



Instituto para la Mejora
de la Asistencia Sanitaria

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Gestión Clínica 7 Días

La actualidad recogida por la Fundación IMAS

IM Médico

LOS GRANDES PREMATUROS EN NEONATOLOGÍA SON LOS MAYORES CANDIDATOS A SUFRIR DISPLASIA BRONCOPULMONAR

El Grupo Español de Investigación en Displasia Broncopulmonar (GEIDIS), liderado por el doctor Manuel Sánchez Luna, ha publicado el informe del Registro GEIDIS 2016, en el que se recogen datos de 455 pacientes procedentes de 54 centros hospitalarios. Sánchez Luna, que en la actualidad es el jefe de Neonatología del Hospital General Universitario Gregorio Marañón de Madrid, afirmó que la gran inmadurez en neonatos, varones con menos de 1000 gramos de peso, reúnen las características más prevalentes para padecer Displasia Broncopulmonar.

20 Minutos

ESPAÑA CAE DIECISÉIS PUESTOS EN EL “RANKING” MUNDIAL DE SALUD Y ABANDONA EL “TOP TEN”

Un rotundo suspenso. Esa es la nota que España saca en consumo de alcohol, de tabaco y en sobrepeso infantil, según el ranking publicado en la revista The Lancet acerca de las condiciones de salud de 188 países. España ha pasado a ocupar el puesto 23 de la lista, frente al séptimo lugar que ostentaba en el informe de hace un año.

EFE Salud

SEPSIS: UN 80% DE LOS PACIENTES TRATADOS EN LA PRIMERA HORA SOBREVIVEN

Cada año 27 millones de personas sufren un episodio de sepsis. De estos, 8 millones fallecen. El Código Sepsis ha logrado una respuesta temprana y global a esta enfermedad, aumentando la supervivencia y reduciendo sus consecuencias a largo plazo.

Managed Healthcare Executive

FOUR WAYS POP HEALTH MANAGEMENT WILL CHANGE OVER THE NEXT 12 MONTHS

As demands for more cost accountability continue to rise for healthcare organization, having a robust population health strategy is no longer an ancillary option—it will have to be an integral part of an organization's business strategy.

Sarah Thomas, managing director of the Deloitte Center for Health Solutions, says that a May 2017 survey of hospital CEOs found that investments in population health analytics is the highest rated analytics priority for healthcare organizations.

El Boletín

LA RECUPERACIÓN ECONÓMICA NO LLEGA A LA SANIDAD PÚBLICA ESPAÑOLA, SEGÚN UN ESTUDIO EUROPEO

En un momento en el que las encuestas sobre la calidad de la sanidad pública están muy presentes. El Observatorio Europeo de Sistemas y Políticas de Salud ha tomado la palabra. El Informe HiT 2017 ha concluido que la recuperación económica brilla por su ausencia en el Sistema Nacional de Salud (SNS) español. De hecho, el estudio europeo ha hecho hincapié en los recortes sufridos en la crisis económica.

La Vanguardia

EXPERTOS RECLAMAN INTEGRAR LA ASISTENCIA SANITARIA Y LOS SERVICIOS SOCIALES

Expertos en economía de la salud han coincidido en reclamar hoy la integración de la asistencia sanitaria y de los servicios sociales y han negado que el incremento del coste sanitario sea por el envejecimiento de la población, aunque han reconocido un aumento de las necesidades en políticas sociales.

Médicos y Pacientes

LOS FALLOS DE SEGURIDAD EN LA ATENCIÓN SANITARIA OCASIONAN EL 15% DEL GASTO HOSPITALARIO

Los problemas de seguridad en la atención sanitaria ocasionan el 15% del gasto hospitalario, según datos de la OCDE recordados por la Sociedad Española de Salud Pública y Administración Sanitaria (SESPAS) y la Organización Médica Colegial (OMC) durante la presentación, ayer ante los medios de comunicación, del Informe sobre Iatrogenia elaborado por ambas entidades médicas. Durante su intervención, el presidente de la OMC, Dr. Serafín Romero, destacó el rol del médico como esencial para prevenir los efectos adversos de la práctica clínica.

DOCUMENTOS DE INTERÉS

LIFE, DEATH, AND DISABILITY IN 2016 (The Lancet)	In this week's issue of The Lancet, we publish the latest global, regional, and national estimates and analyses from the Global Burden of Diseases, Injuries, and Risk Factors Study 2016 (GBD 2016), covering the period 1990 to 2016. The GBD is a herculean effort that annually tracks disease burden across countries, time, age, and sex. In 2016, there were an estimated 128·8 million livebirths and 54·7 million deaths. The good news is that globally, mortality rates have decreased across all age groups over the past five decades.
GLOBAL, REGIONAL, AND NATIONAL UNDER-5 MORTALITY, AGE-SPECIFIC MORTALITY, AND LIFE EXPECTANCY, 1970–2016: A SYSTEMATIC ANALYSIS FOR THE GLOBAL BURDEN OF DISEASE STUDY 2016 (The Lancet)	Detailed assessments of mortality patterns, particularly age-specific mortality, represent a crucial input that enables health systems to target interventions to specific populations. Understanding how all-cause mortality has changed with respect to development status can identify exemplars for best practice. To accomplish this, the Global Burden of Diseases, Injuries, and Risk Factors Study 2016 (GBD 2016) estimated age-specific and sex-specific all-cause mortality between 1970 and 2016 for 195 countries and territories and at the subnational level for the five countries with a population greater than 200 million in 2016.
GLOBAL, REGIONAL, AND NATIONAL AGE-SEX SPECIFIC MORTALITY FOR 264 CAUSES OF DEATH, 1980–2016: A SYSTEMATIC ANALYSIS FOR THE GLOBAL BURDEN OF DISEASE STUDY 2016 (The Lancet)	Monitoring levels and trends in premature mortality is crucial to understanding how societies can address prominent sources of early death. The Global Burden of Disease 2016 Study (GBD 2016) provides a comprehensive assessment of cause-specific mortality for 264 causes in 195 locations from 1980 to 2016. This assessment includes evaluation of the expected epidemiological transition with changes in development and where local patterns deviate from these trends.
GLOBAL, REGIONAL, AND NATIONAL INCIDENCE, PREVALENCE, AND YEARS LIVED WITH DISABILITY FOR 328 DISEASES AND INJURIES FOR 195 COUNTRIES, 1990–2016: A SYSTEMATIC ANALYSIS FOR THE GLOBAL BURDEN OF DISEASE STUDY 2016 (The Lancet)	As mortality rates decline, life expectancy increases, and populations age, non-fatal outcomes of diseases and injuries are becoming a larger component of the global burden of disease. The Global Burden of Diseases, Injuries, and Risk Factors Study 2016 (GBD 2016) provides a comprehensive assessment of prevalence, incidence, and years lived with disability (YLDs) for 328 causes in 195 countries and territories from 1990 to 2016.
GLOBAL, REGIONAL, AND NATIONAL DISABILITY-ADJUSTED LIFE-YEARS (DALYS) FOR 333 DISEASES AND INJURIES AND HEALTHY LIFE EXPECTANCY(HALE) FOR 195 COUNTRIES AND TERRITORIES, 1990–2016: A SYSTEMATIC ANALYSIS FOR THE GLOBAL BURDEN OF DISEASE STUDY 2016 (The Lancet)	Measurement of changes in health across locations is useful to compare and contrast changing epidemiological patterns against health system performance and identify specific needs for resource allocation in research, policy development, and programme decision making. Using the Global Burden of Diseases, Injuries, and Risk Factors Study 2016, we drew from two widely used summary measures to monitor such changes in population health: disability-adjusted life-years (DALYs) and healthy life expectancy (HALE). We used these measures to track trends and benchmark progress compared with expected trends on the basis of the Socio-demographic Index (SDI).
GLOBAL, REGIONAL, AND NATIONAL COMPARATIVE RISK ASSESSMENT OF 84 BEHAVIOURAL, ENVIRONMENTAL, AND OCCUPATIONAL, AND METABOLIC RISKS OR CLUSTERS OF RISKS, 1990–2016: A SYSTEMATIC ANALYSIS FOR THE GLOBAL BURDEN OF DISEASE STUDY 2016 (The Lancet)	The Global Burden of Diseases, Injuries, and Risk Factors Study 2016 (GBD 2016) provides a comprehensive assessment of risk factor exposure and attributable burden of disease. By providing estimates over a long time series, this study can monitor risk exposure trends critical to health surveillance and inform policy debates on the importance of addressing risks in context.
MEASURING PROGRESS AND PROJECTING ATTAINMENT ON THE BASIS OF PAST TRENDS OF THE HEALTH-RELATED SUSTAINABLE DEVELOPMENT GOALS IN 188 COUNTRIES: AN ANALYSIS FROM THE GLOBAL BURDEN OF DISEASE STUDY 2016 (The Lancet)	The UN's Sustainable Development Goals (SDGs) are grounded in the global ambition of "leaving no one behind". Understanding today's gains and gaps for the health-related SDGs is essential for decision makers as they aim to improve the health of populations. As part of the Global Burden of Diseases, Injuries, and Risk Factors Study 2016 (GBD 2016), we measured 37 of the 50 health-related SDG indicators over the period 1990–2016 for 188 countries, and then on the basis of these past trends, we projected indicators to 2030.
MEASURING GLOBAL HEALTH: MOTIVATION AND EVOLUTION OF THE GLOBAL BURDEN OF DISEASE STUDY (The Lancet)	People everywhere, but particularly those charged with improving the health of populations, want to know whether human beings are living longer and getting healthier. There is an inherent fascination with quantification of levels and patterns of disease, the emergence of new threats to health, and the comparative importance of various risk factors for the health of populations. Before the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) was initiated, no comprehensive assessments of human health were done.

Instituto para la Mejora de la Asistencia Sanitaria
(Fundación IMAS)

91 805 2306
www.imasfundacion.es
comunicacion@imasfundacion.es

