

Risk Management and Organizational Resilience: Analysis of the Italian Scenario During Covid-19 Pandemic, with A Look at the Challenges of Technology and Sustainability

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Abstract

The Coronavirus emergency represents an epochal challenge for all world health organizations. In these times of profound destabilization of healthcare organizations, become urgent some thoughts on how to deal with the organization and re-engineering process as well as on concepts, relatively new, such as "resilience" and "business continuity". The company management need having to predict, design and plan a profound process of change in their Clinical and Corporate Governance. With the implementation of phases 2 and 3 of management of the pandemic and the coexistence of doctors and citizens with the new Coronavirus, it has become a priority to develop territorial models of assistance to established or suspected Covid patients, starting with the creation of monitoring networks based on the model of the "sentinel" general practitioner. One of the main concerns of Healthcare, since the beginning of the Covid-19 emergency has been to get closer to the citizen-patient. It is therefore necessary to find stimuli to restart with new methods of care, new health and social-health services, moving the current care paradigm for Covid-19 from the hospital to the territory, optimizing the constituent elements of the districts, primary care and general practice in a multidisciplinary approach.

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Introduction

In this dramatic historical moment, it is necessary to focus attention on the so-called "safety of care", considered a constitutive part of the right to health, and with respect to which every health worker is required to compete, *"through all the activities aimed at the prevention and management of the risk associated with the provision of health services and the appropriate use of structural, technological and organizational resources"* [1]. Therefore, by promoting *"the appropriate use of structural, technological and organizational resources"*, organizational appropriateness was introduced by law in the context of activities aimed at the prevention and management of clinical risk, a requirement that is now completely urgent and necessary for health organizations that are facing the epidemiological emergency from Covid-19.

In this emergency situation, it is necessary that the Healthcare organizations, in addition to adapting to changes and renewing themselves through reactive and proactive Risk Management methods and tools, (eg Incident Reporting, Audit and Failure Mode and Effect Analysis - FMEA), also implement organizational and technological tools, in order to eliminate the barriers of distance, time and costs for the access to treatment (for instance with Telemedicine procedures).

In addition to risk management it was discussed and there is talk of "crisis management" [2] or of that process of orderly activities ranging from forecasting the crisis to managing it. That is, during the crisis, the right team is formed to deal with it, preparing the communication plan and the crisis manual, while after the crisis the effectiveness of the actions taken is verified and the learning process is started [3].

The Fragility of the Health System: Analysis of the Current Scenario

The stress test to which the Italian Health System has been and is subjected has highlighted its strengths (universality and quality of care) but also important aspects to improve, such as the excessive presence of a hospital-centered model at the expense of territorial and proximity assistance. On the other hand, in pre-pandemic Italy, the functionality of local health services was extremely different between regions.

In this context, it appears essential to resolve

two of the knots of the hospital-territory integration process.

Integration between Health and Welfare.

Since "health" and "social" have strong interconnections, a "governance" is needed both at national and local level, which includes the construction, by health and social operators, of Integrated Health and Social Care Pathways for the realization of the "health system".

Intervening on "hardware" and "software"

Technology must act as a "bridge" between the hospital and local level of care, with the simultaneous need for information to be usable regardless of the context in which the patient receives the treatment. The use of telemedicine, today, is still too marginal for cultural reluctance of patients and for the "digital divide" between generations and between territories. So, computer literacy for the population less accustomed to the "new" tools and the intangible infrastructure appear a prerequisite to increase confidence and acceptance towards these types of tools.

A Nearby Health Care to the Citizens: The Assets to Work for a New Healthcare Model

In Phase 3 it is essential to work to redesign the National Health System, capitalizing on the experience of emergency phase 1 (complete lockdown), according to two guidelines: the organizational one, favoring remote care and patient empowerment and the technological one with new solutions through digital technologies that enable new models of care [4]. It is therefore necessary to redesign the Italian NHS [5] starting from its weaknesses, that is the model of care that characterizes Italian healthcare, with hospitals still the epicenter of care in our system and the great criticality regarding the level of digitization of our social and health system.

It seems useful to design new prevention and treatment models, supported by technology solutions, that enable the sharing of information for citizens and patients between all stakeholders. Connected Care can be an example. Its goal is to put the citizen-patient at the center of the system, thus developing relationship and service methods for the patient and health professionals, along all stages of the health process [6,7]. The process develops from access to health data, to use of services, up to the monitoring of

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health status, treatment and outcomes, generating behaviors estimates based on analysis of statistical models.

Organizational Flexibility: Operations in Times of Crisis

Each organizational innovation must be evaluated by the results it produces in the short to medium term. It is therefore important that any reorganization should be preceded by careful analysis and explanation of the real needs; otherwise it becomes difficult to adopt a criterion of evaluation of the success/failure of innovation. For this to happen, it is necessary to think in terms of the development path and gradual adaptation of the organization to the changed operating rules, overseeing the different phases[8]:

- clarify the drivers of change: (why do it?);
- analyze the existing situation and identify the organizational needs (starting from the problems);
- designing the new model in a contingent way (elaboration of specific proposals and solutions);
- formalization of the model (make it mandatory);
- Implementation of the new model (make it work).

Conclusion

The year 2020 opened with a demanding stress tests for health systems around the world by creating a global crisis that has not spared our National Health Service (NHS), manifesting itself in a number of facets. It was necessary that the causes of the crisis were clearly identified and stabilized and that it would create a shared vision on the government of the same. Secondly, the pandemic has forced the NHS actors to understand how to take care of patients by giving effective answers with the available resources, during crisis. A step forward will consist in observing management in action and will help to build the conditions to face future challenges.

The culture of risk arises, therefore, as a transversal element to change with investment on training and digitalization that can make proactive and flexible healthcare company in terms of organization. A risk management approach will be adopted, that includes the use of scenario analysis with the option of quick recovery [9]. It is certain that intuition, competence, flexibility and rapidity of analysis and action will be key elements to be able to lean towards

such a scenario, minimize negative impacts and make the health system strong and safe[10].

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