



SELF-ASSESSMENT PROCESS IN PUGLIA REGION

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SELF-ASSESSMENT PROCESS

METHODOLOGY



The **SCIROCCO Exchange Tool** was used in the self-assessment process. This is structured as a **12 questions** survey, each of which is associated to a particular “dimension”.

DIMENSIONS

Q1	Readiness to Change	Q7	Population Approach
Q2	Structure & Governance	Q8	Citizen Empowerment
Q3	Digital Infrastructure	Q9	Evaluation Methods
Q4	Process Coordination	Q10	Breadth of Ambition
Q5	Finance & Funding	Q11	Innovation Management
Q6	Removal of Inhibitors	Q12	Capacity Building

The maturity level in each dimension is evaluated by an assessment scale which goes from a **minimum rating of “0” to a maximum rating of “5”**.

Five stakeholders per each Local Health Authority (LHA) with diverse background and different roles within the organisation comprised: a representative of the Top Management (e.g. CEO, CMO, CAO); a representative of the Health & Social Care District; a representative with medical background (e.g. Care Manager, Chief Nurse); a representative of the ICT Team; and a patients’ group representative.

The self-assessment process comprised **two separate stages**:

- a.** Individual self assessment, completed by each appointed stakeholder with one-to-one support upon request; and
- b.** Consensus workshop, delivered to each Puglia LHA office with all the stakeholders face-to-face.



Individual stage



Consensus stage

In the assessment phase, together with the score, each participant stakeholder was invited to provide a brief justification for the score assigned. The results were plotted on individual spider diagrams for each self-assessment completed, whose combination during the consensus stage originated a spider diagram over the scores individually provided and visualised with bubbles as depicted in the figure below.

SELF-ASSESSMENT PROCESS IN PUGLIA REGION

BRINDISI LOCAL HEALTH AUTHORITY



Brindisi Local Health Authority
final spider diagram



Brindisi Local Health Authority
consensus workshop

ROLE	AFFILIATION
Chief Medical Officer	Brindisi LHA
H&SC district Director	Francavilla Fontana H&SC District
Nurse Coordinator	Ceglie Messapica H&SC District
IT services Manager	Brindisi LHA
President of Voluntary Association	Protezione Civile Mesagne



SCOPE

To capture the perception of multiple stakeholders on maturity and readiness to change of Brindisi Local Health Authority, in order to identify strengths and weaknesses of the adoption process, to provide the basis to enable improvement through knowledge transfer.

ASSESSMENT PROCESS

Five step process: identification of local stakeholders by the Trust; individual on-line self-assessment with help-line support; share of the individual assessments with ARESS Puglia; consensus meeting at Brindisi Local Health Authority; data analysis by ARESS; Regional report.

STRENGTHS

The strengths emerged across Brindisi Local Health Authority, on which majority of the stakeholders agreed, are: **Q2 - Structure and Governance**; **Q3 - Digital Infrastructure**; **Q8 - Citizen Empowerment**; and **Q10 - Breadth of Ambition**.

WEAKNESSES

All five stakeholders agreed on one greatest weakness of Brindisi Local Health Authority: the lack of information and communication, at multiple levels, which is linked to more than one dimension and affects all the processes.



Andrea Gigliobianco
Chief Medical Officer,
Brindisi Local Health Authority

“Lot of improvements towards the right direction have been taking place over the past years. It is necessary to reinforce some sectors and to integrate some services, in order to avoid useless duplication.”

SUMMARY AND CONCLUSION

Brindisi Local Health Authority took active part in the self-assessment from the very beginning. The different roles affected the different perception of each dimension.

A common factor among multiple dimensions is the strong Structure & Governance that is provided by the management team and transferred top-down. This works alongside with the bottom-up ambition to demonstrate to the other five Local Health Authorities that the small size of Brindisi Local Health Authority is not a limiting factor, quite the opposite, is a facilitation element in achieving integrated care maturity.

The need for greater information access at all levels is strongly envisaged, to further improve towards integration.

SELF-ASSESSMENT PROCESS IN PUGLIA REGION

BARI LOCAL HEALTH AUTHORITY



Bari Local Health Authority
final spider diagram



Bari Local Health Authority
consensus workshop

ROLE	AFFILIATION
Chief Medical Officer	Bari LHA
H&SC District Director	District 14
Nurse Coordinator	District 14
IT services Director	Bari LHA
President of Patients' Association	APMAR Association
Sick Patient Court Coordinator	Bari LHA
H&SC Services Director	Bari LHA



SCOPE

To capture the perception of multiple stakeholders on maturity and readiness to change of Bari Local Health Authority, in order to identify strengths and weaknesses of the adoption process, to provide the basis to enable improvement through knowledge transfer.

ASSESSMENT PROCESS

Five step process: identification of local stakeholders by the Trust; individual on-line self-assessment with help-line support; share of the individual assessments with ARESS Puglia; consensus meeting at Bari Local Health Authority; data analysis by ARESS; Regional report.

STRENGTHS

The strengths emerged across Bari Local Health Authority, on which majority of the stakeholders agreed, are: **Q8 - Citizen Empowerment**; **Q10 - Breadth of Ambition**; and also **Q4 - Process Coordination** (considering the great population catchment of Bari Local Health Authority).

WEAKNESSES

Variations across the seven stakeholders were recorded on the weakest dimensions: **Q5 - Finance and Funding**; **Q3 - Digital Infrastructure**; and **Q6 - Removal of Inhibitors**. The scale of Bari Local Health Authority and its genesis as aggregation of multiple Local Health Authorities affect the weaknesses.

Silvana Fornelli
Chief Medical Officer,
Bari Local Health Authority

“Elements of innovation in the integrated care processes are captured and Bari Local Health Authority is working towards their implementation. A coordination process on care pathways between health territories and social services is underway.”

SUMMARY AND CONCLUSION

Bari Local Health Authority took part in the self-assessment process with a wider group of stakeholders, also in consideration of the scale of the Local Health Authority.

The outcomes reflected the local situations and expectations of the stakeholders. The emerged strengths are affected by the flexibility at operational level, as governance across the entire Local Health Authority enables it. The recorded weaknesses are affected by: the size and how multiple Local Health Authorities were joined together into Bari Local Health Authority; and the lack of homogeneous management of each specific process within the Local Health Authority.

SELF-ASSESSMENT PROCESS IN PUGLIA REGION

FOGGIA LOCAL HEALTH AUTHORITY



Foggia Local Health Authority
final spider diagram



Foggia Local Health Authority
consensus workshop

ROLE	AFFILIATION
Chief Executive Officer	Foggia LHA
Social Services Coordinator	Foggia LHA
H&SC district Director	San Marco in Lamis H&SC District
Nurse Coordinator	San Marco in Lamis H&SC District
ICT services Manager	Foggia LHA
President of Patients' Association	Patient Advisory Committee



SCOPE

To capture the perception of multiple stakeholders on maturity and readiness to change of Foggia Local Health Authority, in order to identify strengths and weaknesses of the adoption process, to provide the basis to enable improvement through knowledge transfer.

ASSESSMENT PROCESS

Five step process: identification of local stakeholders by the Trust; individual on-line self-assessment with help-line support; share of the individual assessments with ARESS Puglia; consensus meeting at Foggia Local Health Authority; data analysis by ARESS; Regional report.

STRENGTHS

Dimensions **Q1 - Readiness to Change** and **Q7 - Population Approach** are more dominant than others. The uneven distribution across the territory gives real power to population approach; sharing and participation of the vision is in place.

WEAKNESSES

The dimensions which were rated the lowest are: **Q6 - Removal of Inhibitors**, **Q9 - Evaluation Methods**, and **Q10 - Breadth of Ambition**. The main recorded weakness is lack of training, which is key to dissolve the resistance to change that still exists in places.



Vito Piazzolla
Chief Executive Officer,
Foggia Local Health Authority

“We have come a long way in planning and organisation both at regional (i.e. Puglia) and local level (i.e. Foggia). Foggia Local Health Authority is completing the implementation and scale-up innovation process. It is necessary to make pressure to reach the change.”

SUMMARY AND CONCLUSION

Foggia Local Health Authority reported the most evident variation between the moment of completion of the on-line self-assessment and the time of the consensus Workshop. The new intranet network implementation had started to overcome the physical constraints (i.e. mountains and islands of the geographical configuration), yet the emerged challenge is still the uneven distribution across the territory and the physical constraints, which requires stronger and diverse efforts to deliver integrated care services. Despite a strong vision, the plan is not yet implemented, hence a methodology needs to be shared among multiple levels to finalise the change.

SELF-ASSESSMENT PROCESS IN PUGLIA REGION

LECCE LOCAL HEALTH AUTHORITY



Lecce Local Health Authority
final spider diagram



Lecce Local Health Authority
consensus workshop

ROLE	AFFILIATION
Chief Executive Officer	Lecce LHA
H&SC district Director	Galatina H&SC District
Nurse Coordinator - Care Manager	Galatina H&SC District
IT services Manager	Lecce LHA
President of Patients' Association	AEEOS ONLUS Association
Sick Patient Court Coordinator	-



SCOPE

To capture the perception of multiple stakeholders on maturity and readiness to change of Lecce Local Health Authority, in order to identify strengths and weaknesses of the adoption process, to provide the basis to enable improvement through knowledge transfer.

ASSESSMENT PROCESS

Five step process: identification of local stakeholders by the Trust; individual on-line self-assessment with help-line support; share of the individual assessments with AReSS Puglia; consensus meeting at Lecce Local Health Authority; data analysis by AReSS; Regional report.

STRENGTHS

The strengths emerged across Lecce Local Health Authority are: **Q3 - Digital Infrastructure**, and **Q5 - Finance and Funding**. The dimension **Q10 - Breadth of Ambition** and multiple informal collaboration across the organisation Lecce Local Health Authority affects the emerging strengths.

WEAKNESSES

The reported weaknesses are: **Q1 - Readiness to Change**; **Q2 - Structure and Governance**; and **Q11 - Innovation Management**. The factor that deeply influences the weaknesses is the very poor communication between Lecce Local health Authority (e.g. staff) and the citizens in the catchment area.



Rodolfo Rollo
Chief Executive Officer,
Lecce Local Health Authority

“It is necessary to work towards departmental organisation of services and networks. No longer on vertical governance linked to the old concept of healthcare infrastructure, but on a matrix governance funded on networks of inter-professional teams in health sector, and mostly if linked to the territory.”

SUMMARY AND CONCLUSION

Lecce Local Health Authority is supported by a solid digital infrastructure. There is a strong desire to deliver together a vision shared among all stakeholders, including citizens. Despite Lecce Local Health Authority is undergoing a change management process at the time of the workshop, a bottom-up approach is recorded: multiple informal collaborations and task forces are in place, although not in a systematic way. The need for better communication between internal and external stakeholders is deeply envisaged.

SELF-ASSESSMENT PROCESS IN PUGLIA REGION

TARANTO LOCAL HEALTH AUTHORITY



Taranto Local Health Authority
final spider diagram



Taranto Local Health Authority
consensus workshop

ROLE	AFFILIATION
Medical Doctor	Taranto LHA
H&SC district Director	Local Health District 6
Community Care Centre Coordinator	Community Care Centre
President of Patients' Association	Patient Advisory Committee
EHR Manager	Taranto LHA
IT services Manager	Taranto LHA



SCOPE

To capture the perception of multiple stakeholders on maturity and readiness to change of Taranto Local Health Authority, in order to identify strengths and weaknesses of the adoption process, to provide the basis to enable improvement through knowledge transfer.

ASSESSMENT PROCESS

Five step process: identification of local stakeholders by the Trust; individual on-line self-assessment with help-line support; share of the individual assessments with AReSS Puglia; consensus meeting at TarantoLocal Health Authority; data analysis by AReSS; Regional report.

STRENGTHS

The strengths emerged are: **Q3 - Digital Infrastructure; Q4 - Process Coordination; Q7 - Population Approach; Q8 Citizen Empowerment;** and **Q12 - Capacity Building.**

WEAKNESSES

The three main reported weaknesses to limit integrated care delivery in Taranto Local Health Authority are: **Q5 - Finance and Funding; Q6 - Removal of Inhibitors;** and **Q10 - Breadth of Ambition.**

Cosima Farilla
Medical Doctor,
Taranto Local Health Authority

“Change is the target of Taranto Local Health Authority. Projects at territorial scale are in place and on-going. Nevertheless, funding is not appropriate to the innovation, and there is lack of communication amongst different task forces.”

SUMMARY AND CONCLUSION

There is a very strong determination and desire for change from Taranto Local Health Authority top management, which is key in driving the change and delivering an effective integrated care system. The Top management team is fully engaged and has the maturity of the integrated care model among their top priorities. The overall objectives are extremely ambitious. Nevertheless, there is a lack of resources that deeply affects the process.

The perceived lack of funding in place to support integrated care is a consequence of the limited positive impact of investments for integrated care, if compared to the investments in place for ICT infrastructure and medical devices equipment in hospital care settings.

SELF-ASSESSMENT PROCESS IN PUGLIA REGION

BARLETTA-ANDRIA-TRANI LOCAL HEALTH AUTHORITY

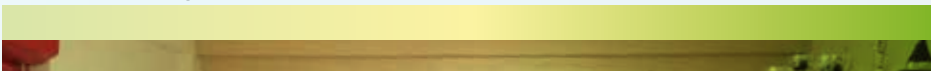


Barletta-Andria-Trani
Local Health Authority
final spider diagram



Barletta-Andria-Trani
Local Health Authority
consensus workshop

ROLE	AFFILIATION
Chief Executive Officer	BT LHA
H&SC District Director	Andria H&SC District
Nurse Coordinator	BT LHA
Sick Patient Court Coordinator	-
IT services Manager	BT LHA



SCOPE

To capture the perception of multiple stakeholders on maturity and readiness to change of Barletta-Andria-Trani Local Health Authority, in order to identify strengths and weaknesses of the adoption process, to provide the basis to enable improvement through knowledge transfer.

ASSESSMENT PROCESS

Five step process: identification of local stakeholders by the Trust; individual on-line self-assessment with help-line support; share of the individual assessments with AReSS Puglia; consensus meeting at Barletta-Andria-Trani Local Health Authority; data analysis by AReSS; Regional report

STRENGTHS

Three dimensions appeared more significant than others in regards to carrying out integrated care in Barletta-Andria-Trani Local Health Authority: **Q4 - Process Coordination**; **Q7 - Population Approach**; and **Q10 - Breadth of Ambition**.

WEAKNESSES

Q5 - Finance and Funding, and **Q6 - Removal of Inhibitors** emerged as weaknesses. All five stakeholders also agreed on lack of integration amongst the different levels of care and the different stakeholders, which is mostly dependent upon organisational aspects, rather than others.



Alessandro Delle Donne
Chief Executive Officer,
Barletta-Andria-Trani
Local Health Authority

“A considerable number of projects are in place. Innovation processes are structured. Nevertheless, information and knowledge sharing is necessary with the entire population to share the change.”

SUMMARY AND CONCLUSION

Despite its innovative approach, Barletta-Andria-Trani Local Health Authority is highly linked to Puglia Region structured approach. A common factor that affects multiple dimensions is the complexity of the management processes, which require a degree of literacy and dedicated efforts to be effective. Training is not yet part of a routine management process, as so it requires extra efforts to be delivered. Structure & Governance is mostly provided in an informal way, which then poses some limits in the implementation processes.

SELF-ASSESSMENT PROCESS

KEY MESSAGES

- Puglia's self-assessment outcomes and local context for integrated care are coherent with the peer-assessment conducted by the European Commission which awarded Puglia in 2019 as a 4-stars Reference Site in the European Innovation Partnership on Active and Healthy Ageing.
- The level of maturity of each Local Health Authority in the health and care system varies from medium to high.
- Regional managers and clinicians tend to score higher than citizens' representative on the maturity progress in relation to each Local Health Authority individual context.
- Major strengths include: Q7 - Population Approach; Q4 - Process Coordination; Q8 - Citizen Empowerment; and Q3 - Digital Infrastructure.
- The dimensions Q6 - Removal of Inhibitors; Q5 - Finance and Funding; and Q9 - Evaluation Methods have still room for improvement in Puglia Region.
- Q10 - Breadth of Ambition resulted as the most variable dimension across the six Local Health Authorities, and across the different stakeholders that have been involved during the process.
- Specific factors need to be taken into account to understand strengths and weaknesses in Puglia Region integrated care provision, particularly in relation to the domains with lower maturity.
- Cultural and infrastructure gaps may sometimes result in barriers, despite the considerable resources invested for chronic care provision in recent years. These services are available only in some districts, mostly as result of trial initiatives, or as good practices with limited implementation as yet.
- The emerging picture reveals a dynamic scenario in which several e-Health good practices are on the verge of being scaled up as a result of a positive assessment by the Regional Health Technology Assessment (HTA) centre.

- Pilot Projects have proven the validity of the process. Several e-Health good practices are still on the verge of being scaled up as a result of a positive assessment by the Regional HTA centre.
- Inhibitors are still present among Puglia Region Local Health Authorities, and require systematic and organised action to be successfully removed.
- Funding approaches need to support the delivery of integrated care in a smoother way, so that the timeline is reduced and investments can be more dynamically made within a structured delivery plan.



About SCIROCCO Exchange

SCIROCCO Exchange is a 32 month project, running from January 2019 to February 2022. The project's total budget is €2,649,587. The project consortium consists of 14 partners from 10 countries, including national and regional healthcare authorities, universities, competence centres and membership organisations. Capacity-building support will be provided to 9 national and regional healthcare authorities, with diverse maturity and organisation of integrated care.

SCIROCCO Exchange Consortium

National and Regional Health and Social Care Authorities

Belgium - Flanders Agency for Health and Care

Germany - Optimedis

Italy - Regional Agency of Health and Social Care of Puglia

Lithuania - Vilnius University Hospital Santaros Klinikos

Poland - National Health Fund

Scotland - Scottish Government (Project Co-ordinator)

Slovakia - Pavol Jozef Safarik University

Slovenia - Institute of Social Protection of the Republic of Slovenia

Spain - Basque Health Service - Osakidetza

Universities and Competence Centres

Scotland - University of Edinburgh

Spain - Kronikune - Institute for Health Services Research

Spain - University of Valencia

Membership Organisations

Belgium - European Health Telematics Association

France - Assembly of European Regions

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