

A community and high-tech hospital deploying an integral and integrated healthcare model



Clínic
Barcelona



UNIVERSITAT DE
BARCELONA

Clínic Barcelona: a dual hospital

- **Community hospital** for Barcelona (AISBE)
- **High-tech hospital** for Catalonia and Spain (tertiary, high-complexity processes)

Clínic Barcelona



4 venues

850 beds

49,000 hospital admissions

785,000 outpatient visits

160,000 emergency visits

26,000 surgical interventions

7,500 health professionals

800 M € budget

Clínic Barcelona Healthcare Group



CAPSBE

Primary Care

Hospital
Clínic

Specialised Care

Barnaclínic

Private Activity



Faculty of
Medicine and
Health Sciences

Faculty of
Nursing

Teaching

IDIBAPS

ISGlobal
Barcelona
Institute for
Global Health

Research

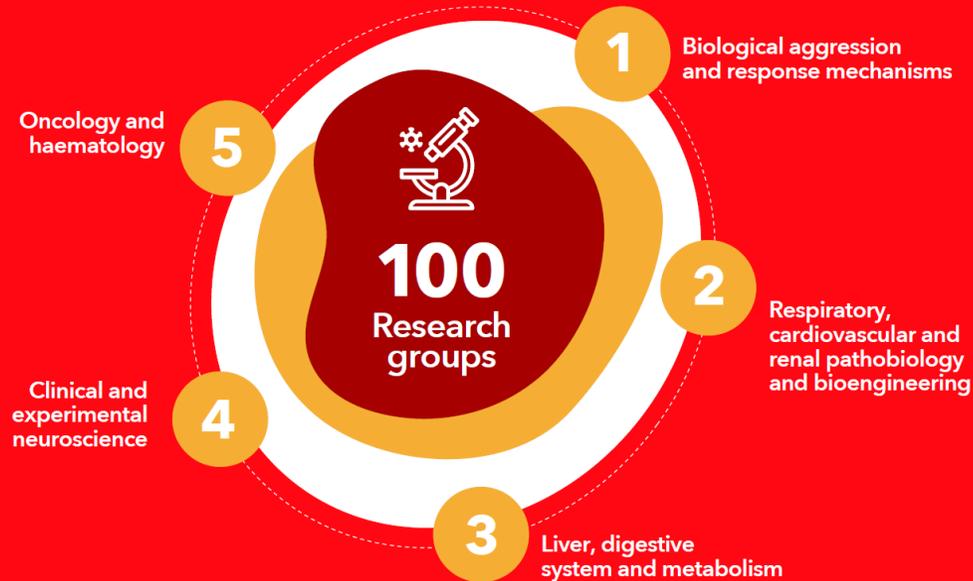


CRO, Teaching,
Consulting

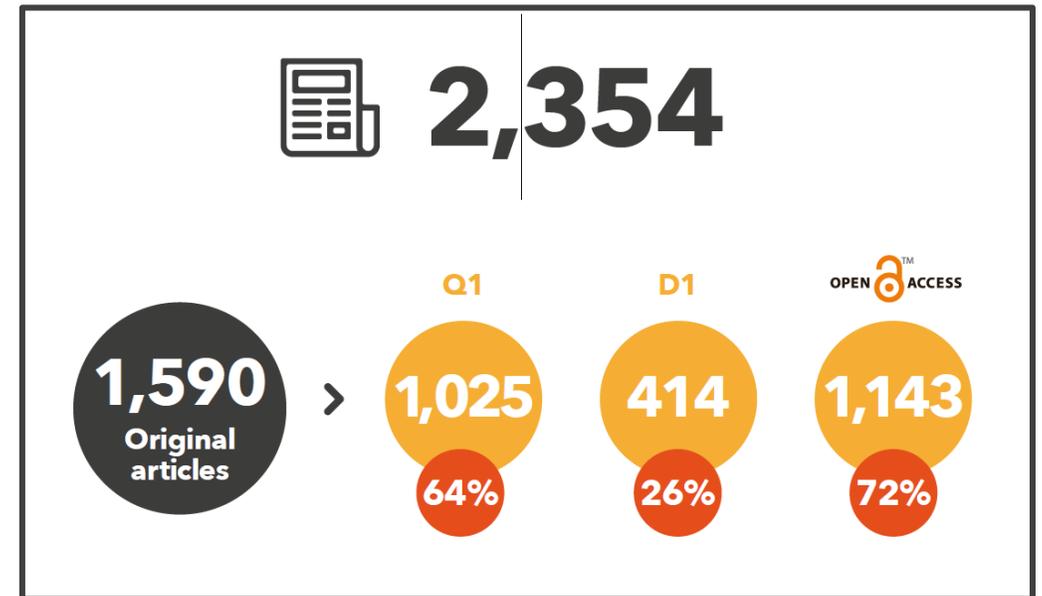
Research



Research areas



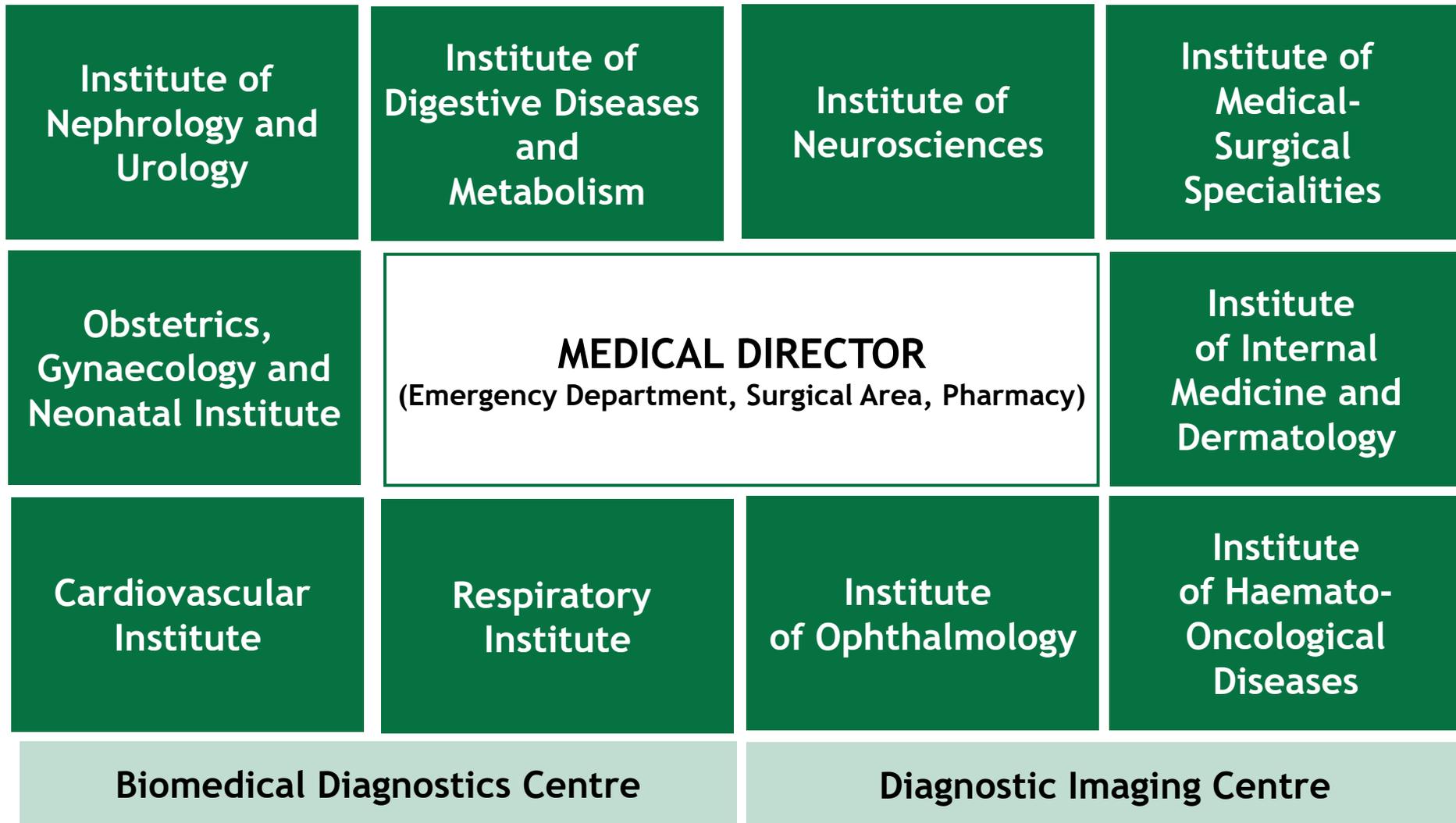
2022 annual report



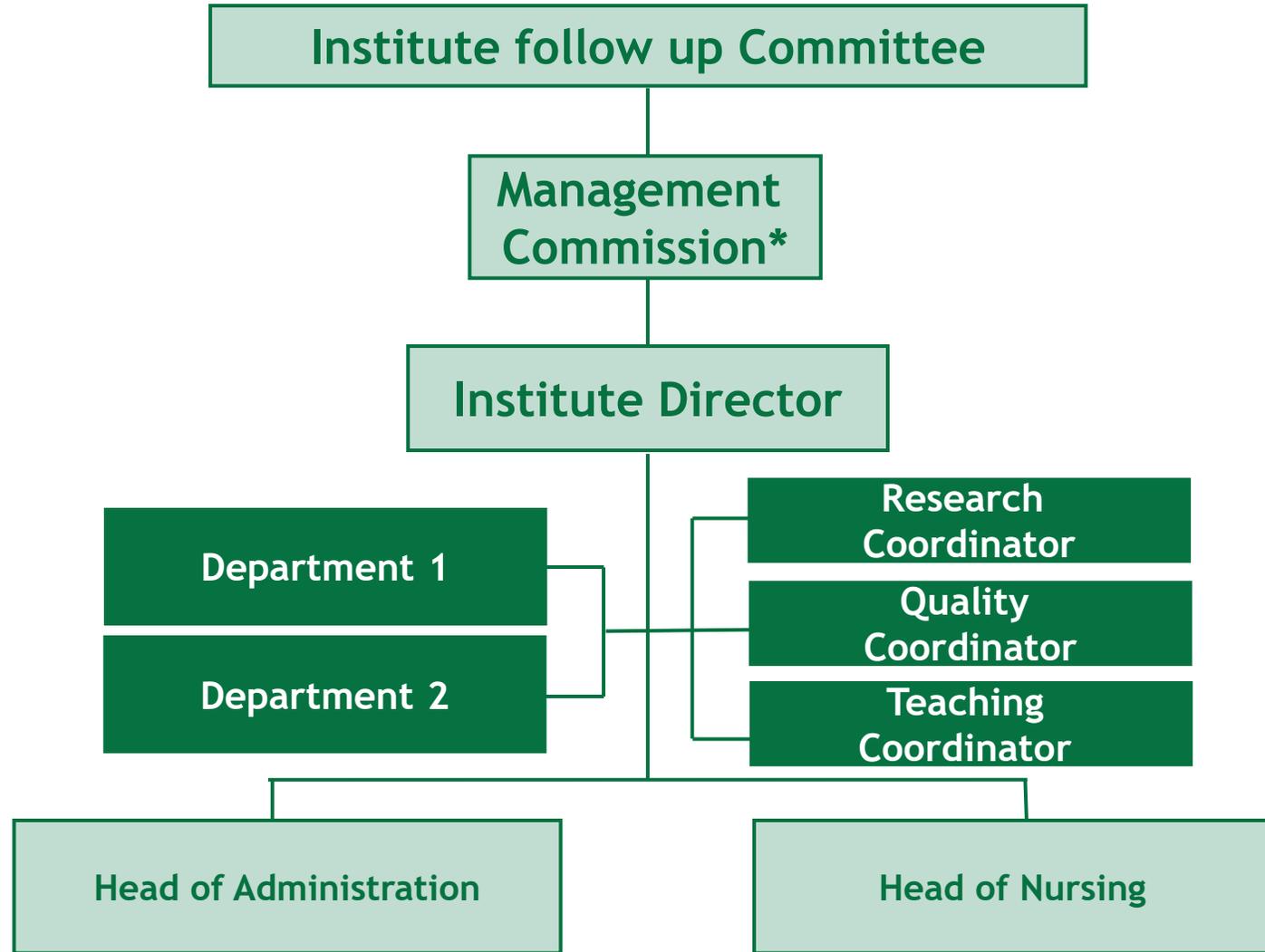
10 PREMISES

1. Dual mission: Community Hospital and Tertiary Referral Hospital offering highly complex services.
2. Agree to follow CatSalut guidelines
3. Harmonic development in healthcare, education and research
4. Innovative hospital of excellence
5. Integral service provider that coordinates with other levels and providers
6. Hospital with several sites
7. Organisation focused on patients with the involvement of medical and nursing staff (clinical management)
8. Talent recruitment, development and management
9. Investment in infrastructures and spaces, equipment and information systems
10. Economic and financing sustainability

HOSPITAL CLÍNIC ORGANIZATION



ORGANIZATION OF THE INSTITUTES, CENTERS AND AREAS

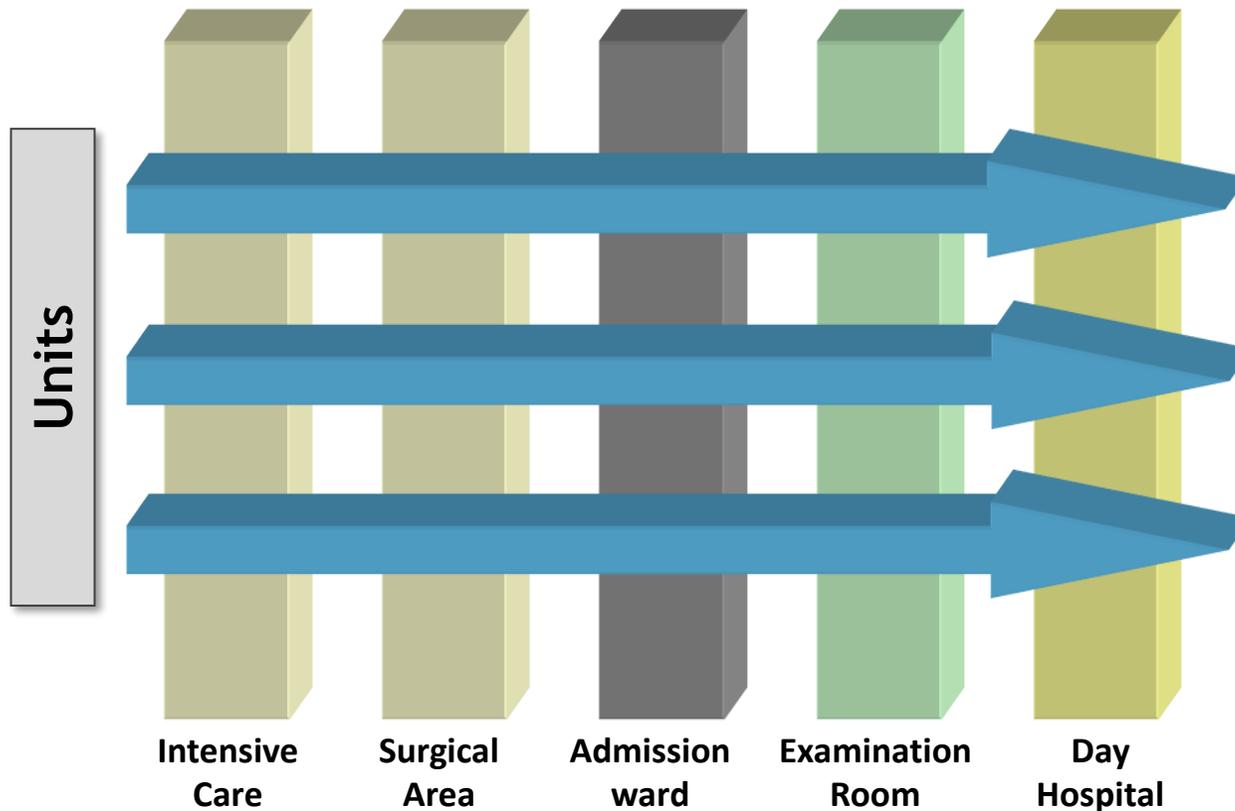


*Includes a doctor and a nurse chosen from among the staff.

MANAGEMENT MODEL OF INSTITUTES, CENTERS AND AREAS



Organization around clinical processes



Functional Unit

Patient-oriented functional structure intra or inter-institutes that integrates professionals from different specialties with common goals in care, teaching and research around a disease or group of diseases

Examples: Cerebrovascular Disease Unit, Lung Cancer Unit, Diabetes Unit, etc.

COMPARISON BETWEEN SPANISH TEACHING HOSPITALS IN QUALITY AND EFFICIENCY

	Hospital Clínic	TOP4*	Rest of Hospitals (15 centres)
Complexity	2.44	2.24	2.03
Complexity-adjusted patient days	0.91	0.98	1.06
Risk-adjusted mortality rate	0.83	0.80	0.93
Risk-adjusted complications rate	0.95	1.00	1.05
Risk-adjusted readmissions	0.88	0.90	0.98

Quality and efficiency data from IASIST benchmarking between Spanish teaching hospitals

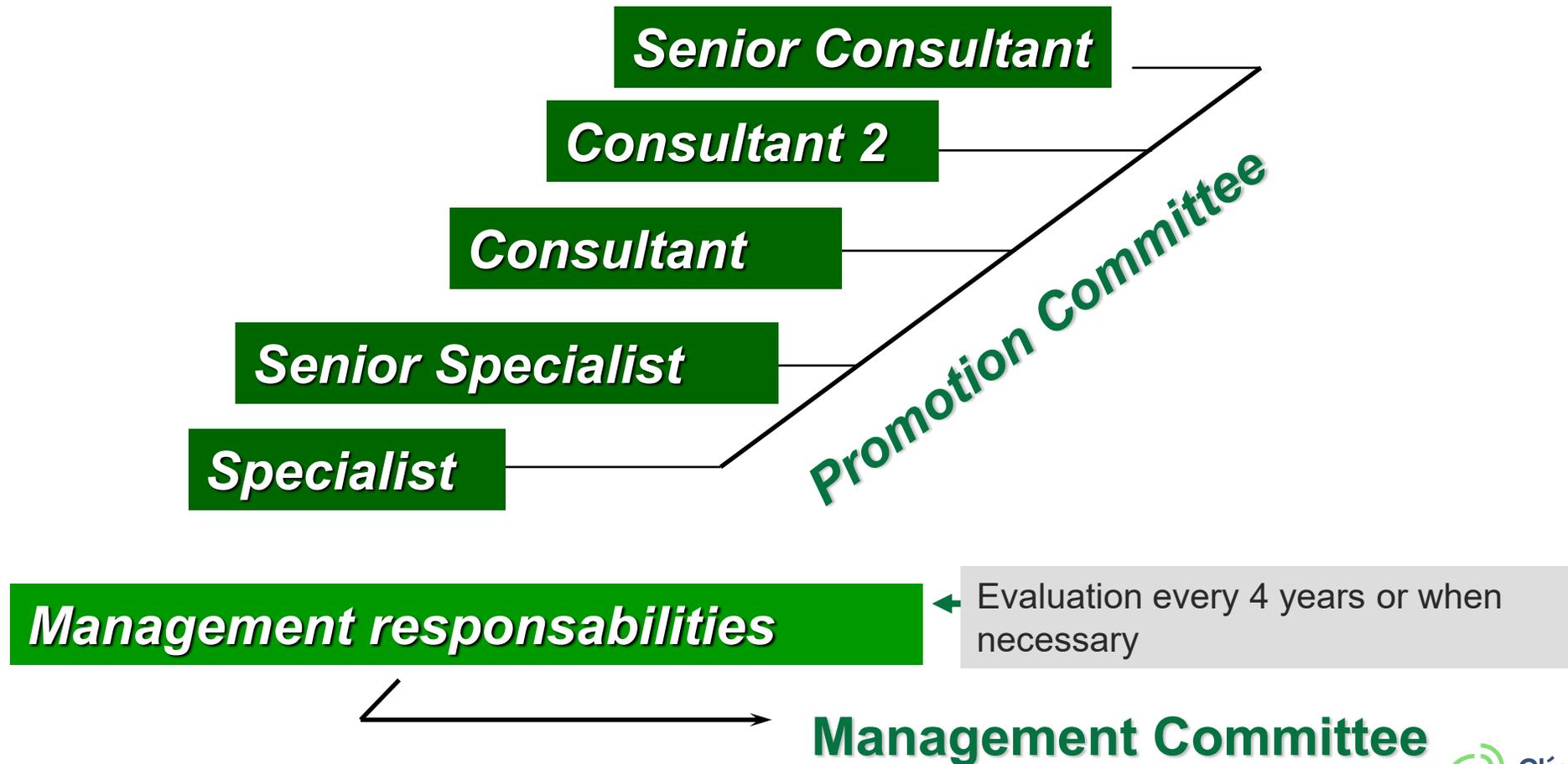
* Includes Hospital Clínic de Barcelona.

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PROFESSIONAL CAREER MEDICAL STAFF

- Separation of the concept “category” from the concept “management position”.
- 1st in Spain, with high participation of physicians in the Selection, Promotion and Appointment Committees.



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HOSPITAL CLINIC OF BARCELONA

Dual Hospital

Public Community Hospital for the Barcelona Esquerra's population (around 400,000 inhabitants).

High Tech and High Complex Hospital for all Barcelona Esquerra, Catalonia and Spain, based on sectorization of diseases, and with international vocation.

To evolve the Community Hospital with the vision that the gravity center for prevalent processes is the territory and the community.

To evolve inside Hospital care to a concentration of high tech and interventionism procedures, depending on innovation.

To evolve from reactive medicine to preventive, predictive and personalized medicine.

To incorporate planning directives from the Catalan Healthcare Department, ensuring an activity and economic sustainable scenario.

STRATEGIC ALLIANCES

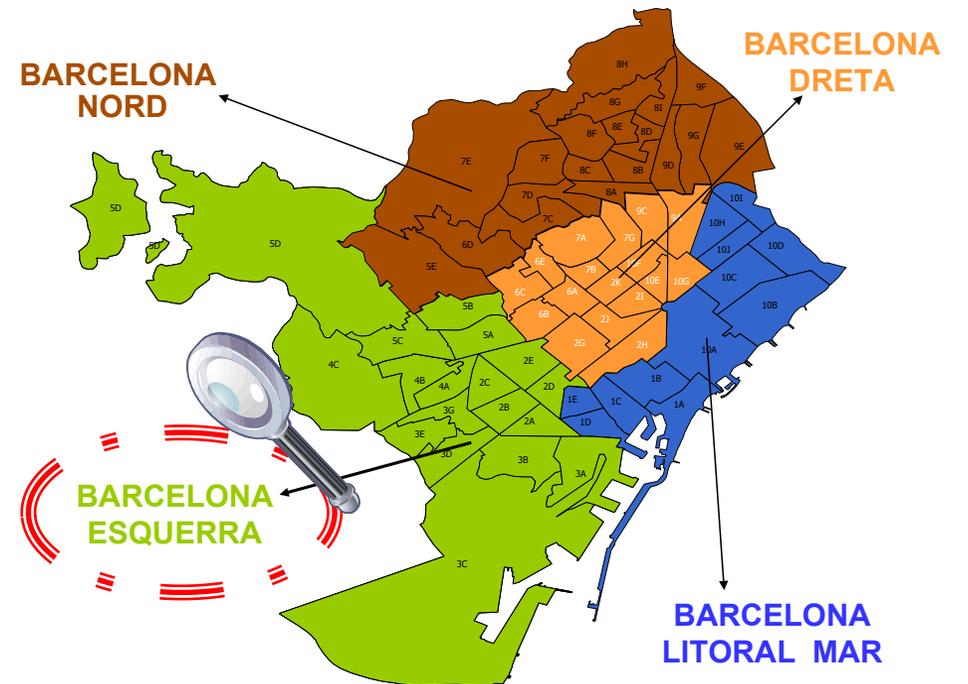
- **With a high healthcare component:**
 - **With complementary hospitals** (Hospital Sant Joan de Déu to ensure the care continuum from the childhood to the adult age)
 - **With providers from different healthcare levels** within the area of influence (Àrea Integral de Salut de Barcelona Esquerra)
 - **With regional hospitals** to tidy up the flow in tertiary processes and advance to decentralization (C17)
 - **With tertiary hospitals** to tidy up the high complexity and avoid duplicities in resources
- **With a high R+D component** (Olympus, Siemens,...)

BARCELONA ESQUERRA

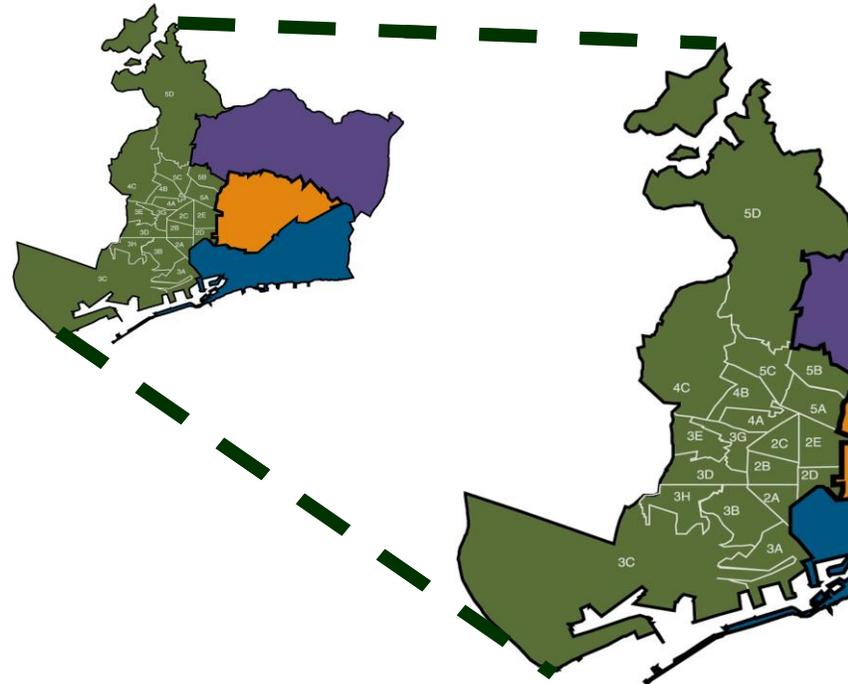
Integral Healthcare Area

MISSION

Offering an integral health care to the population in a territorial framework by effective coordination between institutions and health care professionals



Barcelona Esquerra, a population of 517,927 inhabitants with a wide variety of healthcare providers



30% of the total population of BCN

ABS

19

City Districts

4

MAIN PROVIDERS

Primary Care: ICS, CAPSE, EAP Poble Sec and EAP Sarrià-Vallplasa

Hospital Care: H. Clínic, H. Sant Joan de Déu, H. Sagrat Cor

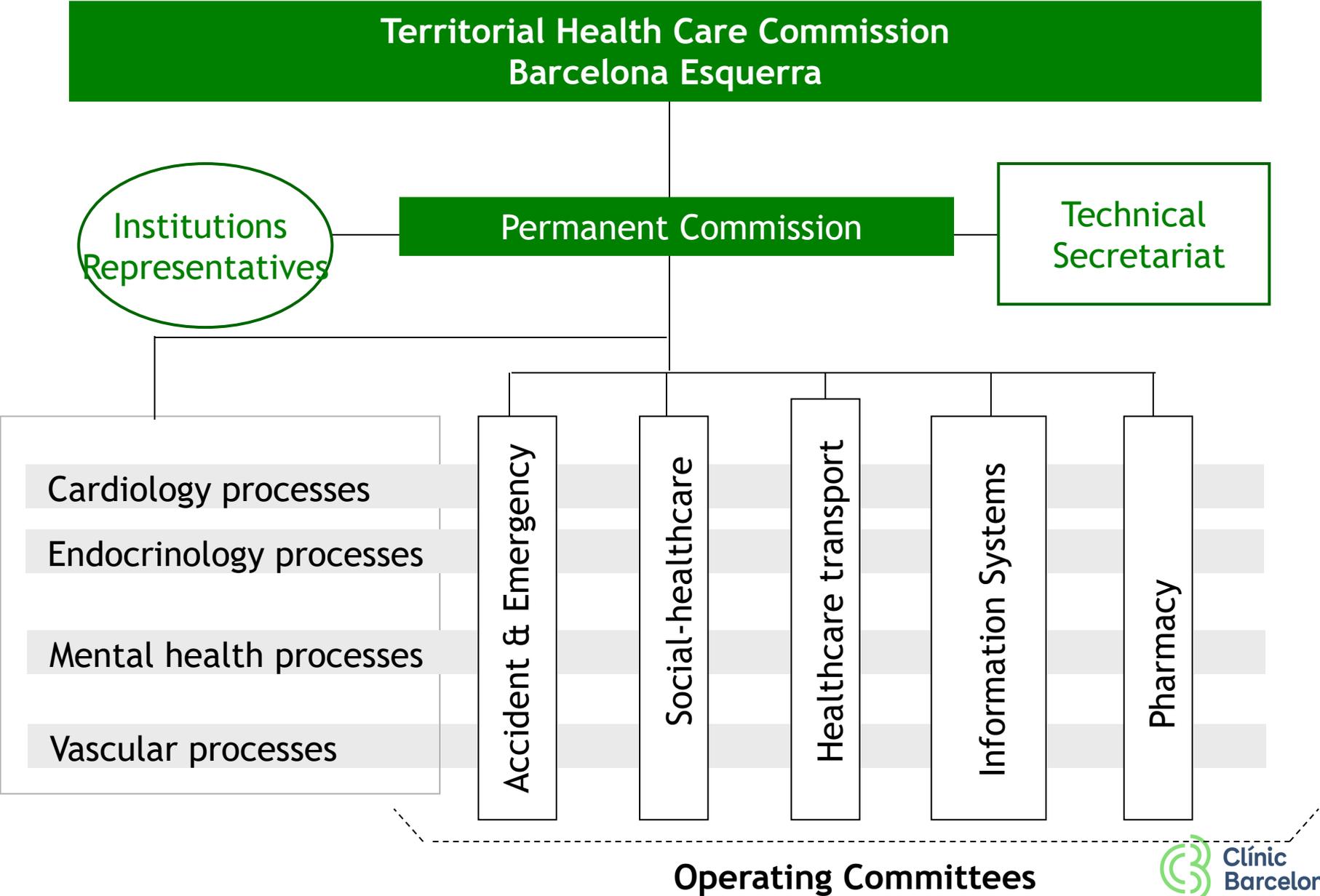
Mental Health and Addictions: H. Clínic, H. Sant Joan de Déu SSM, H. Sant Pere Claver; Associació Centro Higiene Mental Las Corts, ASPB

Social Health Care or Geriatric Care: Centros Blauclínic, Pere Virgili, Clínica Sant Antoni de Barcelona H. Duran i Reinalts

SEM, Public Health Agency, ...

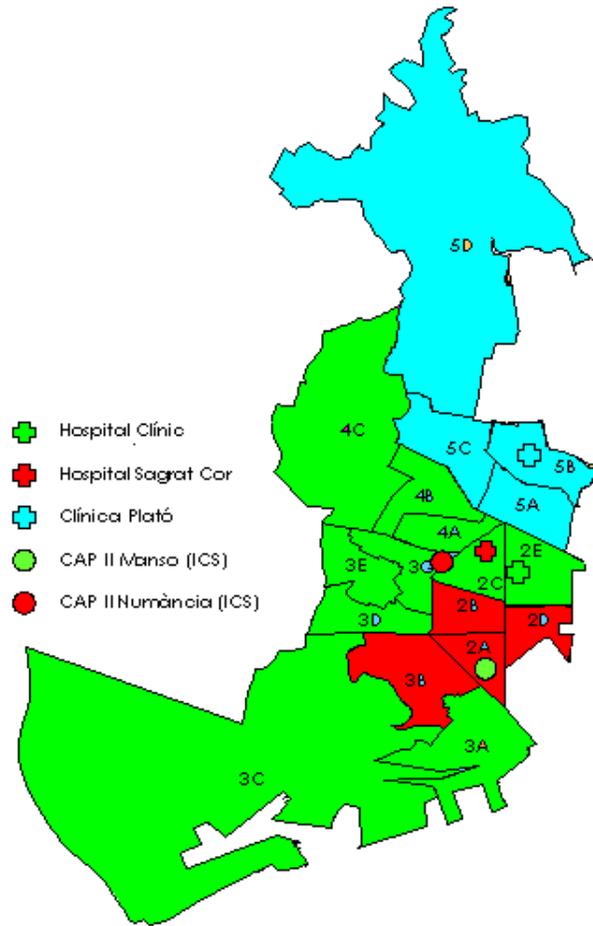
ORGANIZATIONAL MODEL

> 40 groups, over 200 meetings a year involving 400 professionals.



CLINICAL PROCESSES: Agreements in each speciality

Territorial organization



- Basic pathology

HOSPITAL CLÍNIC AREA:

15 Primary Care Centers

Around 400.000 inhabitants

HOSPITAL SAGRAT COR AREA :

4 Primary Care Centers

Around 100.000 inhabitants

- High complexity concentrated in H.Clínic

CLINICAL PROCESSES

Organizational Model

- **Specialist integrated** in Primary Care Centers.
- **Using Primary Health Record** Information Systems.
- **Consulting model** in person, by phone, by email, through intranet.
- Specialist has the same **tests accessibility** as in the Hospital.
- **Other** decisions: GP and Nurse Reference, tests decentralization, one territorial Day Hospital, ...

CLINICAL PATHWAYS



Àrea Integral de Salut Barcelona Esquerra

CSB Consorci Sanitari de Barcelona
 És públic de la Generalitat de Catalunya i l'Ajuntament de Barcelona
 adscrit al Servei Català de la Salut
 Corporació Sanitària de Barcelona

Ruta Assistencial de Diabetis Mellitus2 (DM2)* (versió 2.0)

Data d'elaboració del document: Juny 2015.

Revisat per la Comissió Permanent de l' AIS-BE: Juliol 2015

Propera revisió prevista: Juny 2016

Grup de treball multidisciplinari

Aquesta ruta ha estat liderada per als membre de la Comissió Permanent de l' AIS-BE

David Font (Director d'Estratègia i Planificació. Hospital Clínic).

Mónica Gómez (Oficina Tècnica AIS BCN Esquerra Hospital Clínic)

Belén Enfedaque. (Directora SAP Litoral-Esquerra ICS).

Jaume Benavent Areu (Gerent CAPSE).

Xavier Altimiras (Director AIS-BE CSB).

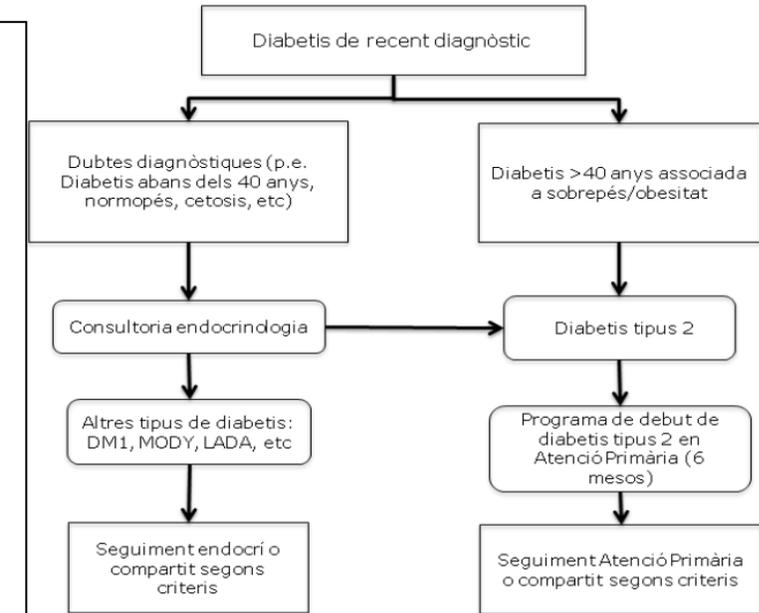
Tomàs Alonso (Director Àrea Mèdica Hospital Platò).

Noemi Pou (Directora Àrea Mèdica Hospital Sagrat Cor).

Institucions

Corporació Sanitària Clínic / Hospital Platò / Hospital Universitari Sagrat Cor / ICS / CAPSE / EAP Sarrià Vallplaçà / EAP Les Hortes / Parc Sanitari Pere Virgili / MUTUAM / SEM Barcelona / Clínica Sant Antoni / Consorci Sanitari de Barcelona / Centre Sociosanitari Dolors Aleu / Hospital Sant Pere Claver / ACHM Les Corts

Figura 1. Algorisme després del diagnòstic de diabetis



Activitat	Professional	Freqüència
alítica completa	Metge	Anual
alítica amb glucosa, HbA1c (lipids i orina)*	Metge	Semestral
ntrol TA	INF	Trimestral
ntrol pes, IMC, cintura	INF	Trimestral
ucació sanitària	INF	Trimestral
EG	INF	Anual
ntrol peus	INF	Anual
ex Turmell-Braç (ITBs)	INF	Si control peus anormal i/o FRCV (tabaquisme)
ns d'ull	Càmera amidriàtica / oftalmòleg	Bianual
Vacunació grip, VAT, pneumococ	INF	Anual i segons calendari

* lipids: en cas d'inici/modificació del tractament; orina: confirmar microalbuminúria o una vegada coneguda ha progressat en relació a la prèvia

PHARMACY PRESCRIPTION

 Àrea Integral de Salut Barcelona Esquerra		 Consorci Sanitari de Barcelona <small>Entitat pública de dret públic, creada pel Decret 147/2003, de 10 de febrer de 2003, de l'Ajuntament de Barcelona i el Govern de les Illes Balears.</small> Corporació Sanitària de Barcelona		
VADEMÈCUM D'INSULINES I FÀRMACS PER A LA DIABETIS				
ÍNDEX				
1. Insulines Humanes 2. Insulines Anàlogues 3. Glucagó 4. Sulfonilurees 5. Biguanides 6. Inhibidors de l'alfa glucosidasa i altres 7. Meglitinides 8. Tiazolidindiones 9. Inhibidors DPP-4 10. Associacions fixes 11. Incretin mimètics GLP-1				
1-Insulines Humanes *				
TIPUS D'INSULINA	ACCIÓ			PRESENTACIONS CN Codi Nacional de Farmàcia
	Inici	Pic Màx.	Durada	
RÀPIDA				
Humulina Regular Vial	30min	2-4h	6-8h	CN:917476 
Actrapid Vial				CN:775502 
Actrapid Innolet				CN: 775536 
INTERMITJA				
Humulina NPH Vial	1-2h	4-12h	12-24h	CN:917286 
Humulina NPH KwikPen				CN:656801 
Insulatard Vial				CN:775932 
Insulatard Flex Pen				CN:776427 
BARREGES				
Humulina 30/70 Vial (I.Regular30%+NPH70%)	30min	2-8h	12-24h	CN:917484 
Humulina 30/70 KwikPen				CN: 656835 
Mixtard 30 Vial				CN:776468 
Mixtard 30 Innolet				CN:777268 

ACCIÓ		PRESENTACIONS CN Codi Nacional de Farmàcia
C Màx.	Durada	
1-3h	2-5h	CN:677252 
		CN: 661145 
		CN:682683 
		CN:656774 
		CN:652001 
		CN:656073 
5-7h	10-16h	CN:661148 
		CN:831453 
inse pic	20-24h	CN:656076 
		CN:813576 
si- benent	12-24h (1 o 2 dosis)	CN:656056 

ACCIÓ		PRESENTACIONS CN Codi Nacional de Farmàcia
C Màx.	Durada	
		<p>Indic.: En combinació amb dosis màx. de: -metformina o sulfonilurees. -metformina + sulfonilurees. -metformina + tiazolidindiones en pacients amb mal control glucèmic. (Finançat per CatSalut si IMC≥30)</p> <p>Contraindicacions: IH, IR (<80ml/min), DM tipus I, cetoacidosi diabètica, embaràs. EA: Nàusees, vòmits, diarrea, hipoglucèmies, cefalea.</p> <p>Adm.: s.o. L'administració és independent dels menjars però és preferible sempre a la mateixa hora. P. Inicial: 0.6mg/24h a la setmana, segons perfil augmentar a 1.2mg/24h Considerar reduir dosis de sulfonilurees per disminuir risc d'hipoglucèmia.</p>
		<p>Indic.: en combinació amb antidiabètics orals (metformina, sulfonilurees, pioglitazona) i/o insulina basal, per a assolir un control glucèmic quan aquests, junt amb dieta i exercici no proporcionen un control glucèmic adequat. (Finançat per CatSalut si IMC≥30)</p> <p>Contraindicacions: DM tipus I, cetoacidosi diabètica, insuficiència renal greu (ClCr <30mL/min) o malaltia renal en etapa terminal, embaràs Precaució: antecedents de pancreatitis, malaltia gastrointestinal greu, insuficiència renal moderada (ClCr: 30 – 50 mL/min) EA: nàusees, vòmits, diarrea, hipoglucèmia, cefalea, reaccions al lloc d'injecció.</p> <p>P. Inicial: 10 mcg/dia durant 14 dies Adm: SC dins els 60 min previs al primer àpat del dia, o del sopar. Si s'oblida una dosi, no prendre fins els 60 min previs al següent àpat. En combinació amb sulfonilurea o amb insulina basal considerar reduir la dosi de sulfonilurea o d'insulina basal per a reduir el risc d'hipoglucèmia. Nota: No administrar en combinació amb sulfonilurea + insulina basal. Interaccions: pot disminuir l'absorció de medicaments administrats per via oral. Prendre antibiòtics o fórmules gastroresistents 1h abans o 4 h després de la injecció de lixisenatida.</p>
		<p>el seu embalatge, protegides de la llum i evitant la seva congelació, a temperatura ambient durant 1 o 2 hores. 2-8°C sempre i quan estiguin protegides de la llum solar, poden ser</p>
		<p>efectes adversos; ADOs: antidiabètics orals; IC: insuficiència cardíaca; G: glucèmia; tractament amb alternatives terapèutiques més adequades segons CatSalut. Farmacèutics. Setembre 2013</p>

TRAINING ACTIVITIES IN A YEAR

- 10 sessions
 - Vascular Surgery: edemas
 - Allergy: immunotherapy, asthma
 - Nephrology
 - Gastroenterology: hepatitis
 - Hematology and oncology: palliative care
 - Imported diseases
 - Orofacial Pain.
 - Actualization in HIV
 - ...

- 2 courses
 - Practical course in opioids
 - Practical course in ulcers for nurses

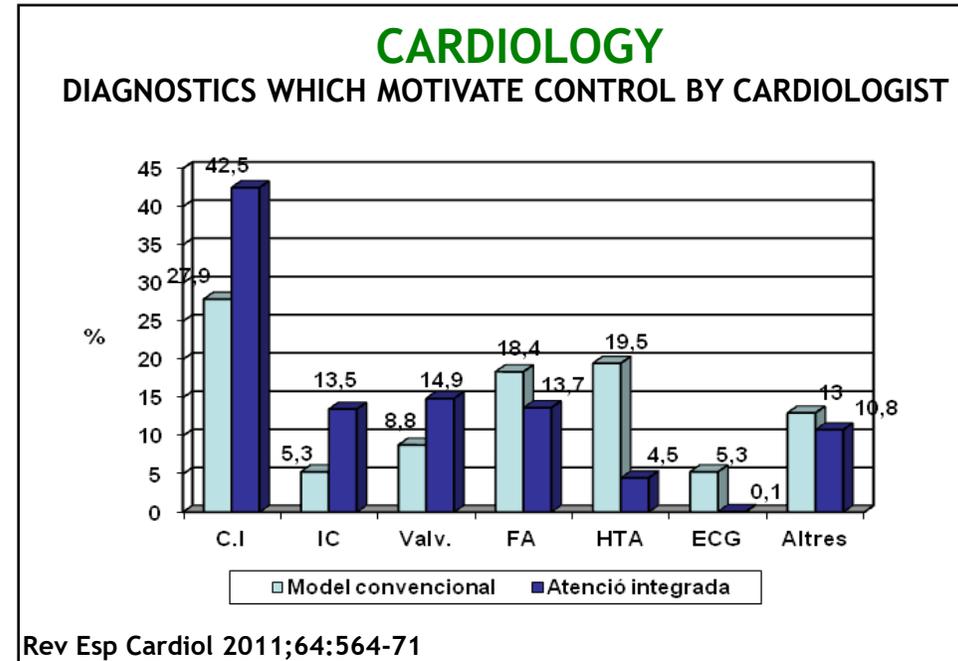
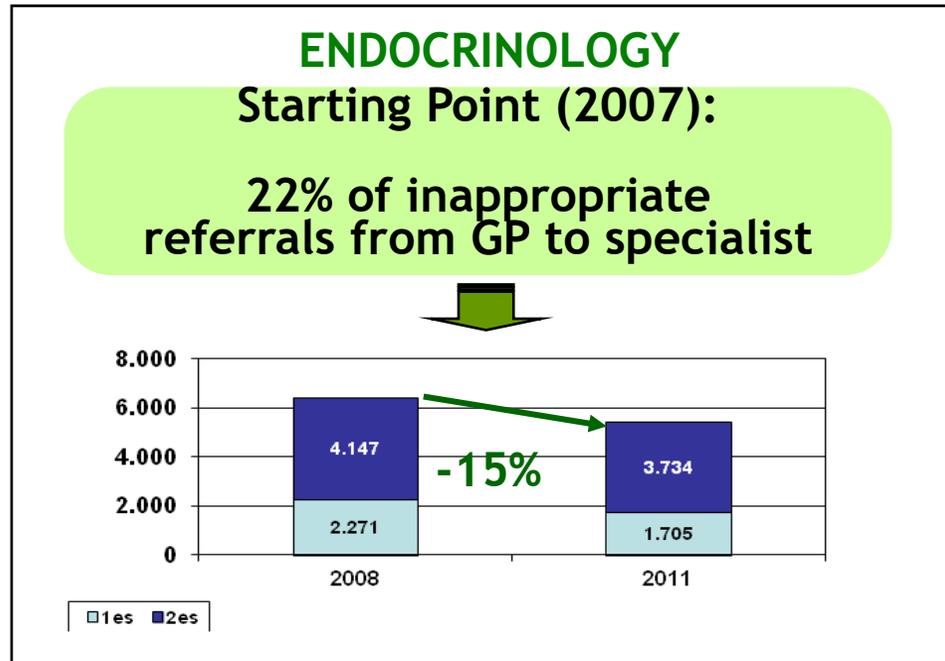
- Specific training sessions in new programs



CLINICAL PROCESSES

Results

- Consolidation displaced specialist and consulting model: Appropriateness of referrals to specialists and improved management of patients (accessibility, diagnosis and treatment).



INFORMATION SYSTEMS

- Hospital specialists who go to primary care centers use Primary Health Record Information Systems and share with GPs.
- Creating a territorial intranet with protocols and clinical pathways, training sessions and research projects.

The screenshot shows the website <http://www.ais-bcn.cat> for the AIS Barcelona Esquerra project. The page is titled "Barcelona Observatori de Tendències de Serveis de Salut" and provides information about the project and the territory.

PROJECTE: ÀREA INTEGRAL DE SALUT BARCELONA ESQUERRA

En una ciutat com Barcelona, degut en part a la diversitat de proveïdors i entitats que presten serveis a la població, ens trobem amb un dèficit permanent de coordinació i de seguiment del pacient un cop ha entrat en el sistema. Aquest entorn justifica el sorgiment de les **Àrees d'Atenció Integral de Salut (AIS)**, un projecte del Consorci Sanitari de Barcelona i dels proveïdors sanitaris del territori, el principal objectiu del qual és millorar l'assistència sanitària a Barcelona Ciutat.

Les AIS, definides en el marc d'unes jornades interinstitucionals, al desembre 2006, amb la presència i consens de les principals autoritats i agents sanitàries, són quatre: Nord, Esquerra, Dreta i Litoral. **El nostre és el projecte de Barcelona Esquerra** i la nostra missió és oferir una atenció integral de salut, en el marc territorial de Barcelona Esquerra, adreçat a la població a través de la coordinació efectiva de les entitats dels serveis de salut i dels seus professionals.

El territori

Situació - ABS

Dades bàsiques

4 Districtes municipals:

- Sants-Montjuïc
- Les Corts
- Sarnià-Sant Gervasi
- Eixample

Superfície: 145,00 km²
Habitants (RCA 2011): 540.725 (32% del total de Barcelona ciutat)
Densitat de població: 11.995 habitants/km²

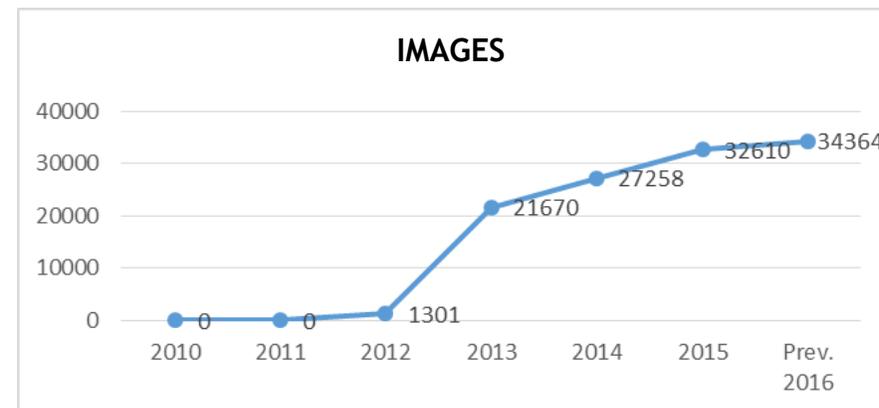
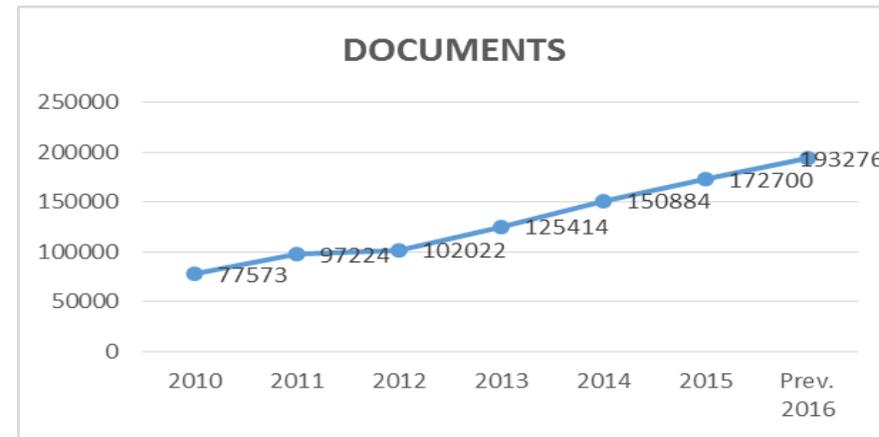
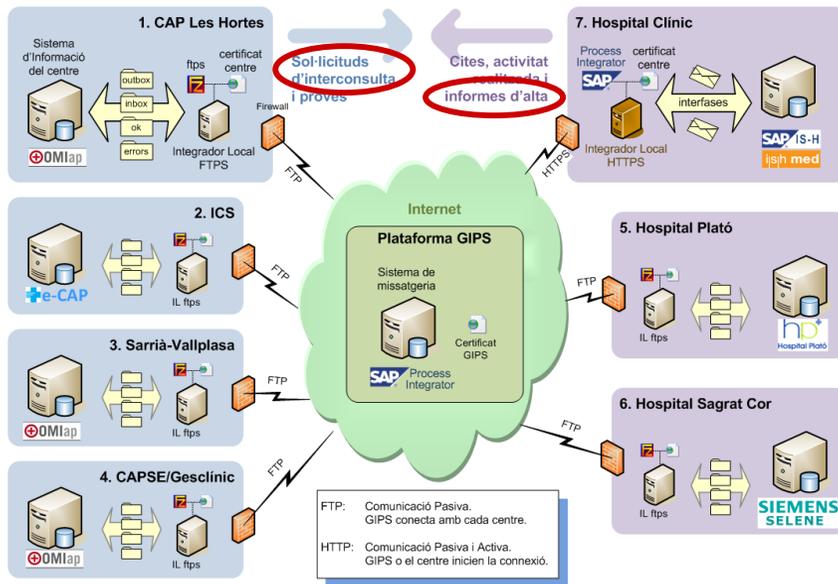
La població actual

AIS BARCELONA ESQUERRA, RCA 2011.				
Sexe i grups d'edat				
	HOMES		TOTAL	
0-14	15.64	>65	33.990	175.725
			44.389	254.104
DONES				
0-14	15.64	>65	32.304	186.400
			67.917	286.621

INFORMATION SYSTEMS

- Creation of a platform for communication between information systems of different suppliers to share the processes. Takes place in phases. Implemented clinical documents, image, visit requests and appointments.

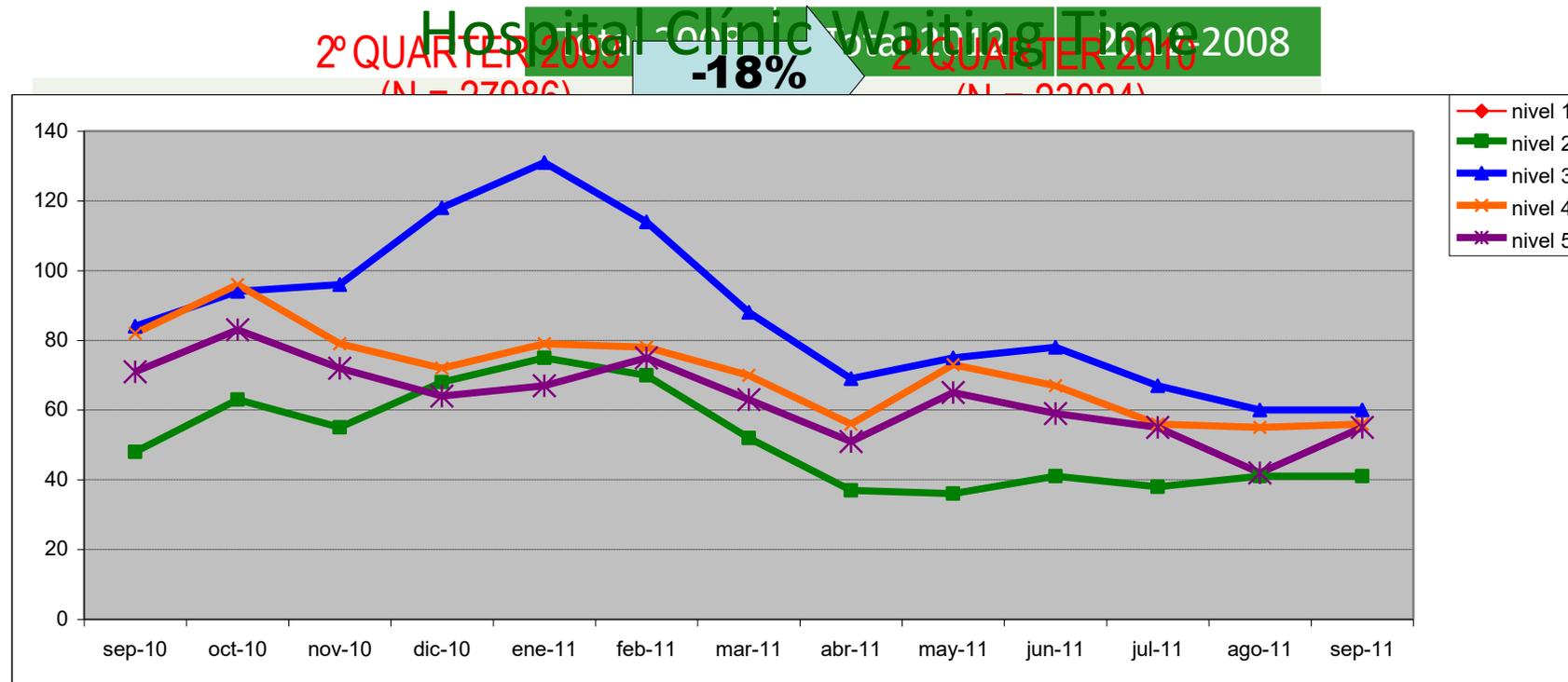
Interoperability using a Corporate Platform



MAIN RESULTS

Emergencies

- From a Hospital Clinic centralized model to a shared model, adjusted on the basis of severity and complexity levels.

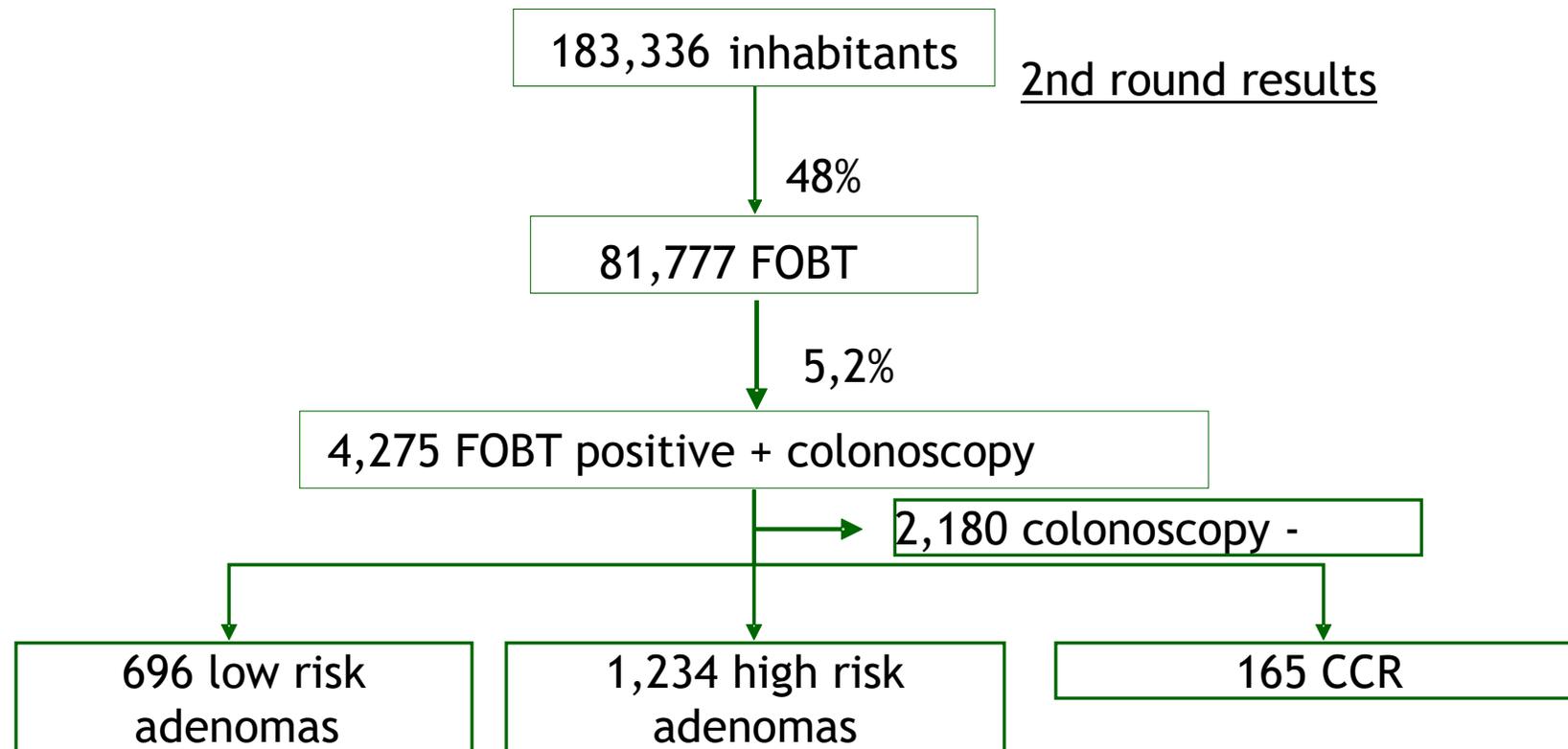


9486 LEVEL 4 5992 (37%)
5641 LEVEL 5 2400 (57%)

MAIN RESULTS

Programs

- Redesign clinical processes with structured programs: Implementation Screening of Colon and Rectum Cancer.

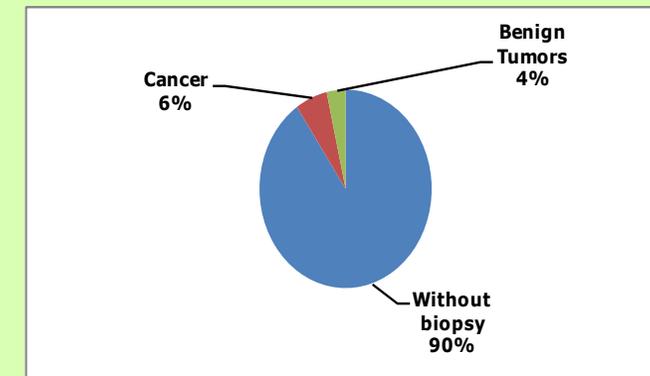


MAIN RESULTS

Programs

- **Redesign clinical processes with structured programs: Implementation Teledermatology.**

- ✓ **Resolution: 2.59 days**
 - ✓ Dermatology before RAE: 6 months
- ✓ **In 39.6% processes not necessary dermatologist visit**
- ✓ **6% cancer: relevant in terms of survival and costs**



INTEGRATED HEALTHCARE

Not based on

☹️ **Professional Network**
☹️ **Legal Model**

😊 **Management Alignment**

☹️ **One Management Structure**

😊 **Methodology and Tools:** Organizational and Information Systems changes based on process redesign

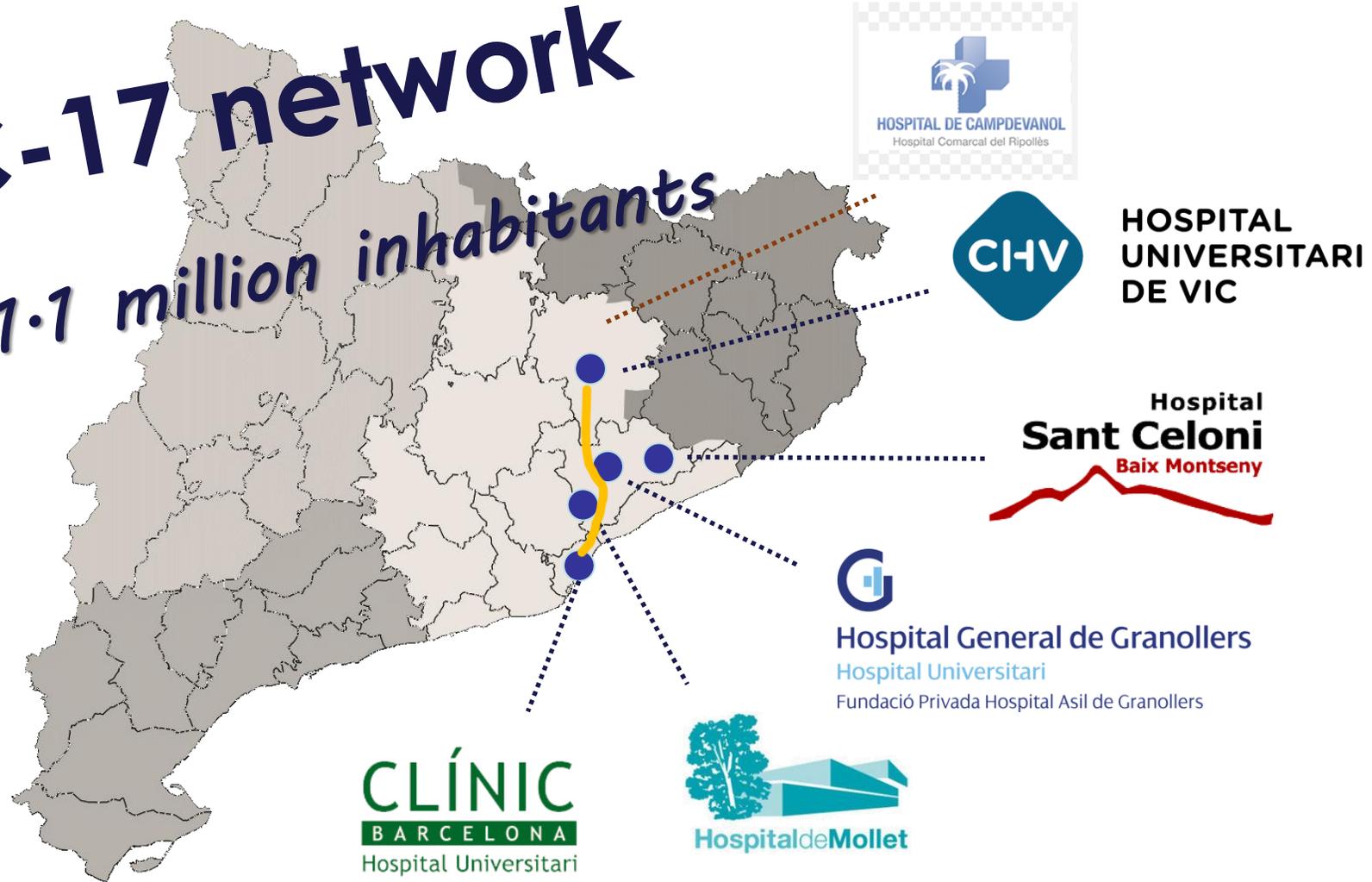
☹️ **Territorial Financing Model**

😊 **Opportunistic Approach**, identifying where an opportunity exists

☹️ **One Information System**

C17 Strategic Alliance for Specialized Healthcare

C-17 network
1.1 million inhabitants



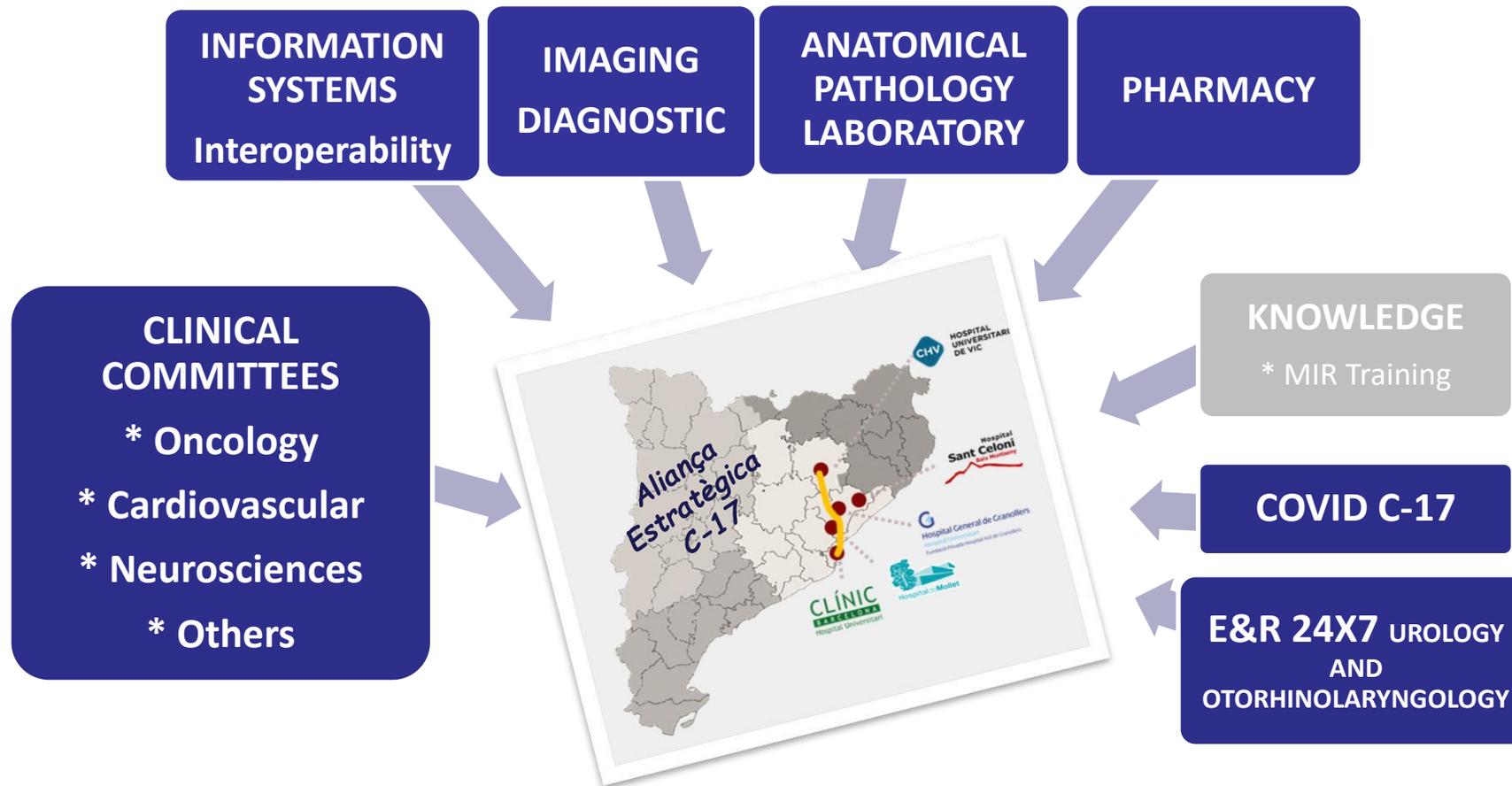
Ripollès, Osona, Vallès Oriental and Barcelona Esquerra

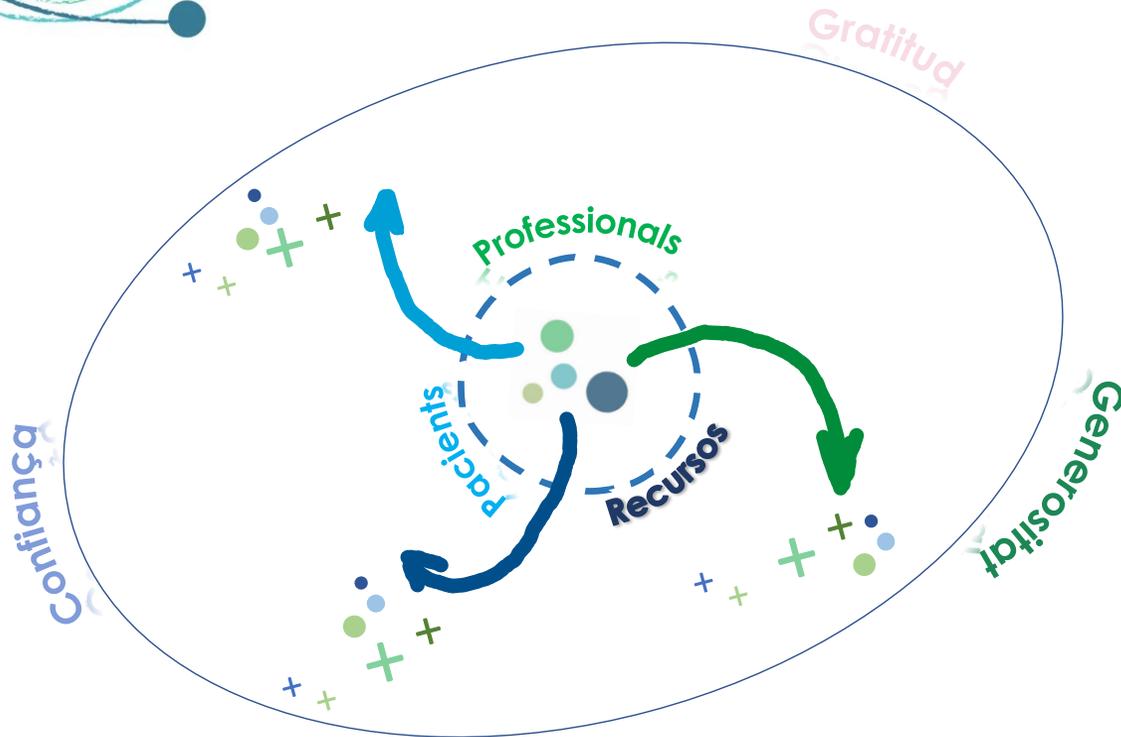
The C-17 Strategic Alliance promotes a collaborative network to provide the best specialized care in the most appropriate service and location.

With a combination of knowledge, human and technological resources, we look for efficiencies and working in a collaborative environment.

- **To work in a process-oriented way**
- **To organize high complex healthcare**
- **To increase knowledge and capacity in the different hospitals and to avoid commuting.**
- **To ensure the recruitment of professionals with more attractive mixed contracts.**

Global Collaboration Areas





Friendly Clínic



Smart Clínic



Sustainable Clínic



Pioneer Clínic



A roadmap and an invitation to participate to professionals and patients

23 transversal projects underway and the Strategic Plan of the Institutes, Centres, Areas and Directorates

Friendly Clínic

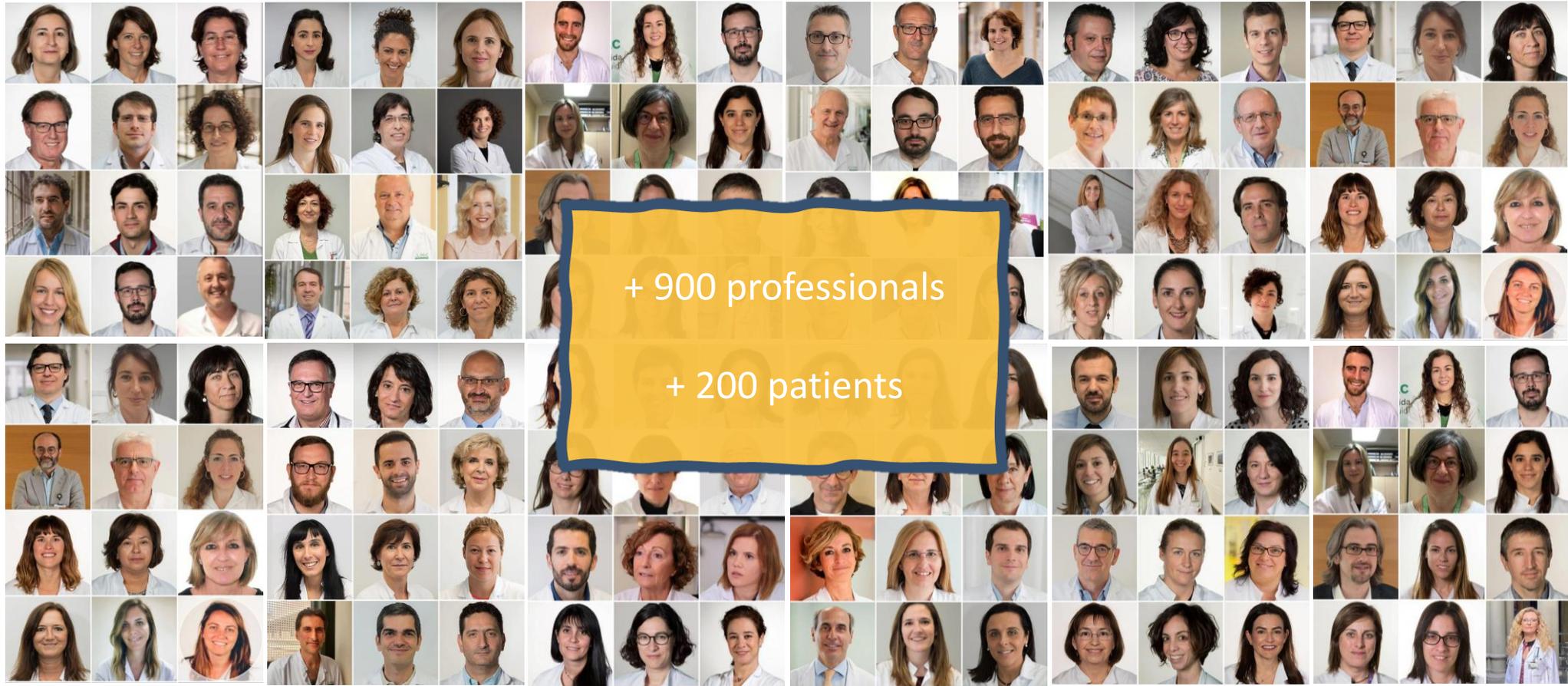
Understands and cares for Patients, Caregivers and Professionals. It provides spaces for listening, collaboration and support, and deploys Generosity, Confidence and Gratitude as leadership values.



- **PortalClínic**
- **Hospital of Values**
- **Clinic Connection**
- **Welcome Plan**
- **Patient-Professional Communication**
- **Caring for the Caregiver**
- **Pain Management**
- **End of Life**
- **Nutrition**
- **Diversity**

PATIENTS

Portal Clínic
Informació que et cuida



Monthly average web 2024:
542,362 users and 874,923 page
views



50,000 followers



100.000 subscribers



Smart Clínic

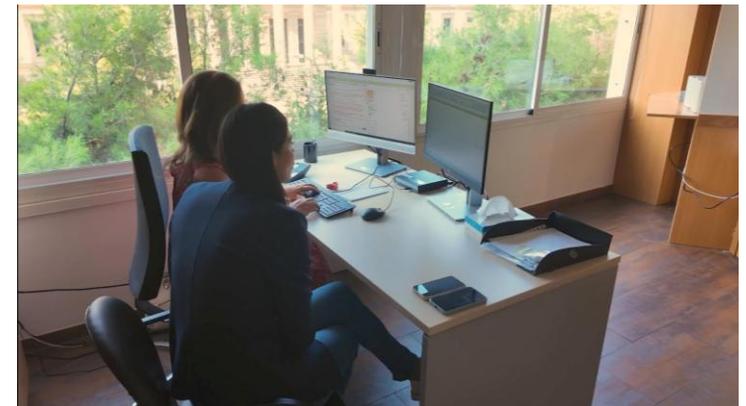
Applies agile and effective solutions. It leverages resources, connects professionals and implements the best knowledge.



- **Digital transformation of care processes. EMC**
- **Units**
- **Lean**
- **Networking-Alliances**
- **New Material Supply Model**
- **Process Automation**

OUTPATIENT CARE MODEL: EMC

- 88,000 registered patients
- 71,000 accesses in March (to appointments, documents and others)
- 152 video visits in March



Clínic Barcelona TEST3 TEST3 TEST3 PACIENT TEST Pacients Sortir

Telerehabilitació cardíaca
Telerehabilitació cardíaca domiciliària
[Accedir >](#)

Diabetis
Seguiment de pacient
Dispositiu vinculat
[Accedir >](#)

Farmàcia hospitalària
Pla de medicació vigent.
Tens medicació fins el dia 11/4/2024.
[Accedir >](#)

Les meves cites
CARDIOLOGIA
21 FEBR. 2024
DIMECRES 14:00 h
[Veure totes les cites >](#)

El meu pla de medicació
Consulta el teu pla de medicació
[Veure pla de medicació >](#)

Els meus informes
No té cap informe en el darrer any.
[Veure informes >](#)

Les meves proves
No té resultats de proves en el darrer any.
[Veure resultats >](#)

Els meus qüestionaris assistencials
Disposa de 5 qüestionaris disponibles.
[Veure qüestionaris >](#)

La meva biblioteca
No té documents a la biblioteca.
[Veure biblioteca >](#)

Les meves dades
Consulta i modifiqui les seves dades de pacient i d'accés.
[Veure les meves dades >](#)

OUTPATIENT CARE MODEL: TYPE I DIABETES

Proactive monitoring thanks to connectivity with Medtronic and Abbott devices and other data

INTEGRATION OF DATA INTO THE SYSTEM



CLASSIFICATION IN 5 CATEGORIES

ACTIONS DEFINED FROM THE CATEGORIES

PA	Paciente	Control metabólico	Uso dispositivo	Hipogl. grave no atendida	Ingreso imprevisto	Última - Próxima visita
DIAB_SEG MEDTRONIC	ALONSO ♀ 40	↑ Bueno	93%			18/03/2024 10:00 30/04/2024 12:00
DIAB_SEG MEDTRONIC	LA	↑ Bueno	96%			03/04/2024 12:50 30/10/2024 10:50
DIAB_SEG MEDTRONIC		→ Subóptimo	93%			03/04/2024 13:10 14/05/2024 10:30
DIAB_SEG MEDTRONIC	Z	↑ Bueno	94%	HIPOGLUCEMIA		13/03/2024 12:10 23/10/2024 10:00
DIAB_SEG MEDTRONIC		↑ Bueno	91%			14/03/2024 11:40 07/11/2024 10:00
DIAB_SEG MEDTRONIC		↑ Bueno	89%			27/03/2024 10:00 25/07/2024 13:10
DIAB_SEG MEDTRONIC		→ Subóptimo	73%			27/03/2024 10:50 17/10/2024 10:00
DIAB_SEG MEDTRONIC	UE	→ Subóptimo	96%			27/09/2023 10:00 22/05/2024 13:30
DIAB_SEG MEDTRONIC		↑ Bueno	96%			03/04/2024 09:40 04/09/2024 13:30
DIAB_SEG MEDTRONIC	A	↑ Bueno	98%			03/04/2024 11:40 10/07/2024 13:30
DIAB_SEG MEDTRONIC	R	↑ Bueno	93%			17/04/2024 10:00 20/11/2024 10:50
DIAB_SEG MEDTRONIC		↑ Bueno	94%			17/04/2024 10:50 19/06/2024 13:30
DIAB_SEG MEDTRONIC		→ Subóptimo	88%			18/04/2024 09:10 Sin visita próxima
DIAB_SEG MEDTRONIC		→ Subóptimo	94%			18/04/2024 09:40 05/09/2024 17:20
DIAB_SEG MEDTRONIC	io	→ Subóptimo	90%			18/04/2024 10:00 Sin visita próxima
DIAB_SEG MEDTRONIC		↑ Bueno	92%			18/04/2024 11:40 Sin visita próxima

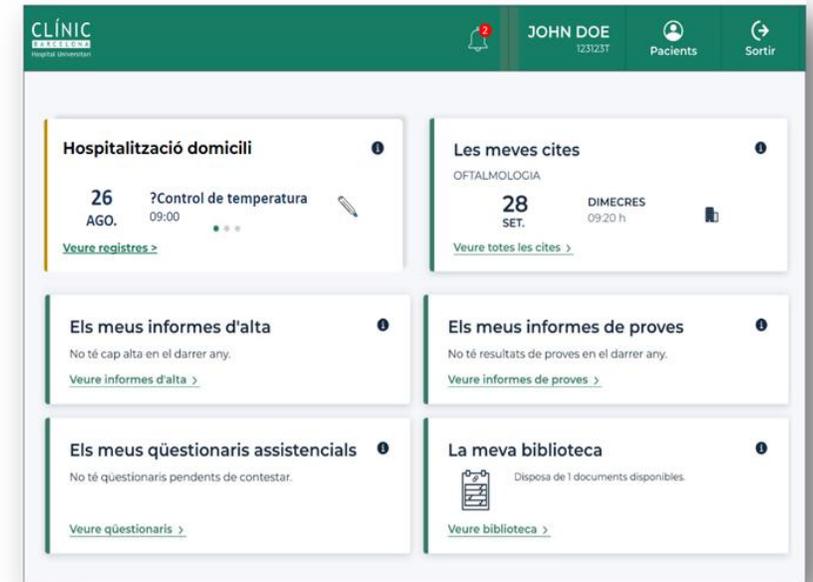
MAR

- Initial phase with 500 patients scheduling follow-up visit at 1 year

INPATIENT CARE MODEL: HOSPITALIZATION AT HOME

- Achievement of 5% of total admissions. Possibility of direct admission from Primary Care
- Telemedicine: 24 patients connected through El Meu Clínic

- ✓ Monitoring of clinical variables
- ✓ Medication monitoring
- ✓ Video calls with a care team
- ✓ Patient-professional chat



- Adaptation of the process to the situation of each patient. Potential increase in the complexity of the patients treated

Sustainable Clínic

It takes care of itself and its environment. It develops and applies more conscious and balanced habits.



- **Healthy Hospital**
- **Generational change**
- **Solidarity Clinic Campus**
- **Green Clinic**
- **Right Care**
- **Gender in Health**
- **ODS**

ECONOMIC SUSTAINABILITY



**Món Clínic
Barcelona**



**Clínic Barcelona
Health Consulting**

- **Healthcare Programs (international), Patient Experience, Lean, Communication...**
- **33 activities and €259.000 (2024)**

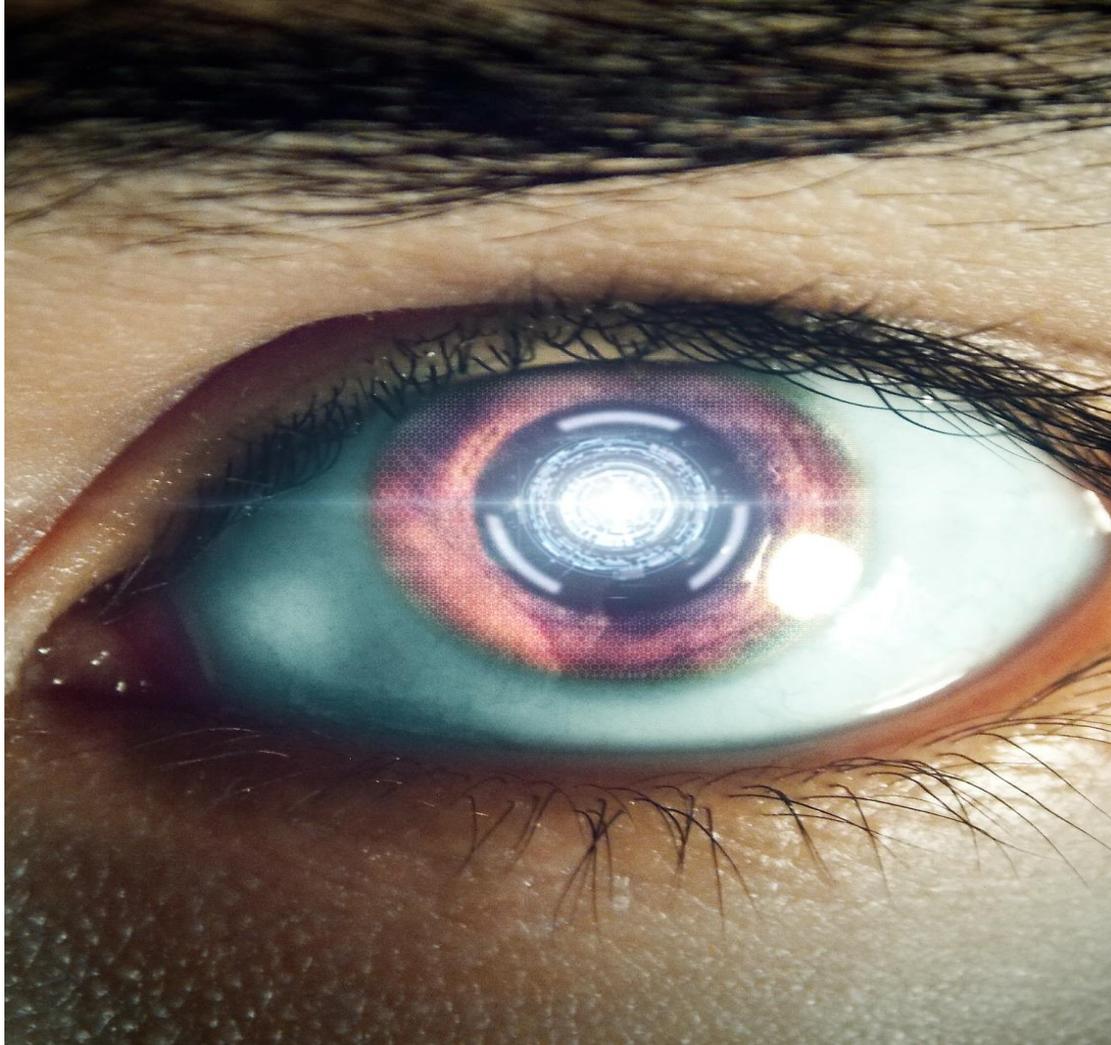
PATRONAGE

Comença la campanya “Girem Full!” 2025: Llegeix, ressenya i dona suport a la recerca en càncer!



- **€2.5 million (2024, no legacies)**
- **6,000 reviews and €128.000 (2024)**
- **12,000 reviews and €240.000 (2025)**

Pioneer Clínic



Develops new and better ways to provide health. It promotes experimentation, innovation and inquiry every day.

NEW PROCEDURES AND THERAPIES

24 April 2023

El Clínic-IDIBAPS, pioner en teràpies CAR-T per al càncer amb més de 500 pacients tractats

El Clínic-IDIBAPS és l'únic hospital d'Europa que ha desenvolupat íntegrament dues teràpies CAR-T acadèmiques que estan aprovades per una agència reguladora (AEMPS).



NEW MEDICAL DEVICE

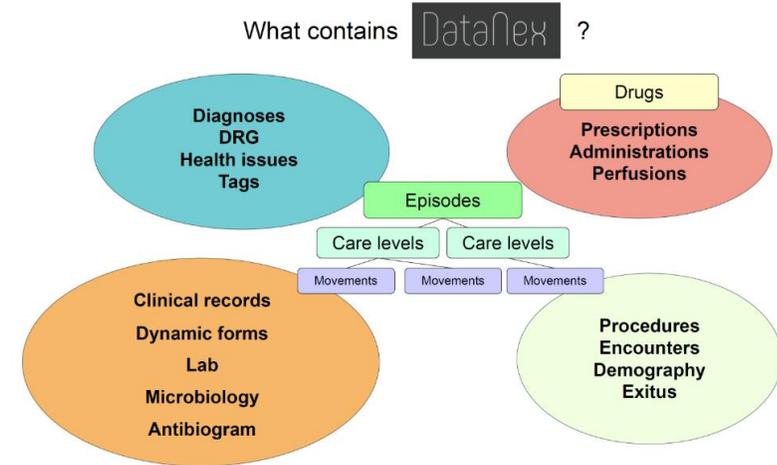
fetalLife
LIQUID INCUBATOR FOR FETAL LIFE SUPPORT

**Artificial Placenta:
The project has reached 14 days of survival in an animal
model**

BIG DATA I AI



- 2022, 2023 i 2024



- 735 accesses for management and research
- 18 CEIm-approved projects using DataNex

Aula Oberta Datanex

Informàtica Clínica CLÍNIC PIONER

dilluns, 24 març, 2025



Every Wednesday at 2 p.m.:
What it contains and examples of farms

BIG DATA I AI

INSTITUCIONAL

18 de novembre de 2024

El simulador de casos clínics guiat per IA es converteix en el projecte guanyador de la primera edició del GenAI Health Hack

L'equip Pizza Team ha estat el guanyador pel seu innovador chatbot que permet la simulació dinàmica de casos clínics mitjançant IA, dissenyada per a millorar l'aprenentatge de professionals de la salut en brindar-los una experiència formativa més realista i personalitzada



In development:

- **Clinical case simulator**
- **Pre-review of CEIm projects**
- **Structuring Digestive Endoscopy Report**
- **DataNex Query**
- ...

Thank you



**Clínic
Barcelona**



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