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## CONFERENCE ABSTRACT

# Using The Scirocco Exchange Tool To Capture The Perception Of Healthcare Professionals And Citizens About The Regional Response To Covid-19

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**Introduction:** Puglia Region is part of the SCIROCCO Exchange (SE) Consortium, a project funded by EU Health Program focused on Integrated Care (IC). The core of the project is an online tool and its methodology for the assessment of the maturity level of integrated care, tested in 35 different Countries worldwide. In 2021, to disseminate SE's results, AReSS Puglia signed a memorandum of understanding for a knowledge transfer program with the Bologna University (BU) in order to train stakeholders from the Biomedical and Neuromotor Department on how to use the online tool in their own contest.

**Objectives and Method:** A new research was launched in collaboration with the BU aiming at experimenting the use of the SE Tool to capture the perception of healthcare professionals about the maturity level of the Regional healthcare system delivering integrated services to citizens during the Covid-19 pandemic. Participants were doctors, nurses, managers and citizens of Emilia Romagna Region. They conducted the individual assessment and attended the consensus workshop according to the validated SE methodology (Mingolla et Al). The results, in the shape of a final spider diagram, are based on the 12 evaluation dimensions of the Maturity Model (Alhambra-Borrás et Al) scored by the respondents according to their own experiences and perceptions.

**Results:** The final spider diagram reports scores from medium to high. Process coordination and Population approach turned out as the strongest dimensions; Readiness to Change was identified as a weakness because of the criticalities concerning primary and secondary care integration and continuity of care. The consensus shows differences in the perception according to the role of the health professionals: managers planning activities and deploying strategies in the back-end tend to attribute higher scores than professionals who worked on the front line, such as ER nurses or doctors. These differences are to be attributed to information asymmetries caused by poor communication (from the top-down) and insufficient attention to the health professionals' working conditions (from the bottom-up). Digital Infrastructures were perceived as an important support for dealing with the emergency; citizens considered important the use of the electronic health record as a relevant example of Citizens Empowerment during the pandemic.

**Conclusions:** The research demonstrates how SE Tool is a valuable instrument to capture perceptions and needs during emergencies, involving citizens in the process. The results registered

the sentiment, from the Emilia Romagna health professionals, of living a much extended stressful period: mental health emerged as an issue to be addressed as a priority.

**Implications for applicability and limitations:** The assessment showed the adaptability of the SE tool to evaluate IC during emergencies. Even in the pandemic ever-changing conditions, it has been able to capture insights to improve critical areas of IC. Moreover, it has been noticed that a delimited subject of research to be assessed enhances the tool accuracy.