

EVOLUTION SIRCOVID

This tool **emerged** during the COVID-19 pandemic in 2020 to address the need to manage outbreaks by exchanging information between healthcare centres and nursing centres for elderly and those with disabilities. It has evolved these last years with **new functionalities** aimed at the continuity of the care, management of the health problems of the those that reside in these homes and security in the exchange of information.

In 2021, while interoperability between electronic healthcare records and SIRCOVID was improved (see videos), a **specific programme** “Health care program for people in residential centres” was designed, which began its implementation in 2022.

This programme promotes **communication and collaborative work** between professionals from both social and health systems, especially primary care because their professionals are responsible for local healthcare throughout the Aragon territory.

In order to develop jointly different healthcare programmes, depending on the risks and morbidity of the residents, each primary care centre (total 124) has a **reference professional** for this programme, who coordinates relations with the nursing centres in each healthcare area, promotes the development of programmes and monitors evaluation indicators.

Some of the key programs are:

- Complex chronic patient care programme
- Programme for the rational use of medicines and health products
- Vaccination programme
- Malnutrition programme

The implementation of the Healthcare Programme for people in elderly homes has included the implementation of **training courses** for primary care professionals (two editions and the third edition is currently is about to begin.), with the following distribution of participants and overall assessment:

Alumnos / Sector:

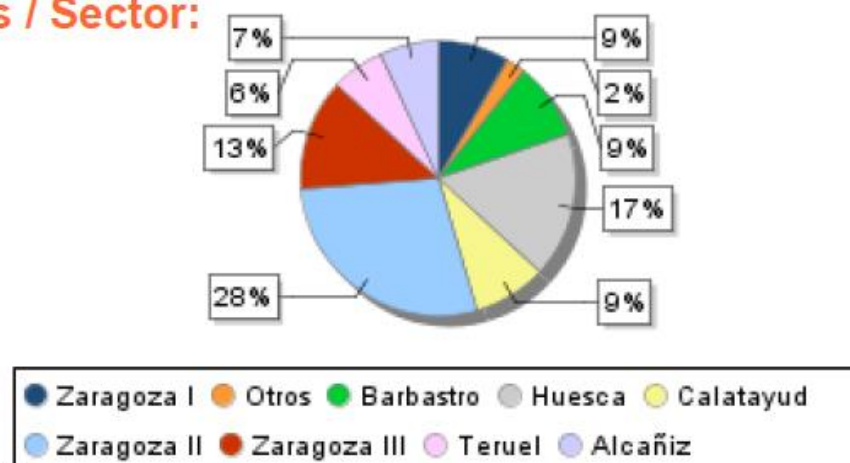


Illustration 1: Distribution of participants by Healthcare sector

Satisfacción:

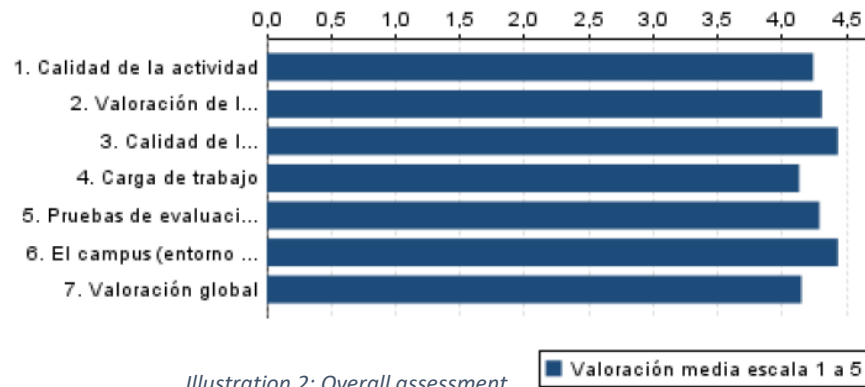


Illustration 2: Overall assessment

Another key aspect to promote the adaptation of the SIRCovid tool to the current needs has been to include evaluation indicators in the **management contracts** that is carried out each year between the Department of Health and the Healthcare centres, so that their compliance affects the assessment of each centre and its professionals.

CONCLUSIONS

SIRCOVID is an example of ICT, applied in the context of proximity health services (primary care) and specialised social services (residences for the elderly and people with disabilities), which is constant evolution with new functionalities that enable secure access to relevant information for the continuity of care of residents.

This has meant coordination actions at macro, meso and micro levels of the health and social systems and a clear commitment from the healthcare system, which finances it.

The **main difficulties encountered** is motivated by the situation of uncertainty and insecurity generated by the COVID-19 pandemic, by the difference in the culture of both organisations, health and social, and the diversity of types of residential social centres.

Key future challenges include the continuous updating of the databases of people included in the health and residential systems, while incorporating relevant information for the care of these people, the review of regulations relating to centres and services that may have become obsolete and the continued training of professionals and the support of the managers of both systems.