defined to improve quality and clinical safety and to improve the efficiency of the system through better management.
- As health costs are directly related to clinical decisions, reinvestment policies need to be considered. In other words, a process needs to be rolled out through which drugs, appliances, apparatus and procedures of low clinical value cease to be financed (in some cases partially, in others, completely) on account of their not being clinically effective or cost-effective, or because their effectiveness and efficiency have been deemed to be marginal or lower than others on the market. At the same time, those drugs, etc. of high clinical value must be promoted. The funds made available through this policy would be used to finance those products of high clinical value.
- After drawing up lists of diagnostic tests and treatments commonly used in their respective specialist fields, the scientific community has identified the need to reassess the indicated use of those tests and treatments due to the excessive costs involved in using them for indications of no clinical value. These are known as "don't do" recommendations.

Content focus:

- Promote centralised procurement of materials and drugs.
- Improve efficiency of clinical activities.
 - ... Analysis of higher cost care processes: review and identification of areas for improvement in the process.
 - ... Identification of those processes which have a higher indication rate than that dictated by scientific evidence and that which is considered to be recognised good practice within the sector.
 - ... Include "DON'T DO" recommendations in clinical management contracts with hospital departments.

- ... Efficiency in inpatient treatment, adjusting average stay times to the standards of each type of hospital, and in surgery, performing as much outpatient surgery as possible.
- ... Efficiency in drug prescription.

Results indicators and target values

CONTENT FOCUS	INDICATOR	2015	TARGET 2020
Centralised procurement	Materials in the Navarra health system purchased through centralised procurement (%)	23%	> 85%
	Drugs in the Navarra health system purchased through centralised procurement (%)	2%	> 85%
Efficiency of actions	Outpatient surgery rate	35%	> 50 %
	Adjusted mean stay index	> 1	< 1
	Patients with early discharge planning (%)	31%	98%
Appropriate action	Management contracts with hospital departments with "Don't do" indicators (%)	0	90%
Pharmacy	Expenditure on symptomatic slow-acting drugs for osteoarthritis (SYSADOAs) (drugs of low therapeutic value)	771.380 €	385.000 €
	Relative use of biosimilar drugs (biosimilars) (%)	15%	> 50%

D

IMPROVE THE PARTICIPATION AND SATISFACTION OF HEALTHCARE PROFESSIONALS

d.1 TRAINED PROFESSIONALS TO IMPROVE THE QUALITY OF HEALTHCARE PROVISION



General underlying principles

- The terms “professionals” refers to all those people working directly or indirectly with patients to provide the best possible care.
- The proposed changes to the Navarra health system involve defining and developing new job posts and professional roles to adapt the current model of healthcare provision to patients' needs.
- The need to define and develop new posts and roles is particularly acute in nursing and administrative staff in the admissions areas.
- Staff training will contribute to the quality, safety and efficiency of healthcare.

- Specific training to ensure the required knowledge and skills are acquired is essential. These skills must also be constantly updated.
- Each professional's learning path to acquire the competences required of them will be defined through a "training passport", thereby ensuring that all required training for each job profile is offered and delivered.
- Healthcare research is a key factor in ensuring that both the healthcare system itself and its professionals are constantly moving forward. Research drives innovation and quality, fosters knowledge and increases the prestige of the organisation and the trust of its patients.

Content focus

- **Map out new job profiles and functions** against the requirements of the Health Plan and, in particular, of the Chronicity Strategy (case management nurse, counselling nurse, etc.).
- More **budgetary** funds earmarked for **training**.
- Define the "**training passport**" for new job profiles and functions.
- Develop an appropriate **training plan** to develop the new profiles and functions required in the Navarra Health Service.
- **Multiannual training plan** for each healthcare centre.
- **Research Plan** for each healthcare centre.

Results indicators and target values

CONTENT FOCUS	INDICATOR	2015	TARGET 2020
Training	Professional profiles with a defined training passport (%)	0%	> 70%
	New professional profiles which have received specific training in line with their corresponding training passport (%)	0%	> 90%
	Overall degree of satisfaction with training (People Satisfaction Survey)	3,6*	> 6
	People satisfaction survey scores of 7 or above (on 10) in relation to training and learning opportunities (%)	17%	> 30%
Budget	Training budget	46.700 €	>350.000 €
Research	Number of scientific articles published in indexed scientific journals by professionals from the Navarra Health Service over the period 2015-19	1.664	> 2.500

* 2016 figures, no data available for 2015

d.2 PROFESSIONAL TEAMS ENGAGED WITH THEIR PATIENTS



General underlying principles

- The Management Team of the Navarra Health Service has proposed a radical transformation of the system WITH and THROUGH the participation and involvement of everybody working in it. To deliver this change, a series of interventions, or action lines, have been proposed to improve the engagement, leadership and satisfaction levels of all involved.
- This line of action is designed to align the objectives and strategy of the organisation to the action and activities performed on a day-to-day basis by all healthcare professionals.
- Another objective is to secure the active participation and involvement of professionals in the development of the organisation's strategy.
- The intention is to define, develop and continuously improve a system of transformational leadership at all levels of responsibility.
- Evidence shows that higher staff satisfaction levels bring about improvements in the quality and safety of healthcare provision.

Content focus

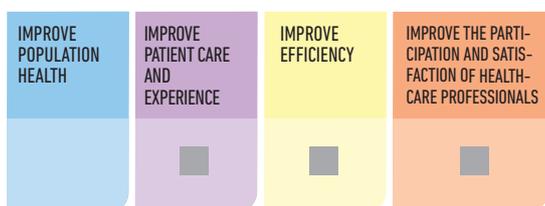
- Regular **people satisfaction surveys** to identify areas for improvement in the different areas of people satisfaction and to assess the effectiveness of the actions subsequently taken.
- **People satisfaction improvement plans** drawn up against the survey findings.
- **Job matching:** studies on people workloads and adaptation of job posts.
- **Working conditions:** improvement plan on quality of employment, the Social Pact and promotion of occupational health.
- **Job stability:** though job vacancies will be on offer every year, the current replacement rate is a constraint to the creation of permanent employment. In an attempt to address this, the number of short-term posts on offer will be increased (reserved posts and vacancies), thereby providing greater job stability pending the publication of public sector job vacancies.
- **Internal Communication Plan.**
- **Recognition:** determine criteria and forms of recognition to recognise outstanding performance and/or results.
- **Develop leadership:** definition of a leadership model, develop a leadership training plan and assess leadership throughout the organisation.

Results indicators and target values

CONTENT FOCUS	INDICATOR	2015	TARGET 2020
Satisfaction	Overall degree of people satisfaction (people satisfaction survey)	6,4*	> 7
Participation	People satisfaction with participation (people satisfaction survey)	5*	> 7
Customer-focus	People satisfaction with customer focus (people satisfaction survey)	5,5*	> 7
Communication	People satisfaction with communication in the organisation (people satisfaction survey)	5,4*	> 7
Recognition	People satisfaction with recognition (people satisfaction survey)	5,6*	> 6
Leadership	People in the organisation trained in leadership	ND	> 400
	People whose leadership has been assessed	ND	> 400
Quality of employment	People with permanent contracts (%)	58%	> 65%
	Public sector job offers (accumulated)	130	> 1.400
	Expenditure on stable employment (reserved and vacant posts for future job offers)	€53 million	>€75 million

* 2016 figures, no data available for 2015

d.3 PARTICIPATION OF HEALTHCARE PROFESSIONALS IN MANAGEMENT TO IMPROVE SERVICE PROVISION



General underlying principles

- We need all our healthcare professionals not only to perform their day-to-day medical duties but also to take greater part and be more involved in management.
- Certain activities such as improving technical quality, evidence-based rational prescription, continuous improvement and integration of healthcare processes, taking

swift action, optimising healthcare circuits, clinical prioritisation and patient empowerment can only be taken forward on the front line of healthcare provision.

- Development and deployment of the healthcare management model is a priority line of intervention to bring about a greater degree of clinical leadership in the management and organisation of healthcare provision.
- The involvement of healthcare professionals in deploying corporate strategy is essential. In this respect, the approach chosen to make this possible in health centres and hospital departments and units is the management contract.

Content focus

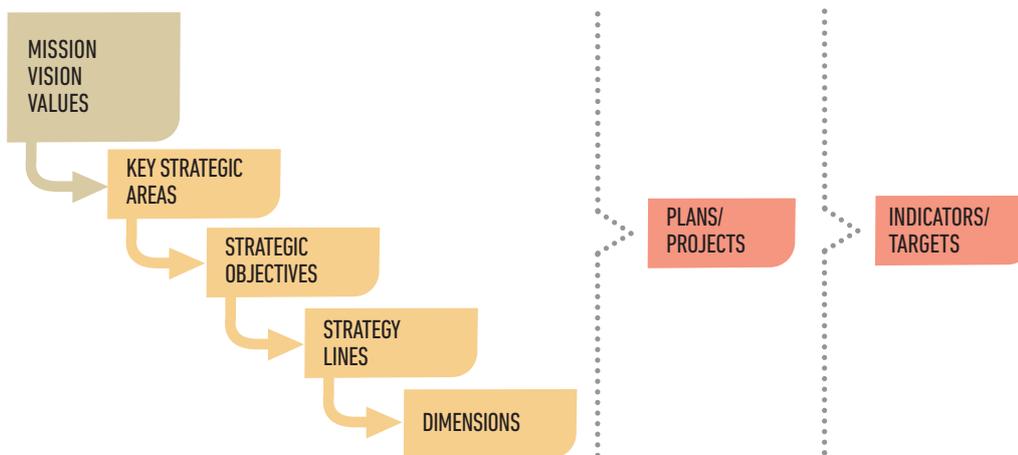
- Establish an annual **Programme Contract** with senior management in all healthcare centres, in line with strategy.
- **Management-by-objectives contracts** with healthcare centres and hospital departments, in line with the priorities of the Programme Contracts.
- Define a **Healthcare Management Model** on a participatory basis with all healthcare professionals.
- Develop healthcare management units.

Results indicators and target values

CONTENT FOCUS	INDICATOR	2015	TARGET 2020
Programme Contracts	Annual Programme Contracts with the different Health Management Authorities (%)	0	100%
Management Contracts	Management-by-objectives Contracts with hospital departments annually assessed (%)	ND	100%
Healthcare Management	Deployment of Healthcare Management Units in the Navarra Health Service	0	≥ 10

DESCRIPTION AND PRIORITISATION OF ACTION LINES COMPLEMENTARY TO THE "HEADWAY FOR HEALTH" STRATEGY

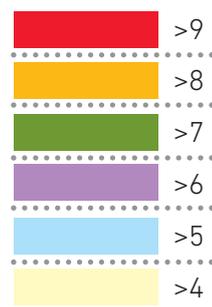
As explained above in Part 2 of this document, though the 12 priority intervention areas are at its core, the Headway for Health strategy will additionally be complemented by a series of actions already underway and/or to be rolled out and measured using the Balanced Scorecard, as illustrated in the figure below.



In the BSC, three key strategic areas have been identified against the defined Mission, Vision and Values of the Navarra Health Service:

- Strategic Area 1: **Promote community health and reduce health inequalities.**
- Strategic Area 2: **Ensure a high quality and sustainable health system which meets the needs of the population.**
- Strategic Area 3: **Responsibility and social impact.**

Next, a series of strategic objectives were defined and broken down into corresponding detailed strategy lines. In turn, each strategy line is further disaggregated into a series of specific dimensions to be worked on. In an attempt to focus efforts on priority issues, and taking into account the complex nature of the work to be done, the different strategic objectives, strategy lines and dimensions have all been prioritised using a colour code to reflect the relative priority given to each one.



The different strategic objectives, strategy lines and dimensions defined in relation to each key strategic area are shown in the table below.

STRATEGIC AREA 1: PROMOTE COMMUNITY HEALTH AND REDUCE HEALTH INEQUALITIES

STRATEGIC OBJECTIVES	STRATEGY LINES	DIMENSIONS
ENSURE HEALTH PREVENTION AND PROMOTION	Health protection	<i>Health protection</i>
	Prevention and early detection	Prevention and early detection
	Preventing disability and promoting personal	Preventing disability
		Promoting personal autonomy
Health promotion	Health promotion	
<i>CROSS-SECTORAL GOVERNMENT POLICIES ON HEALTH AND</i>	<i>Healthcare in all policies and equality</i>	<i>Cross-departmental strategies</i>
		<i>Promotion and intervention at community level</i>
		<i>Priority treatment</i>

N.B. The issues to be taken forward on a preferential basis by the Department of Health are shown in italics.

Content

Health protection: *safeguarding public health, both on an individual level and in social environments, with regard to water, food, the transmission of infectious diseases and exposure to hazardous and pollutant chemicals.*

Prevention and early detection: proactively developing measures and techniques to promote welfare and reduce the risk of disease.

Preventing disability: reducing the incidence, prevalence and intensity of disease through measures designed to prevent deficiencies and risk factors producing physical, mental and/or sensory impairment and disability.

Promoting autonomy: Promover de forma activa las capacidades y aptitudes de las personas para potenciar su autonomía y percepción vital.

Health promotion: promoting people’s monitoring capabilities to conserve and improve their own health.

Cross-departmental strategies: *coordinating strategies and actions designed to help improve the general state of health, with the involvement of all government departments, agencies and institutions.*

Promotion and intervention at community level: *deploying strategies for networked community intervention and assessment systems which contribute to health promotion and improvement.*

Priority treatment: ensuring equal access and treatment for all individuals and collectives by taking action on social determinants of health, particularly in relation to vulnerable population groups, with a view to reducing health inequalities.

STRATEGIC AREA 2. ENSURE A HIGH QUALITY AND SUSTAINABLE HEALTH SYSTEM WHICH MEETS THE NEEDS OF THE POPULATION

STRATEGIC OBJECTIVES	STRATEGY LINES	DIMENSIONS
PROVIDE A COMPREHENSIVE, INTEGRATED AND EFFECTIVE HEALTHCARE SERVICE	Appropriate and accessible services	Service portfolio
		Accessibility
	Effective and safe service provision	Healthcare strategies
		Appropriate action (evidence-based medicine)
		Safety
		Streamlined and effective processes
		Appropriate and sufficient technology
		Cooperation/structural integration
		Continuity
Social healthcare		
PROVIDE CITIZEN-ORIENTED SERVICES AND PROMOTE CITIZEN AUTONOMY	Citizen health rights and guarantees	Universality
		Citizens' rights
	Ensure training and personal autonomy	Information and education
		Decision-making autonomy
		Training for patients and carers
		Patient participation
	Appropriate and personalised treatment	Respect and being treated well
		Confidentiality
		Comfort
FINANCIAL SUSTAINABILITY	Financial sufficiency	Sufficient funding
		Maximize income
		Investment capacity
	Appropriate costs	Professional costs
		Efficient procurement
	Resources management	Resource planning and optimisation
	Efficiency and ability to act quickly	Process efficiency
		Facility and equipment performance
		Appropriate and safe equipment and technology
		Efficient people

STRATEGIC OBJECTIVES	STRATEGY LINES	DIMENSIONS
INNOVATION, ASSESSMENT AND CONTINUOUS IMPROVEMENT	Planning change	Strategy and improvement plans
		Updating and compliance with regulations
	Information and assessment systems	Information systems
		Results-oriented
	Research, development and innovation	Research
		New healthcare models
		Partnerships
		Knowledge management
	Continuous improvement	Management by processes
		Clinical governance
Continuous improvement		
ENGAGED PEOPLE	Leadership	Leadership
	Participation and appropriate working conditions	Job matching
		Working conditions
		Effective organisation
	Professional development and recognition	Training
		Recognition

Content

Service portfolio: having an up-to-date service portfolio designed to meet the needs of the population.

Accessibility: ensuring access to services and minimising health risks and uncertainty for patients.

Healthcare strategies: developing strategies and plans for chronic patient care and priority pathologies in the Health Plan.

Appropriate action (evidence-based medicine): ensuring the clinical action taken is appropriate for patients' needs and the efficiency of the system.

Safety: developing care processes, maximising safety and avoiding complications and adverse effects.

Streamlined and effective processes: ensuring the effectiveness of clinical processes to continuously improve health outcomes and the quality of care processes.

Appropriate and sufficient technology: availability of the required technology and its appropriate use to improve process results.

Cooperation/structural integration: integration and coordination of services and organisations to improve the effectiveness of care.

Continuity: ensuring continuity of care for patients across the different healthcare services.



Social healthcare: coordinating health and social care and educational support for the dependent, and those at risk of dependency, to increase their autonomy, offset their limitations, alleviate their suffering and facilitate their social reintegration.

Universality: broadening protective healthcare action uniformly, with public funding and on the basis of equality for all citizens.

Citizens' rights: ensuring citizens' rights in all areas of healthcare and the all-round quality of healthcare services.

Information and education: ensuring all patients are clearly informed on healthcare services and their state of health, in a comprehensible manner and in good time, and promoting health education in doing so.

Decision-making autonomy: informing and empowering patients to take their own decisions regarding their health.

Training for patients and carers: ongoing training for both patients and carers in decision-making regarding their health.

Patient participation: setting up and ensuring the existence of participation channels through which patients' needs, expectations and preferences are taken more into account for the effective design and performance of services and processes.

Respect and being treated well: ensuring respect and proper treatment in an attempt to meet patients' and citizens' expectations.

Confidentiality: ensuring confidentiality of healthcare information and respect for privacy.

Comfort: ensuring the accessibility and comfort of facilities and the quality of non-healthcare services.

Sufficient funding: ensuring sufficient funding to deliver targets.

Maximize income: maximising revenue streams.

Investment capacity: having the required investment capacity to revamp existing technology and facilities.

Professional costs: having sufficient and appropriate professional resources, adjusting staffing costs to the demands of economic sustainability.

Efficient procurement (agreements, pharmacy, equipment, works, purchasing): deploying efficient procurement tools in services and products (materials, services, pharmacy, technology, agreements, etc.).

Resource planning and optimisation: planning the resources needed to optimise service provision and the sustainability of the health system.

Process efficiency: the effectiveness, performance and productivity of care and diagnostic resources.

Facility and equipment performance: maximising the performance of facilities and equipment.

Appropriate and safe facilities and technology: the provision, use and safe and appropriate maintenance of facilities and equipment.

Efficient people: efficient professional performance.

Strategy and improvement plans: incorporating strategy planning and improvement plans into the organisations of the healthcare system to ensure consistency of action and continuous improvement of results.

- Updating and compliance with regulations:** ensuring compliance and adaptation to requirements.
- Information systems:** ensuring the availability of clinical and management information to facilitate professional performance and decision making.
- Results-oriented:** ensuring healthcare professionals have access to targets and results.
- Research:** contributing to the progress and improvement of clinical practice through biomedical research of clinical application.
- New healthcare models:** developing healthcare models which contribute to the transformation of the system.
- Partnerships:** setting up win-win agreements with social and professional bodies, associations, companies and organisations with a stake in healthcare.
- Knowledge management:** ensuring clinical and management knowledge is acquired, disseminated and improved.
- Management by processes:** systematic management of processes using PDCA cycles for continuous improvement of results.
- Clinical governance:** developing a management model for healthcare services based on participation, shared responsibility and process management.
- Continuous improvement:** deploying a system of continuous improvement and innovation in management and results.
- Leadership:** defining, developing and improving a system of transformational leadership across all levels of responsibility.
- Job matching:** suitably qualified professionals with the resources, workload and work and safety conditions required to do their job in a positive working environment.
- Working conditions:** ensuring job security, autonomy, transparent decision-making and equal opportunity.
- Effective organisation:** creating a flexible and effective organisation, providing the information and resources required for the job, motivational leadership, customer-focused and based on teamwork, participation and empowerment.
- Training:** continuous professional development.
- Recognition:** suitable remuneration and professional development and recognition systems.

STRATEGIC AREA 3: RESPONSIBILITY AND SOCIAL IMPACT

STRATEGIC OBJECTIVES	STRATEGY LINES	DIMENSIONS
SOCIAL IMPACT	Contributing to knowledge and social impact	Partnerships with local organisations
		External teaching
		Creation of wealth
		Knowledge sharing
		Collaboration with institutions and NGO's
	Citizen's assent	Citizen participation
		External communication
	Environmental sustainability	Waste management
		Energy management

Content

Partnerships with local organisations: establishing win-win agreements with associations, companies, professionals and other organisations, for the wellbeing of the Navarra Health Service.

External teaching: contributing to the progress and improvement of clinical practice by training future professionals.

Creation of wealth: contributing to the wealth and welfare of the people of Navarra by creating employment and collaborating with institutional initiatives and the business world.

Knowledge sharing: sharing expertise and advances in clinical and management practice, and knowledge that will help further education in population health.

Collaboration with institutions and NGO's: collaborating altruistically in initiatives designed to promote social welfare.

Citizen participation: setting up and securing channels for the participation of citizens and their representatives which favour their needs, expectations and preferences being included in the design and performance of processes and services.

External communication: publicising the outstanding characteristics and achievements of healthcare professionals and organisations to raise public awareness and confidence in the people of Navarra and fostering a sense of belonging in the professionals of the healthcare system.

Waste management: managing waste and promoting recycling to ensure environmental risks are minimised and to contribute to sustainability.

Energy management: managing energy to ensure efficiency in consumption and to minimise environmental impact.

All these dimensions are included in and make up the Balanced Scorecard.

The plans and projects drawn up to take these dimensions forward are outlined in Appendix 1. *Prosalud*, an in-house designed IT programme detailing the actions to be taken, those responsible for overseeing those actions, time frames and leading and lagging indicators, is in place to monitor their delivery.

BALANCED SCORECARD

STRATEGIC OBJECTIVES	STRATEGY LINES	DIMENSIONS
ENSURE HEALTH PREVENTION AND PROMOTION	Health protection	Health protection
	Population health prevention and early detection	Prevention and early detection
	Preventing disability and promoting personal autonomy	Preventing disability
	Health promotion	Health promotion
CROSS-SECTORAL GOVERNMENT POLICIES ON HEALTH AND EQUALITY	Healthcare in all policies and equality	Cross-departmental strategies
		Promotion and intervention at community level
		Priority treatment
PROVIDE A COMPREHENSIVE, INTEGRATED AND EFFECTIVE HEALTHCARE SERVICE	Appropriate and accessible services	Service portfolio
	Effective and safe service provision	Accessibility
		Healthcare strategies
		Appropriate action (evidence-based medicine)
		Safety
		Streamlined and effective processes
		Appropriate and sufficient technology
		Cooperation/structural integration
		Continuity
		Social healthcare
PROVIDE CITIZEN-ORIENTED SERVICES AND PROMOTE CITIZEN AUTONOMY	Citizen health rights and guarantees	Universality
	Ensure training and personal autonomy	Citizens' rights
		Information and education
		Decision-making autonomy
		Training for patients and carers
	Appropriate and personalised treatment	Patient participation
		Respect and being treated well
		Confidentiality
		Comfort
FINANCIAL SUSTAINABILITY	Financial sufficiency	Sufficient funding
		Maximize income
		Investment capacity
	Appropriate costs	Professional costs
		Efficient procurement
	Resources management	Resource planning and optimisation
	Efficiency and ability to act quickly	Process efficiency
		Facility and equipment performance
		Appropriate and safe equipment and technology
		Efficient people
INNOVATION, ASSESSMENT AND CONTINUOUS IMPROVEMENT	Planning change	Strategy and improvement plans
		Updating and compliance with regulations
	Information and assessment systems	Information systems
		Results-oriented
	Research, development and innovation	Research
		New healthcare models
		Partnerships
	Continuous improvement	Knowledge management
		Management by processes
		Clinical governance
		Continuous improvement
	ENGAGED PEOPLE	Leadership
Participation and appropriate working conditions		Job matching
		Working conditions
Professional development and recognition		Effective organisation
		Training
		Recognition
SOCIAL IMPACT	Contributing to knowledge and social impact	Partnerships with local organisations
		External teaching
		Creation of wealth
		Knowledge sharing
		Collaboration with institutions and NGO's
	Citizen's assent	Citizen participation
		External communication
	Environmental sustainability	Waste management
		Energy management

PLANS AND PROJECTS

Specific plans and projects have been drawn up to roll out each of the aforementioned dimensions of the Strategy Plan.

DIMENSIONS	PLANS/PROJECTS
Health protection	<i>Occupational Health, Occupational Risk, Environmental and Dietary Plans</i>
Prevention and early detection	Colorectal Cancer Program, Breast Cancer Program, Detection of Metabolopathies, Diabetes, Hypertension
Preventing disability	Operational Improvement Plan, Early Intervention in First Psychotic Episodes
Promoting personal autonomy	<i>Active ageing</i>
Health promotion	<i>Cross-departmental Plan for Child and Youth Health, Training of Local Population in Self-Care and Health, Program to Promote Physical Activity</i>
Cross-departmental strategies	<i>Cross-sectoral health policies</i>
Promotion and intervention at community level	<i>Community Health Observatory, Strategy for network-based promotion and community intervention</i>
Priority treatment	<i>Priority treatment for underprivileged groups</i>
Service portfolio	Study on the Service Portfolio, Regional Law on the Service Portfolio of the Navarra Health Service
Accessibility	Strategy and Program on Waiting Lists based on clinical priority, ambulance transport, Rural Healthcare Plan
Healthcare strategies	Time-dependent A&E cases, Palliative Care, Pain Care, Cancer, Mental Health, Dementia and Neurodegenerative Diseases, Cardio-cerebrovascular Diseases, Diabetes, Respiratory Diseases, Multipathology Cases, Rare Diseases
Appropriate action (evidence-based medicine)	Pharmacy Management, Consensus-based Protocols and Clinical Pathways, prevalent pathologies
Safety	Safety Strategy
Streamlined and effective processes	High Resolution Circuits, Clinical Pathways, Remote Care, Non-Healthcare Protocols, Major Outpatient Surgery, Improved Admissions, Out-of-Hospital Emergencies
Appropriate and sufficient technology	Technology Innovation Plan, Telemedicine
Cooperation/structural integration	Design of Care Areas, Coordination of Primary and Specialised Healthcare, Coordination with Mental Health Service

DIMENSIONS	PLANS/PROJECTS
Continuity	Integration of Clinical Healthcare (Specialised, Primary and Social Healthcare)
Social healthcare	Social Healthcare Plan
Universality	Regulation of Pharmaceutical Copayment, Healthcare for University Clinic of Navarra personnel
Citizens' rights	Guidelines on citizen empowerment and social participation, compliance with the Law on the Use of the Basque Language and the Law on Sexual and Reproductive Health
Information and education	Information Improvement Plan, Patient Education, Personal Health File, Health Council
Decision-making autonomy	Informed Consent, Information
Training for patients and carers	School for Patients and Carers
Patient participation	Satisfaction surveys, participation in process design, Focus Groups, Expert Patients, Patient Care Units
Respect and being treated well	Identify patient needs and expectations, Humanization Plan
Confidentiality	IT security, information areas, Humanization Plan
Comfort	Revert to in-house catering service in Navarra Hospital Complex, Humanization Plan
Sufficient funding	Results-focused funding
Maximize income	Information for professionals, identification of chargeable services
Investment capacity	Investment Plan
Professional costs	Review emergency duty rotas and productivity
Efficient procurement	Supplier agreement policy, ambulance transport, centralised procurement
Resource planning and optimisation	Provisional budgets, updating of the health map, planning of healthcare resources (health centres, operating theatres, primary healthcare, staffing), Laboratory Plan, Primary Healthcare Plan, Development of Healthcare Areas and Districts, Operational Improvement Plan
Process efficiency	Transferring Processes to Outpatient Centres, Day Hospitals, Home Hospitalisation, High Resolution Surgeries, Rational Use of Medication, Resolutiveness in Primary Healthcare
Facility and equipment performance	Performance monitoring of facilities and improvement plans, provision of services in the afternoon/ evening
Appropriate and safe equipment and technology	Rational use of technology, tests, prostheses, healthcare material, operational plans
Efficient people	Staff sizing and adjustment, performance appraisal, new professional roles
Strategy and improvement plans	Strategy Plan, Programme Contracts, Management Contracts
Updating and compliance with regulations	New Regional Health Law, Legislative Review, Rural Healthcare Plan

DIMENSIONS	PLANS/PROJECTS
Information systems	Analytical Accounting, One-Stop Medical History, Specialised e-prescriptions, Resources Map, Management Scorecards (Health Centres and Services), Strategic Balanced Scorecard, Agreements, Health File, Portability
Results-oriented	Information system on results, management contracts, support systems for prescriptions and clinical decision-making
Research	Partnership with the Healthcare Research Institute of Navarra, Promotion of Public Research with the Public University of Navarra
New healthcare models	Strategy on Chronic Disease, Innovation Strategy, Model of Care
Partnerships	Internal and External Partnership Management
Knowledge management	Knowledge Management Strategy
Management by processes	Management by processes across all organisations
Clinical governance	Clinical Management Model, Programme Contracts, Target-based contracts with hospital departments, management training
Continuous improvement	Improvement Plans in Health Centres and Services, Improvement Plan for Hospital Outpatients Department, A&E Improvement Plan, benchmarking of Advanced Management/ EFQM Model assessment system, ISO certification of Central Services
Leadership	Leadership Management, People Satisfaction Surveys, People Performance Improvement Plans
Job matching	Study on workloads and job matching
Working conditions	Improvement Plan on Job Quality, Social Agreement, Occupational Health
Effective organisation	Internal Communication Plan, Management by Processes
Training	Multiannual Training Plan, Appropriate Job Profiles (job matching), Competence Training, Knowledge Sharing and Consolidation, Benchmarking
Recognition	Recognition Plan, Review of Salaries and Incentives System
Partnerships with local organisations	Partnerships with Professional Bodies and Associations, Universities and Citizens and Patients Associations
External teaching	Teaching for student doctors, pre- and post-graduate nurses and healthcare professionals
Creation of wealth	Creation of employment, partnerships with external companies
Knowledge sharing	Participation in seminars and congresses, scientific and management articles
Collaboration with institutions and NGO's	Plan to promote collaboration (identification and prioritisation of projects, time off work, Working Group)
Citizen participation	<i>Participation and Communication Strategy</i>
External communication	External Communication Plan, social entities satisfaction survey
Waste management	Waste and Recycling Management Plan
Energy management	Energy Management Plan

Appendix 2

INDICATORS AND TARGETS

To help monitor the progress of each dimension, indicators with correlated target values have been defined to enable the delivery of each strategy line, and its corresponding projects, to be assessed.

STRATEGIC OBJECTIVE	STRATEGY LINE	DIMENSION	PERCEPTION INDICATORS	INDIRECT INDICATORS	2016	2017	2018	2019
ENGAGED PEOPLE	% degree of people satisfaction							
	Leadership	Leadership	% satisfaction with leadership	% leaders appraised				
				% absenteeism				
	Participation and appropriate working conditions	Job matching	% satisfaction with job suitability	% people subject to occupational health survey				
				% satisfaction with working atmosphere				
		Working conditions	% satisfaction with working conditions	% permanent posts				
				% risk assessment and occupational risk prevention plan				
	Effective organisation		% satisfaction with effective organisation	% deployment of processes				
				No. of Clinical Management Units				
				% satisfaction with information				
				% satisfaction with participation				
	Professional development and recognition	Training	% satisfaction with training	% people trained/ year				
				No. of training hours				
Recognition		% satisfaction with professional development and recognition	Expenditure on training					
			No. of acts of recognition					
			% satisfaction with remuneration					
			% satisfaction with image of the organisation					

PROGRAMME AGREEMENT

The relation between the different points included in the Programme Agreement and the strategy lines of the Balanced Scorecard is shown below.

STRATEGY LINES	DIMENSIONS	POINT	PROGRAM AGREEMENT
Health protection	Health protection	19	Boost public health...
Population health prevention and early detection	Prevention and early detection	19	
Health promotion	Health promotion	19	
Healthcare in all policies and equality	Cross-departmental strategies	23	Commitment to health promotion in all policies...
Effective and safe service provision	Healthcare strategies	6	Review and improve how existing plans are being taken forward...
		16	Optimise the level of healthcare being provided by the mental health network...
		17	Provision of palliative care in the public health system across all pathologies
Citizen health rights and guarantees	Universality	1	Ensure universality...
		29	Analyse the collective bargaining agreement of University Clinic of Navarra personnel
	Citizens' rights	2	Ensure provision of voluntary termination of pregnancy...
		20	Regulatory development of the 2010 Abortion Act...
		21	Transform Women's Aid Centres into Family Planning and Sexual Education Centres
Ensure training and personal autonomy	Patient participation	3	Commit to social engagement...
	Comfort	14	Revert to in-house catering service
Financial sufficiency	Sufficient funding	4	Commit to a suitable, efficient and transparent budgetary policy

STRATEGY LINES	DIMENSIONS	POINT	PROGRAM AGREEMENT
Financial sufficiency	Efficient procurement	15	Review all contracts and agreements...
Resources management	Resource planning and optimisation	11	Deploy measures to optimise and monetise...
Efficiency and ability to act quickly	Process efficiency	10	Commit to efficient pharmaceutical provision...
		27	Look into the creation of a short-stay unit in the Navarra Hospital Complex...
	Efficient people	8	Staff sizing in the Navarra Health Service
Planning change	Strategy and improvement plans	5	Clear commitment to prioritising Primary Healthcare...
		12	Address continuing and urgent reforms to Primary Healthcare...
		13	Regulation and reorganisation of ambulance transport...
Research, development and innovation	Research	25	Commit to public management and control of the Healthcare Research Institute of Navarra
	Knowledge management	9	Commit to the professionalization of health managers
Leadership	Leadership	8	Create employment through public sector job offers...
	Working conditions	26	Conduct a study on the implications of transferring professional contingencies to public ownership...
Professional development and recognition	Training	24	Establish teaching as a budget item





Index

N A ♥ A R R A

“OSASUNBIDEA: HEADWAY FOR HEALTH”

GOALS AND ACTIONS
(2015-2020)



Servicio Navarro de Salud
Osasunbidea