Quality

In March 2006, the Ministry of Health and Consumers' Affairs presented the Quality Plan for the National Health System, which was set up in the context of the agreements of the II Presidential Conference held in September 2005, which, as one of its priorities, commissioned this plan and assigned 50 million euros to it in the budget for 2006. This amount has been raised to 50.5 million euros in 2007.

The objective is to contribute to the cohesion of the National Health System and ensure the highest quality in healthcare for the whole population, regardless of place of residence, while offering at the same time useful instruments for professionals and health administrators of the autonomous communities in their bid to improve quality.

This aim coincides with one of the essential functions of the Ministry of Health and Consumers' Affairs, which, in its role as coordinator of the National Health System, has the obligation to promote its internal cohesion and equity in terms of access and quality in the services it offers.

In its version for 2007, the Quality Plan for the National Health System and the Ministry of Health and Consumers' Affairs confirms the essential role of patients and health professionals in the current health system.

The health systems of neighbouring countries tackle this challenge by developing several strategies which share the common denominator of orientation towards clinical practice founded on scientific evidence to ensure the best service for the public.

Health professionals are under ever-increasing pressure to keep their knowledge up to date, a challenge that calls for great effort. The traditional relation between doctor and patient based on important asymmetries of information is also changing as patients become more demanding as a result of greater access to information and also more mature in exercising their rights.

Healthcare practice is becoming more and more complex because of technological advances and the exponential growth of scientific knowledge.

The health services have to articulate strategies, measures and intervention programmes around the role of these principal agents, the professionals and the public, to ensure that the essential goals of the public health services are met: quality health care for all which is reflected in the indicators of health of the population.

The 2007 Quality Plan for the National Health System contains actions in the 6 main areas of activity outlined in 2006, to answer the questions raised by the principles and challenges of our health system:

1. Protection, health promotion and prevention.
2. Promotion of equity.

3. Support for the planning of human resources in health.
4. Encouragement of clinical excellence.
5. The use of information technology to improve healthcare for the public.
6. Increased transparency.

In 2007, the six main areas of intervention have been channelled into 12 strategies, 40 objectives and 197 action projects.

Quality, as defined by the Institute of Medicine of the United States, is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. This report accepts the following dimensions of quality: patient-centred care, access, continuous attention, effective treatment, adequate use of resources and patient safety.

Health strategies

The development of strategies for cancer, ischaemic heart disease, diabetes and mental health should be noted. Each of these strategies is accompanied by actions for raising awareness, training activities, additional funds for research and the creation of clinical practice guides. October 2007 saw the approval of the Strategy for Assistance at Normal Births.

Each strategy is evaluated two years after its approval (in 2008 in the cases of cancer, ischaemic heart disease and diabetes) with the aim of revising and updating objectives and content if required and judging the results.

To achieve this, each of them has a set of indicators agreed on between scientific bodies, patient associations, health administrations of the autonomous communities and the Ministry of Health and Consumers' Affairs.

Together, these health strategies represent the greatest effort in the recent history of our health services to tackle those illnesses or situations which cause the greatest amount of sickness, suffering and death among us, and does so in a way that is articulate, sustained and measurable.

Evaluation of technology

Another important achievement in the establishment of the Quality Plan for the National Health System has been the start of the network for evaluating health technologies. Independent agencies and institutes from seven of the autonomous communities take part in it, along with the Health Technology

Evaluation Agency of the Carlos III Health Institute. The network is being led by the General Secretary of Health. The outcome has been the elaboration of the Health Technology Evaluation Plan of the NHS[62].

Technology evaluation can support the decisions made on the charter of services. It can also help in supporting the process of designating reference centres and services for the NHS. The Designation Committee, which was contemplated in the Royal Decree 1,032/2006, establishing the conditions for the designation and accreditation of services and reference units, has started work and is drawing up the general criteria for the accreditation process and posterior designation of these centres.

Quality plans

In these four years, the interventions in healthcare quality have been included as part of the administration of the health services in the autonomous communities. Most of them declare that they have documents explaining the quality plan with strategic objectives and a definition of tasks spaced over 2 or 3 years. The plans created usually contain elements shared by the different autonomous communities and a number of common elements with strategies developed in the European Union. As mentioned in the 2005 report, the areas of interest, which are those with more information, are those dealing with patient-centred treatment and especially with the performance of surveys measuring the satisfaction and safety of patients. The introduction of the Quality Plan for the National Health System in 2006 signified a huge boost for the activities for patient safety carried out by the autonomous communities.

A number of autonomous communities affirm that they use the quality management activities of the EFQM *(European Foundation for Quality Management)* as a model, although the deployment has been very varied. With the exception of the Basque Country, where it has been used systematically for a number of years and where there are a number of service organizations with over 400 points recognised by outside examinations, the remaining health services are only in an initial phase, or there are only

62 This plan includes almost 300 actions designed by the agency network. Among the projects in development there is the network for the detection and information of emergent technologies; files on new and emergent technologies; systematic evaluation of the appropriate use of technologies already present; the creation of national registers of knee and hip prosthesis and evaluation reports on health technologies, among others.

Press release of the Ministry of Health and Consumers' Affairs.
Available at: www.msc.es/gabinetePrensa/notaPrensa/desarrolloNotaPrensa.jsp?id=1071

isolated actions by a service organization (hospital or primary care). In this period, the Hospital of Zumárraga has earned the European Award for Excellence in process management (2005) and has been distinguished by the Ministry of Health and Consumers' Affairs with a Special Recognition Award for its trajectory in improving quality (2007).

Although it is specified for the fulfilment of this area of quality that the autonomous communities should mention the projects undertaken and also the results obtained, there is no information on the evaluation of the quality plans carried out in these years. It appears that the planning processes and organization of actions has been adhered to while the evaluations of the developments and the results has not.

Introduction of targets in contracts

Most of the autonomous communities report that quality targets have been included in the management contracts agreed with centres. Some health services have adapted the structure and content of the EFQM model of contract management (Cantabria and Castile-La Mancha). In some cases specific objectives have been added at certain level of satisfaction so that the service providers carry out interventions to improve the aspects which have the greatest impact on the patients' satisfaction (Catalonia). In some health services, such as the Valencian Community, the level of compliance with the terms of the management contract, which includes the quality objectives, affect the institution and the variable bonus.

In Castile and Leon, the project to adapt and apply the EFQM model began in 2003 with the publication of the Guide to *self-assessment in primary care.* Prior to 2007, 14 primary care teams and 11 management offices had carried out the self-assessment. The phase of accreditations and recognition began in 2007 with the request for bronze seals in different health centres of the autonomous community.

Accreditation and certification

These years have seen several autonomous communities initiate activities for the accreditation of centres and services. These projects are usually regional in scope and involve the design of local accreditation systems. The Health Quality Agency of Andalusia developed a broad accreditation programme that encompassed health centres, management units, professional responsibilities, continuous training and web pages.

Catalonia set up a model of accreditation for acute hospital treatment which includes entities outside the public administration for the performance of evaluations for the centres which opt for accreditation. Extremadura has also started an accreditation model for public and private centres inspired by the EFQM model.

Asturies has two health centres accredited by the Joint Commission and two more hospitals in the process. Castile and Leon created the Regional Centre for Quality and Health Accreditation in 2007.

As regards the issue of certification, several health services are certifying their quality management systems with the Standard ISO 9001:2000. Environmental management systems are also being certified with the standard ISO 14001:2004, although to a lesser degree, while the management of health systems and occupational health use the standard OHSAS 18001. There has also been some experience of accreditation of laboratories by the National Accreditation Board with the standard UNE EN ISO 17025.

The great development of process management in the Basque Country as a consequence of the establishment of the EFQM model has led to a widespread certification of processes, so that 87 % of the organizations have a quality management system certified through ISO standards.

In most health services, the certifications are being carried out in areas such as laboratories, transfusion centres, hospital pharmacies, kitchens and storerooms, and to a lesser extent in services such as patient care and clinical services.

The "teaching units" of the audit programme has improved the training of auditors. The number of audits carried out during the year has increased, and the procedure for carrying them out has been standardised through manuals and protocols.

Patient-centred care

According to the proposal which was accepted in the 2005 report, patient-centred care involves the satisfaction of the patient and family, information, the design of services to meet expectations, participation in clinical decisions and respect for the patient's beliefs and values.

The reports submitted by the autonomous communities only make references to the carrying out of satisfaction surveys among their users. Several different ways of collecting data on the quality perceived by health service users have become widespread in these years. The field has been widened and at present there are many health services which carry out surveys on a regular basis among primary care patients, hospital patients, outpatients and emergency services users.

Only a few health services have reported their results and in these cases the results show high levels of satisfaction. Between 80 and 90 % of patients surveyed declared themselves to be satisfied or very satisfied with the service they received. When a scale of 1 to 10 is used, most of the results vary between 7 and 9. One's attention is called to the impressive number of questionnaires completed by those health services which give this figure. It seems that every year, between 150,000 and 200,000 interviews are carried out with users of the National Health System's services.

The methodology varies a great deal. The tools employed have been designed within each service and focus the subjects differently. Some merely evaluate the subject while other are more like reports, where there is an effort to collect information on specific facts which are known to the users. The sample sizes and the periods of the study also vary widely. The manner in which the questionnaires are administered are diverse, ranging from completion when the service provided finishes to a postal survey after a short time, telephone interviews, etc. Similarly, the exploitation of the data and indicators obtained do not permit comparisons outside of the local environment.

There are few references to the carrying out of evaluations or the introduction of corrective measures to intervene in the opportunities for improvement that were identified. In general, the series are fairly stable and do not allow us to establish a cause and effect relation between possible improvements and the organization's actions.

Effectiveness of practice and continuous service

Effectiveness, or the extent to which a certain clinical intervention is performed correctly in accordance with current scientific knowledge, is approached through the elaboration of tools such as guides to clinical practice. Continuous service, which is the degree of coordination among the professional personnel required to ensure that patients receive complete attention within an organization or various organizations over a period of time, is approached through the creation of cross-sector processes and the joint design of processes between primary and specialised care services.

The information collected on these areas is scanty and generic. Andalusia continues with its efforts in management by healthcare processes, designing new processes and revising others. Asturies has initiated a strategy based on key processes in interdisciplinary care, with clinical recommendations designed for fourteen pathologies designated to be priority.

The remaining autonomous communities that report activity in this area mostly mention participation in the activities of GuiaSalut in the

accreditation of clinical practice guides and training activities. However, there have been mentions of some tools created to help in the elaboration, evaluation and establishment of evidence-based guides.

The Common Protocol for a Healthcare Response to Gender Violence was presented in April 2007, and its fundamental objective is to establish a standard series of guidelines for the whole National Health System (NHS) for the detection of cases as early as possible, the evaluation of these and the action to take, and monitoring the outcome. The ultimate goal is to offer health personnel of the NHS orientation for the comprehensive care –physical, psychological, emotional and social – of the women who come to a health centre suffering from gender-based violence.

The elaboration of this protocol involved the review of existing health intervention protocols in autonomous communities and a consensus in the framework of the *working group on protocols and health intervention guidelines in cases of gender-based violence,* created within the Commission of the Interterritorial Board of the National Health System.

Accessibility

Accessibility is understood to mean the degree to which a medical intervention suited to the needs of a patient is available, and is expressed through the management of waiting lists. Most of the autonomous communities report the existence of regulations on guaranteed time limits for responses for healthcare processes, first consultations for specialised care and in diagnostic procedures. Nearly all of the autonomous communities have set up information systems to support more efficient management of waiting lists. All communities declare an increase in activity and having achieved significant reductions in waiting times, although the data presented is not standardised.

Some services are working on the definition and establishment of priority systems for the appropriate handling of their waiting lists. Catalonia claims in this report that criteria have been defined in its territory for giving priority to patients in waiting lists for cataracts and for knee and hip prosthesis.

Patient safety

Safety and health risk management form the strategic line which the Quality Agency of the National Health System of the Ministry of Health and Consumers' Affairs is pursuing in the knowledge that basic improvements can contribute towards helping patients.

In this context, the Ministry of Health and Consumers' Affairs (MSC), which has the responsibility for improving the quality of the whole health system as laid out in Act 16/2003, The Cohesion and Quality in the National Health System Act, has placed patient safety squarely in the centre of its health policy as one of the key elements in improving quality, as reflected in strategy number 8 of the Quality Plan of the NHS presented by the Health Minister in March 2006.

The design of this strategy was based on recommendations of the WHO Programme of the World Alliance for Patient Safety, and the recommendations of the European Commission and other international organisms, plus the recommendations made by a panel of Spanish experts who met for this purpose in February 2005 in the Ministry of Health and Consumers' Affairs.

This strategy aims to promote improvements in three recommended areas without interfering in the policies being developed by the different autonomous communities: information and awareness about patient safety both among professionals and the general public, the development of information systems on adverse effects and the setting up of safe practices in health centres.

The complicated combination of technologies and human intervention which make up the modern system of healthcare services undoubtedly provides great benefits to the public, but also offers an increased risk of adverse effects, and these do seem to occur far too often.

Various international research studies on adverse effects[63] (AE) showed that approximately 10 % (interval from 4 to 17 %) of patients admitted to hospital suffer an adverse effect as a result of their treatment. the most common causes of these AE are: the medicines used, infections and post-operational complications. The studies also reveal that 50 % of these complications could have been prevented. The Eneas study, developed by the Ministry of Health and Consumers' Affairs, says that the number of adverse effects related with health treatments in Spain stand at 9.3 %, and that 43 % of these could have been prevented.

It seems that medical attention involves such a high level of risk that it requires ever more complex operations, where the factors of organization, the personal approach of the professionals and the patient's clinical condition all interact.

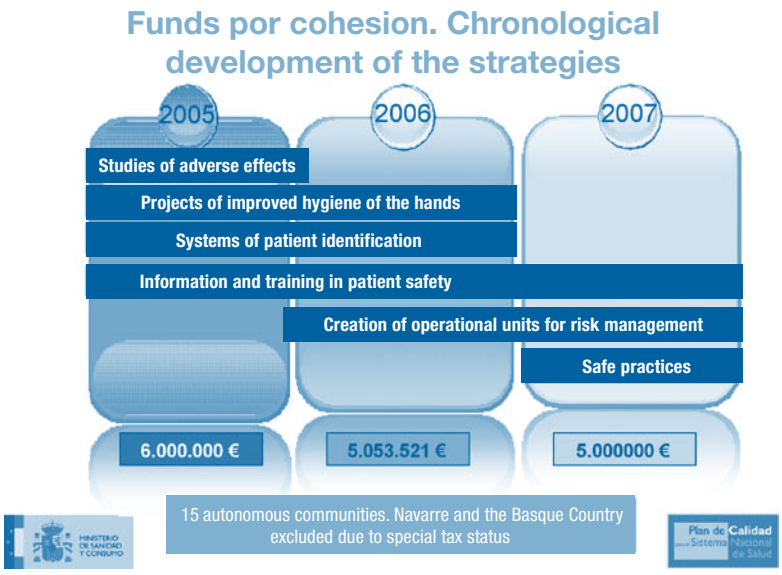
63 *Adverse effect (AE):* event which produces an injury (damage) to the patient in the form of incapacity, death or prolonged admission (measurable): related with the process of treatment and not the underlying condition.

Complication: an alteration of the natural process of the illness, arising from it and not from the medical treatment.

The harm that patients can suffer in the health service and the cost that it represents to the system is so significant that the principal health organizations, such as the World Health Organization (WHO), the Pan-American Health Organization (PAHO) and the Health Committee of the European Commission, as well as a number of international agencies and organisms have developed strategies in recent years to propose plans, actions and legal measures that will enable the monitoring of avoidable AE in clinical practice.

The introduction of the proposals included in the Quality Plan of the National Health System 2006-2007 to improve the safety of patients receiving treatment in health centres has been at the centre of activity in this area. The activities have been developed in the framework of collaboration agreements between the Ministry of Health and Consumers' Affairs and the corresponding autonomous community. The cohesion funds have also been used to promote good practice in this area (fig. 26): the creation of risk management units (RMU), patient identification, hygienic treatment, promotion of safe practices in relation with surgical procedures (prevention of nosocomial infection), prevention of errors in medication, treatment for chronic and terminal patients and attention for mother and newborn child, and ensuring last wishes.

Figure 26. **Funds for cohesion. Chronological development of the strategies, 2005-2007**



In 2005, all of the communities that received funds adopted some of the recommended practices: 16 (89 %) carried out actions for patient identification , 16 (89 %) repeated the Eneas study at the community level, 14 (78 %) carried out awareness and culture activities, 11 (61 %) set up a UGR and 12 (67 %) began to design their own notification system.

The following lines were financed in 2006: systems of identification for hospitalised patients, prevention of nosocomial infections through hand hygiene with hydro-alcoholic solutions, information and awareness for patients and professionals, projects for the creation of operational patient safety and risk management units.

In 2007, the financed lines have been those related with:

- Primary care:
  - The perception that professional personnel have of patient safety in their healthcare centres.
  - Identification of adverse effects related, principally, with their diagnosis and treatment.
  - Establishment of safe clinical practices in common pathologies and visits to patients at home.
- Training:
  - Publication and distribution of informative material on patient safety for patients and professionals.
  - Training in patient safety for professionals in primary and specialised care:
    - Basic training (training and logistic aspects):
      - for medical professionals and non-medical professionals.
      - on medicines, aimed at physicians and pharmacists.
  - Advanced training in patient safety.
  - Training for health professionals for the establishment, use and evaluation of guides to good clinical practice based on scientific evidence and recommended for the whole country.
- Extend the creation of operational units to primary care.

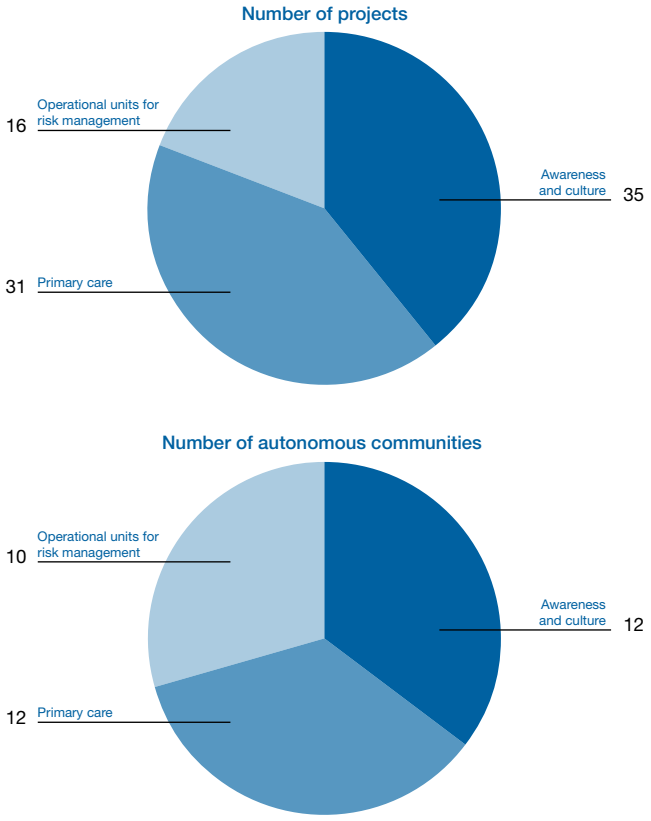
The lines of finance from the cohesion funds in 2007 for patient safety are the following:

- Primary care.
- Awareness and culture.
- Operational units for risk management.

29 projects have been presented for primary care, 33 for awareness and culture, and 14 for operational units for risk management (fig. 27 and table 60).

11 autonomous communities have presented primary care projects, 11 communities have presented awareness and culture projects, and

Figure 27. Projects presented for cohesion funds and autonomous communities presenting them, 2007



Source: Observatory on the NHS.

9 communities have presented projects for operational units of risk management, and Ingesa has presented projects for all three.

The Balearic Islands and Murcia have presented a single project embracing all three areas of finance.

To sum up, after 2 years, the Quality Plan for the National health System 2006-2007 has achieved important advances in the fields of health policy design and development with regard to the quality of healthcare and patient safety. The following features stand out:

- A powerful boost for patient safety strategy.
- The publication of the first "national study of adverse effects related with hospitalisation" (known as the Eneas –"Estudio Nacional de Efectos Adversos ligados a la Hospitalización"– study), the fifth largest in the world and the second in Europe.
- The signing of agreements with most of the autonomous communities to promote eight good clinical practices and enable the creation of a specific infrastructure for improving safety in hospitals of the National Health System.
- Three international conferences on patient safety.
- The development of a specific training programme.
- The adhesion of 140 scientific societies to the Ministry of Health and Consumers' Affairs' policies of patient safety.
- The encouragement of good practices through the use of cohesion funds.

In the elaboration of this annual report for the NHS 2007, all of the autonomous communities have reported actions aimed at:

- Promoting and developing the knowledge and culture of patient safety between professionals at any level of the health service. A great number of training courses have been set up for primary care and hospital care professionals.
- Promoting strategies to tackle the occurrence of adverse effects related with healthcare.
- Encouraging and evaluating safe practices, especially with regard to patient identification, the prevention of pressure ulcers in patients at risk, the prevention of nosocomial infection and surgical infections and the prevention of errors due to medication.
- Strengthening the quality systems of transfusion centres and services.

Some autonomous communities have created operational units for patient safety or risk management.

The autonomous communities have collaborated in the development of the following studies promoted by the Quality Agency:

- Apeas study on patient safety in primary care.
- Construction and testing of best practice indicators for patient safety.
- Analysis of the culture of patient safety in hospitals of the National Health System.

TABLE 60. Projects presented for cohesion funds by autonomous community, 2007

Area	Project
Andalusia	
Primary care	Guide to dosage for paediatricians in primary care
	Prevention of adverse secondary effects in the inappropriate use of benzodiacepines and neuroleptics in institutionalised elderly patients
	Support website for consultation. Instrument facilitating safe clinical practices
	Strategy for implanting safe practices for hygiene of the hands in primary care: documentation, information and training through creation and publication of in-house informative documents in the "frequently asked questions" format.
	Strategy for patient safety in primary healthcare: initiating improvement
	Standard procedure of systematic review of medicine for polymedicated patients over 65, carried out by cross-functional team to improve patient safety
	Patient safety programme in the Poet Manuel de Góngora Health Centre. Quality in the monitoring of oral anti-clotting and its repercussions in patient safety
	Establishment of a patient safety strategy in the radiology service of primary care in the health district of Seville
	Establishment of an improvement area in safety strategies in the emergency service of the health district in primary care of Seville
	Design, establishment and evaluation of a systematic review procedure for medication in polymedicated patients in situations of vascular risk
	Safety strategy in the use of pharmaceuticals in primary care: preventive strategy, analysis of the situation in the process of using pharmaceuticals in primary care
	Training and raising awareness of patient safety for professionals in primary and specialised care. Creation, publication and establishment of recommendations and practical guides
Awareness and culture	Guides for clinical practice and clinical methods as tools for improvement of variables and safety in prescriptions in primary care and hospital care.
	Creation and establishment of a series of monograph guides in caring for patients with injuries
	Continuity of care between levels, adherence and adverse pharmacological effects after training activities in patients over 65 undergoing complex treatment
	Analysis of the situation of adverse effects
	Actions in patient safety: training, raising awareness and culture
	Strategies for patient safety in the Alto Guadalquivir public hospital
	Establishment of safe clinical practices in hand washing in primary healthcare
Aragon	
Primary care	Introduction of hydro-alcoholic solutions in primary care
	Standardization of hygienic pre-operatory measures for minor surgery in primary healthcare
Awareness and culture	Publication and broadcasting of the report of results from the Eneas-Aragon study
	Training in clinical safety for professionals of the Health Service of Aragon
	Hosting of the II Aragonese Conference of Patients for Patient Safety
	Survey of knowledge and attitudes on patient safety in health

Operational units for risk management	Operational unit of support for patient safety
Asturies	
Primary care	Improvement of quality and patient follow up in clinical practice: evaluation of health activities and clinical safety, introduction of quality standards in services and clinical units, training and raising awareness in patient safety. Establishment of operational units of risk management
Balearic Islands	
Primary care	Establishment of the programme of hand washing in non-hospital emergency services
Awareness and culture	
Operational units for risk management	
Canary Islands	
Primary care	Training in patient safety for professionals in primary and specialised care
Operational units for risk management	Establishment of operational units of risk management in hospitals belonging to the public network of the Health Service of the Canary Islands
Cantabria	
Primary care	Improvements in safety in primary care through the analysis of perceptions of patient safety in primary care professionals of the Health Service of Cantabria
	Improvement of safety in the use of medicines in primary care through two simultaneous paths of action for the health professional and for the patient
	Improvement of skills of the professionals responsible for the operational units of patient safety in the Health Service of Cantabria
Awareness and culture	Regulation of the transport of clinical samples from the clinical laboratories within the Health Service of Cantabria (SCS)
Operational units for risk management	Improvement of the pre-analysis phase as a safety mechanism
	Information campaign on clinical safety for the management of the SCS
Castile-La Mancha	
Primary care	Course in clinical safety for patient (ICS Talavera de la Reina)
Awareness and culture	Course in safety and risk management in hospitalized patients
	Training course in clinical risk management for health personnel. Sescam
	Training course to improve the effect of the hand washing programme of the general hospital of Ciudad Real
	Course on errors in medication (ICS) in Talavera de la Reina
	Training in critical reading of scientific evidence, through Caspe workshops
	Attendance at master class in patient safety organised by the MSC in collaboration with the Miguel Hernández University of Elche

Operational units for risk management	Creation and start up of the risk management unit for hospitalised patients in the National Paraplegic Hospital of Toledo
	System of retrospective analysis of adverse effects for the operational unit of clinical safety of the Hospital of Ciudad Real
	Prevention of falls among the elderly in primary care
Catalonia	
Primary care	Effectiveness of action in inducing a culture of safety among the professionals in primary care teams. Determine the effectiveness of a particular multidimensional action in inducing a culture of safety among the professionals in primary care teams.
Training, raising awareness and culture	Safety and risk in critical patients: identification of adverse effects in intensive care units in Catalonia. Determine the effect of the introduction of a package of 5 preventive measures based on evidence for cases of pneumonia associated with ventilation (NAV)
	Study of cases of medication errors in the processes for the use of medicines: prescription, validation, preparation, dispensing, and administration within the hospital. Determine the global level of medication error cases in the processes for the use of medicines.
Operational units for risk management	Prototype safety plan for the development of safety units in hospitals and health centres in Catalonia. In order to develop bases to serve as a reference for hospitals in the definition and establishment of safety units or committees.
Others	Promotion of hand washing and evaluation of an educational programme in Catalan hospitals.
	Establishment of a programme for collaboration in clinical safety, for the introduction of safe practices for surgical patients in Catalan hospitals.
	The use of “triggers” as tools for detecting safety problems related with medication.
	Prevention of medication errors: coordination of medication.
	Project for the improvement of the culture of safety and reduction of risks in intensive medical services.
	Project for the improvement of the culture of safety in emergency services in Catalan hospitals.
	Establishment of a programme for collaboration in clinical safety, for the introduction of safe practices for patients with polytraumatism in emergency care in Catalan hospitals.
	Project for the improvement of safety in gynaecological and obstetrics services in Catalan hospitals.
	Establishment of a programme for collaboration in clinical safety, for the introduction of safe practices in anaesthesia for surgical patients in Catalan hospitals.
	Establishment of a programme for collaboration in clinical safety, for the prevention of accidents among post-surgical patients in Catalan hospitals.
	Specific intervention in suicidal patients identified by the emergency services of general hospitals.
	Safety-oriented pharmacological prescription (Prefaseg).

Valencian Community	
Awareness and culture	Strategies to favour the establishment among health professionals of guides and documentation for clinical activity based on scientific evidence
	Awareness and information on safety in medicines for hospital admissions
Operational units for risk management	Configuration of operational units of reference for the management of safety and quality in healthcare.
Extremadura	
Primary care	Training in patient safety for professionals of the SES
	Safety plan for nursing practice
Awareness and culture	Safety plan in healthcare for patients in programmed surgery
Operational units for risk management	Patient safety in sterilisation procedures and extractions in primary care
Galicia	
Primary care	Patients in patient safety Action Plan in Primary Care for improving quality and safety in assistance for patients with limitations in their understanding of therapeutic instructions
Awareness and culture	Safe Practices for ulcers in primary care
Madrid	
Primary care	Impact of the use of clinical practice guides in treatment of cardiovascular disease in primary care
	Continuous Training Programme 2007 in health risk management and patient safety
	Raising awareness and culture of safety for patients and professionals
	The role of health professionals in the prevention and control of contagious diseases in the community and subject to epidemiological vigilance
Awareness and culture	Portal for professional notification and information for haemovigilance
	Training and awareness raising in vigilance and control of nosocomial infections in the Community of Madrid
	Distribution of informative material to raise health professionals' awareness of their role in the prevention and control of contagious diseases in the community and subject to epidemiological vigilance
	Design of a two-way interface permitting communication between pharmaceutical specialists of the head office of Pharmacy and patients in the Community of Madrid in order to establish educational strategies aimed at improving efficiency and safety in the use of medicines
	Improvement and adaptation of information technology tools for the monitoring of nosocomial infection in public and private hospitals of the Community of Madrid to the requirements of European information networks
	Consolidation of operational units of risk management in medium-long stay hospitals. Prevention of adverse effects by using a comprehensive electronic system of clinical safety
	Patient Safety

Operational units for risk management	Strategies to favour the establishment among health professionals of guides and documentation for clinical activity based on scientific evidence
	Awareness and information of safety in medicines for hospital admissions
Murcia	
Primary care	Configuration of operational units of reference for the management of safety and quality in healthcare
Awareness and culture	
Operational units for risk management	
La Rioja	
Primary care	Creation and establishment of operational units of clinical risk management at hospital level and primary care
Awareness and culture	Level of users' comprehension of the information provided by primary care health professionals regarding medical prescriptions
Operational units for risk management	Clinical safety activities in the area of primary care in the Autonomous Community of La Rioja
	Plan for Information, Training, Awareness and Culture in Clinical Risk Management in the Autonomous Community of La Rioja
Ingesa (Ceuta)	
Primary care	Training, awareness and culture of patient safety for patients and professionals in the health service of Ingesa in Ceuta
	Creation of an operational unit of risk management in the Ingesa Hospital of Ceuta (UFGR-AE)
Awareness and culture	Creation of an Operational Unit of Risk Management in Primary Care in Ceuta