Integrated Care Matters Webinars Series 10
Community Hospitals across the Globe
the scenario of Catalonia

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International consensus 2020 on IC

Parc Sanitari Pere Virgili

SpringerLink

Original Article | Published: 19 May 2020

Defining the characteristics of intermediate care models including transitional care: an international Delphi study

Duygu Sezgin, Rónán O'Caoimh, [...] European Union Advantage Joint Action Work Package 7 partners in collaboration with the International Foundation for Integrated Care Special Interest Group on Intermediate Care

Intermediate care

- IC represents time-limited services
- IC ensures continuity and quality of care, promotes recovery, restores independence and confidence
- IC acts at the interface between home and acute services; transitional care is a subset of IC
- Models are best delivered by an interdisciplinary team within an integrated health and social care system where a single contact point optimises service access, communication and coordination

The Intermediate Care network in Catalonia

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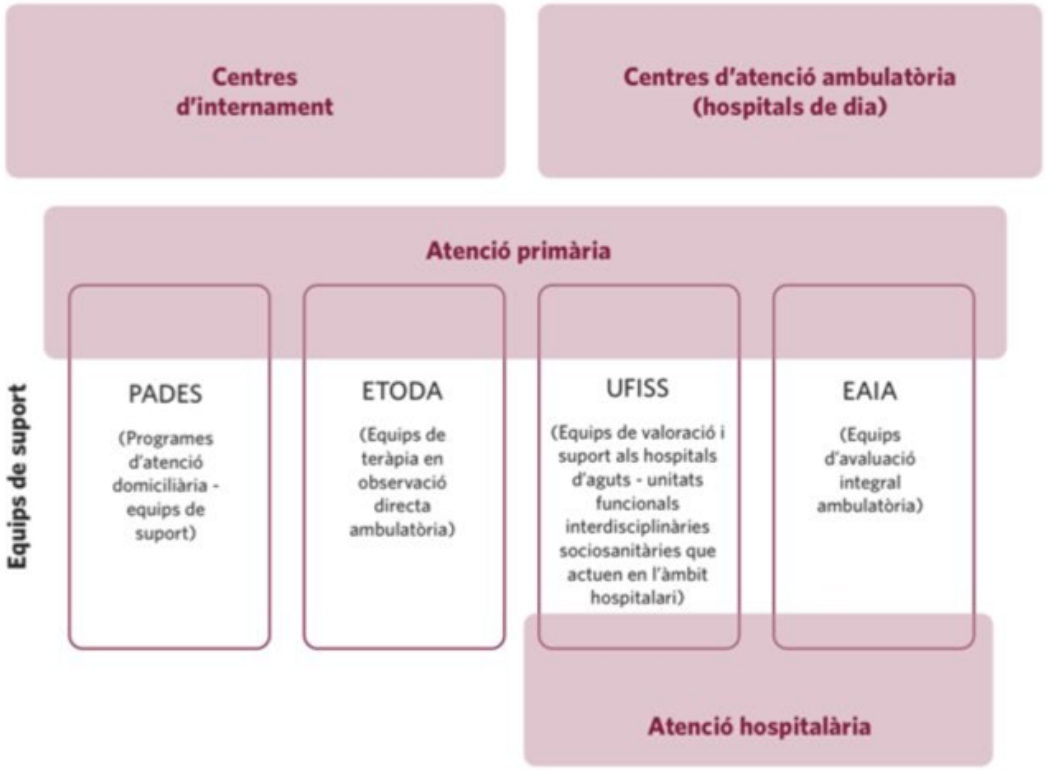
- 98 providers
- 8.254 beds
- 74 day hospitals, 82 outpatient teams
- 65 consulting teams in general hospitals
- 76 palliative home care teams

Development started in 1986



Generalitat de Catalunya
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Font: Divisió de Provisió de Serveis Assistencials.

Historical perspective of PS Pere Virgili

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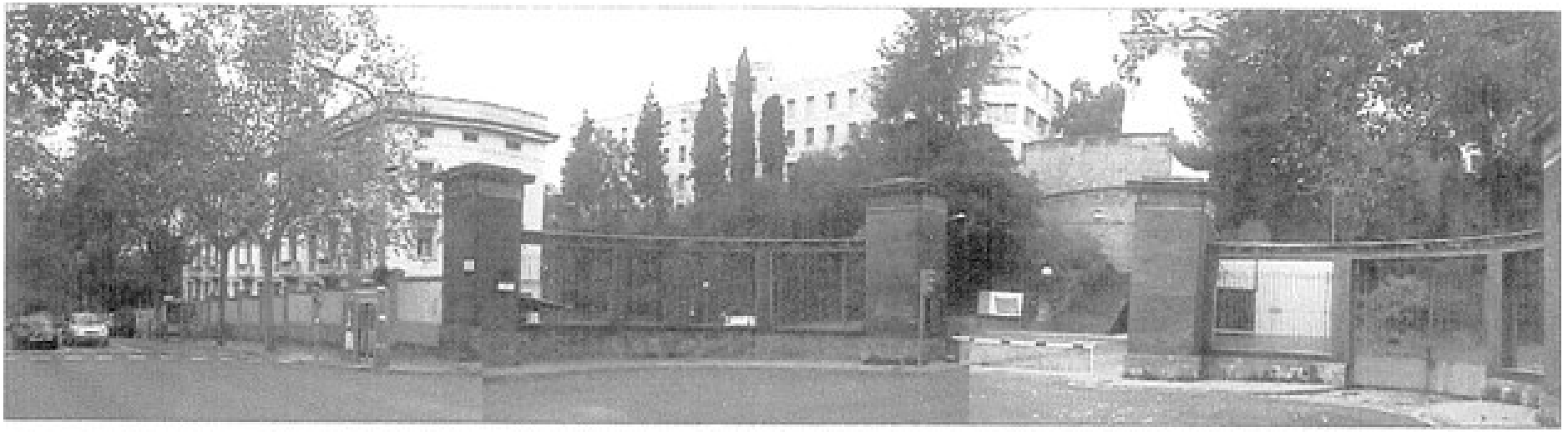
- Former general Military Hospital (until 1999)
  - Exclusive military use
  - Closed Area to the public
  - Physical barrier between two districts



PSPV today

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- An open, multi-services space in the city of Barcelona
- It offers public health services to citizens, in particular intermediate care geriatrics and palliative care, rehabilitation and primary care
- It is a “hub” for research-implementation on complex interventions and care services for older persons

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Intermediate care services in Catalonia

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Bed-based

- Early discharge (“post-acute”)
- Admission avoidance (“sub-acute”)
- Palliative care

Ambulatory/Outpatient

- Memory clinic
- Falls and Geriatric clinic
- Day hospital
- Frailty clinic (+ÀGIL, in primary care)

Direct activation of social resources

Home based

- Palliative care teams
- Geriatric H@H (rhb + acute)
- NH management and support team

Ajuntament de Barcelona

Traditional aim of intermediate care

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Nursing home

Primary care

AIS Barcelona Nord

Acute wards

Intermediate care

Intermediate care

Early discharge

Reference population around 1.000.000

Comprehensive Geriatric HaD increases days at home

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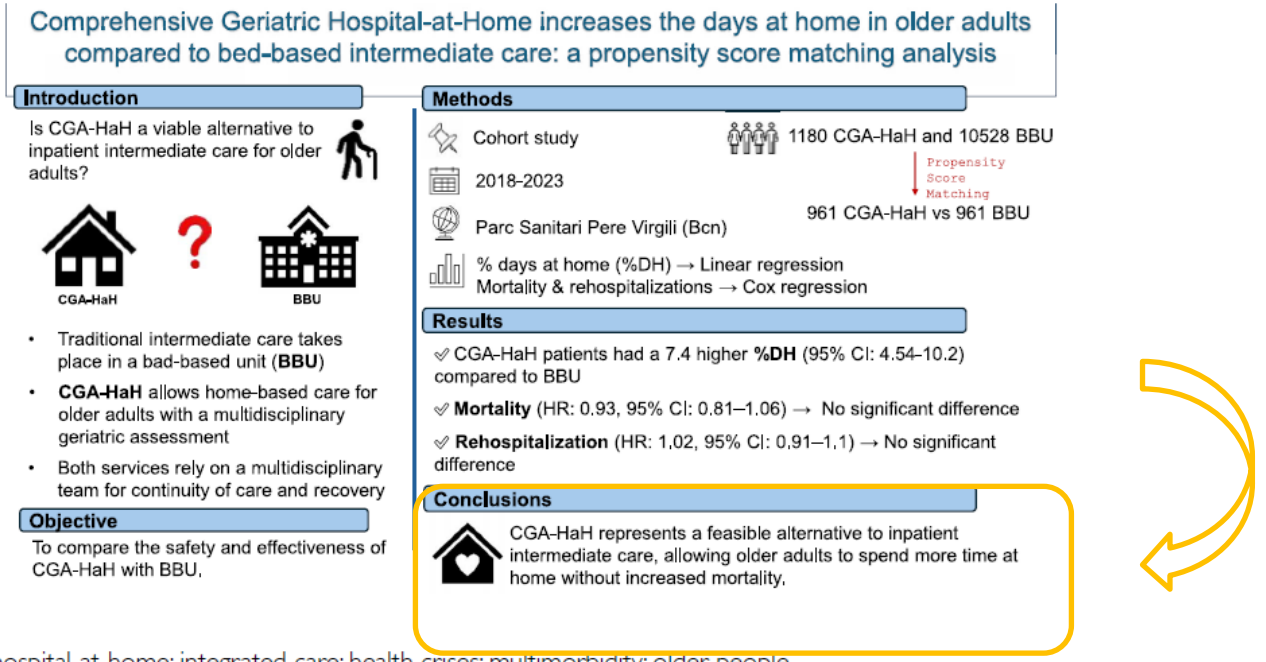
Mazzarone T, et al, Age and Ageing 2025 (54) https://doi.org/10.1093/ageing/afaf162

Graphical Abstract



Keywords: hospital-at-home; integrated care; health crises; multimorbidity; older people

Key Points

- The CGA-HaH proved to provide more days spent at home without affecting mortality.
- Strategies are needed to ensure access to CGA-HaH programmes for vulnerable populations.
- The CGA-HaH model offers a viable, person-centred alternative to traditional inpatient care for older adults with health crises.

Age and Ageing 2025; **54:** afaf222
https://doi.org/10.1093/ageing/afaf222

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EDITORIAL

No place like home—the importance of home in older adult research

Jennifer Kirsty Burton[1], Simon Paul Conroy[2], Terence J. Quinn[1]

The Catalan region has been a pioneer of H@H for older adults

Main lessons:

- changes in societal demographics, clinical interventions and service user expectations have combined to create a context where the traditional hospital-bed-based model of care may no longer be fit for purpose
- strength of the study, is around the outcome measure used: days at home in the follow-up

Some tips:

- higher socioeconomic status in the group receiving care at home
- some questions remain, for example does the H@H models deliver the same benefits in a care home environment

Palliative care in Catalonia

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Special Article

Catalonia WHO Palliative Care Demonstration Project at 15 Years (2005)

Xavier Gómez-Batiste, MD, PhD, Josep Porta-Sales, MD, PhD, Antonio Pascual, MD, PhD, Maria Nabal, MD, PhD, Jose Espinosa, MD, Silvia Paz, MD, Cristina Minguell, MD, Dulce Rodríguez, MD, Joaquim Esperalba, MD, Jan Stjernswärd, MD, PhD, FRCP (Edin), and Marina Geli, MD
on behalf of the Palliative Care Advisory Committee of the Standing Advisory Committee for Socio-Health Affairs, Department of Health, Government of Catalonia
Palliative Care Advisory Committee (X.G.-B., A.P., M.N.), Standing Advisory Committee for Socio-Health Affairs (X.G.-B.), Department of Health (C.M., M.G.), Government of Catalonia; Palliative Care Service (J.P.-S., Jos.E., S.P., J.E.), Institut Català d'Oncologia; Catalan-Balear Society for Palliative Care (D.R.), Barcelona, Spain; Cancer Control and Palliative Care (J.S.), World Health Organization; and International Palliative Care Initiative (J.S.), Open Society Institute, New York, New York, USA

Admission avoidance strategies

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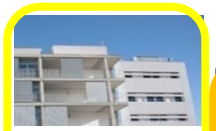

Nursing home

Primary care

AIS Barcelona Nord

ER (A&E)

Intermediate care

Intermediate care

Response to crises and Admission Avoidance

Direct admission from the Emergency Department

NHS recommendations for complex older patients at the ER:

Options: 1) home discharge; 2) transfer to Comprehensive Geritric Assessment-beds

Subacute units in Catalonia:

- Flared-up chronic conditions
- Minor acute conditions on a complex background (e.g. Dementia)

Ability to manage palliation in multimorbid patients, if needed

Inter-discipliniary geriatric assessment and approach, for prevention and treatment of crises

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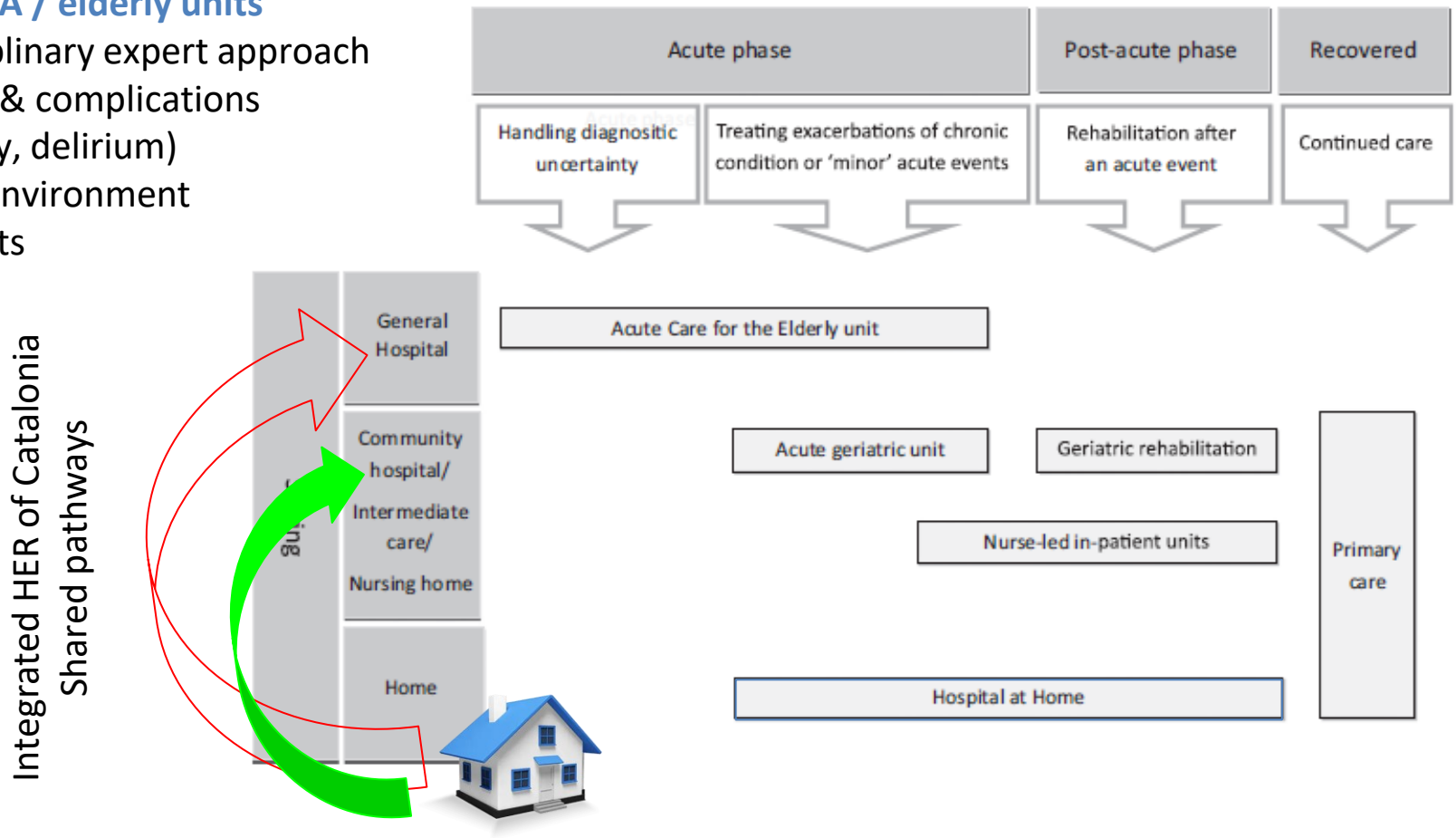
Inzitari M, et al, JAMDA 2015

Specialist CGA / elderly units

1. Interdisciplinary expert approach to disease & complications (immobility, delirium)
2. Adapted environment
3. Lower costs



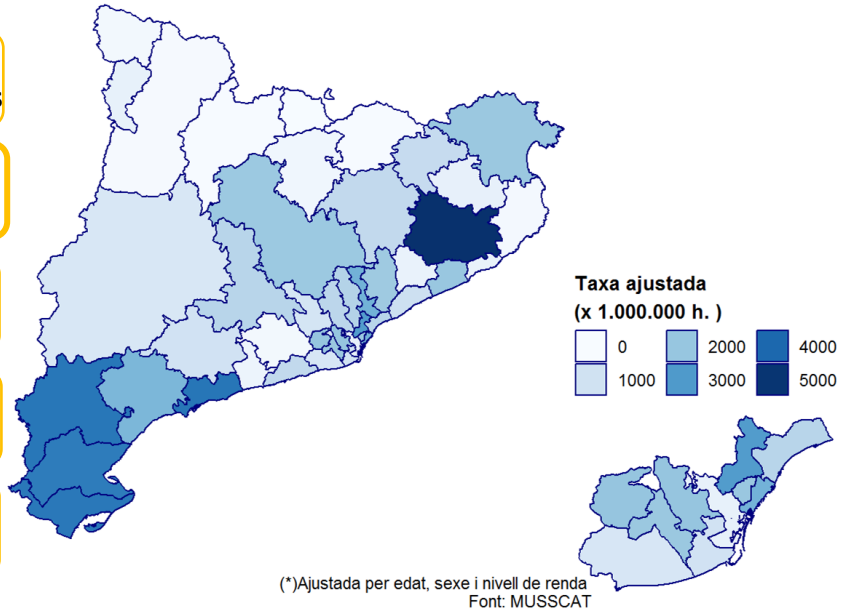
Ribbink M, et al, JAMDA 2021, 22; 1228-1234

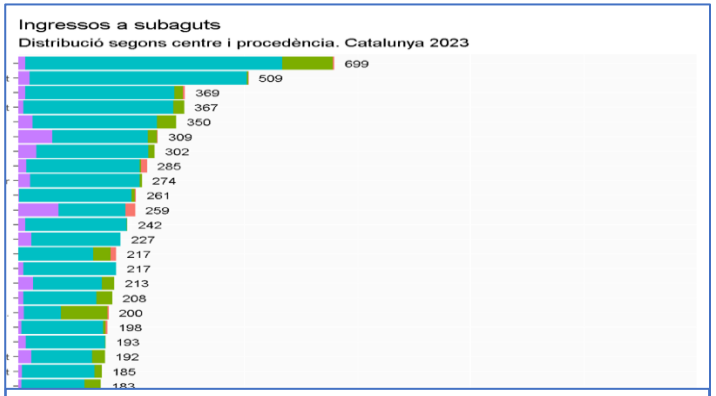
Promoting direct access from home and NHs

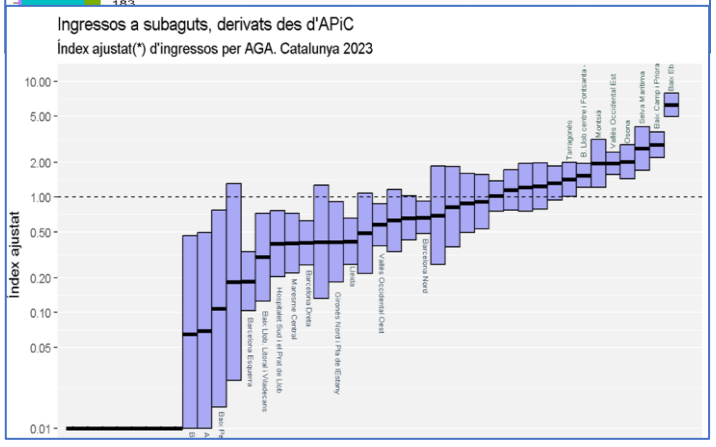
Goal 2024: **15% of admissions**

Actions

- **Coordination committees + protocols**
- Key process + performance indicators
- Maps and inter-operable systems
- Good practices
- Transtitions @ discharge







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Shared Electronic Health Records

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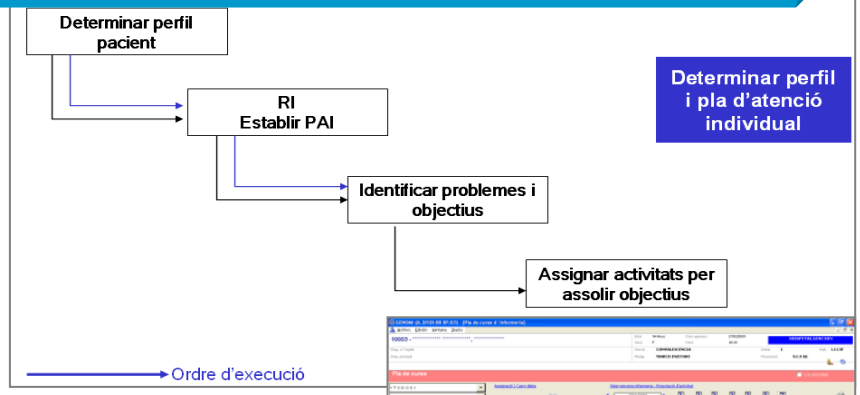
Institut Català de la Salut

argos
INNOVACIÓ TECNOLOGIA SALUT

EHR with integrated Minimum Data Set



Història Clínica Compartida a Catalunya (HCCC)

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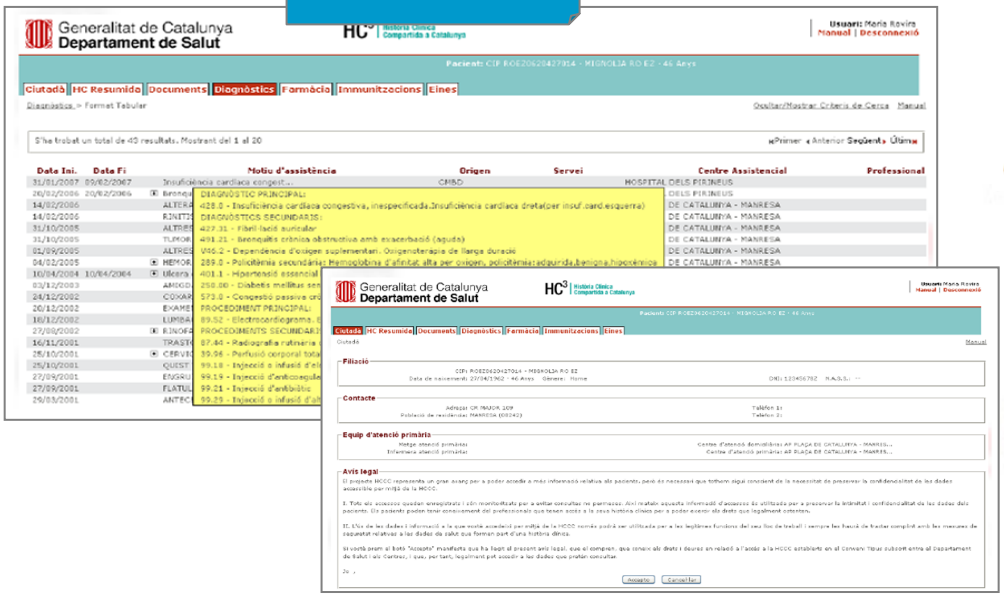
HC³



AIS Barcelona Nord

Primary care

Acute Hospital

Intermediate Care

Generalitat de Catalunya
Departament de Salut

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#REFiTBcn aging research

Thank you!

Recerca en Envelliment, Fragilitat i Transicions a Barcelona

PRESENTACIÓ | EQUIP | LÍNIES DE RECERCA | NOTÍCIES | PROJECTES

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