SCIROCCO EXCHANGE METHODOLOGY TO ASSESS MATURITY OF THE HEALTHCARE SYSTEM FOR INTEGRATED CARE
Online self-assessment tool to assess the readiness for the adoption and scaling-up of integrated care

Validated and tested in over 71 regions/organisations

Available in 9 languages
If the existing systems of care need to be re-designed to provide a more integrated set of services, this will require change across many levels, the creation of new roles, processes and working practices, and new systems to support information sharing and collaboration across care teams. This will be disruptive and may be viewed negatively by workers, press and public, so a clear case needs to be made for those changes, including a justification, a strategic plan, and a vision of better care.

Assessment scale

0– No acknowledgment of compelling need to change
1– Compelling need is recognised, but no clear vision or strategic plan
2– Dialogue and consensus-building underway; plan being developed
3– Vision or plan embedded in policy; leaders and champions emerging
4– Leadership, vision and plan clear to the general public; pressure for change
5– Political consensus; public support; visible stakeholder engagement
Objective of the Assessment

The objective of the assessment process is to:

- **Capture the perceptions of stakeholders** on maturity and readiness of their healthcare systems for the adoption of integrated care;
- **Identify strengths and weaknesses** of regions/organisations in adoption of integrated care;
- **Facilitate multi-disciplinary discussions** and dialogue of stakeholders involved, including consensus on the current progress towards integrated care and future actions to address the gaps;
- **Provide basis for further improvement** of a particular domain of integrated care through knowledge transfer and twinning and coaching activities.
Scoping the Assessment – “What is a healthcare system”? 

- The structure of healthcare systems vary considerably, as well as ambitions and understanding of integrated care across regions and countries.

- As a result, scoping the system for the assessment remains flexible and tailored to the local circumstances and needs.

- However, the following should be taken into consideration:
  - **Local objectives of the assessment process**
    - What do you want to achieve with these outcomes?
  - **Local organisation of healthcare system**
    - What level of assessment to consider e.g. macro, meso and/or micro levels? National versus regional perspective?
  - **Local understanding of integrated care**
    - What is your ambition in integrated care?
    - Who is involved in the planning, commissioning and implementing integrated care?
The self-assessment process consists of the following steps:

1. Local organiser(s) identify local stakeholders to be involved, based on the objectives and scope of the assessment process.

2. The stakeholders individually conduct the assessment by using SCIROCCO tool.

3. The stakeholders share their individual assessments with the organiser(s) of the assessment process.

4. A workshop is organised to discuss the outcomes and reach a consensus on the maturity of the healthcare system and future actions to be considered for the improvement.
Integrated care is designed and deployed by the multidisciplinary teams. As such, it is important to capture the diversity of perspectives in the assessment process. The following should be taken into account:

- **Discipline** – decision-maker, healthcare professional, IT specialist, regulators, payers, users group, innovation agencies
- **Sector** – health care, social care, housing and voluntary sector.
- **Position in organisation** – seniority, front-line, back-office.
Step 2: Performing an Individual Assessment


- Timeline: Usually 2 weeks
Step 2: Performing an Individual Assessment

The assessment process consists of the following steps:

- Choose the option assessment of healthcare system on SCIROCCO tool

- Each person is asked to provide rating 0-5 reflecting maturity of a particular dimension of integrated care and provide justifications for the rating by describing why you think this is the right level of maturity

- Each person will conduct the assessment process independently at this stage.

- Remembering this is the self-assessment process and the intention is to capture your individual perceptions / opinions on the way the integrated care is designed and deployed.
Step 2: Performing an Individual Assessment
Registration

Scirocco Self-Assessment Tool for Integrated Care

Login/Register

Username or E-mail

Password

Keep me signed in

Login

Register

Forgot your password?
Step 2: Performing an Individual Assessment
Healthcare system assessment

Healthcare System Assessments

Starting from this page, you can perform the following actions:
- conducting a private healthcare system assessment with regards to integrated care
- facilitating multi-disciplinary discussions and consensus-building about the healthcare system assessment
- facilitating twinning and coaching informed by the maturity of the healthcare system for integrated care

New private healthcare system assessment

Work assessments	Public assessments

PRIVATE HEALTHCARE SYSTEM ASSESSMENTS

- APavLithuaniaTest
Step 2: Performing an Individual Assessment

New private healthcare system assessment

Maturity Assessment

The objective of this page is to assess the maturity of healthcare systems with regard to integrated care.

Questions marked with * are compulsory

Assessment name:

APav[HealthcareSystem] 10 chars max

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12</td>
<td></td>
</tr>
</tbody>
</table>

1. Readiness to Change

- **0**: No acknowledgement of compelling need to change
- **1**: Compelling need is recognised, but no clear vision or strategic plan
- **2**: Dialogue and consensus-building underway; plan being developed
- **3**: Vision or plan embedded in policy; leaders and champions emerging
- **4**: Leadership, vision and plan clear to the general public; pressure for change
- **5**: Political consensus; public support; visible stakeholder engagement

If someone asked you to justify your rating here what would you say (please provide a few short sentences):

-
Step 2: Performing an Individual Assessment

Description

Maturity Assessment

The objective of this page is to assess the maturity of healthcare systems with regards to integrated care.

Questions marked with * are compulsory

Assessment name:

APav[HealthcareSystem] 10chars max

Assessment

Description*

Healthcare system this is meant to assess:*
Step 2: Performing an Individual Assessment

Q1. Readiness to Change: Objectives

If the existing systems of care need to be re-designed to provide a more integrated set of services, this will require change across many levels, the creation of new roles, processes and working practices, and new systems to support information sharing and collaboration across care teams. This will be disruptive and may be viewed negatively by workers, press and public, so a clear case needs to be made for those changes, including a justification, a strategic plan, and a vision of better care.

- Creating a compelling vision, with a real sense of urgency, and enlisting stakeholder support including political leadership, management, care professionals, public and press.
- Accepting the reality that care systems are unsustainable and need to change.
- Considering the need to address the risk of health and social inequalities.
- Publishing a clear description of the issues, the choices that need to be made, and the desired future state of the care systems, stating what will be the future experience of care.
- Creating a sense of urgency to ensure sustained focus and building a “guiding coalition” for change.
### Step 2: Performing an Individual Assessment

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td></td>
</tr>
<tr>
<td>Q2</td>
<td></td>
</tr>
<tr>
<td>Q3</td>
<td></td>
</tr>
<tr>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td>Q5</td>
<td></td>
</tr>
<tr>
<td>Q6</td>
<td></td>
</tr>
<tr>
<td>Q7</td>
<td></td>
</tr>
<tr>
<td>Q8</td>
<td></td>
</tr>
<tr>
<td>Q9</td>
<td></td>
</tr>
<tr>
<td>Q10</td>
<td></td>
</tr>
<tr>
<td>Q11</td>
<td></td>
</tr>
<tr>
<td>Q12</td>
<td></td>
</tr>
</tbody>
</table>

#### 12. Capacity Building

- 0- Integrated care services are not considered for capacity building
- 1- Some approaches to capacity building for integrated care services are in place
- 2- Cooperation on capacity building for integrated care is growing across the region
- 3- Learning about integrated care and change management is in place but not widely implemented
- 4- Systematic learning about integrated care and change management is widely implemented; knowledge is shared, skills retained and there is a lower turnover of experienced staff
- 5- A "person-centred learning healthcare system" involving reflection and continuous improvement is in place

If someone asked you to justify your rating here what would you say (please provide a few short sentences):

**Test**
Step 2: Performing an Individual Assessment

- The outcomes of the self-assessment process are visually captured in the form of spider diagrams.

- The diagrams provide the quick detection of your strengths and weaknesses in the integrated care.

- The diagrams provide the basis for the discussion / negotiation with other stakeholders to reach the consensus on the current state of art.

- The involvement of the multi-disciplinary team in the assessment process implies the different perceptions / spider diagrams from each stakeholder.
Step 2: Performing an Individual Assessment
Step 2: Sharing of Individual Assessment

Maturity Assessment

The objective of this page is to assess the current state of readiness for advanced primary care.

Questions marked with * are compulsory.

**Assessment name:** APavlScotland  Test

**Assessment**  **Description**

1. Readiness to Change

- 0- No acknowledgement of compelling need to change
- 1- Compelling need is recognised, but no clear vision or strategic plan
- 2- Dialogue and consensus-building underway; plan being developed
- 3- Vision or plan embedded in policy; leaders and champions emerging
- 4- Leadership, vision and plan clear to the general public; pressure for change

**Your assessment was successfully saved**

- What would you like to do next?
  - Continue editing
  - Keep as private assessment, close
  - Share assessment with individual users, close
  - Share assessment with all Scirocco Exchange partners, close

**WARNING:** This will share this assessment with up to 40 users

- Make the assessment public (for all users to view only)

Submit
Share Assessment

If you are the editor of an assessment, this page allows you to:

- Share your assessment with somebody else who has an account, by providing the person's email address and choosing whether he/she will be a viewer or editor of the assessment. You can later decide to change the person's role, or even unshare the assessment with the person.
- Share your assessment publicly with all users, for viewing only (i.e. they will not be able to edit it). You can later decide to remove the public sharing of your assessment.

**Users who share assessment APavlScotlandTest**

<table>
<thead>
<tr>
<th>USER</th>
<th>ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:andreapavlickova@nhs.net">andreapavlickova@nhs.net</a> (you)</td>
<td>Editor, originator</td>
</tr>
</tbody>
</table>

The assessment is not currently shared with other users

Please indicate the email address of ONE (other) user whom you would like to share the assessment with:

[Viewer] [Editor] [Share]

Share with the Scirocco Exchange project partners
# Step 2: Sharing of Individual Assessment

## Work assessments

<table>
<thead>
<tr>
<th>Private Healthcare System Assessments</th>
<th>Shared Healthcare System Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>APavILithuaniaTest</td>
<td></td>
</tr>
<tr>
<td>APavIScotlandTest</td>
<td></td>
</tr>
</tbody>
</table>
Each regional organiser of the assessment process:

- Reviews the individual responses and produce the composite spider diagram combining all stakeholders’ responses using SCIROCCO tool.

- Identifies the areas where consensus has been reached.

- Identifies the areas where the consensus has not been reached and further consensus-building process needs to be planned.

- Prepare face-to-face consensus-building workshop to review the outcomes of the individual assessments and reach the agreement on the maturity of a particular healthcare system, including suggestions for the future improvements.
Step 3: Data Collection and Data Analysis

Composite diagrams

- Work assessments
- Public assessments

PRIVATE HEALTHCARE SYSTEM ASSESSMENTS

- APavlLithuaniaTest
- APavlScotlandTest

Compare Only
Compare and Enter Consensus
Step 3: Data Collection and Data Analysis
Composite diagrams

Assessment Comparison

Legend

<table>
<thead>
<tr>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q5</th>
<th>Q6</th>
<th>Q7</th>
<th>Q8</th>
<th>Q9</th>
<th>Q10</th>
<th>Q11</th>
<th>Q12</th>
</tr>
</thead>
</table>

1. Readiness to Change

- 0- No acknowledgement of compelling need to change
- 1- Compelling need is recognised, but no clear vision or strategic plan
- 2- Dialogue and consensus-building underway; plan being developed
- 3- Vision or plan embedded in policy; leaders and champions emerging
- 4- Leadership, vision and plan clear to the general public; pressure for change
- 5- Political consensus; public support; visible stakeholder engagement

If someone asked you to justify your rating here what would you say (please provide a few short sentences):

test
Testing
Step 4: Negotiating and Reaching Consensus

Consensus-building Workshop

- The follow up workshop is organised with the participants of the self-assessment process to discuss the preliminary findings of the process.

- The discussion is mainly focused around the dimensions with the greatest diversity of scoring.

- The workshop is facilitated by SCIROCCO partner and/or organiser of the assessment process in a particular region.

- At least one moderator and one person to take the notes from the meeting is needed.

- Outcomes of the workshop:
  - Commonly agreed spider diagram
  - Agreement on the priority areas for action to take forward
1. Welcome & Introduction – 10 minutes
   - To explain meeting objectives, expected outcomes & agenda for the day

2. Introduction to the SCIROCCO Exchange – 10 minutes

3. Self-assessment process in XX region – 20 minutes
   - Brief introduction to the process in XX region
   - Presentation of the outcomes for XX region
   - Feedback & reflection from the partners

4. Coffee Break – 15 minutes (if needed)
5. **Negotiation & Consensus building** – 1.5 /2 hours (depending on the size of the group)
   - Facilitated discussion on the outcomes of the self-assessment process for XX region.
   - Moderator will introduce the outcomes per each dimension and seek the consensus from the partners on the final scoring per particular dimension, including the rationale for scoring.
   - It is recommended to start with the dimensions with the biggest differences in scoring.
   - The note taker will record all the final scoring.

6. **Coffee break** – 15 minutes
   - To allow the facilitators of the session to produce the final spider diagram for the XX region based on the discussion of local stakeholders.
We are all using HL7 FHIR

Yes, but getting the devices to interoperate is a nightmare!

This will all be resolved soon, as we are joining an international standards group for devices.
Step 4: Negotiating and Reaching Consensus
Step 4: Negotiating and Reaching Consensus

- Work assessments
- Public assessments

PRIVATE HEALTHCARE SYSTEM ASSESSMENTS

- APavILithuaniaTest
- APavIScotlandTest

Compare Only
Compare and Enter Consensus
Step 4: Negotiating and Reaching Consensus

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td></td>
</tr>
<tr>
<td>Q2</td>
<td></td>
</tr>
<tr>
<td>Q3</td>
<td></td>
</tr>
<tr>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td>Q5</td>
<td></td>
</tr>
<tr>
<td>Q6</td>
<td></td>
</tr>
<tr>
<td>Q7</td>
<td></td>
</tr>
<tr>
<td>Q8</td>
<td></td>
</tr>
<tr>
<td>Q9</td>
<td></td>
</tr>
<tr>
<td>Q10</td>
<td></td>
</tr>
<tr>
<td>Q11</td>
<td></td>
</tr>
<tr>
<td>Q12</td>
<td></td>
</tr>
</tbody>
</table>

6. Removal of Inhibitors

- 0: No awareness of the effects of inhibitors on integrated care
- 1: Awareness of inhibitors but no systematic approach to their management is in place
- 2: Strategy for removing inhibitors agreed at a high level
- 3: Implementation Plan and process for removing inhibitors have started being implemented locally
- 4: Solutions for removal of inhibitors developed and commonly used
- 5: High completion rate of projects & programmes; inhibitors no longer an issue for service development

If someone asked you to justify your rating here what would you say (please provide a few short sentences):

Test

Mark ‘Removal of Inhibitors’ as your number one priority
Step 4: Negotiating and Reaching Consensus

Decisions

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Description*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td></td>
</tr>
<tr>
<td>Q2</td>
<td></td>
</tr>
<tr>
<td>Q3</td>
<td></td>
</tr>
<tr>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td>Q5</td>
<td></td>
</tr>
<tr>
<td>Q6</td>
<td></td>
</tr>
<tr>
<td>Q7</td>
<td></td>
</tr>
<tr>
<td>Q8</td>
<td></td>
</tr>
<tr>
<td>Q9</td>
<td></td>
</tr>
<tr>
<td>Q10</td>
<td></td>
</tr>
<tr>
<td>Q11</td>
<td></td>
</tr>
<tr>
<td>Q12</td>
<td></td>
</tr>
</tbody>
</table>

1. Readiness to Change

- 0- No acknowledgement of compelling need to change
- 1- Compelling need is recognised, but no clear vision or strategic plan
- 2- Dialogue and consensus-building underway; plan being developed
- 3- Vision or plan embedded in policy; leaders and champions emerging
- 4- Leadership, vision and plan clear to the general public; pressure for change
- 5- Political consensus; public support; visible stakeholder engagement

If someone asked you to justify your rating here what would you say (please provide a few short sentences):

*test

Testing

Mark 'Readiness to Change' as your number one priority
6. **Presentation of the final diagram for XX region** – 15 minutes
   - The facilitator will present the final diagram for the region to the local stakeholders and seek the feedback from the partners if the spider diagram reflects the outcomes of the discussion and if there are any amendments necessary.

7. **Brief reflections from the local stakeholders on the self-assessment process and outcomes** – 15 minutes

6. **Conclusions and next steps** – 10 minutes
   - The facilitator will summarise the day and outline the next steps:
     - **Short term** - (1) local focus groups to capture the experience of the stakeholders with the tool; (2) participation in the online survey to validate the SCIROCCO tool;
     - **Mid term** – Identification of priority areas / domains for the action
     - **Longer term** – Development of the Action Plans to reflect the outcomes of the self-assessment process and inform the twining & coaching activities between the 5 regions participating in SCIROCCO project.
Step 4: Negotiating and Reaching Consensus

Next steps – Priority for improvement

1. Readiness to Change

- 0: No acknowledgement of compelling need to change
- 1: Compelling need is recognised, but no clear vision or strategic plan
- 2: Dialogue and consensus-building underway; plan being developed
- 3: Vision or plan embedded in policy; leaders and champions emerging
- 4: Leadership, vision and plan clear to the general public; pressure for change
- 5: Political consensus; public support; visible stakeholder engagement

If someone asked you to justify your rating here what would you say (please provide a few short sentences):

- Test
- Testing

Mark ‘Readiness to Change’ as your number one priority
Analysis of the Outcomes

- Analysis of the outcomes (gap analysis) of the maturity assessment process is conducted to identify the strengths and weaknesses of particular region/organisation in integrated care – **Local report on the outcomes of maturity assessment.**

- The outcomes of the assessment process will serve as the basis to define local priorities for the improvement which will be addressed through dedicated knowledge transfer and improvement planning support (December 2019-May 2021).
Capturing the local experience

Focus group meetings (1 hour max) are organised with the participants of the assessment process in order to:

- **Capture the experience** of local stakeholders with the process;
- **Inform about any future improvements** of the process and the Tool;
- **Capture the perceptions** of local stakeholders on the outcomes of the process;
- **Understand better the local conditions/factors** which may have influenced the outcomes of the process.
For more information about SCIROCCO Exchange methodology for self-assessment process please contact andreapavlickova@nhs.net

www.scirocco.eu

www.sciroccoexchange.com