



SCIROCCO METHODOLOGY FOR ASSESSING THE MATURITY REQUIREMENTS OF GOOD PRACTICES



Co-funded by
the Health Programme
of the European Union



@ SCIROCCO_EU

Objective of the Assessment

- ▶ The goal is to assess the *Maturity Requirements* of a good practice.
- ▶ This is what the good practice needs from its environment in order for it to be possible to carry out the good practice.

Good Practice Description

- ▶ Before starting the *maturity requirement assessment* of a good practice there should be a description of the good practice.
 - SCIROCCO template for the description of good practices is available.
- ▶ The description should pay particular attention to the **boundary** between the good practice and its environment – what is in the good practice and what is outside.
- ▶ This boundary might change or be challenged during assessment. It determines what is to be transferred if the good practice is transferred to a new health and care system.

Maturity Requirement of Good Practice

- ▶ A good practice's *maturity requirements* can be understood as follows:
 - A good practice will *require* some **features** in the **environment**. This is a concrete thing - what is it in the environment that is needed by the good practice.
 - If we ask the question:
 - ▶ Would the good practice be possible if this feature were absent from the environment?
 - ▶ And we get the answer NO, then the feature is required by the good practice
 - Features are related to the *indicators* of the original B3-MM paper.

Maturity Requirement of Good Practice

- There is a set of features *required* by the good practice for each dimension in the Maturity Model.
- For the purposes of SCIROCCO project we do not believe it is necessary to identify this set fully in order to assess the maturity requirement of a good practice.
- In coming to a judgment of the maturity requirement of a good practice it is important to justify this and this can be done by referring to features the good practice in the justification section for the particular dimension.

Maturity Requirement of Good Practice

- ▶ So for each dimension in the Maturity Model:
 1. We assess the *maturity requirement* of the good practice on the dimension.
 1. In assessing the maturity requirement of the good practice for the dimension a set of **features** *required* by the good practice will arise in the **discussion** and these will feature in the justification of the assessment of the level of maturity requirement for the good practice in that dimension.

Planning for the Assessment Process

1. Identification of regional/local stakeholders

Outcome: 4-8 experts maximum

2. Self-assessment survey

Outcome: Stakeholders' perceptions on maturity requirements of good practices & identification of features

3. Data collection/data analysis

Outcome: Spider diagrams & justifications of ratings

4. Consensus building (Online/Face to face)

Outcome: Agreed spider diagram illustrating the maturity requirements of the good practices.

5. Summary of results and feedback on the process

1. Assessment Team

- ▶ The team comprises two sub-teams:
 - The “*practice team*” who know in detail about the particular practice (ideally they are practitioners)
 - The “*system team*” who know about the health system and who understand how the good practice is supported by the health system (or at least know the characteristics of the health system).

- ▶ Each of these sub-teams needs to be **multidisciplinary** so the members bring different perspectives. This is similar to the multidisciplinary requirement on the teams for assessing the maturity of the health system.

- ▶ **4-8 stakeholders** are recommended to be involved.

2. Self-assessment survey

- ▶ Invite the selected stakeholders to register to use SCIROCCO tool and answer an online questionnaire reflecting 12 dimensions of the Maturity Model
- ▶ <http://scirocco-project-msa.inf.ed.ac.uk/login/>
- ▶ Inform / Distribute the various supportive documentation to inform stakeholders about the assessment process
- ▶ Each stakeholder is asked to fill questionnaire individually at this stage.

Self-assessment survey

- ▶ The assessment process consists of the following steps:
 - Choose the **option assessment of the good practice** in SCIROCCO tool
 - Each person is asked **to provide rating 0-5** reflecting maturity requirement of the good practice on a particular dimension
 - Each person will need **to identify features** to justify the rating

Individual self-assessment surveys - Examples

Managerial

Palliative Doctor



Nurse



Practitioner

General Practitioner



Head of the Pain Unit



Data collection and Data Analysis


- ▶ Each regional project coordinator / project partner:
 - 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.

Consensus Building


- Run the consensus building exercise to combine the individual answers into consensus responses and get a final version of the spider diagram.
- This can be done online or face to face.

Workshop - Example

Managerial team

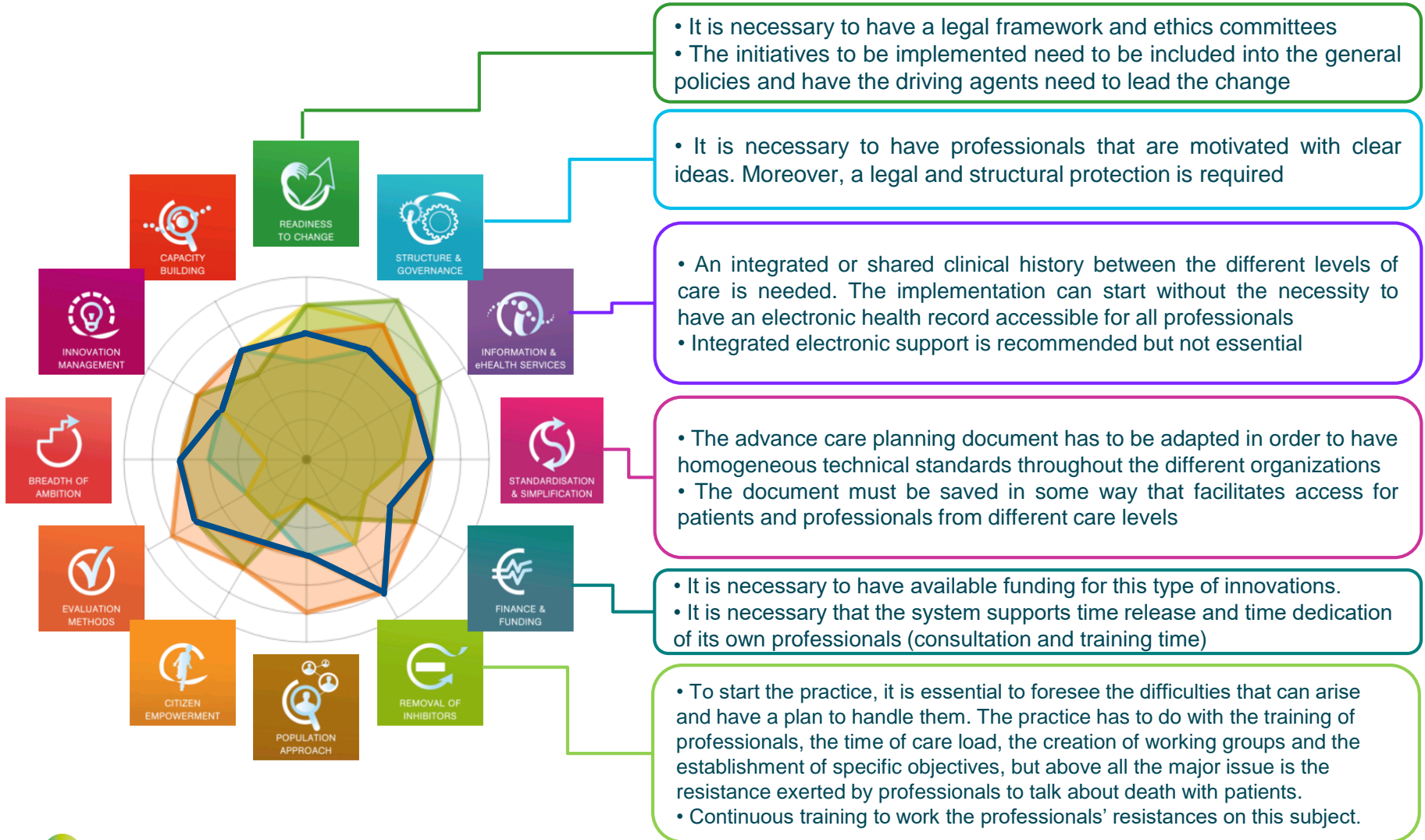
-  Palliative Care Doctor
-  Nurse

Practice team

-  General Practitioner
-  General Practitioner



Workshop-Features (1)



Workshop-Features (2)

• It is necessary to implement integrated care and change management learning in a systematic way for any new practice

• The implementation of a new practice is based on the purpose of innovating and adapting other successful programs. Mechanisms to bring innovations and to transfer knowledge are necessary

• It is necessary an integration between primary care and hospital care. It is possible to start with the practice whenever there is coordination between care levels

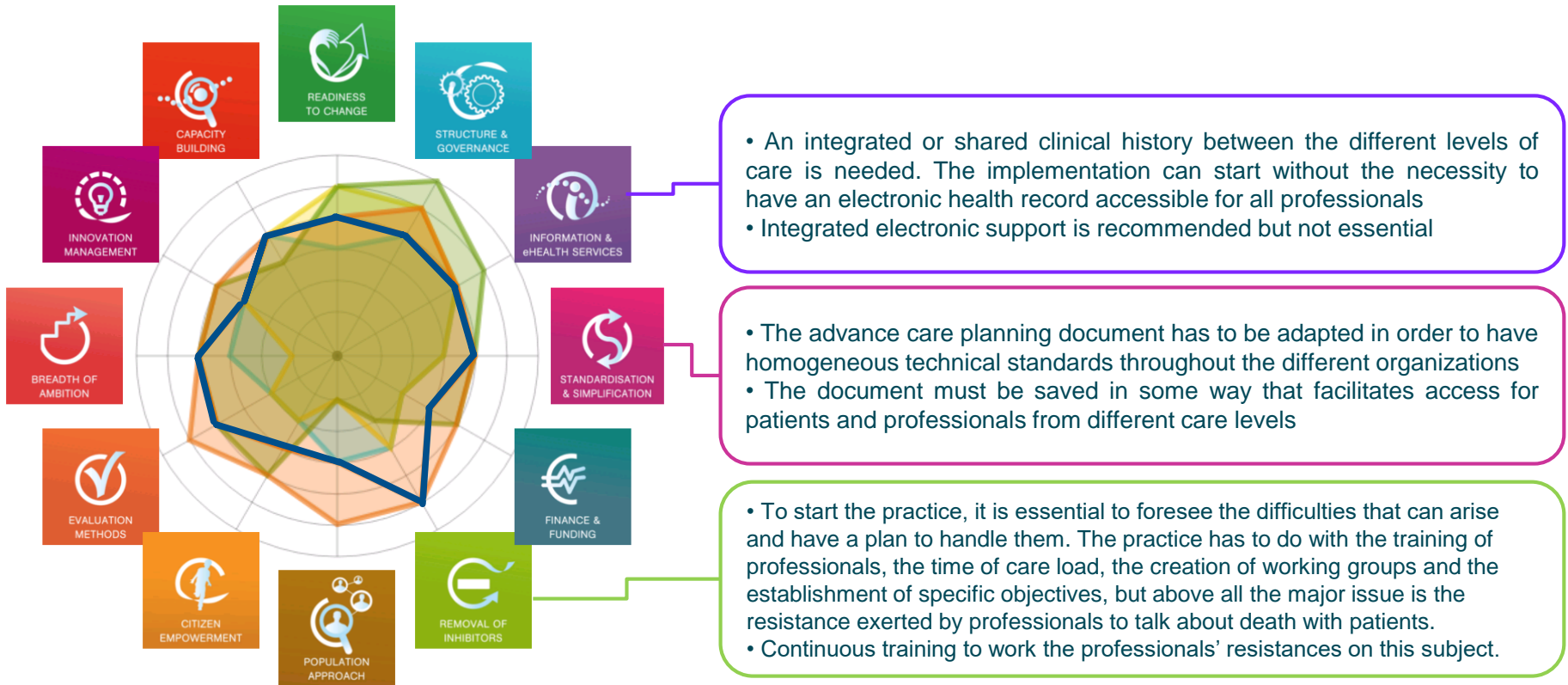
• It is important that the system has an evaluation habit. For example, it would be sufficient to have a structural evaluation in a systematic way

• The participation of patient associations and citizen organizations is an important pillar for this kind of activities to take place
 • Patients have to have access to their health information and health data. It is not necessary to do it telematically, but yes during face-to-face consultations

• The population stratification is not a necessity for the practice. It is important that the stratification process is being initiated to take conscience about the need to implement this type of activities



Key domains for the transferability



Transferring the program to other contexts would require adjustments mainly related to cultural issues

Not as relevant domains for transferability

• The implementation of a new practice is based on the purpose of innovating and adapting other successful programs. Mechanisms to bring innovations and to transfer knowledge are necessary

• The population stratification is not a necessity for the practice. It is important that the stratification process is being initiated to take conscience about the need to implement this type of activities

• It is necessary to have available funding for this type of innovations.
• It is necessary that the system supports time release and time dedication of its own professionals (consultation and training time)

