JADE CARE

Joint action on implementation of digitally enabled integrated person-centered care

D3.1 IMPACT ASSESSMENT PLAN

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Table of abbreviations

AE	Affiliated Entity
CA	Competent Authority
CF	Core Feature
CFIR	Consolidated Framework for Implementation Research
DEIPCC	Digitally Enabled Integrated Person-Centred Care
EU	European Union
GA	Grand Agreement
ICT	Information and Communications Technology
JA	Joint Action
JADECARE	Joint Action on Digitally Enabled Integrated Person-Centred Care
KPI	Key Performance Indicator
LAP	Local Action Plan
LCF	Local Core Feature
LGP	Local Good Practice
NA	Next Adopter
NAWG	Next Adopters Working Group
NGO	Non-governmental organization
oGP	original Good Practice
PDSA	Plan-Do-Study-Act
PO	Project Officer
PROM	Patient Reported Outcome Measures
PREM	Patient Reported Experience Measures
QH	Quadruple Helix
RACER	Relevant, Acceptable, Credible, Easy and Robust
RE-AIM	Reach Effectiveness Adoption Implementation Maintenance
SC	Steering Committee
SMART	Specific, Measurable, Attainable/Achievable, Realistic and Time Bound
SQUIRE 2.0	Revised Standards for Quality Improvement Reporting Excellence
tWP	transfer Work Package
WP	Work Package

Executive summary

This deliverable "D3.1: Impact Assessment Plan" is part of Work Package 3 (WP3): Evaluation. This WP is responsible for verifying the planned implementation of the project and the achievement of the objectives using a comprehensive approach with quantitative and qualitative methods. It will also perform a systematic appraisal of the quality of the transfer and implementation process, evaluating and reporting the experience of adopting original Good Practices (oGPs) in heterogeneous Next Adopter (NA) sites. Moreover, WP3 will assess the reinforcement of the capacity of health authorities to organize and deliver digitally enabled, integrated, person-centred care. To do so, the document includes the evaluation framework of JADECARE (objectives, process, output, and outcomes indicators), plan (quantitative and qualitative), data management procedures and templates, responsibilities, and timeline, the same for all 23 NAs.

The Impact Assessment Plan of JADECARE has been designed in three different sections that can be understood separately but complement each other so as to reach full meaning in combination.

- The first section is the "Project Progress Monitoring Plan" and describes the activities performed in JADECARE in order to reach its specific objectives. It is a framework to compare the activities actually developed to the initial plan of activities.
- The second section, namely "Quality Assurance Plan" is a framework for performing a systematic appraisal of the quality of the transfer and implementation process.
- The third one, the "Impact Assessment Plan", describes the methodology and framework and how to plan the assessment to reach the original overall assessment of objectives of JADECARE.

The "Project Progress Monitoring Plan" comprises of two parts: The first one presents the methodology for the monitoring of the activities of JADECARE. The second part contains the monitoring activities and indicators.

The "Quality Assurance Plan" is structured based on the three implementation phases: Pre-Implementation, Implementation and Post-Implementation.

The "Impact Assessment Plan" is constructed in four pillars:

- An introduction that briefly explains the idea behind the impact plan and the framework.
- A description of the stakeholders, the assessment questions, the assessment design and methodology and the data collection logistics.
- Desired characteristics of the assessment.
- Key performance indicators.

The document concludes with a brief reference to the assessment deliverables planned in the timeframe of JADECARE and their context.

1 Introduction

1.1 Introduction to JADECARE

The aging population, with the growing burden of chronic conditions and multi-morbidity, is constantly increasing the demand for more efficient care and smarter personalized care delivery based on innovative solutions and health outcomes. Health systems seek to deliver integrated services that are person-centred, based on the needs of citizens, through new technologies and organizational changes. JADECARE will contribute to innovative, efficient, and sustainable health systems through providing expertise and sharing good practices' solutions of Digitally Enabled Integrated Person-Centred Care (DEIPCC).

In order to achieve these goals, four oGPs will support participating health authorities of Member States to transfer the successful practices and generated knowledge into the healthcare systems of the participating partners. The Joint Action (JA) aims to enable the participating national authorities to benefit from efficient solutions in DEIPCC developed by Early Adopters of oGPs. JADECARE was born on the basis of these actions, after the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP) selected four to be transferred to other European Union (EU) countries. These practices range from digital integration, chronic diseases, multi-morbidity and patients with complex needs, prevention, promotion of population health and case management and include: Basque Health Strategy in ageing and chronicity: integrated care (Basque Country); Catalan open innovation hub on Information and Communications Technology (ICT)-supported integrated care services for chronic patients (Catalonia); The OptiMedis Model-Population-based integrated care (Germany); and Digital roadmap towards an integrated health care sector (Region of South Denmark).

The approach is to enable the participating national health authorities to benefit as NAs from efficient solutions developed by the providers of the oGPs and reinforce through best practice transfer the capacity of health authorities to successfully address important aspects of health system transformation in the era of digitalization.

The objectives of JADECARE, as described in the Grant Agreement (GA), are:

- To strengthen the capacity of health authorities to successfully address all major aspects of health system transformation, in particular the transition to digitally, integrated, and person-centred care.
- To support the transfer of good practices from "Early Adopters" to "NAs".

In particular, JADECARE will strengthen the capacity of the care authorities to:

- Support change management and reorganize existing care models as a result of the pilot practices to be implemented in WP5-8. JADECARE, will generate data on the impact of the change and demonstrate a framework and methodology of how integrated care should be delivered.
- Incorporate digital technologies and tools into care services. All the oGPs are based on the use of digital technologies and tools and the JA will also analyse how the implementation could be done in a wide range of situations from digital health systems to the very advanced ones.
- Consider and monitor health workforce roles and skills with digital technologies and data development.
- Build the capacity of individuals and communities to participate in the care progress.

- Empower citizens to participate actively in health care decision-making, including the use of patient-reported data.
- Evaluate new methods of performance evaluation.

The objectives of the Project, against which the impact will be measured, are established at two levels:

- At **JA level**, specific objectives address ambition, impact, deployment, and management.
- At the **NAs' level**, specific, measurable, achievable, and realistic objectives and key performance indicators in each site according to their Local Good Practice (LGP) and Local Action Plan (LAP) defined and implemented.

1.2 Evaluation in JADECARE

Within the context of JADECARE, and as stated in the GA, the evaluation WP will:

- Assess the quality and compliance of the project process and stakeholders' views inclusion and satisfaction.
- Perform a systematic appraisal of the quality of the transfer and implementation process, understanding, evaluating and reporting the experience of adopting oGPs in in heterogeneous NA sites.
- Provide a methodological framework for assessing the different features of the oGPs adopted to cover the requirements and expectations.
- Evaluate the reinforcement of the capacity of health authorities to organise and deliver digitally enabled, integrated, person-centred care
- Evaluate the transfer the good practices (or their significant elements) from the oGPs to the NAs in terms of performance, acceptance, satisfaction and sustainability.

2 Project progress monitoring

2.1 Objectives of the project progress monitoring

Project monitoring is conducted under task 3.1 of WP3. Its main purpose is to conduct a systematic assessment of the quality and compliance of the project progress and stakeholders' views on inclusion and satisfaction.

The main objectives of project monitoring are:

a) To verify the planned implementation of the project and the achievement of the objectives using a comprehensive approach with quantitative and qualitative methods.
b) To provide key information to beneficiaries to correct the limitations detected and boost the strengths in the development of activities, helping to produce the most valuable outputs and outcomes.

In order to achieve the objectives above, this section aims to summarise the methodology and the activities to be conducted as part of the monitoring plan. The final aim is to support WP leaders and implementers on the development of the tasks in order to boost strengths and overcome barriers timely, supporting the efficient use of resources, ensuring the needed support is provided at any time during the project and at all levels.

The outputs of the monitoring plan will be included in the Interim Evaluation Report (M20) and the Final Evaluation Report (M36). The latter will incorporate the final results of the monitoring and internal evaluation assessment, lessons learnt and recommendations.

2.2 Methodology of the project progress monitoring

JADECARE will be oriented towards following the tasks and activities foreseen in the Grant Agreement and verifying whether its deliverables and milestones are appropriately achieved.

The evaluation will be held at different levels: general aims of the project and individual WPs objectives and actions. The big general events such as General Assembly and Stakeholders Forum held all along the project will be appropriate opportunities to gather some of this information.

The development of evaluation indicators arises from the previous design in each WP of the intended activities throughout the duration of the Project. This design includes:

- General description of indicator (process, outputs or outcomes)
- Methodology to collect data and analyse results

Indicators for project monitoring:

The indicators must be SMART-RACER basis. These principles mean that they must follow Specific, Measurable, Attainable/Achievable, Realistic and Time Bound (SMART) monitoring objectives and be described in a Relevant, Acceptable, Credible, Easy and Robust (RACER) manner. In detail, that means that the related objectives are:

- **Specific-Strategic**: targets a task or activity with a scientific and project improvement interest,

- **Measurable**: the aim is quantifiable or can be described qualitatively in a manner that can be acceptably pre-defined
- **Assignable**: the responsible is clearly stated,
- **Realistic**: results can realistically be achieved given the available resources
- **Time-related**: results are expected to be achieved in a specific timeframe

And that the indicators are:

- **Relevant**: closely linked to the objectives to be reached
- **Acceptable**: by the responsible of each indicator (WP general or task leaders...)
- **Credible**: unambiguous, transparent, repeatable and easy to interpret,
- **Easy**: data collection should be possible at a reasonable cost (available, feasible…)
- **Robust**: manipulation is tried to be avoidable through considering aspects like sensitivity, quality, consistency, comparability

Table below will be used to summarise the description of each indicator:

(code)_Indicator	WPX _number of indicator Name of indicator
Definition	A brief description of the indicator
Justification	Reason why this indicator is relevant for the monitoring of JA-DECARE
Type of indicator	Quantitative or qualitative indicator
Methodology	What methodology is going to be followed in order to collect data in relation to the indicator?
Data source(s)	Which data sources will be checked (if any)?
Level	At which level is the indicator measured? JA/WP/NA
Data collection instrument	Which data collection instrument will be used in order to data collect (if any)?
Responsible	Which WP is responsible for data collection (together with WP3)?
Periodicity of data collection	How often will the indicator be measured?
Completion criteria*	What is the maximum level that the indicator can reach?
Acceptance criteria*	What is the minimum value of the indicator that is considered satisfactory enough?
Main Barriers	What are the shortcomings that can be foreseen?
Main facilitators	What are the facilitating elements that enabled its progress?
Observations	Any other relevant aspect

Table 1: Summary of the description of the indicators

For each objective, deliverable and milestone a table with the level of achievement will be reported by using the format below:

	[NAME of Objective/Deliverable/Milestone]			**Due**	[Month XX]	**Achieved**	[Y/N]
% Achieved	**Means of verification**	**Deviations (if any)**	**Reasons for deviation**	**Corrective actions**			
Main barriers:							
Main facilitators:							

Table 2: Reporting for the level of achievement of the indicators

2.3 Activities of the project progress monitoring

2.3.1 Indicators to monitor project progress

The monitoring indicators have been defined based on the objectives set in each WP. The table below compiles all monitoring indicators discussed with WP leaders.

Set of indicators agreed with WP leaders. Some iterative process might be needed to finally validate the indicators.

WP1 Objectives	Indicator	Means of verification
To provide technical, scientific, financial and administrative management and support	Perception of support by WP leaders	Questionnaire circulated in the Consortium meetings
To steer efforts of the partners for the achievement of milestones	Ratio of milestones achieved on time	JADECARE Technical Reporting (every 18 months)
To elaborate a project management handbook defining general procedures for the project management and quality assurance	Availability of a project handbook in the first year of the project.	JADECARE Technical Reporting (every 18 months)
To monitor progress to avoid deviations	# Deviations report to JA coordinators.	JADECARE Technical Reporting (every 18 months)
To ensure ethical compliance	Ethical issues addressed/unaddressed every project year	Issue Log (Sharepoint)
To communicate with HaDEA	Number of requests from HaDEA unaddressed every	Minutes of the SC meetings

	year. Bilateral meetings w/ HaDEA + (Project Officer (PO) invited to Steering Committee (SC)) attended/Invited	
To organize SCs on a regular basis	Number of Steering Committee meetings celebrated.	Minutes of the meetings/registry of meetings.

Table 3: WP1 indicators

WP2 Objectives	Indicator	Means of verification
To ensure that the results and deliverables of the JA of DEIPCC are known both to general public and the stakeholders.	Publication of the results and deliverables at website.	Website
To actively identify and engage stakeholders throughout the course of the project in order to ensure that the results of the project are applicable and appropriate to stakeholders.	Number of individuals/organisations who participated in the Stakeholder Forum or other events the Consortium may organise.	Stakeholder Forum participation statistics

Table 4: WP2 indicators

WP3 Objectives	Indicator	Means of Verification
Provide a methodological framework for assessing the different core features adopted during NAs implementation to cover the requirements and expectations.	Availability of an assessment methodology	Impact assessment plan
Assess the quality and compliance of the project process	Level of project progress perception by partners.	Survey circulated in the General Assemblies
Evaluate stakeholders' views inclusion and satisfaction	Level of satisfaction of the stakeholders	Survey circulated in the Stakeholder Forum or similar activity.
Perform a systematic appraisal of the quality of the transfer and implementation process, understanding, evaluating and reporting the experience of adopting oGPs in in heterogeneous NA sites.	Practices transfer process quality assessment conducted	Interim Evaluation Report Final Evaluation Report
Evaluate the reinforcement of the capacity of health authorities to organise and deliver	Assessment of capacity of health authorities conducted	Interim Evaluation Report Final Evaluation Report

WP3 Objectives	Indicator	Means of Verification
digitally-enabled, integrated, person-centred care		
Evaluate the transfer the good practices (or their significant elements) from the "early adopters" to the NAs in terms of performance, acceptance, satisfaction and sustainability.	Impact assessment of Practices transfer conducted.	Interim Evaluation Report Final Evaluation Report

Table 5: WP3 indicators

WP4 Objectives	Indicator	Means of Verification
Identify general principles and individual characteristics of successful implementation of good practices, based on oGPs	General principles of successful implementation described (milestone)	Report on General principles of successful implementation finalized
Support exchange of knowledge and experiences of implementation by NAs including study visits and thematic workshops.	Number of major knowledge exchange activities	Summary report from study visits at oGPs sites finalized (milestone), reports from thematic workshops available (delivered by WP5-8)
Support NAs in a mix-match approach to blend objectives and activities related to Core Features (CFs) from different GP in one LGP and LAP.	Number of LGPs and LAPs with mix and match approach	LGPs and LAPs with mix and match approach finalized
Generate recommendations and guidance for uptake of good practices with new knowledge and understanding, based on the results of implementation by NAs	Availability of recommendations and guidance for good practices uptake.	Handbook on learning from good practices finalized
Support NAs to facilitate the sustainability of the practice by strategy and plans for actions at local/regional/ national level	Number of sustainability strategies and sustainability action plans	Summary report with core findings from individual sustainability plans (as part of Deliverable 4.3)
Present a potential use of results and deliverables of JADECARE for further building up the capacity of national and regional authorities to organize and deliver integrated person-centred care including integration in policies in Deliver guiding material to support the countries scale up		Characteristics of JADECARE practices, leading to sustainability and integration into national policies (Deliverable).

of JADECARE results and to support sustainability after the end of the JADECARE project		

Table 6: WP4 indicators

Work Packages 5 to 8 share the same objectives and therefore, also the set of indicators to measure their progress.

WP5, WP6, WP7, WP8 Objectives	Indicator	Means of Verification
To select the CFs of the oGP that NA´s will work on	Completed scope definition of the WP5 implementation sites	JADECARE Technical Reporting (every 18 months)
To perform the situation analysis and define the strategic actions of NAs	Completed situation analysis (SWOT) of the WP5 implementation sites	JADECARE Technical Reporting (every 18 months)
To define the specific interventions and actions that will be transferred to NAs.	Designed Local Good Practices and LAPs	JADECARE Technical Reporting (every 18 months)
To facilitate and support the transfer of oGP features to NAs´ context.	Perception of close support from NAs from the WP leader	Questionnaire on perception circulated among NAs

Table 7: WP5-8 indicators

2.3.2 Meetings' monitoring

Meetings are a key part of the project development and management, and its monitoring can provide valuable information about the performance of the project.

General Assembly

The following information will be collected:

- Attendance: information retrieved from the registration or the videoconference platform data.
- Report of the session delivered? [Y/N]
- Satisfaction from participants: **a survey will collect feedback** of participants including:
    - Overall satisfaction
    - The appropriateness of the agenda (time slots, content, etc.).
    - The appropriateness of the organisation of the sessions (split in workgroups? Etc…)
    - Aspects that worked the best
    - Aspects that may improve

Steering Committee

The following information will be collected:

- Attendance: information retrieved from the registration or the videoconference platform data.
    - % of WP leaders that attended
    - Duration of the session
- Minutes of the session delivered? [Y/N]

WP regular meetings

The following information will be collected by the WP leader.

- Attendance: information retrieved from the registration or the videoconference platform data.
    - % of WP leaders that attended
    - Duration of the session
- Minutes of the session delivered? [Y/N]

Questionnaire to be circulated in the consortium meetings and questionnaire for NAs to assess the level of support received are included in Annex 1 and Annex 2, respectively.

3 Quality assurance of implementation

3.1 Introduction

This section presents the implementation strategy designed for JADECARE. An Implementation strategy is defined as a set of methods and techniques used to enhance the adoption, implementation and sustainability of an under-utilized intervention[1]. The goal of an effective implementation is to benefit end-users of services. Evidence suggests that carefully planned and sufficiently resourced implementation is key to obtain successful outcomes in human services[2].

The JADECARE implementation strategy includes a series of methods and techniques, concrete procedures and recommendations. It aims to enhance the quality of the adoption and sustainability of JADECARE oGPs in NAs, considering their particular needs, interest, possibilities and expectations. It has to be appropriate from the scientific point of view, applicable considering data availability and feasible according to the project´s timeline and resources.

The approach proposed is based on the work done in the JA CHRODIS PLUS on Implementing Good Practices for Chronic Diseases[3] and adapted to the particularities of JADECARE.

3.2 Phases of implementation strategy

In JADECARE, a three-step implementation strategy has been defined that will be accomplished by all implementation sites. In the figure below, the different activities and timelines are presented.

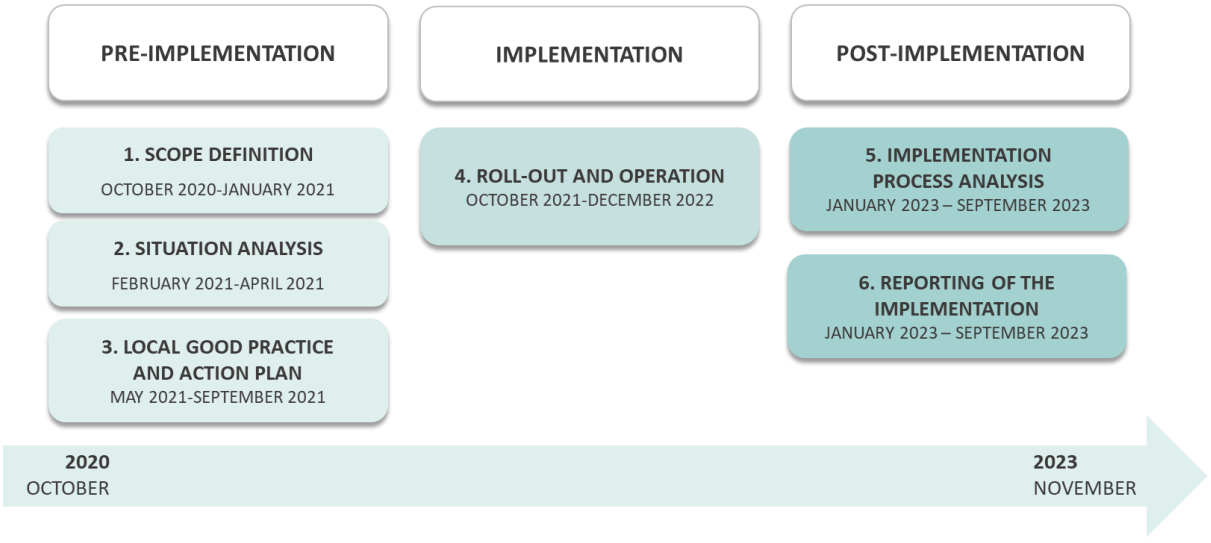

Figure 1: Outline of the JADECARE Implementation strategy

[1] Curran GM, Bauer M, Mittman B, Pyne JM, Stetler C. Effectiveness-implementation Hybrid Designs. Med Care. 2012 Mar;50(3):217–26
[2] Durlak JA, DuPre EP. Implementation Matters: A Review of Research on the Influence of Implementation on Program Outcomes and the Factors Affecting Implementation. Am J Community Psychol. 2008 Jun 1;41(3–4):327–50.
[3] http://chrodis.eu/

3.3 Next Adopter Working Group

The Next Adopter Working Group (NAWG) is the team responsible for conducting the implementation of the local practice in each site during JADECARE. NAWGs identify and engage the local stakeholders (individuals or organizations) considered key for the successful Good Practice implementation and sustainability and adopt their specific work and organizational procedures.

Local stakeholders are individuals, institutions or organizations that are in any way interested in the intervention promoted. They come from different fields and have distinct expertise and experiences (health, education, social, employment, research and Information and Communication Technology sectors, Non-Governmental Organizations (NGOs), patients and their associations and civil society). Although teams can vary in size and composition, each implementation site needs to include the appropriate persons in the group to ensure that all perspectives are covered.

Irrespective of the composition of the implementation group, the following roles and functions need to be preferably covered by the NAWG:

- **Organizer:** Plan, prepare, chair and run the group workshops and meetings, run the secretariat (prepare agendas and minutes) and write reports.
- **Experts:** Provide knowledge and faculty on specific matters depending on the intervention selected.
- **Decision makers:** Provide strategic vision, support and sponsorship of the implementation process and solve bottlenecks during the implementation process.
- **Front-line stakeholders:** Give knowledge and expertise on real-life practice experience, choose the right type of subject to implement, motivate and empower implementers and the team and support implementers to deal with the implementation.
- **Implementers**: Implement the intervention following the agreed plan, continuously assess the implementation process and provide input and feedback to the local implementation group.

According to the interest, influence and importance for success, the NAWG can consider different levels of involvement of the stakeholders:

- Full participation. The stakeholder is fully involved in the decision-making process.
- Consultation. The stakeholder is consulted during the decision-making process and its opinions are then discussed within the NAWG.
- Information. The stakeholder is fully informed on decisions and the decision-making process.
- Other. The stakeholder is briefly informed on decisions and the decision-making process.

3.4 Pre-Implementation phase

The objective of this phase is to elaborate the LGPs and the LAPs to be followed during the implementation. The Pre-Implementation phase runs between months 1 and 12 of the project, from October 2020 to September 2021.

This first phase consists of the following actions:

1. Definition of the scope of the intervention
2. Situation analysis of the sites, using the Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis, and the identification of the Strategic Intervention Areas
3. Definition of the LGPs and LAPs

3.4.1 Scope definition

Introduction and objectives

The scope is the extent of the area or subject matter that an intervention covers. JADECARE's oGPs are organized in Main Blocks which are composed of a set of Core Features (CFs). Defining the scope implies selecting the CFs of the oGP(s) to be implemented and integrated in routine practice in each NA site. This selection depends on the local needs, expectations, strategic objectives and real capacities and possibilities, including available resources or budget and already existing policies, strategies and interventions.

Methodology

The steps for the scope definition are:

1. Study the information of the oGP(s)
2. Analysis of the NA site
3. Relevance and feasibility assessment of the CFs of the oGP(s)
4. Selection of the CFs to be implemented at the local site.

Study the information of the original Good Practice(s)

The NAWG analyses in depth the information provided by the oGP(s) in the WP4 framework. The documentation available includes information about:

- **The trigger**: The trigger for the oGP(s) onset, the reasons why it took off precisely in that context (and not before)
- **The Network**: people/institutions involved in the development, implementation, monitoring, evaluation and reporting of the oGP(s).
- **Scope**: problem/challenge description, general purpose of implementation, target population, information on Main Blocks and CFs that were implemented.
- Main **facilitators and barriers** of the implementation.
- Elements related to the **sustainability** of the oGP(s).

Additionally, oGPs provide the assessment of maturity requirements for their implementation, using the Scirocco Tool[4]. Maturity requirements can be understood as the minimum technical development, human resources, regulations, infrastructures or any other element that must exist in order to implement the oGP.

Analysis of the Next Adopter site

According to the analysis of the oGP(s), NAs examine their aims, challenges, and the local existing interventions. In a brainstorming session, the NAWG identifies and prioritizes its local needs for each of the Main Blocks of the oGP(s) of interest.

Relevance and feasibility assessment of the Core Features of the original Good Practice(s)

The CFs of the oGP(s)' Main Blocks are analysed according to their relevance and feasibility from a qualitative perspective:

- To assess the relevance of the CFs, local needs are mapped with the CFs. This exercise helps NAs focus on what is needed at their site.
- To assess the feasibility of implementing the CFs that cover NAs' needs. The NAWG cross-checks the maturity requirements of the oGP(s) with their local capabilities for each CF.

Then, NAs score the relevance and feasibility of each CF that potentially covers their local needs. The Likert scale to score both dimensions is: 0= Not at all; 1= Slightly; 2= Moderately; 3= Very and 4= Extremely.

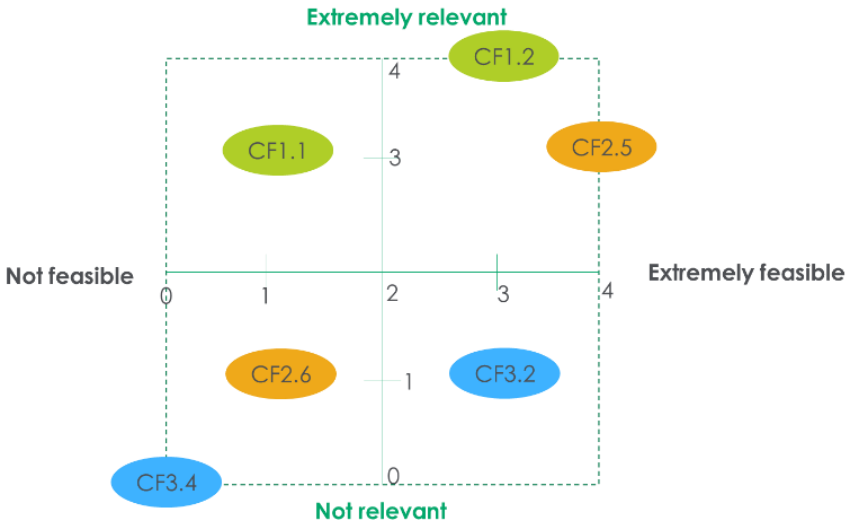

Figure 2: Example: graphical representation of the relevance and feasibility of CFs

Selection of the CFs to be implemented at the local site

Once completing the previous steps, the NAWG selects the CFs of the oGP(s) to be implemented during JADECARE.

[4] www.scirocco-project.eu

Output

The output of this step is a battery of CF of the oGP(s) identified by each NAWG that will be implemented and integrated in the LGP of each NA.

3.4.2 Situation analysis

Introduction and objectives

The purpose of the Situation Analysis is to analyse the organizational position of the NAs within the environment, in order to identify the best courses of action for the project definition and implementation. The Situation Analysis aims to guide the allocation of the resources and the definition of the strategies and activities to overcome the problems and challenges for the implementation of the LGPs in JADECARE [5,6].

Methodology

For the Situation Analysis, each NA site undertakes a SWOT analysis to then define its Strategic Intervention Areas (SIAs). The SWOT analysis needs to be focused on the CFs selected in the Scope Definition. If the CFs are of different nature and different stakeholders are required for the situation analysis, it is possible to perform more than one SWOT analysis.

SWOT Analysis

The SWOT analysis is a structured, strategic planning tool used to explore, describe, and evaluate the Strengths (S), Weaknesses (W), Opportunities (O), and Threats (T) of a project, intervention, program, or policy, addressing both internal (S&W) and external (O&T) conditions that my affect its success[7]. The values of this method are its simplicity and applicability to different levels of operation[8].

Performing a SWOT analysis allows to reveal key enablers/positive forces and actual/potential barriers that need to be recognized and possibly addressed for the implementation of the LGPs at NA sites. It also enables participants to share their vision, make judgments in a structured way, build a common perception of the situation, and develop a sense of ownership of the LGP.

The SWOT analysis describes both internal attributes and external conditions:

- **Strengths** are positive *internal* attributes within the organization's control.
- **Weaknesses** are negative *internal* attributes, also under the organization control.
- **Opportunities** are *external* positive conditions. They are outside the organization, but they can be of advantage to reach the projects goals and move the project forward.
- **Threats** are *external* conditions that may stand in the way or hinder the organization goals or project progress or implementation.

[5] JRC EUROPEAN COMISION- SWOT Analysis; http://forlearn.jrc.ec.europa.eu/guide/4_methodology/meth_swot-analysis.htm
[6] Chapter 3. Assessing Community Needs and Resources | Section 14. SWOT Analysis [cited 2017 Nov 30]. Available at: http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/swot-analysis/main
[7] Sammut-Bonnici T, Galea D. SWOT Analysis Wiley Encyclopedia of Management - Vol 12 Strategic Management. January 2015. 3
[8] "Idea: SWOT Analysis." The Economist (11 November 2009). Online at http://www.economist.com/node/14301503

A two-by-two matrix is used to build a SWOT analysis in JADECARE, with horizontal pairings of internal (strengths and weaknesses) and external (opportunities and threats) factors, and vertical pairings of helpful (strengths and opportunities) and harmful (weaknesses and threats) factors in achieving an objective. Strengths, weaknesses, opportunities and threats can be scored according to what is seen as relevant regarding the LGP implementation and sustainability.

STRENTGHS	WEAKNESSES
• What are your advantages? • What do you do well? • What relevant resources do you have access to? • What do other people see as your strengths?	• What could you improve? • What do you do badly? • What should you avoid?
OPPORTUNITIES	**THREATS**
• Where are the good opportunities in front of you? • What are the interesting trends you are aware of?	• What obstacles do you face? • What is your competition doing? • Are the specifications for your services changing?

Table 8: Questions that can help guiding the SWOT analysis

Set of Strategic Intervention Areas

Considering the output from the SWOT Analysis, NAWG outlines a set of "Strategic Intervention Areas" that will guide the definition of the LGP. The NAWG will need to consider:

- Weaknesses that need to be remedied or removed.
- Threats that need to be countered or minimized.
- Strengths that need to be maintained, built upon, or leveraged.
- Opportunities that need to be prioritized and optimized.

Then, the NAWG prioritizes the intervention areas, ranking them according to their importance with respect to how they contribute or limit the organization from developing and implementing the LGP. The best strategic fits are when the internal environment (strengths and weaknesses) aligns with the external environment (opportunities and threats).

Output

The results of the Situation Analysis contribute to the design of the LGPs and Action Plans. It must be considered that the process of defining the scope and analysing the situation can be iterative, meaning that findings arising in a given step, can feed the previous one and result in modifications with the aim of approaching the most appropriate decision.

3.4.3 Local Good Practices and Action Plans

Introduction and objectives

In this stage of the Pre-implementation phase, NAWG defines its LGP and its LAP starting from the analysis performed in the Scope definition, the Situation analysis, and the local policies, strategies and interventions that are already in place in the NA context.

The LGP describes the local intervention. The LAP defines the concrete actions (what) to be taken to reach implementation and sustainability of the LGP during JADECARE.

Methodology

Design the Local Good Practice

Based on the previous analysis (scope definition and situation analysis), the NAWG designs its LGP, that is, the intervention to implement in JADECARE to address the local needs. The LGP includes a description of the local intervention, the aim, the target population, the setting(s) where it will be implemented, its Local Core Features (LCFs) and their Components and its expected outcomes. When describing the LGP, it is also highlighted what is out of scope of the implementation within JADECARE.

The NAWG builds up the LGP following six steps:

1. **To identify local policies, strategies and interventions** intended to address the problem analysed in the scope definition and situation analysis. The NAWG ensures that all the relevant stakeholders are on board. They will be key for the sake of the sustainability of the LGP beyond the timeframe of JADECARE.

2. **To define the target population and the setting(s)** for the LGP implementation that narrows down the approach of the intervention:

    - The target population is the description of people (characteristics and number) at which the intervention is directed.
    - The setting is the location where the LGP is implemented. It can be a country, a region, a hospital, a healthcare centre, etc.

3. **To specify the general aim to be achieved**, that motivates the LGP.

4. **To list the expected Outcomes, the Local Core Features and their Components and the Inputs of the LGP**[9]:

[9] The Logic Model: The Foundation to Implement, Study, and Refine Patient-Centered Medical Home Models. PCMH Research Methods Series.

First, define the expected Outcomes. Then, the Local Core Features (LCFs) and their Components that are needed to deploy the outcomes, and finally identify the Inputs required. An outcome focused approach is key to successful service improvement planning, delivery and review[10,11].

a) **Expected Outcomes in the target population.** Outcomes are the expected positive changes, benefits, learning or other effects that result within the target groups following the implementation of the LGP.
b) **LCFs and their Components that are needed to get these outcomes.** The LCFs are the key leveraging elements of the LGP that help reach the expected outcomes. They consist of a number of components and are built upon the existing policies, strategies and interventions that are already in place in the NA context, plus the oGP's selected CFs.
c) **Inputs needed to implement the intended LCFs and their Components.** Inputs are human, financial, organizational, technological and community resources, contributions, and investments available, without which the LGP could not be implemented.

5. **To ensure the logic sequence of the process.** The NAWG ensures that if all Inputs are provided and the LGP is implemented as intended, it will generate short-, mid- and long- term positive outcomes[12]:

- Checking if the listed Inputs enable carrying out the LCFs and their Components to achieve the intended Outcomes.
- Analysing gaps in the logic sequence and (work to) resolve them.

6. T**o describe the LGP and summarize it in one sentence.**

Once the LGP is built, a reflection about the assumptions, risk, constraints and dependencies is needed.

Define the Local Action Plan and Key Performance Indicators

LAPs result from the definition of the actions needed for each LCF implementation and the planning of actors, use of resources, timing, setting(s) and Key Performance Indicators (KPIs). During the development of the LAP, particular emphasis needs to be placed to ensure the sustainability of the LGP beyond JADECARE.

The following information is to be defined for each of the LCFs:

- **A SMART objective for each of the LCFs:** Once the LGP is built and the LCFs are described, the NAWG sets a SMART[13] objective for each of the LCFs, that is, a statement that explains what the LCF wishes to accomplish during the implementation phase of JADECARE. The SMART acronym stands for the criteria to

[10] Designing for outcomes. A practical resource to support effective design, delivery and evaluation of work in health and social care. UK Department of health, March 2007. Available at: https://toolkit.iriss.org.uk/system/files/designing-for-outcomes.pdf
[11] Mccawley, P. The Logic Model for Program Planning and Evaluation. 2001
[12] Bhibba M. Das, Steven J. Petruzzello, Katherine E. Ryan. Development of a Logic Model for a Physical Activity-based Employee Wellness Program for Mass Transit Workers. Centers for Disease Control and Prevention. 2014
[13] Britt Bjerke M., Ralph Renger. Being smart about writing SMART objectives. 2016

fulfil when defining the objective: specific, measurable, achievable during JADECARE, relevant and time bound.

- **Specific activities to be implemented (What):** Among the activities, include at least one that will be a seed for sustainability after JADECARE ends.
- **Actors that will implement the activities (Who):** Focus on taking the right stakeholders on board and defining their level of involvement.
- Resources needed: technical, financial, etc.: Be specific with the resources needed.
- Setting(s) where the activities will be implemented (Where)
- **Timeframe for the activities (When):** Be realistic with the timeframe so that the implementation of the activities is feasible during JADECARE.
- **KPIs (Measure):** Define KPIs to monitor how effectively is being achieved the SMART objective previously set up for each LCF. A set of KPIs will be defined for each LCF. They will be process indicators that will be used to monitor the implementation of the LAP.

Output

The results of this last step of the Pre-implementation phase are the LGP and the LAP to implement it during JADECARE.

3.5 Implementation phase

The implementation phase consists of the execution and monitoring of the implementation. The steps in the process of transferring and adopting LGPs into real practice are specified and described in this phase. To this mean, LAPs elaborated during the pre-implementation phase are followed.

The Pre-Implementation phase runs between months 13 and 26 of the project, from October 2021 to January 2023.

3.5.1 Methodology - Plan-Do-Study-Act cycles

The Plan-Do-Study-Act (PDSA) cycle presents a pragmatic scientific method for testing interventions in complex systems by the use of an iterative approach[14]. It enables rapid assessment and provides flexibility to adapt the intervention according to feedback, to ensure that fit-for-purpose solutions are developed. Using PDSA cycles, pretends to facilitate the implementation and testing interventions in real and system-level[15,16].

[14] Speroff, T., & O'Connor, G. T. (2004). Study designs for PDSA quality improvement research. *Quality Management in Healthcare*, *13*(1), 17-32.
[15] Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: systematic review and recommendations. *The milbank quarterly*, *82*(4), 581-629.
[16] Powell, A. E., Rushmer, R. K., & Davies, H. T. O. (2009). *A systematic narrative review of quality improvement models in health care*. Edinburgh: NHS Quality Improvement Scotland.

As with any scientific approach, documentation of each stage of the PDSA cycle is important to support technical robustness, quality, team reflection and learning and to ensure knowledge is captured to support organizational development and transferability to other settings[17,18,19].

The general steps of the PDSA approach are:

- PLAN: Plan the actions to test the intervention in the "DO" step.
- DO: Carry out the action and collect data to document any problem or unexpected observation.
- STUDY: Analyse data obtained during the "DO" step. The obtained results are compared to the predictions. Learning is summarized.
- ACT: Refine the intervention based on the lessons learned. Modifications are determined and the improved intervention is then re-implemented in a new PDSA cycle, if applicable.

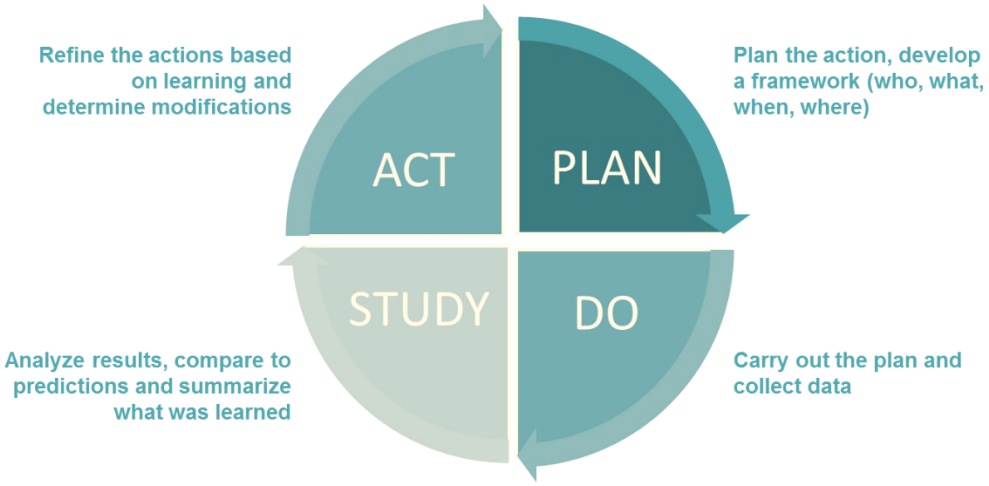

Figure 3: The PDSA Cycle

In JADECARE, each NA will perform two PDSA cycles as follows:

- **PLAN:** operationalizes the activities of each LCF defined in the LAP for the following 6 months to be implemented in the "DO" step.

The NAWG also organize how the KPIs defined in the LAP will be measured, who is the responsible for gathering information, when, and which data sources and methods (quantitative and/or qualitative) will be used.

- **DO:** framed within the action period of six months, implements the activities planned in the "PLAN" step. Data is collected in the form of KPIs and registered to measure the impact during the "STUDY" step. Any problem or unexpected observation is also documented.

[17] Taylor MJ, McNicholas C, Nicolay C, Darzi A, Bell D, Reed JE. Systematic review of the application of the plan–do–study–act method to improve quality in healthcare. BMJ Qual Saf. 2014 Apr 1;23(4):290–8
[18] Reed JE and Card AJ.The problem with Plan-Do-Study-Act cycles. BMJ Qual Saf 2016;25:147–152.
[19] Coury J et al. Applying the Plan-Do-Study-Act (PDSA) approach to a large pragmatic study involving safety net clinics. BMC Health Services Research (2017) 17:411

- **STUDY**: analyses and interprets the data gathered in the "DO" step. KPIs defined in the Action Plan and the problems or unexpected observations (if any) are assessed.

The "STUDY" step of the second cycle is carried out in the post-implementation phase (see section "post implementation phase")

- **ACT**: adjusts or even reformulates the activities implemented based on the findings of the "STUDY" step.

In the first PDSA cycle, the decisions made during this phase are the starting point of the next cycle. In the second PDSA cycle, the "ACT" step will define actions that go beyond the timeframe of JADECARE (see section "post implementation phase").

The "PLAN", "STUDY" and "ACT" steps are carried out during face-to-face or online sessions. The "ACT" step of the first cycle and the "PLAN" of the second cycle are performed together in a session.

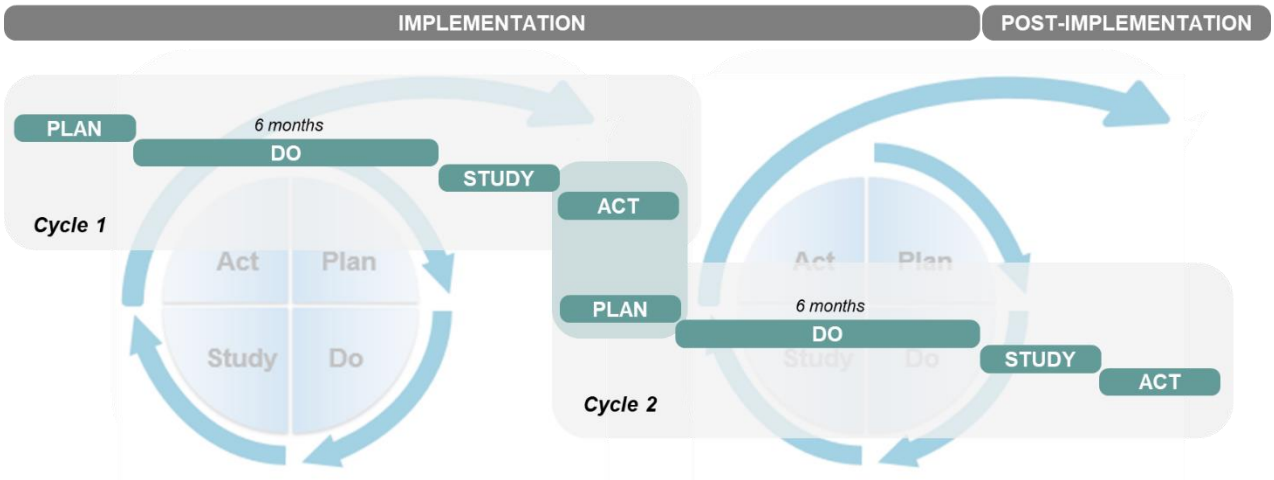

Figure 4: Outline of the PDSA cycles in JADECARE

3.5.2 Output

Each local team will implement the LGP by means of the LAP and summarize the information collected to be analysed during the Post-Implementation phase of JADECARE.

3.5.3 Monitoring of the implementation

The implementation of the Local Action Plans will be monitored through online monthly meetings between the transfer Work Packages and the Next Adopters. Potential obstacles in planned implementation, delays, absence of core people and other considered relevant topics will be shared, discussed, and analysed.

To ensure systematic and rigorous reporting of the process, templates to report each phase of the PDSA cycle have been defined. These templates aim to be operational tools to gather in a structured manner the work done during the different steps of the PDSA cycles.

PLAN

LCFs	[….]						
Activities	**WHAT**	**WHO**	**WHEN**	**MEASURE**			
	Concrete actions to be carried out during the cycle	Who will carry out the concrete actions?	Timeframe for each action in the cycle?	What data will be collected? KPIs	Who will collect the data?	When will the data be collected?	How will the data be collected?
Activity 1	• Action 1	• [….]	• [….]	• KPI1 • KPI2	• [….]	• [….]	• [….]
	• Action n	• [….]	• [….]				
…	• [….]	• [….]	• [….]	• [….]	• [….]	• [….]	• [….]
Activity n	• [….]	• [….]	• [….]	• KPIn	• [….]	• [….]	• [….]

DO

QUESTIONS	**DESCRIPTION**
What was actually implemented?	[…]
Any deviation from the planned actions?	[…]
What happened?	[…]
Problems? Unexpected findings?	[…]

IMPLEMENTATION PROGRESS			
0-25%	**25-50%**	**50-75%**	**75-100%**

STUDY

QUESTIONS	**DESCRIPTION**
Description of measured results?	[…]
Comparison to the predictions	[…]
What was learned?	[…]
Unintended consequences, surprises, successes and failures?	[…]

ACT (Steps for future Improvements)

QUESTIONS	DESCRIPTION
What modifications should we make before the next cycle (if planned)?	[…]
Proposed activities for the future?	[…]
Will the approach tested be abandoned/substantially modified?	[…]

MEETINGS

Two templates are provided to report on the meetings conducted during the implementation phase:

- To report on each face-to-face or virtual session
- To report on the number of meetings conducted in each step of the PDSA cycles

Individual meetings report

QUESTIONS	DESCRIPTION
Step	[…]
Date of the meeting	[…]
Number, profile and role of the participants in the meeting	[…]
Organizations involved	[…]

Meetings in each PDSA CYCLE – Summary table

STEP (Cycle 1/2)	No meetings	No professionals involved	No organizations represented
PLAN (Cycle 1)			
DO (Cycle 1)			
STUDY (Cycle 1)			
ACT (Cycle 1) **Plan (Cycle 2)**			
DO (Cycle 2)			

3.6 Post-implementation phase

The implementation strategy is completed by performing the post-implementation phase. Aspects of the implementation that could determine implementation success are specified, analysed and reported.

The post-implementation phase runs between months 27 and 36 of the project, from February to September 2023.

This phase consists of the following actions:

- **Analysis of the implementation results** performing the "STUDY" and "ACT" steps of the second PDSA cycle.
- **Analysis of the implementation process** through the Consolidated Framework for Implementation Research (CFIR).
- **Reporting of implementation results** through an adapted version of the Revised Standards for Quality Improvement Reporting Excellence (SQUIRE) 2.0 guidelines.

3.6.1 Analysis of the implementation results

Introduction and objectives

Once finalized the "DO" step of the second cycle, the NAWG analyses the results, compares the data obtained to the predictions, summarizes what has been learned and identifies areas for further development of the LGP beyond JADECARE in the "STUDY" and "ACT" steps.

Methodology

In the STUDY step, the NAWG analyses and interprets the data gathered in the "DO" step. Then, the group thinks about whether the LGP goals have been achieved. Lesson learned will be discussed and consolidated. This step refers to the impact assessment explained in the section 4.

In the "ACT" step, the NAWG reports findings and recommendations and identifies areas for further development of the LGP beyond JADECARE.

Outputs

Analysis and interpretation of the results and a summary of what has been learnt during the implementation of JADECARE. Next Adopters are supported by detailed guidance, templates and webinars.

3.6.2 Analysis of the implementation process

Introduction and objectives

Numerous interventions prove to be effective in research studies in health services, however, fail when they are intended to be transferred to different contexts and translated into results in patient care. It is estimated that two thirds of the efforts that organizations invest in implementing these changes do not obtain successful results. The barriers that hinder implementation affect various levels of health care provision: patient, care provision groups,

health organization or policy. Consequently, there is a clear need to assess the extent to which the implementation of an intervention is effective in a specific context, with the aim of optimizing the benefits thereof, prolonging its sustainability and encouraging the dissemination of discoveries to other areas[20].

In JADECARE, the NAWG analyses the factors that might have influenced (positively or negatively) the implementation process of their LGP through the CFIR.

Methodology

The CFIR provides a framework of constructs arranged across five domains that have been associated with effective implementation and can be easily customized to diverse settings and scenarios. It promotes consistent use of constructs, systematic analysis, and organization of findings from implementation studies. The CFIR offers an overarching typology–a list of constructs to promote theory development and verification about what works where and why, across multiple contexts. The objective of CFIR is to provide researchers with a framework in which they can select the most relevant constructs in the particular field of their study and use them to diagnose the context of the implementation, evaluate the progress of this process, explain the results and improve the quality of the initiatives[21, 22].

It comprises of five major domains (the intervention, inner and outer setting, the individuals involved, and the process by which implementation is accomplished) and 39 constructs. The domains interact in rich and complex ways to influence implementation effectiveness.

[20] Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. Implement Sci IS. 2009 Aug 7;4:50.
[21] Birken SA, Powell BJ, Presseau J, Kirk MA, Lorencatto F, Gould NJ, et al. Combined use of the Consolidated Framework for Implementation Research (CFIR) and the Theoretical Domains Framework (TDF): a systematic review. Implement Sci IS [Internet]. 5 de enero de 2017; Available at:https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5217749/
[22] Gomes B, Higginson IJ. Factors influencing death at home in terminally ill patients with cancer: systematic review. BMJ. 2006 Mar 2;332(7540):515–21.

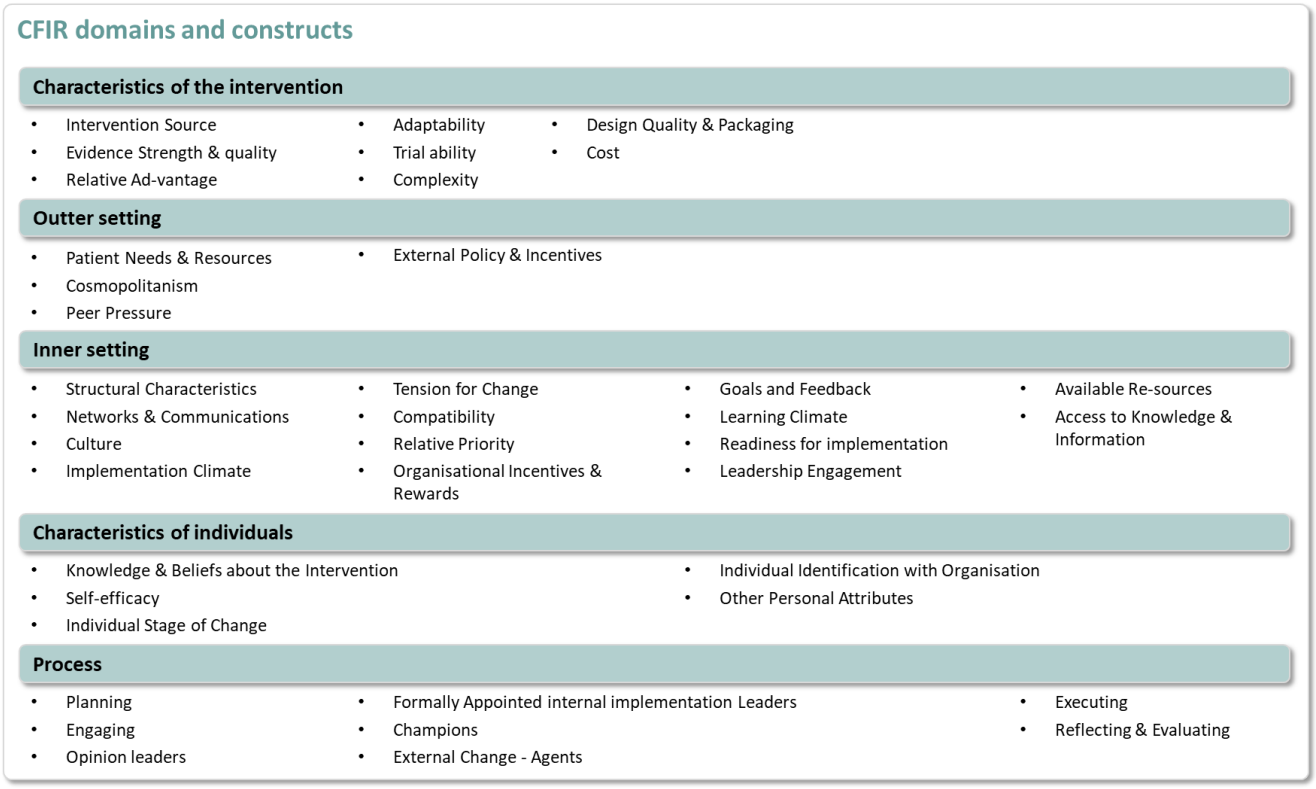

Figure 5: CFIR domains and constructs

In order to analyse the factors that have influenced the implementation process in JADECARE, two activities are performed.

Firstly, the NAWG reviews and reflects on the potential variables that, in its opinion, could have had an impact on the implementation process, highlighting the factors that have acted as barriers or facilitators during the whole implementation process though a survey.

Secondly, semi-structured interviews are carried out with the NAWG members. A minimum of three respondents are interviewed to ensure a variety of perspectives on the implementation. The comparative content analysis of the interviews results in a summary containing the compilation of the most influencing factors and the reasoning behind.

Output

Analysis of the implementation process summarizing the factors that have most influenced the implementation and the reasoning behind. Next Adopters are supported by detailed guidance, templates and webinars.

3.6.3 Reporting of the implementation

Introduction and objectives

Once the LGP is implemented and the process analysed, NA reports the whole implementation experience using the through an adapted version of the SQUIRE 2.0 guidelines[23]. This report aims to enhance the evidence base and transferability potential and contains specific elements regarding LGP sustainability beyond the JADECARE.

Methodology

The SQUIRE 2.0 guidelines are intended as a guide to authors reporting on systematic, data-driven efforts to improve the quality, safety and value of healthcare. It was designed to increase the completeness and transparency of reporting of quality improvement work, and has contributed to the development of this body of literature by providing a guide to authors, editors, reviewers, educators and other stakeholders.

SQUIRE 2.0 is designed to apply across the many approaches used for systematically improving the quality, safety and value of healthcare. Methods range from iterative changes using PDSA cycles in single settings to retrospective analyses of large-scale programs to multisite randomized trials.

Contains 18 items to respond 4 key questions:

- Why did you start?
- What did you do?
- What did you find?
- What does it mean?

SQUIRE 2.0 is intended for reporting the range of methods used to improve healthcare, recognizing that they can be complex and multidimensional. It provides common ground to share these discoveries in the scholarly literature.

A major challenge in the reporting of systematic efforts to improve healthcare is the multiplicity of terms used to describe the work. Terms such as quality improvement, implementation science and improvement science refer to approaches that have many similarities but can also connote important (and often debated) differences[24,25].

[23] http://squire-statement.org/

[24] Goodman D, Ogrinc G, Davies L, Baker GR, Barnsteiner J, Foster TC, et al. Explanation and elaboration of the SQUIRE (Standards for Quality Improvement Reporting Excellence) Guidelines, V.2.0: examples of SQUIRE elements in the healthcare improvement literature. BMJ Qual Saf. 2016 Apr 27;bmjqs-2015-004480.

[25] Ogrinc G, Davies L, Goodman D, Batalden P, Davidoff F, Stevens D. SQUIRE 2.0 (Standards for QUality Improvement Reporting Excellence): Revised Publication Guidelines from a Detailed Consensus Process. Can J Diabetes. 2015 Oct 1;39(5):434–9.

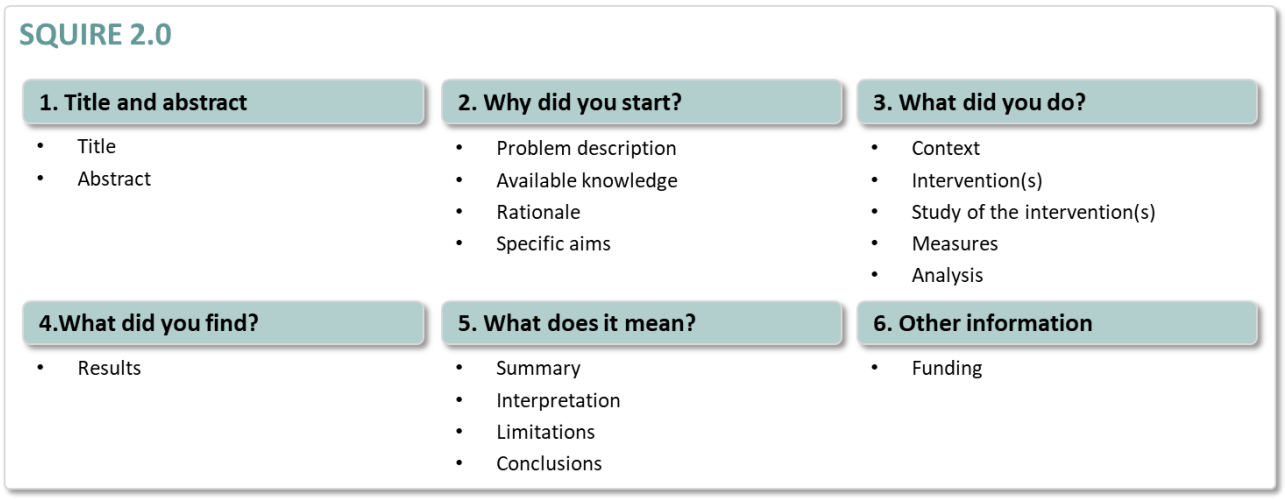

Figure 6: Outline of the SQUIRE2.0 guidelines

The NAWG completes the reporting template of SQUIRE 2.0 guidelines based on the information collected during the whole implementation process, from the implementation preparation to the final outcome assessment.

Output

A comprehensive report of the implementation study is obtained by using the SQUIRE 2.0 guidelines. Next Adopters are supported by detailed guidance, templates and webinars.

4 Impact assessment

4.1 Pillar 1: Understanding the context

4.1.1 Overview of the impact assessment

The aim of the impact assessment plan is to clarify the proposed set of outputs outlined in the GA and suggest a methodology to assess the impact of JADECARE at two levels: a) the Joint Action in overall (including impact on external stakeholders) and b) the next adopters.

The overall impact of the Joint Action pretends to:

- Support and reinforce digitally enabled integrated person-centred care (DEIPCC) in 23 European settings with different degrees of maturity
- Improve next adopters´ digital transformation
- Support the next adopters in facilitating the sustainability of the practice with plans for actions at local/regional/national level.
- Create a community of stakeholders that includes caregivers, healthcare experts, academia, industry, policy makers and /or general public.
- Assess the improved knowledge and skills of transfer methodologies and tools.
- Perform a systematic appraisal of the quality of the transfer and implementation process, understanding, evaluating and reporting the experience of adopting oGPs in heterogeneous next adopter sites.
- Increase knowledge and skills of transfer methodologies and tools

The impact expected at Next Adopter level will be related to general dimensions such as: scope and degree of adoption of original Good Practices (oGPs), specific process, pathway reorganization and change management,- the involvement and commitment of key stakeholders, the implementation experience, continuity and sustainability of the practice, readiness of the organization to uptake digitalization. Additionally, digital transformation-specific dimensions will be studied including: digital health system infrastructure; risk stratification and data analytics, use of technologies including Electronic Health Record, personal health folder and electronic prescription,-citizen empowerment and use of patient reported data, innovation initiatives on integrated care reorganization of care pathways, workforce roles and skills, training and research programs, access to health services, management of change towards digitalization, and ethical aspects of digitalization.

This impact assessment chapter outlines the proposed approach regarding the JADECARE Impact Assessment Plan and suggests the methodology based on a modified version of the Reach Effectiveness Adoption Implementation Maintenance (RE-AIM) Framework[26] for meeting the objectives set out in the GA. This modified version follows a sequential process for translation of impact through two phases: **Research** (SWOT analysis - needs assessment, online survey /stakeholder consultation) and **Reporting** (country reports, policy recommendations). The link between the proposed approach and the activities assigned is outlined in this section.

[26] Glasgow, R. E., Vogt, T. M., & Boles, S. M. (1999). Evaluating the public health impact of health promotion interventions: the RE-AIM framework. American journal of public health, 89(9), 1322-1327.

The RE-AIM framework was designed to assess public health or population-based impact, ensure internal and external validity and it is flexible regarding diverse contextual formats, being adaptable to both programs and policies or even measure the impact from multiple or diverse interventions[27]. Therefore, RE-AIM is selected as a suitable tool to guide the impact assessment in JADECARE, aligned with previous efforts made by JA CHRODIS and JA CHRODIS PLUS facilitating the continuation and comparability.

The RE- AIM Framework will be adopted and organized around the SMART indicators. Similar assessment time-points are selected as in previous impact assessment of JA CHRODIS including concrete short- and medium-term impact evaluation (see Figure 1). This will also allow AUTH to refine the executing strategy to follow-up with the agreement that the Impact Plan should also consider how the deliverables and objectives of the JA impacted on European policies, initiatives, and programmes, helping the participating Member States to plan and design better policies and programs.

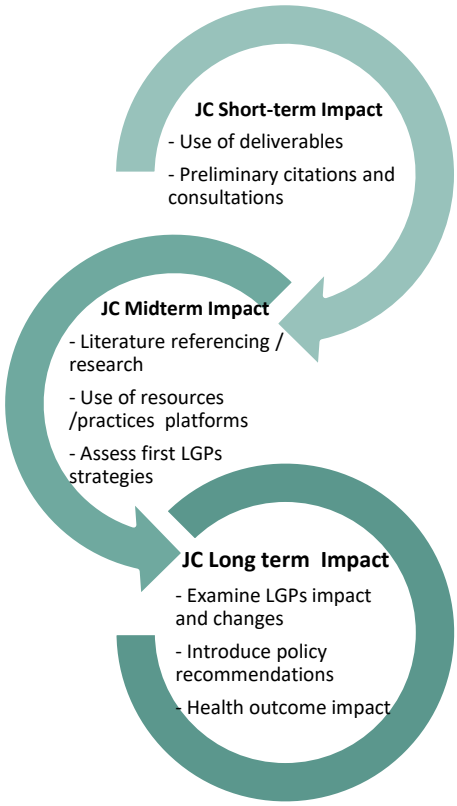

Figure 7: JADECARE strategy for short-, medium- and long-term impact assessment

The RE-AIM framework will be adjusted and modified to better fit the needs of the impact assessment framework in JADECARE and to evaluate implementation activities and the integration of oGPs' in the contextual environment

[27] Shaw RB, Sweet SN, McBride CB, Adair WK, Ginis KAM (2019) Operationalizing the reach, effectiveness, adoption, implementation, maintenance (RE-AIM) framework to evaluate the collective impact of autonomous community programs that promote health and well-being. BMC Public Health. 19: 803-896. doi: 10.1186/s12889-019-7131-4

of each participating country (NA) and their national policies. That is, changing the focus from research to the implementation impact.

The methodology approach proposed regarding the Impact assessment of JADECARE will assess the role of the seven e-Health components as defined by the WHO as well (referring to leadership & governance; strategy and investment; services and applications; infrastructure; standards and interoperability; legislation policy and compliance; workforce). According to the WHO these seven components are the building blocks that need to be put in place to achieve the changes in the national eHealth environment and which will facilitate the outcomes to be achieved[28]. These components will be assessed by AUTH. They describe what is needed to be introduced or strengthened to achieve an 'ecosystem' for eHealth in the country. These components are needed to ensure that certain aims are met: i) Knowledge exchange among Early Adopters and NAs. (ii) Developing Local Good Practices and Local Action Plans; iii) Synergies between transfer WPs and (iv) LGP sustainability. These components will be analysed during the post-implementation phase, as described in the "Quality Assurance" section.

At NAs' level, the Impact Assessment will be customized in each site according to the SMART objectives and KPIs of the LGP and LAP defined in the transfer WPs (tWPs). They will include general dimensions and digital transformation as indicated previously.

4.2 Pillar 2: Methodology

4.2.1 Assessment Framework

In line with the JADECARE activities and consistent with the intended objectives, outputs and the overall impact of the Project, the Framework supports the distinct transfer strategies, having NA selecting features from one or more oGP. The RE-AIM evaluation framework[29] was selected as the most suitable and flexible framework to complement the impact assessment plan. The RE-AIM framework includes five dimensions, which correspond to the letters in the designation: Reach, Effectiveness, Adoption, Implementation, and Maintenance. For each of the RE-AIM dimensions, there is a technically correct definition and a "who, what, where, how, and when" question to guide its pragmatic use. For the overall impact assessment in JADECARE, we propose a modified version that is explained below.

Reach: Is a measure of participation at individual level, incorporating the number, proportion, and representativeness of the participants involved in the intervention or policy change, and considering both the intervention end targets and those participants involved in the intervention. The first dimension is Reach which refers "to the absolute number, proportion, and representativeness of individuals who are willing to participate in the LGPs", while the pragmatic use refers to "WHO is intended to benefit and who actually participates or is exposed to the LGPs'?"

Effectiveness: Represents the intervention impact on main outcomes. This should consider both positive and negative impact (i.e., intended and undesired impact). The technical definition refers to "the impact of an initiative

[28] World Health Organization. (2012). *National eHealth strategy toolkit*. International Telecommunication Union.
[29] Glasgow RE, Harden SM, Bridget G, Rabin B, Smith ML, Porter GC, Ory MG, Estabrooks PA (2019) RE-AIM Planning and Evaluation Framework: Adapting to New Science and Practice With a 20-Year Review Front Public Health. 2019; 7: 64. doi: 10.3389/fpubh.2019.00064

on outcomes, including potential negative effects, heterogeneity, quality of life, and economic outcomes as well as the reasons why (qualitative)" and the practical use refer to "WHAT is the most important benefit LGPs' are trying to achieve and what is the likelihood of negative outcomes?".

Adoption: Is a measure of participation at the organizational level, incorporating the number, proportion, and representativeness of the settings involved. This should also cover the resources, competencies, and commitment, in the specific setting, for the delivery of the intervention, as well as the description of barriers to adoption. The technical definition of Adoption refers "to the absolute number, proportion, and representativeness of settings and agents willing to initiate LGPs, and the reasons why (qualitative)" and the practical use considers "WHERE is the LGP applied and WHO applied it?"

Implementation: Is the extent to which an intervention is delivered in the specific setting as originally intended, representing a measure of fidelity of implementation. This may also include the costs incurred. In terms of the technical definition Implementation refers to "the Fidelity to the intervention protocol, and including adaptations, time, and cost as well as the reasons why (qualitative), including but not limited to the consistency of delivery as intended, adaptations made, and the time and cost of the intervention. The key pragmatic considerations are "How consistently is or was the oGPs or policy delivered? How will be or was it adapted? How much will it cost? And why did will or did the results come about?

Maintenance: Reflects the extent to which an intervention becomes institutionalized or a part of routine practices and policies. This dimension also refers to the sustained observation of outcomes, at individual and organizational levels. The technical definition refers to "The extent to which a LGP becomes institutionalized at the setting level or sustained at an individual level as well as the reasons why (qualitative) and the practical term considered? Indicators such as the maintenance is "WHEN will (or did) the initiative become operational and how long are the results sustained at the setting level and individual level?" As mentioned before, due to the limited duration of JADECARE, this dimension will not be covered in the present impact assessment plan.

Through the RE-AIM framework the Impact will involve pragmatic criteria, balance internal and external validity in order to ensure methodological soundness and practical applicability of the results. The multi-dimensional examination of this framework captures the potential changes or impact at the individual and organizational level and facilitates the translation of research to practice.

Figure 8: Multi-dimensional examination of the RE-Aim framework

4.2.2 Stakeholders and consultation strategy

A stakeholder can be defined as a party (person, group, or organization) that has an interest or concern in any decision or activity of a project. Stakeholders can affect or be affected by the project's actions, objectives, and policies. Stakeholders can be internal or external. Internal stakeholders are people whose interest in the project comes through a direct relationship, such as employment. External stakeholders are those people who do not directly work in the project but are affected in some way by its actions and outcomes, like suppliers, creditors, and public groups. Both categories will be highly influenced by the impact of JADECARE.

Stakeholder consultations

Stakeholder consultations include the experience and the views of Competent Authorities (CAs) involved in policy formulation and legislation and also involved in the implementation by NAs. The research team (AUTH) will perform several targeted consultations with diverse stakeholders separately, to assess their opinion and experience regarding the impact of the LGPs in their daily practice. The exact number of interviews will be determined by a formula calculating the number of stakeholders required to get involved during the implementation of the oGPs' indicators. All relevant stakeholders will have the opportunity to express their opinion, have sufficient time for responses and they will be provided with adequate feedback regarding the consultation process, its aims, and goals.

In the context of JADECARE, the internal stakeholders consist of representatives of:

- Regional and local Health Systems of Competent Authorities (CAs) and Affiliated Entities (AEs)
- National Health Systems, Ministries and Healthcare decision makers
- Health professionals and other operators
- Patient organizations involved in the project

Furthermore, the external stakeholders' board can involve representatives of:

- Social entities working on the field representing the general population

- Private sector: Digital health tools/services and platform developers, ICT health sector
- Scientific community
- Specialized media
- Universities and training organizations (next generation of healthcare professionals, researchers, engineers, ICT developers)
- Third Party Payers, Official Audit Bodies, Health Technology Assessment Agencies and other public or private regulatory or standards organizations.

Impact on Internal Stakeholders: JADECARE aims to setting the bases for a change in the model of care provision. The basis to implement the integrated care at large scale at national, regional and local health systems will begin to be built. All these will have a direct impact not only on healthcare professionals but also on patients and care providers. Furthermore, among the goals of JADECARE lies the facilitation of the opportunity to tailor and adapt the oGPs selected in other areas of Europe and the generation of knowledge exchange and strengthen networks. The networks for healthcare providers and other agencies and authorities will advance towards the improvement of active cooperation and increase trust among stakeholders. Internal stakeholders can also benefit from the transformation of the healthcare system. Various roles will need to be adapted or created and new skills developed. JADECARE aims at supporting a redesign of health and social care professionals' roles and will identify new roles and new ways of monitoring chronic patients.

Impact on external stakeholders: The methodologies used in JADECARE for Good Practice transfer could be applied in other fields of public health, maximizing the impact for external stakeholders, whose involvement is believed to further support the long-term effect of JADECARE. Additionally, the general population and private sectors are expected to be influenced also by the change in the model of care provision analysed above. Finally, cooperation and trust among stakeholders will begin to increase through the networks for healthcare providers and other agencies and authorities.

Consultation Strategy

Step 1: Objectives of the Consultations

Based on the stage of the Project, the objectives of the consultations with the stakeholders are:

- To gather evidence and factual information data and knowledge in regard to the proposed LGPs
- To identify, map and review each oGPs' component and to provide a gap analysis for those areas where enablers and /or barriers influence the impact of the interventions in each NA
- To apply this framework by populating it with options and suggestions for quality standards and benchmarks that can form the basis for discussions between experts and policy makers in this area
- To provide recommendations for the adoption of quality standards and benchmarks in the field of e-Health that will further facilitate LGPs' implementation
- To collect views, opinions and gather new ideas from relevant stakeholders
- To assess existing resource allocations schemes, decision making, rules of procedures

Step 2: Stakeholder mapping

This step involves the identification of the target group that will be consulted. This group can include stakeholders identified by the stakeholder matrix, as it is designed by WP2. The selection criteria for the identification of stakeholders' categories involve a) those who formulate and implement oGPs e-Health policies, decision makers, those that participated in the health legislations and b) relevant stakeholders from the health industry and care providers and c) those directly affected by the LGPs such as patients, Civil society Organizations. In this way we will assess all four helices (Government, Industry, Academia and Civil society) and the extent to which they were involved during the implementation process.

Step 3: Selection of consultation methods and tools

The consultation methods were chosen based on the objectives of the consultation, the identified stakeholders, and the nature of the initiative. AUTH will be responsible for designing the content and guidelines for the surveys, interviews and focus groups, and reporting the findings.

Online survey. Data obtained from the online surveys along with the assessment of the seven main e-health components will provide the basis for the architecture of LGP applicability and decision making. Data obtained from the online survey from diverse sectors will indicate the impact level of KPI of each LGPs and highlight potential obstacles related to weakness and barriers. The online survey supplements the semi-structured interviews with the NA, providing critical information for triangulating survey and interview data from the participating institutions, providing feedback (contributing to the LGPs' contextual harmonisation process and compatibility check and impact of each LGP).

Interviews. Several semi-structural interviews will be conducted by AUTH with relevant internal and external stakeholders with structured ratings of the impact indicators based on the RE-AIM constructs. Data obtained from the semi-structured interviews will provide a thorough understanding of the impact of LGPs adopted in the NAs' countries, their readiness for change, capacities, resources, needs and gaps. Apart of the directly related to LGPs, questions will be formulated to also assess the potential influence of the seven main e-health components as explained in the introduction and data will be obtained from all four helices.

Focus groups Discussion (FGD). The focus groups will be conducted by AUTH to gather additional information on opinions, potential problems, with LGPs implementation and impact, inter-sectoral collaboration or suggestions giving emphasis to post project implementation. FGD will provide further qualitative information and richer and in-depth data regarding the opinion of NA for the impact of LGPs.

The focus group will be consisted out of 6 to 8 members of the NAWG and/or their network. The selection process will involve several criteria such as sector (private, government, academia and civil society) ensuring that all helices will participate, adoption of LGPs, position in the organization, time spent/work experience in the organization, staff duties etc. The participation of these individuals will be voluntary, based on a signed consent form.

The main purpose of the focus group will be:

- to assess stakeholders' perceptions regarding the LGPs and the impact on their daily practice

- to provide an in depth understanding of how staff members within the organizations perceive the changes (positively, negatively etc.) as well as to explore other factors influence the impact of LGPs (enculturation to digitalization, readiness to change, implementation barriers, infrastructure, governance etc.)
- to gather valuable data for future planning, increase motivation of all relevant actors to become collaboratively and fully engaged. The participants of the focus group will be guided through a facilitated discussion to gather information about the opinions of the group members and promote self-disclosure among participants.

4.2.3 Assessment questions

In order to assess the impact of JADECARE, a set of quantifiable measurements, namely the Key Performance Indicators (KPIs), will be established. The impact assessment of JADECARE will be based on these KPIs, as they are analysed below. The KPIs have been identified in such a way, so as to answer all the questions of the assessment. The main questions can be further subdivided into two categories:

I. General dimensions
   A. What is the scope and degree of adoption of the oGPs?
   B. Can the specific process, pathway reorganization and change management be identified?
   C. Can the involvement and commitment of the key stakeholders be quantified?
   D. What is the implementation experience on behalf of the NA?
   E. Is the practice sustainable?
   F. Are the organizations ready to uptake digitalization?

II. Digital Transformation
   A. What is the digital healthcare infrastructure?
   B. Are technologies like Electronic Health Record, personal health folder and electronic prescription being used?
   C. Can citizen empowerment be approached through patient reported data?
   D. Can innovative initiatives on integrated care reorganization of care pathways, workforce roles and skills be designed?
   E. Are there any training and research programs?
   F. Can peoples' access to health services be quantified?
   G. Can digitalization through management of change be approached?

Impact Assessment Scoring

While all indicators included at the time of the implementation of the impact plan will have acceptance and completion criteria, an overall impact assessment can be derived in aggregate form through the RE-AIM dimensions. For this, both quantitative and qualitative indicators can be expressed as a percentage of the established completion criteria. These values are then averaged within each dimension, providing an estimation regarding impact specifically for reach, effectiveness, adoption, implementation, and maintenance. To facilitate the reading and analysis of this information, the five scores may be organized in a spider chart. Furthermore,

depending on the number of the collected data and participants several composite impact indexes may be calculated.

4.2.4 Outline of the assessment design and methods

The table below describes the assessment questions previously mentioned, the information needed to answer the questions and the methods to be used to gather the information.

Assessment questions		Information needed	Methods
General dimensions			
A	What is the scope and degree of adoption of the oGPs?	List the number of CFs adopted by each NA	• Situation analysis • Surveys • Reports during implementation
B	Can the specific process, pathway reorganization and change management be identified?	Identify pathway reorganization and change management	• Surveys • Focus Groups
C	Can the involvement and commitment of the key stakeholders be quantified?	Measure stakeholders' participation in policy board meetings, consortium meetings and stakeholders' forum	• Meeting minutes • Monitoring input (T3.1)
D	What is the implementation experience of the NA?	Identify facilitators and barriers the NA encountered during implementation. Collect opinions of NA regarding their implementation experience, what part of the help they received found useful, what obstacles they faced and what could be done better	• Reports during implementation • Surveys or interviews • Focus groups
E	Is the practice sustainable?	Collect stakeholders' opinion regarding the sustainability of the practices	• Surveys
F	Are the organizations ready to uptake digitalization?	Assess the organization's digital infrastructure and whether it can be updated	• Reports from NAs

Table 9: Outline of the assessment design and methods. General dimensions.

Assessment questions		Information needed	Methods
Digital transformation			
A	What is the digital healthcare infrastructure?	Describe the digital healthcare infrastructure of each NA twice, one prior and one after the implementation of the GPs	• Reports from NAs • Surveys or interviews
B	Are technologies like Electronic Health Record, personal health folder and electronic prescriptions being used?	Record number of people who have access to the digital services and compare this number among partners twice, one prior and one after the implementation of the LGPs	• Reports from NAs • Surveys or interviews
C	Can we move towards citizen empowerment through patient reported data?	Record number of citizens who are using the citizen empowerment platforms that are created during JADECARE. Collect data reported by patients	• Reports from NAs • Surveys or interviews
D	Can we design innovation initiatives on integrated care reorganization of care pathways, workforce roles and skills?	Record the number of innovative initiatives for integrated care reorganization pathways that are implemented during JADECARE	• Reports from NAs • Surveys or interviews
E	Are there any training and research programs?	List the training and research programs that are launched during the lifecycle of the project. Identify the number of people participating in said programs	• Reports from NAs • Surveys or interviews
F	Can we quantify peoples' access to health services?	Identify the number of people that access newly implemented services and infrastructure	• Reports from NAs • Surveys or interviews
G	Are we approaching digitalization through management of change	List the number of services that are being digitized	• Reports from NAs • Surveys or interviews

Table 10: Outline of the assessment design and methods. Digital transformation.

4.2.5 Data collection methods

For the data collection and according to the associated designs, different sources will be used:

- Management information (project documents and reports)
- Baseline-end line surveys (target group, key informants)
- Stakeholders' consultation through semi-structured Interviews (general or key informants)
- Focus groups (discussions with patients, caregivers, and healthcare providers)

So, according to the aforementioned, the data sources for each of the methods can be identified and as data sources can be considered all materials that are available to the organization. Baseline data is needed prior to or early in the programme if a pre - post design is to be used.

Responsible for all the data collection is Task 3.3 leaders, the team of AUTH. While they may be responsible for the collection, they will receive input from all WPs, from 1 to 8, depending on the indicator under investigation. The quality of the data will be ensured at the time point of each data collection. All the data collection instruments will be in the English language and full understanding of the language will be a very important inclusion criterion during the procedures. All data collection procedures will be consistent, guaranteeing good quality of the data, which will be ensured by the AUTH team.

4.2.6 Data analysis

The data will be analysed, based on the key category they belong to: quantitative or qualitative data. Appropriate means of analysis and basic statistics will be used.

4.2.7 Data management

For the identification and description on how the data will be managed as well as the logistics of data management, there are a number of specified characteristics that will be needed to evaluate.

- Data format
- Data organization
- Data availability
- Data security
- Information technology
- Data quality control
- Roles and responsibility, accountability of data management

4.3 Pillar 3: JADECARE evaluation timeframe

JADECARE is currently in an early stage of development, meaning that it is currently ongoing and the implementations that will be assessed with the use of the current plan have not yet been concluded. This fact provides a unique opportunity for assessment since data will be collected at various time-points of the implementation and comparisons will be feasible. Data collection for most of the indicators introduced in this plan will take place at baseline (prior to M12 of the project), at least once after the beginning of the implementation (M18-M24) and at the end of the project (M30).

The impact assessment will be mainly prospective (ex-ante), since JADECARE includes the implementation stage and, as said before, baseline data will be collected prior to the beginning of the implementation. Nevertheless, since the timeframe of the pre-implementation face is narrow (we are about to enter the implementation phase of the project), some aspects of the impact assessment will occur retrospectively.

4.4 Pillar 4: Indicators of success

As mentioned above, in the context of JADECARE the Impact Assessment will focus on two different axes: i) general dimensions and ii) digital transformation. The KPIs are organized according to this categorization. The general dimensions are subdivided into two categories: i) the implementation process and ii) dissemination and sustainability.

All KPIs are included in the supplementary material of this document. Some of the indicators respond to questions raised by more than one WP, so efforts will be aligned to gather data at once and to avoid collection burden to NAs. A brief description of each KPI can be found in the matrix below. Note that all KPIs related to digital transformation might not be applicable to all NAs since their Local Good Practices might not focus on all areas.

General Dimension 1: Implementation Process		
Indicator	**Justification**	**Definition**
KPI1.1	The implementation experience	To identify and outline all the barriers encountered and all the lessons learned along the implementation
KPI1.2	Specific process, pathway reorganization and change management	To identify pathway reorganization and change management in NAs
KPI1.3	Scope and degree of adoption of oGPs	% of core features implemented/ total number of core features selected (per NA)
KPI1.4	The involvement and commitment of key stakeholders	No of stakeholders involved & % participation in meetings (Consortium Meetings, Stakeholders' Forum and Policy Board Meetings)
KPI1.5	Target population in JADECARE	Population reached/target population according to the Local Good Practices
KPI1.6	Satisfaction of NA members with oGPs, information received and feedback of their work	% Satisfaction degree of NAs
KPI1.7	JADECARE website is fully functional with all necessary technical features and well known amongst policy makers and health professionals from European Member States	No of annual visits to the JADECARE platform & no of clicks per topic
KPI1.8	Readiness of the organization to uptake digitalization	% of maturity requirements covered per NA

Table 11: Brief description of the KPIs. Implementation process.

General Dimension 2: Dissemination and Sustainability		
Indicator	**Justification**	**Definition**
KPI2.1	Impact in policy setting, and scientific, industrial, and general debates and fora	% Level of external stakeholders' perception on the impact of JADECARE
KPI2.2	Improvement in Knowledge and skills	% of knowledge and skills of professionals improved
KPI2.3	Usefulness of JADECARE	% Perceived usefulness among external stakeholders
KPI2.4	Sustainability as expressed by members of local/regional/national networks among NAs and stakeholders identified to be important to assure sustainability	% Level of sustainability, according to internal and external stakeholders' opinion
KPI2.5	Further building up the capacity of national and regional authorities to organize and deliver integrated person-centred care including integration in policies	% Level of built capacity for integrated person-centred care according to internal stakeholders' opinion
KPI2.6	Collaborative work with intersectoral collaborations	Evidence of intersectoral collaborations (meetings, participation in events, publications and/or emails) with other partnerships
KPI2.7	Documents produced/published (at European/national levels)	No of documents published & no of documents downloaded from JADECARE website

Table 12: Brief description of the KPIs. Dissemination and sustainability.

General Dimension 3: Digital Transformation		
Indicator	**Justification**	**Definition**
KPI3.1	Risk stratification and data analytics	No of people classified
KPI3.2	Management of change towards digitalization	No of healthcare services expected to be digitalized / unit of time
KPI3.3	Digital health system infrastructure	No of digital infrastructure (hardware) available to be used due to JADECARE
KPI3.4	Use of technologies including Electronic Health Record, personal health folder and electronic prescription	No of technologies improved and updated due to JADECARE
KPI3.5	Citizen empowerment	No of citizens using citizen empowerment platforms or tools
KPI3.6	Use of patient reported data	Collection and analysis of Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs)
KPI3.7	Innovation initiatives on integrated care reorganization of care pathways, workforce roles and skills	No of innovative initiatives for integrated care reorganization pathways implemented during JADECARE

General Dimension 3: Digital Transformation		
Indicator	**Justification**	**Definition**
KPI3.8	Training and research programs	No of training and research programs launched and no of participants
KPI3.9	Participation in Training and research programs	No of participants in training and research programs
KPI3.10	Access to health services	No of individuals accessing newly implemented services and infrastructure
KPI3.11	Perceived improvement of digital services by end users	% perceived Improvement of digital services

Table 13: Brief description of the KPIs. Dissemination and sustainability.

4.5 Pillar 5: Communicate and use findings

All the findings of the impact assessment will be included in future WP3 deliverables. These reports will include the measuring of all the indicators presented here as well as all the lessons learned during the implementation of the LGPs. The findings will complement learning compiled by other WPs. The reports will be publicly available.

5 Future steps

Based on the methodologies described in this deliverable, project progress monitoring, implementation quality assurance and impact assessment will be performed by AQuAS, Kronikgune and AUTH, respectively. Active participation of different stakeholders will be required for this purpose such as Next Adopters and their network members as well as JADECARE organizations (Competent Authorities and Affiliated Entities). The detailed outputs and outcomes will be included in the *D3.2 Evaluation report* and *D3.3 Final Evaluation Report*.

6 Annexes

6.1 Annex 1: Project Monitoring Questionnaire

Purpose

- Complement the objective monitoring indicators such as: achievement of objectives or milestones, submission of deliverables on time, etc.
- Assess the level of engagement of the project partners.
- Detect any room for improvement

Target respondents

- All partners
- WP leaders (specific version)

Timing of questionnaire

- General Assembly
- Major Milestones

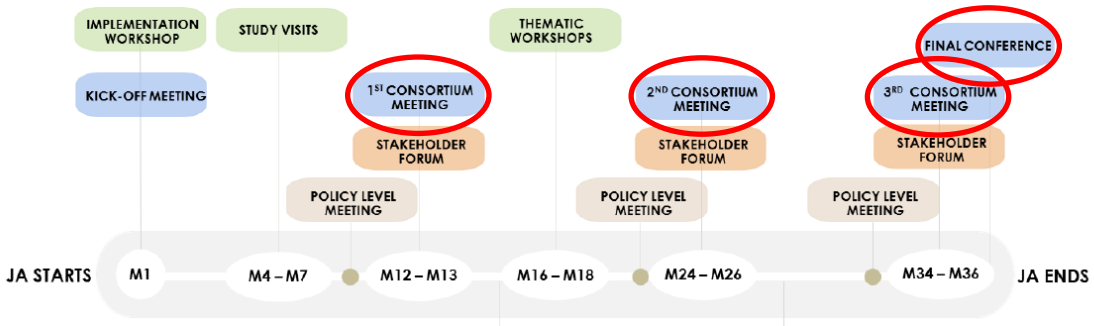

Figure 9: Timing for the Project Monitoring Questionnaire

Questions

1. The project will deliver the result(s) defined:

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Well perceived: .....

Room for improvement: .....

2. The result will have the impact envisioned:

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Well perceived: ……

Room for improvement: ……

3. The activities we undertake still contribute to the result defined:

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Well perceived: ……

Room for improvement: ……

4. We are still in line with the original schedule:

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Well perceived: ……

Room for improvement: ……

5. The result will have the level of quality as originally expected (by the Consortium & the EC):

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Well perceived: ……

Room for improvement: ……

6. The project is managed well:

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Well perceived: ……

Room for improvement: ……

7. The external communication in the project is adequate:

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Well perceived: ……

Room for improvement: ……

8. We are aware of the risks in the project:

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Well perceived: ……

Room for improvement: ……

9. Decision making is done correctly:

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Well perceived: ……

Room for improvement: ……

10. Resources allocated to carry out the various tasks are sufficient:

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Well perceived: ……

Room for improvement: ……

6.2 Annex 2: Questionnaire for Next Adopters

It is conceived to assess the progress of the objective "To facilitate and support the transfer of GGPP features to next adopters´ context", and to be circulated after the Study visits. **Next adopters are the targeted respondents.**

It is based on the experience of CHRODIS PLUS and it is meant to be short and focused.

FEEDBACK FROM NEXT ADOPTERS

Respondent (Surname, first name – partner):

Date		**City/Virtual**		**Country**	

Organiser of the study visit (names)	

Name of the practice	

ORGANISATION OF THE STUDY VISIT

1. Did the original Good Practice direct implementers original attend the study visit?

Yes No Partially

2. Is the visit well structured, with rational schedule and allowing time for questions and discussion?

Yes No Partially

3. Did the organizers prepare and share useful materials and dissemination documents (pre-readings, agenda, articles…) to support the preparation and execution of the visit?

Yes No Partially

GETTING TO KNOW THE PRACTICE

4. Do you deem that relevant lessons learnt have been properly shared?

Yes No Partially

OVERALL EVALUATION

5. Overall, was the presentation of the practice adequate, clear and transparent to visitors?

Yes No Partially

6. Please rate the study visit experience from 1 (poor) to 10 (exceptional) based on objectives achieved, schedules, active participation from both organizations and moderation provided by the WP organizer:

1 2 3 4 5 6 7 8 9 10

Additional comments for evaluation: