JADE CARE
Joint action on implementation of digitally enabled integrated person-centred care

D3.2 INTERIM EVALUATION REPORT

Aristotle University of Thessaloniki (AUTH)

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AE	Affiliated Entity
CA	Competent Authority
CF	Core Feature
CFIR	Consolidated Framework for Implementation Research
D	Deliverable
DEIPCC	Digitally Enabled Integrated Person-Centred Care
DG	Directorate General
EU	European Union
GA	Grant Agreement
I	Indicator
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
M	Month
MI	Milestone
MS	Member State
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
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	Revised Standards for Quality Improvement Reporting Excellence
tWP	transfer Work Package
WP	Work Package

Executive summary

JADECARE intends to reinforce the capacity of health authorities to successfully address important aspects of health system transformation, in particular the transition to digitally enabled, integrated, person-centred care and support the best practice transfer from the systems of the "Early Adopters" to the ones of the "Next Adopters". The implementation of this Joint Action involves the transfer and adoption of four original Good Practices (oGP) to 21 Next Adopters (NA) accompanied by an internal evaluation of the interim results, which are being presented in this report.

Based on a previous work of selection by the European Commission, four oGPs were selected to be transferred to other European Union countries concerning integration, chronic conditions, multimorbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management. JADECARE is focusing on the transfer and adoption of four oGPs: Basque Health strategy in ageing and chronicity: integrated care (Basque Country, Spain), Catalan open innovation hub on ICT-supported integrated care services for chronic patients (Catalonia, Spain), The OptiMedis Model-Population-based integrated care (Germany) and Digital roadmap towards an integrated health care sector (Southern Denmark Region). JADECARE involves partners from 16 countries all around Europe, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal frameworks, culture/values and relevant leaders are going to be considered for each of the 21 NAs.

The Midterm Report evaluates the first 18 months of JADECARE (from October 2020 to March 2022). Its preliminary evaluation findings, conclusions and recommendations are presented below. Work Package (WP) 3 prepared a methodological framework tailored for facilitating data collection (section 2: JADECARE Evaluation approach). The report is structured based on the adopted evaluation framework. It first includes the overall process indicators and those indicators for evaluating the activities of the WPs during the period covered for the assessment (section 3: Project progress monitoring). Then, the document includes the systematic appraisal of the quality of the transfer and implementation process, evaluating and reporting the experience of NAs in adopting oGPs as well as the capacity of health authorities to organize and deliver digitally enabled, integrated, person-centred care (section 4: Quality assurance of implementation). Later, it is assessed whether the project objectives have been achieved with regard to the delivery of outputs, to what extent the planned outcomes of JADECARE meet the needs of the project's target group and the process used to ensure that the project activities are implemented as intended (section 5: Impact Assessment).

The collection of the data analysed in this report lasted 9 months (M9-M18). A variety of data collection methods was used, and input was requested from all WP leaders. The overall participation of the consortium members was satisfactory, and the produced results reflect the high-quality work that took place during JADECARE.

1 Introduction

The ageing population, with the growing burden of chronic conditions and multimorbidity, 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 digitally enabled integrated services that are person-centred, based on the needs of citizens. Within this context, 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 general terms, JADECARE has two main objectives:

- To reinforce the capacity of health authorities to address all the important aspects of health system transformation successfully, in particular the transition to digitally enabled, integrated, person-centred care, and
- To support the best practice transfer from the systems of the "early adopters" to the "Next Adopters".

And specifically, JADECARE pretends to reinforce the capacity of care authorities to: support the change management and re-organization and pathways of care models, embed digital technologies and tools in the care services, rethink health workforce roles and skills with digital technologies, empower citizens and communities in active participation in healthcare, design new payment models and performance assessment methods.

In this context, the *WP3 Evaluation* aims to:

- 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 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.

Three tasks will enable the achievement of the aforementioned objectives: T3.1 Project progress monitoring (to conduct a systematic assessment of the quality and compliance of the project progress and stakeholders' views on inclusion and satisfaction); T3.2 Quality assurance of implementation (to perform a systematic appraisal of the quality of the transfer and implementation process, adaptable to the different needs and maturity of the next adopters); and T3.3 Impact assessment (to measure the impact of the project). The Deliverable *D3.1 Impact Assessment Plan* mainly presents the description of the methodology to be used in each task, including a set of preliminary indicators. The *D3.2 Interim Evaluation Report*, based on the rationale of the previous deliverable, evolves and depicts the evaluation approach, and documents the project progress, implementation process and impact evaluation so far.

2 JADECARE Evaluation approach

The JADECARE evaluation approach, based on the rationale presented in the *D3.1 Impact Assessment Plan*, provides a comprehensive and structured overview of the areas studied in the Joint Action. This evaluation approach: (1) aligns the measurement of the JADECARE objectives according to the indicators defined in the WP3 tasks, avoiding redundancies and overlapping; (2) associates indicators with specific assessment level (Joint Action or Next Adopter level) and (3) ensures all JADECARE dimensions are analysed in a robust and systematic way.

The JADECARE objectives have been translated into evaluation dimensions that are classified according to the application level:

- At Joint Action level: Eight dimensions are defined to address several areas.
    1. Transition to digitally enabled integrated person-centred in EU settings
    2. Capacity of governments to build integrated person-centred care
    3. Stakeholder network
    4. Digital transformation of next adopters' regions
    5. Sustainability of the practices
    6. Quality of the transfer and implementation process
    7. Knowledge and skills of transfer
    8. Quality, compliance and usefulness
- At Next Adopter level: Two general dimensions are defined with a set of sub-dimensions.
    1. Transfer and Adoption process
        - Scope and degree of adoption of oGPs
        - Specific process, pathway reorganization and change management
        - Involvement and commitment of key stakeholders
        - Implementation experience
    2. Digital transformation
        - Digital health system infrastructure
        - Risk stratification and data analytics
        - Use of technologies
        - 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

The operationalizing of the evaluation framework consists in allocating indicators (process, output or outcome indicators) to each of the dimensions defined and according to the WP3 tasks. Overall, a total of 88 indicators have been constructed (re-defined from the preliminary proposal included in *D3.1 Impact Assessment Plan* or newly designed). Thirty indicators are related to T3.1. Project progress monitoring, 24 indicators to T3.2. Quality assurance of implementation and, 34 to T3.3. Impact assessment (see figure below).

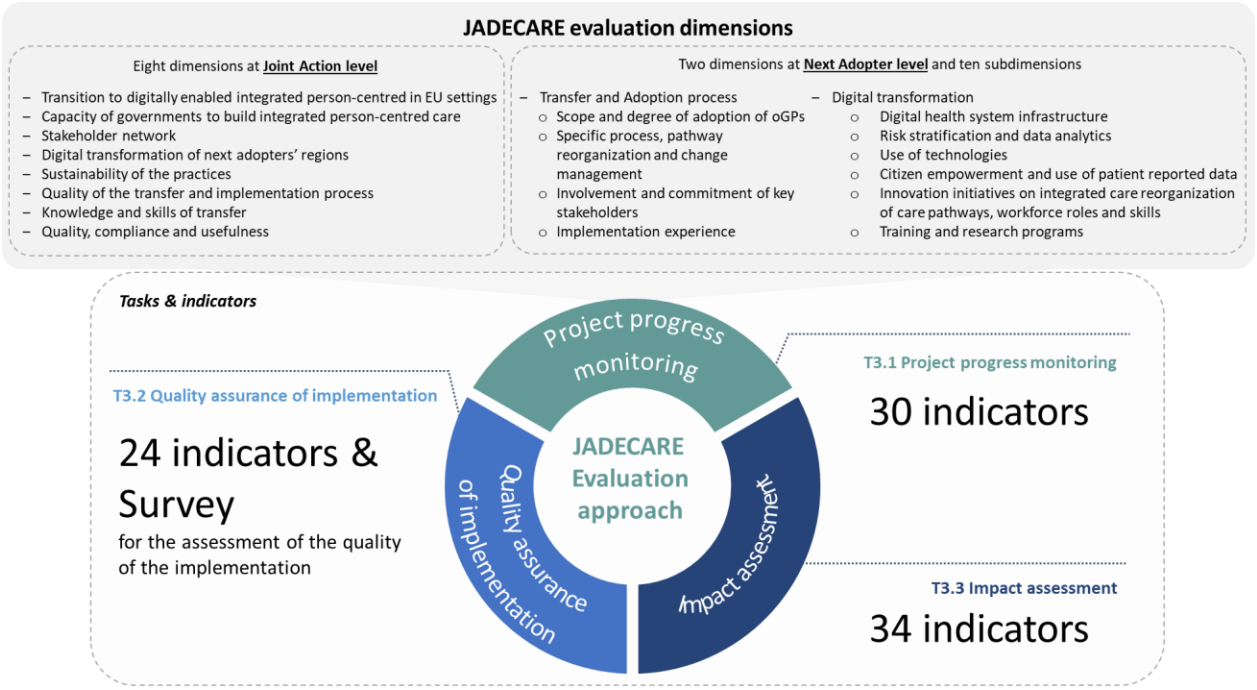

Figure 1: The JADECARE Evaluation approach

The detailed mapping of the indicators by level (Joint Action or Next Adopter), dimension (and sub-dimension if applicable) and WP3 tasks (T3.1 Project progress monitoring, T3.2 Quality assurance of implementation and T3.3 Impact assessment) is presented in the Annex 1: JADECARE indicator mapping.

The following sections of this document elaborate on the specific indicators providing details in terms of justification, type of indicator, methodology, level, data collection source(s), data collection instrument, responsible, periodicity of data collection, completion criteria and acceptance criteria. Table below summarises the description characteristics of each indicator:

Number and name of indicator	
Definition	A brief description of the indicator
Justification	Reason why this indicator is relevant for the monitoring of JADECARE
Methodology	Quantitative or qualitative indicator
Level	Joint Action (JA) or Next Adopter (NA) level
Data source(s)	Which data sources will be checked?
Data collection instrument	Which data collection instrument will be used to collect the data?
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?

Table 1: Description of indicators

3 Project progress monitoring

3.1 Project Progress monitoring framework

The project progress monitoring of JADECARE provides a systematic assessment of the quality and compliance of the project process and stakeholders' views on inclusion and satisfaction through Task 3.1. This task will oversee the establishment of the monitoring and internal evaluation plan, which will be responsible for assessing the progress of the project. The main objectives of this task 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 and 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.

The information in this chapter is organised in four sections. The first section explains the methodology designed for assessing the project progress monitoring. The second section presents the project progress monitoring indicators. The third part describes how the indicators were collected, mainly through conducting surveys and consulting documents or reports. Finally, in the fifth section, the results of the indicators are presented, analysed, and discussed.

3.2 Methodology

AQuAS designed a project progress monitoring framework to accomplish the objectives of Task 3.1, and more precisely, to evaluate:

- The achievement of the general objectives of the project, established in the Grant Agreement
- The evaluation of the objectives and individual actions of the Work Packages
- The accomplishment of the 33 milestones of the JA
- The submission of the 16 official deliverables of JADECARE
- The monitoring of the relevant meetings of the JA that include the annual meetings of the JA: Consortium Meeting, Stakeholder Forum, and Policy Board and the recurrent WP meetings

The methodology used has taken into account the following considerations:

- Development or definition of Project Progress Monitoring indicators. Some of the project progress indicators were based on the Grant Agreement of JADECARE. For others, the Joint Action Chrodis Plus methodology has inspired their development, due to the two projects' similarities. During the process, AQuAS discussed proposed indicators with the coordinator of the JA, Kronikgune.
- Apart from the indicators, AQuAS compiled a list of specific objectives of the JA, milestones, and deliverables based on the Grant Agreement of November 2021, for their monitoring and assessment.
- Additionally, in February 2022, AQuAS decided to modify some indicators to avoid confusion and overlapping with other pieces of information collected in Task 3.3. Impact Assessment.
- For the definition of the completeness and acceptance criteria of the indicators, AQuAS agreed them with the leaders of each Work Package, considering the commitments of the Grant Agreement and being realistic with the development of the Project itself.
- WP3 is in charge of defining the evaluation criteria and compiling the indicators. The WPs are responsible for data collection and providing it to WP3, when asked so.

- The methodology used by AQuAS for collecting the indicators includes surveys (Consortium Meeting Satisfaction; project progress perception), input from reports, and information communicated by WP leaders.
- The WP3 is responsible for data analysis, sharing the results with the coordinator and WP leaders.

The complete list and information of project progress monitoring indicators is included in Annex 1 using the information included in *Table 1: Description of indicators,* presented in the previous *JADECARE Evaluation approach.*

AQuAS built all the indicators following the SMART-RACER methodological basis. These principles mean that they must follow SMART monitoring objectives and describe them in a RACER manner. In detail, that means the related goals are:

SMART

- Specific-Strategic: it is directed to a task or activity with a scientific interest and improvement of the Project,
- Measurable: the objective is quantifiable or can be described qualitatively in a way that can be acceptably predefined
- Assignable: the person in charge is clearly established,
- Realistic: results can be realistically achieved given the available resources
- Time-related: results are expected to be achieved in a specific time frame and that the indicators are

RACER

- Relevant: closely linked to the objectives to be achieved
- Acceptable: by those responsible for each indicator (general work package or task leaders), by the European Commission, and by the report's users. Indeed, they must be comprehensive for citizens and professionals.
- Credible: unequivocal, transparent, repeatable, and easy to interpret.
- Easy: data collection must be possible at a reasonable cost (available, feasible)
- Robust: attempts to avoid manipulation considering aspects such as sensitivity, quality, consistency, comparability

In the case of objectives, milestones, and deliverables, the following information has been compiled for each of them:

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

Table 2: Description of objectives, milestones and deliverables

3.3 Project progress monitoring indicators

Following the JADECARE Evaluation approach, all the project progress monitoring indicators address aspects at the Joint Action level, not at the Next Adopter level.

3.3.1 Join Action level indicators

WP	Indicator		Dimension	Responsible	Data collection
1	M1.1	Perception of WP leader of Coordinator's support	Quality, compliance and usefulness	WP3	M24, M36
	M1.2	Ratio of milestones achieved on time	Quality, compliance and usefulness	WP1	M18, M36
	M1.3	Ratio of deliverables submitted to the EC on time	Quality, compliance and usefulness	WP1	M18, M36
	M1.4	Availability of a project handbook in the first year of the project	Quality, compliance and usefulness	WP1	M12/M18
	M1.5	HaDEA's participation in annual meetings	Capacity of governments to build integrated person-centred care	WP1	M12, M24, M36
	M1.6	Number of Steering Committee meetings celebrated per year	Quality, compliance and usefulness	WP1	M12, M24, M36
2	M2.1	Number of documents published at website	Stakeholder network	WP2	M18, M36
	M2.2	Number of presentations at scientific and policy discussion events	Stakeholder network	WP2	M36
3	M3.1	Availability of an assessment methodology	Quality of the transfer and implementation process	WP3	M18 (completed by M12)
	M3.2	Degree of satisfaction of partners with the project progress	Quality, compliance and usefulness	WP3	M12, M24, M36
4	M4.1	Number of study visits	Knowledge and skills of transfer	WP4	M18
	M4.2	Number of thematic workshops	Knowledge and skills of transfer	WP4	M24
	M4.3	Number workshops on implementation key learnings	Knowledge and skills of transfer	WP4	M34
	M4.4	Number of professionals participating in knowledge exchange actions	Knowledge and skills of transfer	WP4	M36

	M4.5	Satisfaction with knowledge exchange actions	Knowledge and skills of transfer	WP3	M36
	M4.6	Number of Local Action Plans including elements of sustainability	Sustainability of the practices	WP4	M36
	M4.7	Establishment of local/regional/national networks at Next Adopter level including key stakeholders for ensure sustainability	Sustainability of the practices	WP4	M36
	M4.8	Number of sustainability strategies at Next Adopter level	Sustainability of the practices	WP4	M36
5-8	M5.1, M6.1, M7.1, M8.1	Completed scope definition, situation analysis and PDSA cycle performed on schedule	Quality of the transfer and implementation process	WP5-8 Next Adopters	M12, M28
	M5.2, M6.2, M7.2, M8.2	Number of Next Adopters Good Practices and Action Plans	Quality of the transfer and implementation process	WP5-8 Next Adopters	M15
	M5.3, M6.3, M7.3, M8.3	Establishment of specific objectives regarding digital transformation are set in Next Adopters Action Plans	Digital transformation of next adopters' regions	WP3	M18

Table 3: Project progress monitoring indicators at Joint Action level

3.4 Collection of Indicators

This section briefly addresses the primary data sources and the instruments used to collect the indicators.

Regarding the information sources, mainly the following ones have been used:

1) The entity responsible for data collection. This information is available in the indicator chart and comes from the Grant Agreement.
2) All the project documents such as reports, deliverables, minutes, and other documents mainly available at JADECARE's Sharepoint.
3) Grant Agreement consultations to clarify doubts and responsibilities to collect the information.
4) Communication with the JA Coordinator of both the project (Kronikgune) and the WP3 leader (AUTH).

Information instruments are:

1) Online surveys aimed at both the general public (participants of the Consortium Meeting, for example) and other surveys aimed at more specific groups (for example, next adopters).
2) Consultations, interviews, and meetings with the WP leaders to collect data and internal documentation in the project's Sharepoint.

3) Focus group (this technique allowed to discuss and reach a consensus on the acceptance and completeness criteria by the WP5-8).
4) Participant observation in meetings and own notes.

3.5 Results of project progress monitoring assessment

3.5.1 Assessment of specific objectives of the project

In the Grant Agreement, 36 specific indicators are defined. The data of six indicators has been collected by month 18. The data for the rest of the indicators (30) will be collected by month 36. All the indicators collected by month 18 have achieved the completion criteria. Regarding the satisfaction with the project progress, the output is 4,12 among 5 points (82,4%).

GA Specific Objective	GA Specific Indicator	Target value	Real output
1. Transition to digitally enabled integrated person-centred in EU settings	Number of Next Adopters Good Practices and Action Plans	21	21
4. Digital transformation of next adopters' regions	Establishment of specific objectives regarding digital transformation are set in Next Adopters Action Plans	21	21
4. Digital transformation of next adopters' regions	Analysis of digital situation is performed in next adopters' sites	21	21
6. Quality of the transfer and implementation process	Scope definition, situation analysis and PDSA cycle performed on schedule	80%	100%
7. Knowledge and skills of transfer	Satisfaction with knowledge exchange actions	80%	>80%
8. Quality, compliance and usefulness	Satisfaction with the project progress	80%	82,4%

Table 4: GA Specific Indicators collected by month 18

3.5.2 Assessment of Project progress monitoring indicators

All the Project progress monitoring indicators for month 18 were collected and successfully achieved, what means, that they have reached at least the acceptance criteria (See Annex 1).

As for the monitoring indicators of WP1, all the indicators have achieved the defined completeness criteria.

WP	Indicator		Outcome	Achieved	Unachieved
1	M1.2	Ratio of milestones achieved on time (until M18)	77,3%	•	
	M1.3	Ratio of Deliverables submitted to the EC on time (until M18)	100%	•	
	M1.4	Availability of a project handbook in the first year of the project	Yes	•	
	M1.5	HaDEA's participation in annual meetings	100%	•	

WP	Indicator		Outcome	Achieved	Unachieved
	M1.6	Number of Steering Committee meetings celebrated per year	26	•	

Concerning the monitoring indicators of WP2, the indicator M2.1 achieved the maximum level based on the completion criteria.

WP	Indicator		Outcome	Achieved	Unachieved
2	M2.1	Number of documents published at website	1	•	

Regarding WP3 indicators, the indicators M3.1 and M3.2 achieve completion criteria.

WP	Indicator		Outcome	Achieved	Unachieved
3	M3.1	Availability of an assessment methodology	Yes	•	
	M3.2	Degree of satisfaction of partners with the project progress	4,12/ 5	•	

With WP4 indicators, the M4.1 indicator achieves the completion criteria. The other indicators will be collected and analysed for the final evaluation report (M36).

WP	Indicator		Outcome	Achieved	Unachieved
4	M4.1	Number of study visits	4	•	

The following indicators refer to the WP leaders (WP5-WP8) in charge of the transfer of oGP to the next adopters. All the WP leaders have completed their objectives at the maximum level.

WP	Indicator		Outcome	Achieved	Unachieved
5	M5.1	Completed Scope definition, situation analysis and PDSA cycle performed on schedule	100%	•	
	M5.2	Number of Next Adopters Good Practices and Action Plans	21	•	
	M5.3	Establishment of specific objectives regarding digital transformation are set in next adopters Action Plans	100%	•	

WP	Indicator		Outcome	Achieved	Unachieved
6	M6.1	Completed Scope definition, situation analysis and PDSA cycle performed on schedule	100%	•	
	M6.2	Number of Next Adopters Good Practices and Action Plans	21	•	
	M6.3	Establishment of specific objectives regarding digital transformation are set in next adopters Action Plans	100%	•	

WP	Indicator		Outcome	Achieved	Unachieved
7	M7.1	Completed Scope definition, situation analysis and PDSA cycle performed on schedule	100%	•	
	M7.2	Number of Next Adopters Good Practices and Action Plans	21	•	
	M7.3	Establishment of specific objectives regarding digital transformation are set in next adopters Action Plans	100%	•	

WP	Indicator		Outcome	Achieved	Unachieved
8	M8.1	Completed Scope definition, situation analysis and PDSA cycle performed on schedule	100%	•	
	M8.2	Number of Next Adopters Good Practices and Action Plans	21	•	
	M8.3	Establishment of specific objectives regarding digital transformation are set in next adopters Action Plans	100%	•	

3.5.3 Assessment of project milestones

From the total of 33 milestones defined in the GA, 29 had their deadline before or just by month 18. Out of these, nine were accomplished on time (MI2, MI4, MI5, MI6, MI7, MI10, MI11, MI12 and MI16). Other four milestones were fulfilled before the planned deadline; MI21, MI25, MI29 and MI33 were fulfilled by month 14, one month before expected. The rest sixteen milestones (MI1, MI9, MI14, MI15, MI18, MI19, MI20, MI22, MI23, MI24, MI26, MI27, MI28, MI30, MI31 and MI32) were accomplished with some small delay.

Among the various barriers to achieving the milestones, the COVID19 pandemic is the most common. As main facilitators to meet the milestones, the following stand out:

- Collaboration between WP leaders
- The support of the JA coordinator
- The commitment and motivation of the Next Adopters

WP1

MI1 Kick-off meeting			Due	M1 – Oct 20	Achieved	03/11/2020
% Achieved	Means of verification	Deviations (if any)	Reasons for deviation		Corrective actions	
100%	Meeting took place - recording	The Meeting was carried out in month 2	We needed time to carry out the Meeting online (select a platform, gather documents from the partners to be uploaded to the platform, etc.) as it was not possible to do it face to face		A first introductory Meeting was performed in the first week of the JA to organize the work for the first month of the JA and get prepared for the Kick-off Meeting.	
Main barriers:	Due to the COVID19 pandemic, the Meeting was carried out in online format					
Main facilitators:	The software we used (Zoom meetings and Accelevents) helped and allowed us to carry out a productive Meeting.					

MI2 Periodic technical and financial report			Due	M18 – Mar 22	Achieved	31/03/2022
% Achieved	Means of verification	Deviations (if any)	Reasons for deviation		Corrective actions	
100%	D3.2 Interim Evaluation Report delivered	-	-		-	
Main barriers:						
Main facilitators:	• The collaboration of all WP leaders to provide the technical and financial report • WP1 asked for an internal technical and financial report was asked to CAs and WP leaders by month 10 (July 2021) to monitor the JA and to partners get used to the reporting templates. • WP1 arranged bilateral meetings with all WP leaders and CAs to review the reports.					

WP2

MI4 Project slide deck and branded templates			Due	M3 – Dec 20	Achieved	21/12/2020
% Achieved	Means of verification	Deviations (if any)	Reasons for deviation		Corrective actions	
100%	Design and logo files at the	-	-		Logo spelling changed	

	communication folder			
Main barriers:	Finding a logo for the project meaning			
Main facilitators:	Joint work with WP1 and WP2, and Semmelweis graphic team. Design task force meetings			

MI5 Dissemination and communication plan			**Due**	M6 – Mar 21	**Achieved**	31/03/2021
% Achieved	**Means of verification**	**Deviations (if any)**	**Reasons for deviation**		**Corrective actions**	
100%	Deliverable	-	-		-	
Main barriers:	No face-to-face meetings due to COVID19 pandemic					
Main facilitators:	Joint work with coordination and all WP leaders. Establish task related meetings					

MI6 Website launching			**Due**	M6 – Mar 21	**Achieved**	31/03/2021
% Achieved	**Means of verification**	**Deviations (if any)**	**Reasons for deviation**		**Corrective actions**	
100%	Website online	-	-		-	
Main barriers:	Delayed subcontracting (to February 2021) of website work (finances relied on a “service agreement” of Lead Beneficiary BAGSFI and affiliates like ZTG GMBH)					
Main facilitators:	Smooth collaboration of WP leaders and coordination for signing-off initial website texts Established additional reporting and feedback mechanisms (website task force meetings, improvement checklist, visual elements support by SU)					

MI7 Mid-term report on Dissemination			**Due**	M18 – Mar 22	**Achieved**	30/03/2022
% Achieved	**Means of verification**	**Deviations (if any)**	**Reasons for deviation**		**Corrective actions**	
100%	Report produced by WP2 members	-	-		-	
Main barriers:	-					
Main facilitators:	-					

MI9 Monitoring and evaluation plan			Due	M8 – May 21	Achieved	30/06/2021
% Achieved	Means of verification	Deviations (if any)	Reasons for deviation		Corrective actions	
100%	Input from this milestone was used for D3.1	-	-		-	
Main barriers:	Instability in the team of the organization involved					
Main facilitators:	Received support from coordination team					

MI10 Implementation strategy in place		Due	M9 – June 21	Achieved	30/06/2021
% Achieved	Means of verification	Deviations (if any)	Reasons for deviation	Corrective actions	
100%	Documents in the project Sharepoint and D3.1 Impact Assessment Plan	-	-	-	
Main barriers:	-				
Main facilitators:	The Chrodis-Plus implementation strategy helped in the development of the evaluation assessment				

MI11 Monitoring and evaluation plan			Due	M9 – June 21	Achieved	30/06/2021
% Achieved	Means of verification	Deviations (if any)	Reasons for deviation		Corrective actions	
100%	Input from this milestone was used for D3.1 Impact Assessment Plan	-	-		-	
Main barriers:	Difficulty for establishing indicators so early in the lifecycle of the project					
Main facilitators:	Received support from coordination team					

MI12 Interim Evaluation			Due	M18 – Mar 22	Achieved	31/03/2022
% Achieved	Means of verification	Deviations (if any)	Reasons for deviation		Corrective actions	
100%	Interim evaluation deliverable (D3.2) completed on time	-	-		-	
Main barriers:	-					
Main facilitators:	-					

MI14 General principles of successful implementation described			Due	M9 – June 21	Achieved	19/07/2021
% Achieved	Means of verification	Deviations (if any)	Reasons for deviation		Corrective actions	
100%	Submitted to Coordinator on July 9 2021	Delay of submission (by 1 week)	Missing information from oGPs (results from Scirocco tool evaluation)		Contacting oGPs and set further meetings	
Main barriers:	• Collecting consistent data from the Scirocco Tool analysis (different approach taken by oGPs, additional info was needed – additional meetings and explanation)					
Main facilitators:	• Support from the WPs involved • Identification and communication with the person from oGP, responsible for Scirocco Tool evaluation and reporting • Needs and scope from WP5-8 (Task 5.1, 6.1, 7.1, 8.1) already defined					

MI15 Summary reports from study visits at oGPs sites finalized			Due	M10 – Jul 21	Achieved	24/01/2022
% Achieved	Means of verification	Deviations (if any)	Reasons for deviation		Corrective actions	
100%	Submitted to Coordinator on Nov 18 2021	Delay of submission (by 4 months)	Delay of study visit execution in some WPs by 4 months and hence delay of reporting		-	
Main barriers:	• Delay in reporting from some oGPs, primary info reported needed corrections (not following the principles/reporting templates provided, correction of the info)					
Main facilitators:	• Analysis of high volume of data from study visits to filter out, compare and summarize key recommendations based on common principles of the diverse oGPs					

MI16 Common issues from needs and scope (x.1), situation analysis (x.2), interventions and actions (x.3)" identified			Due	M15 – Dec 21	Achieved	31/12/2021
% Achieved	Means of verification	Deviations (if any)	Reasons for deviation		Corrective actions	
100%	Submitted to the coordinator on the 24th of January 2022	A specific report was not needed	The milestone was considered achieved following the timely delivery of deliverable 4.1		-	

			(milestone was a backbone of the D4.1)	
Main barriers:	-			
Main facilitators:	-			

WP5

MI18 Complete scope definition of the WP5 implementation sites			**Due**	M3 – Dec 20	**Achieved**	10/06/2021
% Achieved	**Means of verification**	**Deviations (if any)**	**Reasons for deviation**		**Corrective actions**	
100%	Complete scope definition and reported in a document by all the NAs	The milestone was accomplished by month 9	COVID19 pandemic affected and delayed the work of the NAs due to the need to prioritise the health situation at their local sites.		WP5 leaders closely followed the NA in order to finalize the scope of their Local Good Practices.	
Main barriers:	The COVID19 pandemic made difficult the engagement of the healthcare professionals					
Main facilitators:	The compromise and commitment of the NAs to fulfil the task					

MI19 Complete situation analysis (SWOT) of the WP5 implementation sites -WP5			**Due**	M7 – Apr 21	**Achieved**	21/06/2021
% Achieved	**Means of verification**	**Deviations (if any)**	**Reasons for deviation**		**Corrective actions**	
100%	Complete situation analysis and reported in a document by all the NAs	The milestone was accomplished by month 9	COVID19 pandemic affected and delayed the work of the NAs due to the need to prioritise the health situation at their local sites. The study visits could not be organized phase-to-phase and they had to be done virtually, what limited somehow the possibilities of interaction and networking in the sessions.		Due date extended and the following phases were adjusted in time also	
Main barriers:	COVID19 pandemic					
Main facilitators:	The compromise and commitment of the NAs to fulfil the task. The involvement of the oGP to organise enriching study visits useful for the NAs .					

MI20 Define specific interventions and action, for all WP5 implementation sites			Due	M10 – Jul 21	Achieved	26/10/2021
% Achieved	Means of verification	Deviations (if any)	Reasons for deviation		Corrective actions	
100 %	Complete Local Good Practices and Action Plans and reported in a document by all the NAs (Sharepoint Task 5.3)	The milestone was accomplished by month 13	COVID19 pandemic affected and delayed the work of the NAs due to the need to prioritise the health situation at their local sites. The delays accumulated during the scope definition and situation analysis were also key to this slight delay.		Due date extended and the following phases were adjusted in time also	
Main barriers:	COVID19 pandemic					
Main facilitators:	The compromise and commitment of the NAs to fulfil the task					

MI21 Implementation started-WP5			Due	M15 – Dec 21	Achieved	01/11/2021
% Achieved	Means of verification	Deviations (if any)	Reasons for deviation		Corrective actions	
100%. The implement ation started in month 14	Reported by WP leader	-	-		-	
Main barriers:	The COVID19 pandemic					
Main facilitators:	The compromise and commitment of the NAs to fulfil the task					

WP6

MI22 Complete scope definition of the WP6 implementation sites			Due	M3 – Dec 20	Achieved	10/06/2021
% Achieved	Means of verification	Deviations (if any)	Reasons for deviation		Corrective actions	
100%	Scope definition report	-	-		-	
Main barriers:	Good coverage of all participants. However, some communication deficits could hinder the implementation phase. They are trying to overcome the communication barrier and work more as a team.					

Main facilitators:	The groups are highly motivated. There is good leadership between the medical and management sides.

MI23 Complete situation analysis (SWOT) of the WP6 implementation sites			**Due**	M7 – Apr 21	**Achieved**	21/06/2021
% Achieved	**Means of verification**	**Deviations (if any)**	**Reasons for deviation**		**Corrective actions**	
100%	Available SWOT documents	-	-		-	
Main barriers:	• Interoperability with existing health information system like hospitals and primary care • Change Management. • Ethical and regulatory aspect					
Main facilitators:	• Multidisciplinary teams. For instance, professional team with the participation of digital, prediction and clinical experts. • Political and governmental willingness					

MI24 Define specific interventions and action, for all WP6 implementation sites			**Due**	M10 – Jul 21	**Achieved**	26/10/2021
% Achieved	**Means of verification**	**Deviations (if any)**	**Reasons for deviation**		**Corrective actions**	
100%	LGPs and LAPs	-	-		-	
Main barriers:	Fragmentation of the data base systems. In countries with high fragmentation, private companies take advantage of the fragmentation selling again and again data and services.					
Main facilitators:	• Political and governmental will. Clear, power and centralized management system. • Good interaction from top-down and bottom-up					

MI25 Implementation started-WP6			**Due**	M15 - Dec 21	**Achieved**	01/11/22021
% Achieved	**Means of verification**	**Deviations (if any)**	**Reasons for deviation**		**Corrective actions**	
100%	Available PDSA	-	-		-	
Main barriers:	Difficulties to consolidate specificities of the working plans to ensure a good transferability of some CFs. In addition, the NA are very heterogeneous and each country has different decision makers. Assistance will be needed. We believe that bilateral meetings and web-seminars can be good tools to overcome foreseen limitations for implementation.					

Main facilitators:	The implementation plans are well defined. We are involving CatSalut and our Catalan Workforce to help understanding the needs of each site and try to overcome the heterogeneities.

WP7

MI26 Complete scope definition of the WP7 implementation sites			**Due**	M3 – Dec 20	**Achieved**	10/06/2021
% Achieved	**Means of verification**	**Deviations (if any)**	**Reasons for deviation**		**Corrective actions**	
100%	Available scope definitions by sites	-	-		All scope definitions of WP 7 next adopters available, copies available on JADECARE Sharepoint	
Main barriers:	All NA other than Bosnia & Herzegovina provided their scope definitions. Now that BiH cancelled their participation in JADECARE, the participation rate is 100%. This is also valid for all other criteria. The WP7 oGP is quite complex and priority setting might be difficult for the short implementation period					
Main facilitators:	Initial presentation of WP7 oGP, continuous support from WP7 leadership through regular NA meetings, individual exchange, the application and discussion of tools such as SCIROCCO					

MI27 Complete situation analysis (SWOT) of the WP7 implementation sites			**Due**	M7 – Apr 21	**Achieved**	21/06/2021
% Achieved	**Means of verification**	**Deviations (if any)**	**Reasons for deviation**		**Corrective actions**	
100%	Available SWOT documents	-	-		-	
Main barriers:	Difficulties to prioritise topics on which SWOT should be conducted, not all NAs have data readily available.					
Main facilitators:	Material prepared by WP7, virtual site visits, regular NA meetings, individual support					

MI28 Define specific interventions and action, for all WP7 implementation sites			**Due**	M10 – Jul 21	**Achieved**	26/10/2021
% Achieved	**Means of verification**	**Deviations (if any)**	**Reasons for deviation**		**Corrective actions**	
100 %	LGPs and LAPs	-	-		Individual consultations	

Main barriers:	LAPs were several times adapted due to the difficulty to define concrete outputs and outcomes.
Main facilitators:	Regular NA meetings, exchange on best practices, individual consultations

MI29 Implementation started-WP7			**Due**	M15 – Dec 21	**Achieved**	01/11/2021
% Achieved	**Means of verification**	**Deviations (if any)**	**Reasons for deviation**		**Corrective actions**	
100%	Available PDSA	-	-		All WP 7 NAs have submitted their first PDSA	
Main barriers:	PDSAs are considered "living documents". Some NAs have adapted their PDSAs from the originally submitted versions shortly after implementation start					
Main facilitators:	Regular NA meetings, individual discussions, coordination and exchange amongst WP Leaders for Mix &Match approach					

WP8

MI30 Complete scope definition of the WP8 implementation sites			**Due**	M3 – Dec 20	**Achieved**	10/06/2021
% Achieved	**Means of verification**	**Deviations (if any)**	**Reasons for deviation**		**Corrective actions**	
100%	NA's have sent their LAP followed by a bilateral meeting for feedback	Overall, there have been a slight delay in the communication between NA's and oGPs	Busy December schedule		Follow up meetings in January	
Main barriers:	One of the main barriers were a very busy schedule with a lot of NA's choosing to work with multiple of the CF's as presented in WP8. There has been a delay in providing material due to the spike of COVID19 during the winter months. The personnel representing the CF's were under immense pressure. It was very demanding to research the NA's regional healthcare system to provide relevant feedback.					
Main facilitators:	The NA's have done a great job in preparing for their LAP. There has been an overlap in some of the NA's LAP, which has made it possible to provide requested material to other NA's.					

MI31 Complete situation analysis (SWOT) of the WP8 implementation sites		Due	M7 – Apr 21	Achieved	21/06/2021
% Achieved	Means of verification	Deviations (if any)	Reasons for deviation	Corrective actions	
100%	We have sent our SWOT analysis including revised scope definition and objectives - adjusting the number of good practice adoptions	We have sent our SWOT analysis including revised scope definition and objectives - adjusting the number of good practice adoptions	We have sent our SWOT analysis including revised scope definition and objectives - adjusting the number of good practice adoptions	We have sent our SWOT analysis including revised scope definition and objectives - adjusting the number of good practice adoptions	
Main barriers:	One of the main barriers were to find support from our physicians as important elements of the process. It was very busy schedule due to COVID19 during the time when SWOT and implementation plan was in progress and finalised.				
Main facilitators:	There was great help from oGP and Kronikgune in general, who provided both the manual and support for the creation and the process.				

MI32 Define specific interventions and action, for all WP8 implementation sites			Due	M10 – Jul 21	Achieved	26/10/2021
% Achieved	Means of verification	Deviations (if any)	Reasons for deviation		Corrective actions	
100%	NAs have sent their LAPs and LGPs, contributing to D4.1	Not all the NAs sent the LAP completed (some parts were missing and others were still in the original language)	Busy December schedule		NAs have been asked to complete/translate the missing LGPs/LAPs	
Main barriers:	Delays in prior activities of the pre-implementation phase, especially in the scope definition of the WP8 implementation sites					
Main facilitators:	Efficiency of NAs delivering reports on time, willingness to cooperate and find a solution					

MI33 Implementation started-WP8		Due	M15 – Dec 21	Achieved	01/11/2021
% Achieved	Means of verification	Deviations (if any)	Reasons for deviation		Corrective actions
100%	Bilateral meetings with all NA's where they presented how they will approach the implementation	Slight delay due to uncertain scope of NA's LAP.	Pressure on both NA and oGP because of COVID19 spikes during the wintertime. Important clinicians have focused on patient care and projects have been on standby.		-

Main barriers:	Delays in the LAPs from NAs with a compromised and busy schedule in November-December made it difficult to organize bilateral meetings where all could participate. However, meetings with all NA's were achieved within 2021.
Main facilitators:	Overlap between core features made it possible to have a live demonstration of Rehab|DK with three NA's.

3.5.4 Assessment of project Deliverables

Regarding the deliverables, 100% of the deliverables were submitted on time.

WP1

D1.1 Project Handbook			**Due**	M6 – Marc 21	**Achieved**	March 21
% Achieved	**Means of verification**	**Deviations (if any)**		**Reasons for deviation**		**Corrective actions**
100%	The deliverable was submitted on time to the F&T portal by the coordinator	-		-		-
Main barriers:	-					
Main facilitators:	-					

WP2

D2.1 Leaflet			**Due**	M6 – Marc 21	**Achieved**	March 21
% Achieved	**Means of verification**	**Deviations (if any)**	**Reasons for deviation**		**Corrective actions**	
100%	It has been submitted to EC on time	Correction Leaflet URL on website	Text correction		Official leaflet has been uploaded to the website- EC required the link so changes have been made in the leaflet deliverable and re-uploaded on the EC site	
Main barriers:	Text review iterations					
Main facilitators:	Support and input from coordination and all WP leaders, design work by Semmelweis graphic team.					

D2.2 Project website			Due	6	Achieved	March 21
% Achieved	Means of verification	Deviations (if any)	Reasons for deviation		Corrective actions	
100%	Website online	-	-		Re-upload per request of HaDEA, Original submission was on time [M6]	
Main barriers:	-					
Main facilitators:	Website task force meetings, additional design element work for the website.					

D2.3 Dissemination and communication strategy and plan			Due	M6 – Marc 21	Achieved	March 21
% Achieved	Means of verification	Deviations (if any)	Reasons for deviation		Corrective actions	
100%	It has been submitted to EC on time	-	-		-	
Main barriers:	No face-to-face meetings, conferences, events due to COVID19 pandemic.					
Main facilitators:	Establishing editorial committee, additional task related meetings.					

WP3

D3.1 Impact Assessment Plan			Due	M6 – Jul 21	Achieved	Jul 21
% Achieved	Means of verification	Deviations (if any)	Reasons for deviation		Corrective actions	
100%	D3.1 submitted on time	-	-		-	
Main barriers:	The large number of different implementations in place provided obstacles in establishing an evaluation methodology and choosing an impact framework					
Main facilitators:	Milestones 9 & 11 were completed before the Deliverable 3.1, and they served as input for it					

WP4

D4.1 Local Good Practices and Action Plans		Due	M15 – Dec 21	Achieved	Dec 21
% Achieved	Means of verification	Deviations (if any)	Reasons for deviation	Corrective actions	
100%	Submitted to the coordinator on 18th of December 2022	-	-	-	
Main barriers:	• Suboptimal efficiency of some NAs and delays in reporting • A struggle of NAs with Mix & Match approach on how to really match two oGPs; 2 out of the 4 NAs who adopted it did not carry out a real matching of the selected good practices to integrate them into a single action plan but actually prepared two different plans.				
Main facilitators:	Support from the Coordinator and from WP4 partners				

3.5.5 Meetings Indicators

Meetings are a crucial part of project development and management, and their monitoring can provide valuable information about the project's performance.

The following information will be collected by the WP leader.

- Frequency of meetings (number of meetings)
- Attendance
- Duration of the session
- Minutes of the session delivered

When collecting the data related to the leading WPs, the analysis generally shows the WP meet regularly: once or twice a month. The meetings last for at least 30 minutes and the participation is higher than 70%. As points for improvement, it might be a good idea that WP6 and WP8 organize and take notes more systematically and constantly on the data related to the meetings.

WP1

Consortium Meeting		Freq.	Annually First meeting: 26 and 27th October 2021
Attendance	• Day 1, 26th October 2021: 85 participants: 17 panellists + 68 attendees • Day 2, 27th October 2021: 77 participants: 16 panellists + 61 attendees Total: 162 total participants (Attendees + Panellists) as a sum of Day 1 and Day 2		
Report of the session delivered?	Yes		
Satisfaction from participants	• Overall satisfaction: **4,13 of 5** • The appropriateness of the agenda (time slots, content, etc): **4,85 of 5**		

	• The appropriateness of the organisation of the sessions (split in workgroups? Etc…): **4,16 of 5** • Aspects that worked the best: **Parallel sessions** • Aspects that may improve: **Interactive Participation**

Steering Committee Meetings		**Freq.**	Biweekly (30 meetings)
Attendance	% of WP leaders that attended. Average = 89,6 % of the attendance • WP1 = 100 % • WP2 = 70% • WP3= 90% • WP4= 97% • WP5= 100% • WP6 = 10%% • WP7= 87% • WP8 = 74%		
Duration of the session	Between 60 and 90 minutes		
Minutes of the session delivered?	Yes		

WP1 regular meetings		**Freq.**	Weekly (75 meetings)
Attendance	100% of WP leaders attended		
Duration of the session	60 minutes/meeting		
Minutes of the session delivered?	No		

WP2

Stakeholder Forum		**Freq.**	Annually First meeting: 10th November 2021
Attendance	• 88 people • 59 organizations		
Duration of the session	1 day		
Minutes of the session delivered?	Yes		

WP2 regular meetings		**Freq.**	Biweekly (17 meetings) Other task related meetings when it is needed
Attendance	100% of WP leaders attended		
Duration of the session	60-75 minutes/ meeting		

Minutes of the session delivered?	Yes, every following week of the meeting

WP3

WP3 regular meetings		**Freq.**	Biweekly (27 meetings)
Attendance	100% of WP leaders attended		
Duration of the session	30-45 minutes		
Minutes of the session delivered?	Yes		

WP4

Policy Board		**Date**	Annually First meeting: 4th November 2021
Attendance	130 people attended the first meeting		
Duration of the session	1 day		
Minutes of the session delivered?	No		

WP4 regular meetings		**Freq.**	Biweekly (32 meetings)
Attendance	100% of WP leaders attended		
Duration of the session	45 minutes/ meeting		
Minutes of the session delivered?	Yes, every following week of the meeting		

WP5

WP5 regular meetings		**Freq.**	Monthly (12 meetings)
Attendance	• 100% of WP leaders attended • 77,5 % of NAs attendance		
Duration of the session	45 minutes/ meeting		
Minutes of the session delivered?	Yes, every following week of the meeting		

WP6

WP6 regular meetings		**Freq.**	On demand
Attendance	100% of NAs attended		

Duration of the session	Not available
Minutes of the session delivered?	Not available

WP7

WP7 regular meetings		**Freq.**	Monthly
Attendance	• 100% of WP leaders attended • 75% of NAs attended		
Duration of the session	60 minutes/ meeting		
Minutes of the session delivered?	Yes but 5 of 7 minutes available		

WP8

WP8 regular meetings		**Freq.**	On demand (9 meetings)
Attendance	• 100% of WP leaders attended • 100% of NAs attended		
Duration of the session	60 minutes/ meeting		
Minutes of the session delivered?	No		

4 Quality assurance of implementation

The quality assurance of implementation is one of the three pillars of the JADECARE evaluation approach. It consists of the development and application of an implementation strategy presented in *D3.1 Impact Assessment Plan*, and the evaluation of the quality of the implementation presented in this document.

4.1 JADECARE Implementation Strategy

A three-phase implementation strategy was developed which includes a series of methods and techniques, concrete procedures and recommendations. It aims to enhance the probability of the adoption and sustainability of JADECARE Local Good Practices, considering the particular needs, interest, possibilities and expectations of NAs by providing specific support, documentation, tools and guidance (see D3.1 for more detail).

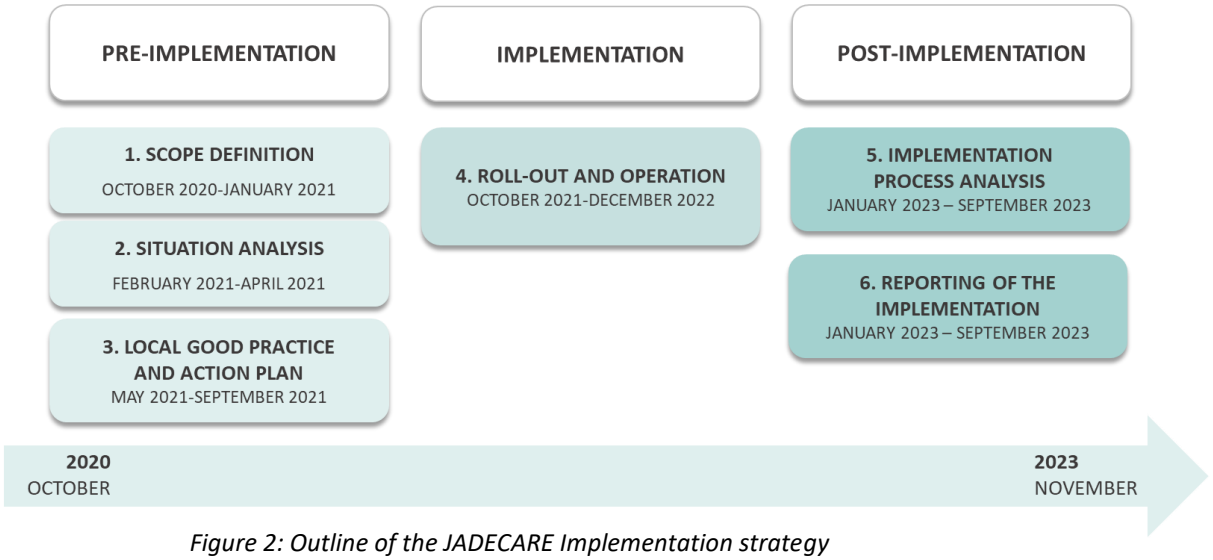

Figure 2: Outline of the JADECARE Implementation strategy

4.2 Evaluation of the quality of the implementation

The quality of the implementation in JADECARE will be assessed by exploring the following three domains:

A. Implementation process

B. Impact of the implementation strategy

C. Usability of the implementation strategy

The assessment methodology consists of a mixed approach, based on a series of indicators, complemented by a survey named *Survey for the assessment of the quality of the implementation*, which consists of a total of 8 items addressing the three domains of evaluation aforementioned. The complete survey is in Annex 3. Members of the Next Adopters Working Group (NAWG), who are the stakeholders using the implementation strategy, will be asked to complete the survey at the end of the implementation phase.

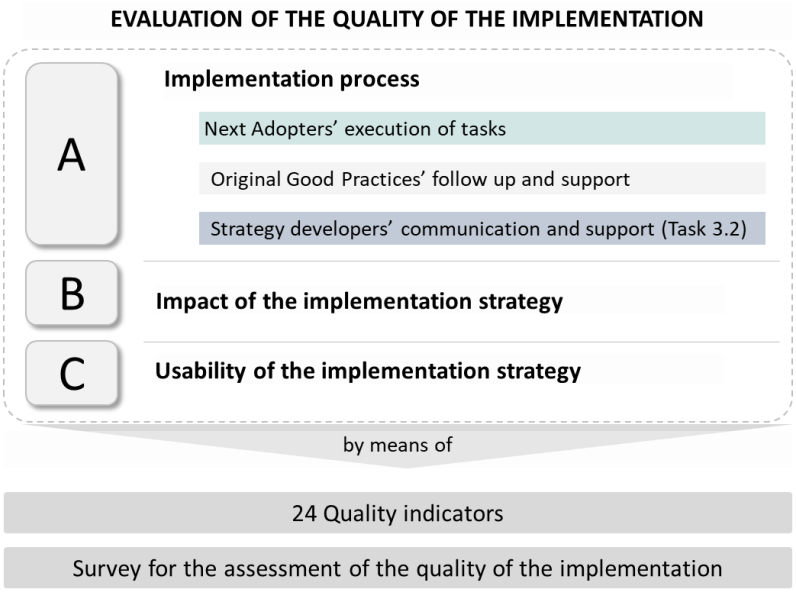

Figure 3: Evaluation of the quality of the implementation

An overview of the measurements to be used in each of the study domains (implementation process, impact of the implementation strategy and usability of the implementation strategy) is show in the table below. The following sections of the document provide complete details.

	Domain	*Methodology for the evaluation*
A	**Implementation process**	
	Next Adopters' execution of tasks	24 quality indicators (Q1 to Q24)
	Original Good Practices' follow up and support	1 project progress monitoring indicator (M5.4)
	Strategy developers' communication and guidance (Task 3.2)	5 questions in the survey
B	**Impact of the implementation strategy**	5 questions in the survey
C	**Usability of the implementation strategy**	10 questions in the survey

Table 5: Study domains and methodology for the evaluation of the quality of the implementation

4.2.1 Implementation process

The analysis of the implementation process includes three areas:

- Execution of the tasks defined in the implementation strategy by the Next Adopters
- Follow up and support provided by the original Good Practices
- Communication and guidance provided by the developers of the implementation strategy (task 3.2 leaders)

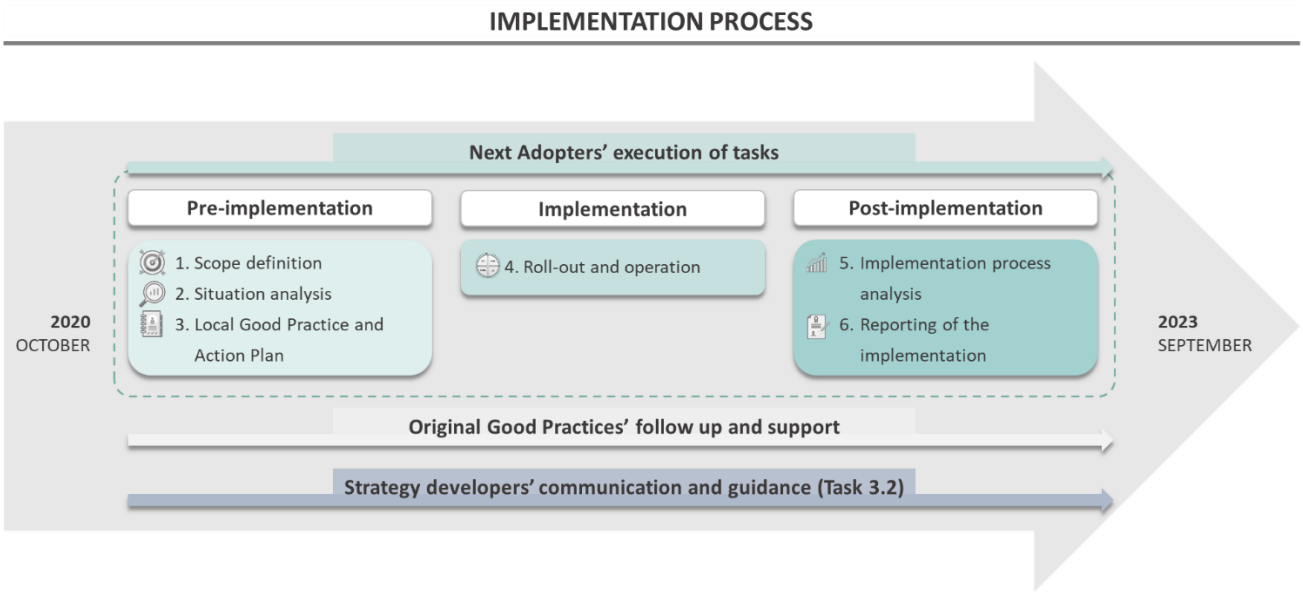

Figure 4: Implementation process analysis

Overall, 24 indicators have been designed to be collected between M4 and M36 of JADECARE. In addition, a total of 8 questions (included in the *Survey for the assessment of the quality of the implementation*) addressing how the strategy helps designing, planning and implementing the Local Good Practices, how supports problem or deviation identification as well as mitigation actions definition, have been created.

Execution of the tasks by the Next Adopters

The evaluation of the execution of tasks by the Next Adopters during the implementation is done through 24 indicators. Indicator Q1 monitors the degree of progress of the JADECARE Implementation strategy, by means of the completion of the reporting templates. Indicators from Q2 to Q9 assess activities framed into the pre-implementation phase, whereas indicators from Q10.1 to Q11.2 and Q17 to Q19 serve to study what occurs during the implementation phase. Finally, indicators Q12.2 to Q16.2 and Q20 to Q24 will monitor activities of the post-implementation phase.

The information of the indicators is reported individually by each NA to Task 3.2 leaders and is then presented as aggregated results.

Completion of the implementation process

The level of completion of the implementation process is measured with indicator *Q1. No of reports completed and sent/total of reports to be completed*, where the reports of the following phases are considered: Scope definition, Situation Analysis, Local Good Practice and Local Action Plan, templates for the 2 PDSA cycles, CFIR and SQUIRE 2.0.

Monitoring of the pre-implementation phase

To evaluate the quality of the pre-implementation phase, eight indicators have been defined. Indicators Q2 to Q8 address the creation of the Next Adopter Working Group, the identification of needs in the context of the scope definition conducted by the Next Adopters and different aspects related to the development of the Local Good Practice (LGP) as well. Additionally, indicator Q9 analyses the relationship between the needs prioritized by the

NAs compared to the Core Features (CFs) they initially selected and the CFs finally transferred, according to the block of the oGP they belong to.

Activity analysed		Indicator
Scope definition	Creation of the NAWG	Q2. No of organizations that are part of the NAWG Q3. Distribution of the profiles of the members that are part of the NAWG
	Identification of needs	Q4. Distribution of the needs identified by the NAs per oGP block Q5. Distribution of CFs originally selected by the NAs per oGP block
Development of the LGP		Q6. Distribution of settings targeted in the LGP Q7. No of LCFs developed by the NAs Q8. Distribution of CFs finally transferred by the NAs per oGP block
Pre-implementation conclusions		Q9. Distribution of needs prioritized by the NAs, compared to the distribution of CFs initially selected and the distribution of CFs finally transferred per oGP block

Table 6: Quality Assurance Indicators for pre-implementation activities

Monitoring of the implementation phase

The evaluation of the implementation phase will be performed using 12 indicators. These indicators check the completion of the implementation process by means of the reporting of the first complete PDSA cycle and the PLAN and DO steps of the second PDSA cycle. In order to ensure systematic and rigorous reporting of the process, templates for each phase of the PDSA cycle have been created. Indicators Q10.1 to Q16.1 assess the first PDSA cycle, while Q10.2 to Q11.2 analyse the PLAN and DO steps of the second PDSA cycle, conducted during the implementation phase.

Additionally, indicators Q17 and Q18 enable monitoring the meetings organised during the implementation phase and the participation and commitment of the NAWG members.

Lastly, indicator Q19 serves to measure the relationship between the deviations reported after each PDSA cycle and the actions decided to be maintained, adapted or abandoned in the following phase.

Activity analysed		Indicator
1st PDSA Cycle	Plan	Q10.1 No of action defined in the 1st PDSA Cycle
	Do	Q11.1 Distribution of the NAs according to the % of implementation progress of the LGP achieve in the 1st PDSA Cycle
	Study	Q12.1 No of action sin the LAP with reported deviations/No of total action of the 1st PDSA cycle Q13.1 Distribution of reported deviations in the LAP of the 1st PDSA Cycle Q14.1 Distribution of the impact of the mitigation actions in the LAP of the 1st PDSA Cycle

	Act	Q15.1 Distribution of the actions of the LAP decided to be maintained/adapted/abandoned after the 1st PDSA Cycle
2nd PDSA Cycle	Plan	Q10.2 No of actions defined in the 2nd PDSA Cycle
	Do	Q11.2 Distribution of the NAs according to the % of implementation progress of the LGP achieved in the 2nd PDSA Cycle
Meetings' monitoring		Q17. No of organizations participating in the PDSA meetings Q18. No of PDSA meetings in which NAWG members participate/Total No of meetings arranged
Implementation conclusions		Q19. No of actions of the LAP with reported deviations compared to the No of actions maintained /adapted/abandoned in the 2nd PDSA cycle

Table 7: Quality Assurance Indicators for implementation activities

Monitoring of the post-implementation phase

Finally, the post-implementation phase will be evaluated with 10 indicators. Indicators Q12.2 to Q16.2 assess the STUDY and ACT steps of the second PDSA cycle. Indicators Q20 and Q21 serve to evaluate the implementation results by means of the reporting of the PDSA cycles. Q22 monitors the completion of the analysis of the implementation experience done by the NAs and Q23 analyses the influence of the factors that affect the implementation. Lastly, Q24 serves to assess the completion of the reporting of the whole implementation by the NAs.

Activity analysed		Indicator
Analysis of implementation results (KPIs of the LAPs)	Study	Q12.2 No of action sin the LAP with reported deviations/No of total action of the 2nd PDSA cycle Q13.2 Distribution of reported deviations in the LAP of the 2nd PDSA Cycle Q14.2 Distribution of the impact of the mitigation actions in the LAP of the 2nd PDSA Cycle
	Act	Q15.2 Distribution of the actions of the LAP decided to be maintained/adapted/abandoned after the 2nd PDSA Cycle
	Q20. No of KPIs that have achieved the target defined in the PLAN step Q21. No of NAs that have implemented successfully at least one of their LCFs	
Analysis of the implementation process (CFIR)		Q22. No of CFIR assessments completed by the NAs Q23. Distribution of factors that influenced negatively/neutrally/positively the implementation process per domain of CFIR
Reporting of implementation results (SQUIRE 2.0)		Q24. No of SQUIRE 1.0 reports completed by the NAs

Table 8: Quality Assurance Indicators for post-implementation activities

Follow up and support provided by the original Good Practices

The follow up and support provided by the NAs is measured by the indicator *M5.4 Perception of close support from NAs from the WP leader*, monitored by Task 3.1 Project progress monitoring.

Communication and guidance provided by the strategy developer

The communication, guidance and support provided during the implementation process by T3.2 leaders are explored by means of two open text questions, included in the *Survey for the assessment of the quality of the implementation*.

4.2.2 Impact of the implementation strategy

There is a need for more and better effectiveness research on discrete, multifaceted, and tailored implementation strategies using a wider range of innovative designs. Several discrete implementation strategies have been described and tested, however, there are gaps in understanding how to optimize these strategies and building knowledge on "how and why" they work[1,2]. It is known that aspects such as establishing an imperative for practice change, building trust between implementation stakeholders, developing a shared vision, activating change mechanisms, employment of effective communication strategies and provision of resources to support change, are key for successful implementation[3]. Yet, evidence of the effectiveness of specific implementation strategies is scarce[4,5].

In this context, it is important to acknowledge the potential impact of the JADECARE implementation strategy in achieving implementation outcomes, meaning the effects of deliberate and purposive actions to implement new practices and services. The dimensions to investigate will be related to some of the outcomes in implementation research described by Proctor[6]:

- Appropriateness: perceived fit, benefit, relevance, or compatibility of evidence-based practice for a given practice setting, provider, or consumer.
- Feasibility: the extent to which a new practice can be successfully used or carried out within a given setting.
- Fidelity: the degree to which an intervention or practice was implemented as it was conceived originally or as it was intended by the practice developers.
- Penetration: the integration of a practice within a service setting and its subsystems.

[1] Mittman BS. Implementation science in health care In: Brownson RC, Colditz GA, Proctor EK, editors. Dissemination and Implementation Research in Health: Translating Science to Practice. New York, NY: Oxford University Press. pp. 400–418.
[2] Powell BJ, Fernandez ME, Williams NJ, Aarons GA, Beidas RS, Lewis CC, McHugh SM, Weiner BJ. Enhancing the Impact of Implementation Strategies in Healthcare: A Research Agenda. Front Public Health. 2019 Jan 22;7:3. doi: 10.3389/fpubh.2019.00003. PMID: 30723713; PMCID: PMC6350272.
[3] Sarkies, M.N., Bowles, KA., Skinner, E.H. et al. The effectiveness of research implementation strategies for promoting evidence-informed policy and management decisions in healthcare: a systematic review. Implementation Sci 12, 132 (2017). https://doi.org/10.1186/s13012-017-0662-0
[4] Grimshaw, J., Thomas, R., MacLennan, G., Fraser, C., Ramsay, C., Vale, L., Donaldson, C. (2005). Effectiveness and efficiency of guideline dissemination and implementation strategies. International Journal of Technology Assessment in Health Care, 21(1), 149-149. doi:10.1017/S0266462305290190
[5] Goorts, K., Dizon, J. & Milanese, S. The effectiveness of implementation strategies for promoting evidence informed interventions in allied healthcare: a systematic review. BMC Health Serv Res 21, 241 (2021). https://doi.org/10.1186/s12913-021-06190-0
[6] Proctor E, Silmere H, Raghavan R, et al. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. Adm Policy Ment Health. 2011;38(2):65-76. doi:10.1007/s10488-010-0319-7

- Sustainability: the extent to which the implemented practice is maintained or institutionalized within a service setting's ongoing, stable operations.

This analysis will provide insight to enhance the effectiveness of JADECARE implementation strategy in the future.

For this means, a total of 5 Likert-type questions are included in the *Survey for the assessment of the quality of the implementation*.

4.2.3 Usability of the implementation strategy

The assessment of the usability of the implementation strategy developed in JADECARE will be done by means of a ten-item *Implementation Strategy Usability Scale (ISUS)*[7] included in the *Survey for the assessment of the quality of the implementation*. The objective is to compile their feedback in terms of the structure, content and complexity of the implementation strategy.

The *ISUS* will be used to assess the content in overall (consistency, integration of elements, easy-to-use concept) of the implementation as part of the survey for the assessment of the quality of the implementation. Additionally, an open text question will allow respondents to give their feedback on any other relevant issue.

4.3 Mid-term evaluation of the Quality assurance of implementation

The mid-term evaluation of the Quality assurance of implementation completed by month 18 of the project compiles the information for the evaluation of the Execution of the tasks done by the Next Adopters, of the implementation process completed during the Pre-implementation phase that was completed between October 2020 and September 2021. This means, that information for indicators Q2 to Q9 has been compiled.

Moreover, indicator Q1 has been partially collected, referring to the phases of the implementation strategy accomplished by month 18 and the reports consequently completed. The results of these indicators are shown here.

- ✓ **Q1. No of reports completed and sent/total No of reports to be completed, considering the reports for the following phases: Scope definition, Situation Analysis, Local Good Practice and Local Action Plan, templates for the four steps (Plan, Do, Study and Act) of the two PDSA cycles, CFIR and SQUIRE 2.0**

This indicator can be partially reported for the phases completed by month 18: Scope definition, Situation Analysis and Development of the LGP and LAP.

- Q1. Scope definition: 21/21
- Q1. Situation analysis: 21/21
- Q1. Local Good Practice and Local Action Plan: 21/21

[7] Lyon, A.R., Coifman, J., Cook, H. et al. The Cognitive Walkthrough for Implementation Strategies (CWIS): a pragmatic method for assessing implementation strategy usability. Implement Sci Commun 2, 78 (2021). https://doi.org/10.1186/s43058-021-00183-0

Creation of the NAWG

- ✓ **Q2. No of organizations that are part of the NAWG:** 74 organizations, distributed as follows per NA:

WP5		WP6		WP7		WP8		MIX AND MATCH	
MoHRS	2	MARCHE	1	EUSTRAS	20	LOMBARDIA	3	RND	1*
USL UMBRIA 1	1	ASL NA2	6	ZZZS	2	CCUH	2	UHO	2
AUTH	2	JFDPK	3	SELBM	*	CSFJA & FPS	3	CIPH	4
ACSS	7					SCS & IDIVAL	5	VH	
ARS TOSCANA	4					SACYL	2		
						SMS & FFIS	4		
TOTAL	**16**		**10**		**22***		**19**		**7**

Table 9: No of organizations that are part of the NAWG

**Further information would be needed to complete the data*

- ✓ **Q3. Distribution of the profiles of the members that are part of the NAWG**

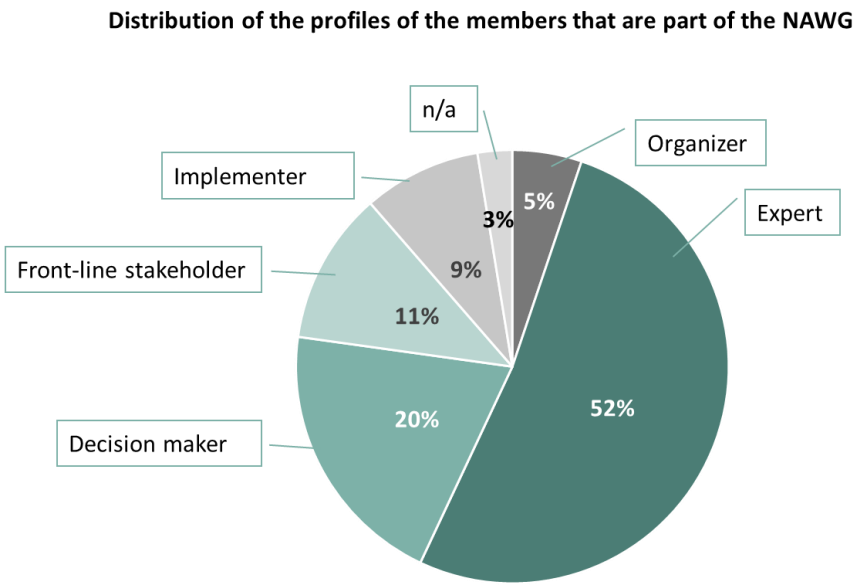

Figure 5: Distribution of the profiles of the members that are part of the NAWG

The detail per NA is included in the table below:

O: organizer, E: experts, D: decision makers, F: front-line stakeholders, I: implementers; Total

WP5							WP6							WP7							WP8							MIX AND MATCH						
	O	E	D	F	I			O	E	D	F	I			O	E	D	F	I			O	E	D	F	I			O	E	D	F	I	
MoHRS		8	5		1	14	MARCHE	1	1	1		1	4	EUSTRAS	1	2	1	15	1	20[a]	LOMBARDIA			3		1	4	RND		4	7		1	12
USL UMBRIA 1	1	2	2		2	7	ASL NA2	*	*	*	*	*	*	ZZZS	1	5	3			9	CCUH	1	1	2		1	5	UHO	*	*	*	*	*	*
AUTH	*	*	*	*	*	5	JFDPK		3	1		5	9	SELBM	*	*	*	*	*	*	CSFJA & FPS	1	7	2		1	11[a]	CIPH	1	7		1		9
ACSS		9				9															SCS & IDIVAL	2	2	1	2	2	9	VH		7	2			9
ARS TOSCANA		4	7		1	12															SACYL	1	4		2		7[a]						
																					SMS & FFIS		34	2	2		38						
TOTAL	**1***	**23***	**14***	**0***	**4***	**47***		**1***	**4***	**2***	**0***	**6**	**13***		**2***	**7***	**4***	**15***	**1***	**29***		**5**	**48**	**10**	**6**	**5**	**74**		**1***	**18***	**9***	**1***	**1***	**30***

Table 10: Distribution of the profiles of the members that are part of the NAWG

**Further information would be needed to complete the data.*

[a]: More than one profile assigned to each member. For means of calculation, the first profile assigned has been considered.

Identification of needs

- ✓ **Q4. Distribution of the needs identified by the NAs per oGP block**

WP5					WP6							WP7								WP8			
	B1	*B2*	*B3*			*B1*	*B2*	*B3*	*B4*	*B5*			*B1*	*B2*	*B3*	*B4*	*B5*	*B6*			*B1*	*B2*	
MoHRS		6	1	7	MARCHE	3					3	EUSTRAS	3	3	2	2	3	3	16	LOMBARDIA	1	3	4
USL UMBRIA 1	3	3	2	8	ASL NA2			2		2	4	ZZZS	2	2	3	4	2	3	16	CCUH	2	2	4
AUTH	3	3	2	8	JFDPK	2	2	3		3	10	SELBM	1	1	3	1	1	1	8	CSFJA & FPS	5	8	13
ACSS	4	3		7																SCS & IDIVAL	1	3	4
ARS TOSCANA	4	4		8																SACYL	4	3	7
																				SMS & FFIS	8	12	20

MIX AND MATCH

WP5					WP6							WP7								WP8			
	B1	*B2*	*B3*			*B1*	*B2*	*B3*	*B4*	*B5*			*B1*	*B2*	*B3*	*B4*	*B5*	*B6*			*B1*	*B2*	
UHO		2	1	3																UHO			
CIPH	2	1	2	5																CIPH			
RND	6			6								RND											
					VH	3					3	VH	1						1				
TOTAL				**52**							**20**								**41**				**52**

Table 11: Distribution of the needs identified by the NAs per oGP block

✓ Q5. Distribution of CFs originally selected by the NAs per oGP block

WP5					WP6							WP7								WP8			
	B1	B2	B3			B1	B2	B3	B4	B5			B1	B2	B3	B4	B5	B6			B1	B2	
MoHRS		2	2	4	MARCHE	3					3	EUSTRAS	3	2		2	1	2	10	LOMBARDIA	1	2	3
USL UMBRIA 1	1	3	2	6	ASL NA2			2		2	4	ZZZS	1	2	1	1	1	1	10	CCUH	3	6	9
AUTH	1		2	3	JFDPK	1	1	3		1	6	SELBM	4	2	4	4	3	3	20	CSFJA & FPS		4	4
ACSS	3	2		5																SCS & IDIVAL		3	3
ARS TOSCANA	2	1		3																SACYL	1	2	3
																				SMS & FFIS		2	2
MIX AND MATCH																							
UHO					UHO			1		3	4									UHO	1	2	3
CIPH	1	1	2	4																CIPH	3	1	4
RND	3			3								RND	3						3				
VH					VH	3					3	VH	3	1					4				
TOTAL				**28**							**20**								**37**				**28**

Table 12: Distribution of CFs originally selected by the NAs per oGP block

Development of the LGP

✓ **Q6. Distribution of settings targeted in the LGPs**

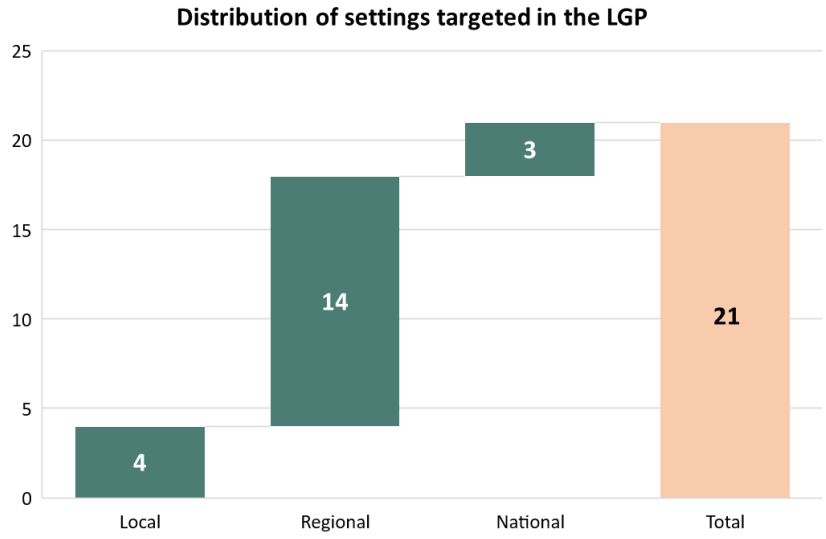

Figure 6: Distribution of settings targeted in the LGPs

The detail per NA is included in the table below:

L: local, R: regional, N: national; Total

WP5				WP6				WP7				WP8				MIX AND MATCH			
	L	R	N		L	R	N		L	R	N		L	R	N		L	R	N
MoHRS			X	MARCHE		X		EUSTRAS		X		LOMBARDIA		X		RND		X	
USL UMBRIA 1		X		ASL NA2		X		ZZZS	X			CCUH		X		UHO	X		
AUTH		X		JFDPK	X			SELBM		X		CSFJA & FPS		X		CIPH			X
ACSS			X									SCS & IDIVAL		X		VH		**X**	
ARS TOSCANA		X										SACYL		X					
												SMS & FFIS	X						
TOTAL	**0**	**3**	**2**		**1**	**2**	**0**		**1**	**2**	**0**		**1**	**5**	**0**		**1**	**2**	**1**

Table 13: Distribution of settings targeted in the LGPs

✓ **Q7. No of LCFs developed by the NAs:** 64 LCFs, distributed as follows per NA:

WP5		WP6		WP7		WP8		MIX AND MATCH	
MoHRS	2	MARCHE	2	EUSTRAS	6	LOMBARDIA	2	RND	3
USL UMBRIA 1	3	ASL NA2	2	ZZZS	4	CCUH	2	UHO	3
AUTH	3	JFDPK	4	SELBM	4	CSFJA & FPS	2	CIPH	2
ACSS	4					SCS & IDIVAL	5	VH	**1**
ARS TOSCANA	2					SACYL	2		
						SMS & FFIS	6		
TOTAL	**14**		**8**		**14**		**19**		**9**

Table 14: No of LCFs developed by the NAs

✓ **Q8. Distribution of CFs finally transferred by the NAs per oGP block**

WP5					WP6							WP7								WP8			
	B1	B2	B3			B1	B2	B3	B4	B5			B1	B2	B3	B4	B5	B6			B1	B2	
MoHRS		1	1	2	MARCHE	3					3	EUSTRAS	3	2	2	3	2	3	15	LOMBARDIA		2	2
USL UMBRIA 1		2	1	3	ASL NA2			3				ZZZS	4	1	2			1	8	CCUH	3	6	9
AUTH	1		2	3	JFDPK	1	1	3		1	6	SELBM	4	2	4	4	3	3	20	CSFJA & FPS		2	2
ACSS	3	2		5																SCS & IDIVAL			
ARS TOSCANA	2	1		3																SACYL	1	2	3
																				SMS & FFIS		1	1
MIX AND MATCH																							
UHO		1		1																UHO		1	2
CIPH		1	2	3																CIPH	3	1	
RND	3			3								RND	2						2				
					VH	3					3	VH	3	1					4				

TOTAL	**23**	**12**	**49**	**19**

Table 15: Distribution of CFs finally transferred by the NAs per oGP block

Pre-implementation conclusions

✓ **Q9. Distribution of needs prioritized by the NAs, compared to the distribution of CFs initially selected and the distribution of CFs finally transferred per oGP block**

The Next Adopters have varied their interests along the pre-implementation phase as the needs originally identified referred to more Blocks of the original Good Practices, while the CFs finally transferred refer to a lower number of Blocks. The distribution of the interest of the Next Adopters among the different Blocks of the oGPs is shown in the figures below:

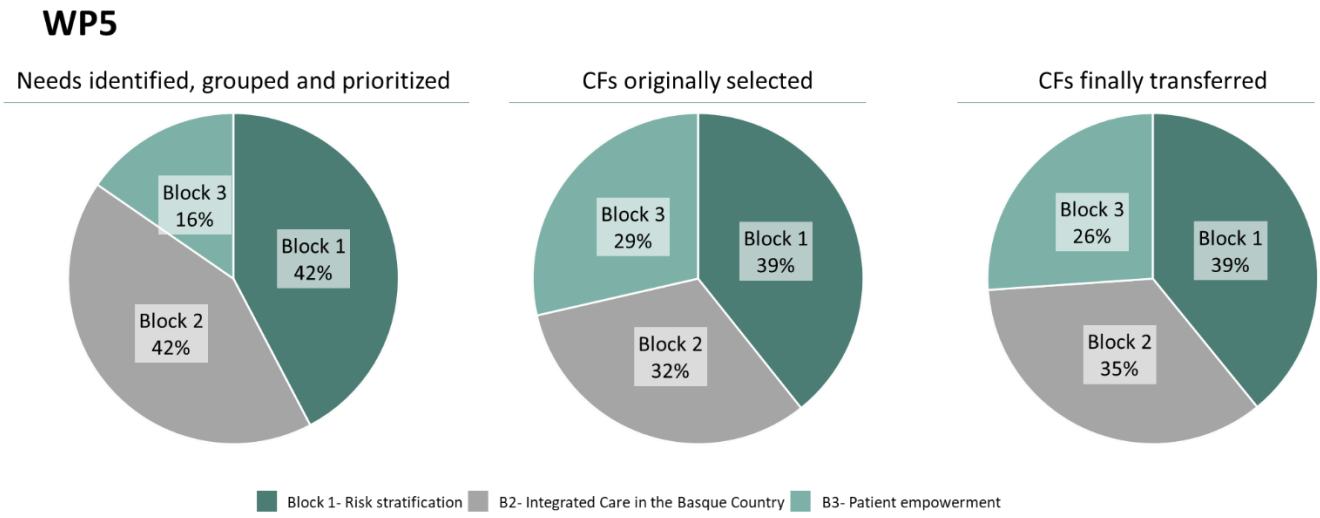

Figure 7: Distribution of needs prioritized by the NAs, compared to the distribution of CFs initially selected and the distribution of CFs finally transferred per oGP block for WP5

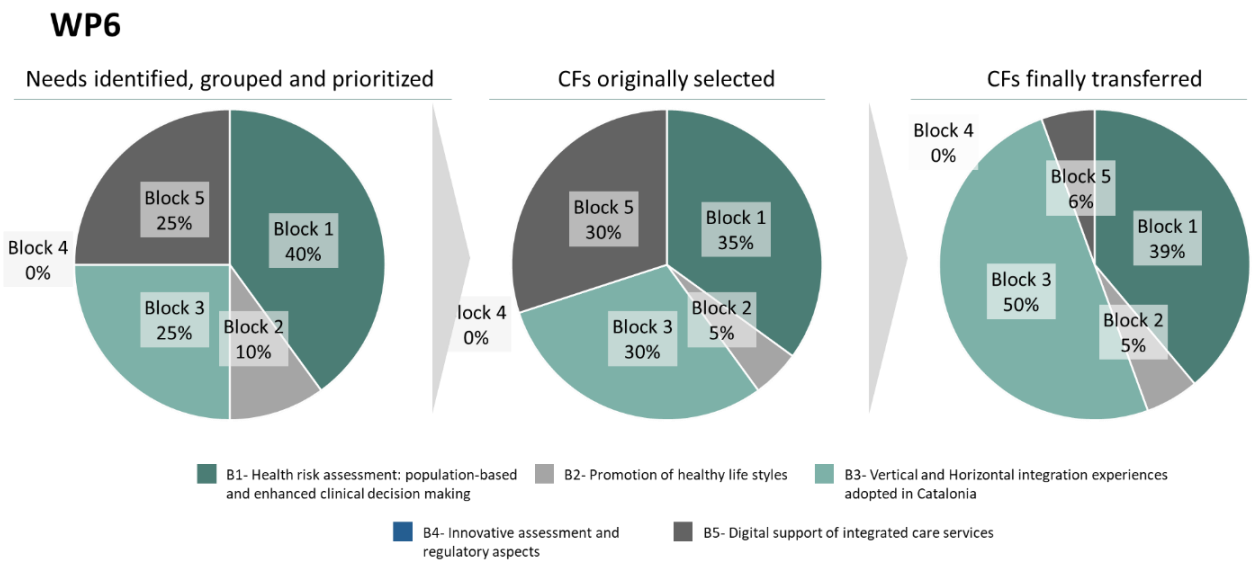

Figure 8: Distribution of needs prioritized by the NAs, compared to the distribution of CFs initially selected and the distribution of CFs finally transferred per oGP block for WP6

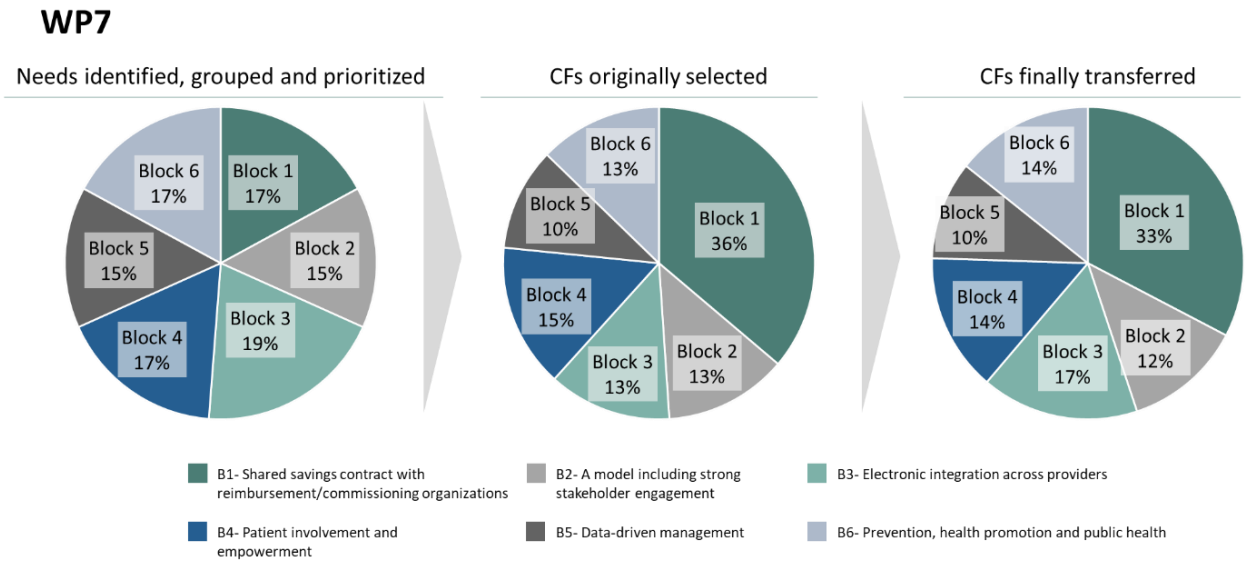

Figure 9: Distribution of needs prioritized by the NAs, compared to the distribution of CFs initially selected and the distribution of CFs finally transferred per oGP block for WP7

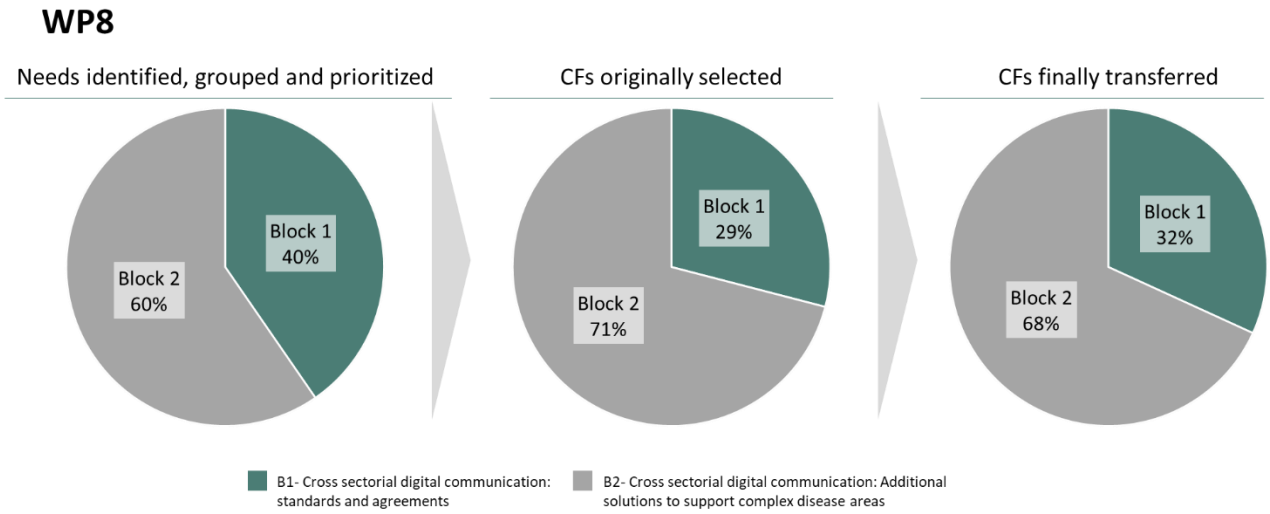

Figure 10: Distribution of needs prioritized by the NAs, compared to the distribution of CFs initially selected and the distribution of CFs finally transferred per oGP block for WP5

As it can be seen, while the interest among the Next Adopters of WP5 and WP6 over the different blocks has rested quite similar, in case of the Next Adopters of WP7 and WP8, they have varied their interest quite significantly. In case of WP7, *Block 1 - Shared savings contract with reimbursement/commissioning organizations* has gained a lot of interest, to the detriment of the rest of the blocks, in which their interest has decreased equally. In regards of WP8, the Next Adopters have increased substantially their interest on *Block 2-B2- Cross sectorial digital communication: Additional solutions to support complex disease areas*, to the expense of Block *1.*

5 Impact assessment

5.1 Impact Evaluation Framework

The impact expected at Next Adopter level will be related to general dimensions such as: scope and degree of adoption of 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.

This 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 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 (Next Adopter reports, policy recommendations). 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.

5.2 Methodology

In line with the JADECARE activities and consistent with the intended objectives, outputs and the overall impact of the Project, the Framework supports the transfer strategies, having NA selecting features from one or more oGPs.

The RE-AIM evaluation framework 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. 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.

The design of the impact evaluation methodology led by AUTH and performed jointly with WP leaders resulted in a series of indicators including the general description of each indicator (quantitative or qualitative) and the respective methodology for data collection and analysis. More information about the specific indicators can be found on the D3.1. This report is based on baseline data and follow-up surveys collected for the first 12 months of the project after participants started receiving project activities.

5.2.1 Data Collection Methods

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

Management information (project documents and reports)

- National or local health statistics
- 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)
- Observation

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. To sum up, for the data collection, there is a specified checklist that is needed.

Identification of the entity responsible for the data collection

- Demonstration and development of the data collection procedures
- The data collection instruments need to be tested and modified, as necessary
- Insurance of consistency in data collection, achieved by trained personnel
- Finally, ethical considerations and approvals have to be obtained

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 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.

5.3 Impact assessment indicators

Following the JADECARE Evaluation approach, the impact assessment indicators have been divided into their application level: Joint Action and Next Adopter.

5.3.1 Joint Action level indicators

Indicator		Dimension	Responsible	Data collection
I1	No of NAs with specific process or pathway reorganization and change management activities performed	Transition to digitally enabled integrated person-centred in EU settings	WP5-WP8 leadership	Once (M30)
I2	Number of oGPs´ features covered in transfer process	Transition to digitally enabled integrated person-centred in EU settings	WP5-WP8 leadership	Once (M30)
I3	Estimated target population in JADECARE	Transition to digitally enabled integrated person-centred in EU settings	NA	Once (M36)

Indicator		Dimension	Responsible	Data collection
I4	No of NAs that increased capacity to implement DEIPCC	Transition to digitally enabled integrated person-centred in EU settings	WP3	Once (M36)
I5	No of NAs with small scale deployment of DEIPCC	Transition to digitally enabled integrated person-centred in EU settings	WP3	Once (M36)
I6	No of NAs with large scale deployment and/or extended institutionalization of DEIPCC	Transition to digitally enabled integrated person-centred in EU settings	WP3	Once (M36)
I7	Perception that JADECARE will support further building up the capacity of national and regional authorities to organize and deliver DEIPCC, as expressed by Policy Board members	Transition to digitally enabled integrated person-centred in EU settings	WP3	Once (M36)
I8	Estimated audience of JADECARE dissemination channels	Stakeholder network	WP1	Annually (M12, M24, M36)
I9	Evidence of intersectoral collaborations (meetings, participation in events, publications and/or emails) with other partnerships	Stakeholder network	WP1	Once a year (M12, 24, 35)
I10	No of MoH of MSs that are not partners of JADECARE, but participate in the Policy Board Dialogues	Stakeholder network	WP3	Annually (M12, M24, M36)
I11	No of DG SANTE and HaDEA representatives in the Policy Dialogues	Stakeholder network	WP3	Annually (M12, M24, M36)
I12	No of Policy Dialogues of the Policy Board members	Stakeholder network	WP3	Annually (M12, M24, M36)
I13	Perception of external stakeholders' on the impact of JADECARE in policy setting, and scientific, industrial, and general debates and fora	Stakeholder network	WP3	Once (M30)
I14	No of MoH of JADECARE Competent Authorities represented in the Policy Board	Stakeholder network	WP3	Annually (M12, M24, M36)
I15	% of NAs with changes in digital services are confirmed (digital health system infrastructure; data analytics and use of technologies, citizen empowerment tools and patient reported data.	Digital transformation of next adopters' regions	WP5-WP8 leadership	Once (M30)
I16	Perceived improvement of digital services by end users	Digital transformation of next adopters' regions	WP5-WP8 leadership	Once (M36)

Indicator		Dimension	Responsible	Data collection
I17	No of software programs improved and updated due to JADECARE	Digital transformation of next adopters' regions	WP5-WP8 leadership	Twice (M12 and M30)
I18	Perceived probability that the developed practice will be sustainable after end of JADECARE, according to members of local/regional/national networks among next adopters	Sustainability of the practices	WP3	Once (M30)
I19	No of reports including recommendations to Next Adopter´s sustainability plans	Sustainability of the practices	WP3	Once (M30)
I20	% Stakeholders consider Project useful	Quality, compliance, and usefulness	WP3	Once (M30)
I21	Satisfaction degree of project beneficiaries	Knowledge and skills of transfer	WP3	Once a year (M12, M24, M36)
I22	% of professionals that improve in knowledge and skills	Knowledge and skills of transfer	WP3	Once (M30)

Table 16: Joint Action level Impact Assessment indicators

5.3.2 Next Adopter level indicators

Indicator		Dimension	Subdimension	Responsible	Data collection
I23	% of core features implemented/ total number of core features selected (per next adopter)	Transfer and adoption process	Scope and degree of adoption of original Good Practices (oGPs)	WP5-WP8 leadership	Once (M30)
I24	No of needs covered by the implementation of JADECARE at NA sites	Transfer and adoption process	Scope and degree of adoption of original Good Practices (oGPs)	WP5-WP8 lead	Once (M30)
I25	Availability of the Blueprint on learning from Good Practice	Transfer and adoption process	The implementation experience	WP4	Once (M30)
I26	No of digital infrastructures (hardware) available to be used due to JADECARE	Digital transformation	Digital health system infrastructure	WP5-WP8 leadership	Twice (M12 and M30)
I27	No of individuals accessing newly implemented services and infrastructure	Digital transformation	Digital health system infrastructure	WP3	Once (M30)

Indicator		Dimension	Subdimension	Responsible	Data collection
I28	Target population that has been stratified using the risk stratification tool implemented during JADECARE	Digital transformation	Risk stratification and data analytics	WP5-WP8 leadership	Once (M30)
I29	Ratio of healthcare services digitalized/targeted	Digital transformation	Use of technologies including Electronic Health Record, personal health folder and electronic prescription	WP5-WP8 leadership	Once (M30)
I30	No of citizens using citizen empowerment platforms or tools	Digital transformation	Citizen empowerment and use of patient reported data	WP5-WP8 leadership	Twice (M24, M36)
I31	No of NAs that consider Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs)	Digital transformation	Citizen empowerment and use of patient reported data	WP5-WP8 leadership	Once (M30)
I32	No of new or improved health policies, systems, products and technologies, and services and delivery methods for integrated care reorganization pathways implemented during JADECARE	Digital transformation	Innovation initiatives on integrated care reorganization of care pathways, workforce roles and skills	WP3	Once (M30)
I33	No of training and research programs launched	Digital transformation	Training and research programs	WP3	Once (M30)
I34	No of participants in training and research programs	Digital transformation	Training and research programs	WP3	Once (M30)

Table 17: Next Adopter level Impact Assessment Indicators

5.4 Collection of Indicators

From the aforementioned indicators, only those collected in the first 18 months of JADECARE are included in this deliverable report. More specifically, the impact indicators presented here, are:

At Joint Action level:

- I8: Estimated audience of JADECARE dissemination channels (M12)
- I9: Evidence of intersectoral collaborations (meetings, participation in events, publications and/or emails) with other partnerships (M12)

- I10: No of MoH of MSs that are not partners of JADECARE, but participate in the Policy Board Dialogues (M12)
- I11: No of DG SANTE and HaDEA representatives in the Policy Dialogues (M12)
- I12: No of Policy Dialogues of the Policy Board members (M12)
- I14: No of MoH of JADECARE Competent Authorities represented in the Policy Board (M12)
- I17: No of software programs improved and updated due to JADECARE (M12)
- I21: Satisfaction degree of project beneficiaries (M12)

At Next Adopter level:

- I26: No of digital infrastructure (hardware) available to be used due to JADECARE (M12)

For the collection of these indicators, a variety of methods was used. The difference in the collection instrument of choice for each indicator lays in several factors, including but not limited to difference in recipients, qualitative or quantitative information requested and collection of objective data or personal views. Below, the collection methodology for each indicator is presented.

Joint Action level indicators:

I8 Estimated audience of JADECARE dissemination channels				**Due**	M12
Justification	No of annual visits to the JADECARE platform & no of clicks per topic				
Data Collection Instrument	Input requested via email		**Recipients**	WP2	
Information Requested	JADECARE's dissemination activity list Number of participants in each dissemination event Number of visits of JADECARE's website Number of clicks per topic in JADECARE's website				
Completed	M17	**Reason for Delay**	Technical difficulties on retrieving the requested information		

I9 Evidence of intersectoral collaborations (meetings, participation in events, publications and/or emails) with other partnerships				**Due**	M12
Justification	Evidence of intersectoral collaborations (meetings, participation in events, publications and/or emails) with other partnerships				
Data Collection Instrument	Input requested via email		**Recipients**	WP1	
Information Requested	Events organized by other projects and conferences in collaboration with other projects that JADECARE has participated				
Completed	M13	**Reason for Delay**	Wanted to collect the information for the whole first year of the project, so we waited until the end of M12 to request the information		

I10 No of MoH of MSs that are not partners of JADECARE, but participate in the Policy Board Dialogues				**Due**	M12
Justification	The involvement and commitment of policy makers				
Data Collection Instrument	Attendees list from Policy Board meeting		**Recipients**	WP3	
Information Requested	No information requested. The list of the Policy Board participants was checked				
Completed	M18	**Reason for Delay**	The indicator was not included in the original set of indicators. It was added during this preparation of this deliverable		

I11 No of DG SANTE and HaDEA representatives in the Policy Dialogues				Due	M12
Justification	Important involvement of EU institutions in the Policy Dialogues				
Data Collection Instrument		Attendees list from Policy Board meeting		Recipients	WP3
Information Requested		No information requested. The list of the policy board participants was checked			
Completed	M18	Reason for Delay	The indicator was not included in the original set of indicators. It was added during this preparation of this deliverable		

I12 No of Policy Dialogues of the Policy Board members				Due	M12
Justification	Willingness of the policy makers at Next Adopter level to progress on DEIPCC				
Data Collection Instrument		Attendees list from Policy Board meeting		Recipients	WP3
Information Requested		No information requested. The list of the Policy Board participants was checked			
Completed	M18	Reason for Delay	The indicator was not included in the original set of indicators. It was added during this preparation of this deliverable		

I14 No of MoH of JADECARE Competent Authorities represented in the Policy Board				Due	M12
Justification	The involvement and commitment of policy makers				
Data Collection Instrument		Attendees list from Policy Board meeting		Recipients	WP3
Information Requested		No information requested. The list of the Policy Board participants was checked			
Completed	M18	Reason for Delay	The indicator was not included in the original set of indicators. It was added during this preparation of this deliverable		

I17 No of software programs improved and updated due to JADECARE			Due	M12
Justification	No of software programs improved and updated due to JADECARE			
Data Collection Instrument	Input requested via email		Recipients	Next Adopters
Information Requested	Which is the digital infrastructure (hardware) that you have used for the implementation of JADECARE? (Digital infrastructure comprises the			

	physical resources that are necessary to enable the use of data, computerized devices, methods, systems, and processes). Please, describe.		
Completed	M17	**Reason for Delay**	Difficulties in reaching all NAs

I21 Satisfaction degree of project beneficiaries			**Due**	M12
Justification	% Satisfaction degree of NAs			
Data Collection Instrument	Survey		**Recipients**	Next Adopters
Information Requested	Several questions, can be found in the appendix			
Completed	M15	**Reason for Delay**	Small degree of participation, extended the deadline to acquire more participants	

Next Adopter level indicators:

I26 No of digital infrastructure (hardware) available to be used due to JADECARE			**Due**	M12
Justification	No of digital infrastructure (hardware) available to be used due to JADECARE			
Data Collection Instrument	Input requested via email		**Recipients**	Next Adopters
Information Requested	Which is the digital infrastructure (hardware) that you have used for the implementation of JADECARE? (Digital infrastructure comprises the physical resources that are necessary to enable the use of data, computerized devices, methods, systems, and processes). Please, describe.			
Completed	M17	**Reason for Delay**	Difficulties in reaching all NAs	

Table 18: Status of the collected Impact Assessment Indicators

5.5 Results of Impact assessment indicators

5.5.1 Joint Action level indicators

I8: Estimated audience of JADECARE dissemination channels

During the first year of the project, the COVID19 pandemic was in its peak across Europe. As a result, no events were organized at first. In April 2021, when the third wave of the coronavirus was ending, the first online events begun to be organised. The consortium of JADECARE took part and presented the project in a total of 11 online events and conferences between April 2021 and October 2021. During these events, the overall participation exceeded 7400 attendees for JADECARE's presentations.

a/a	Name of event	Dissemination Level	Target Audience	Minimum Attendance
1	17th EuGMS Congress	European	Healthcare professionals	1000
2	9th Bavarian Congress for Public Health Services	Regional	National public administration	100
3	EHMA Annual Conference 2021	European	Research and academia	1000
4	ERS 2021	European	Healthcare professionals	1000
5	Person-centred Integrated Care Intl. Conference	Regional	Healthcare professionals	N/A
6	The VIII Digital Congress on Digital health	International	Research and academia	200
7	High-level Conference of the Slovenian Presidency of the Council of the EU	European	Policymakers	1000
8	Health IT Conference "Health Informatics in the COVID19 Period"	European	Healthcare professionals	1000
9	ICIC 2021	International	Research and academia	2000
10	Success stories from the third EU HEALTH PROGRAMME 2014-2020	European	National public administration	100

Table 19: Attendance of events JADECARE was presented to

Additionally, data were requested for the JADECARE website until 11/2021. Unfortunately, due to "GDPR by default" provider setting, the Reporting window in 2021 truncated to 60 days. In order to avoid problems of the kind in the future, the following corrective measure has been taken: activation of additional website traffic monitoring tool. Thus, data for the website were available for the period of 09/2021 to 11/2021.

The overall data along with the data of clicks per website section, are portrayed in the table 41:

Table 20: overall data along with the data of clicks per website section

	Overall		Section JADECARE structure		Section JADECARE News listing		Section JADECARE Event Listing	
	Hits	Unique Visits	Hits	Unique Visits	Hits	Unique Visits	Hits	Unique Visits
15/09/2021 15/11/2021	40442	**926**	86	**60**	153	**65**	148	**91**
Average per month	20221	463	43	30,5	76,5	32,5	74	45,5

Table 42 shows the data of visits per unique page of the JADECARE website:

Table 21: visits per unique page of the JADECARE website

	Page: Joint Action Consortium		Page: Horizontal work-packages		Page: Transfer work-packages		Page: Next adopters	
	Hits	Unique Visits	Hits	Unique Visits	Hits	Unique Visits	Hits	Unique Visits
15/09/2021 15/11/2021	165	**115**	100	**74**	109	**77**	58	**48**
Average per month	82,5	57,5	50	37	54,5	38,5	29	24

I9: Evidence of intersectoral collaborations (meetings, participation in events, publications and/or emails) with other partnerships

In terms of enhancing intra-and intersectoral collaboration with other partnerships the Project coordinators attended 8 intersectoral collaboration events and conferences:

- Consortium Meeting of Scirocco Exchange project
- Consortium Meeting of VIGOUR project, ICIC 2021
- Success Stories from the 3rd EU Health Program 2014-2020
- EUGMS 2021, EPH Conference 2021, EHMA 2021
- e-health Donostia 2021
- High level SI Presidency in June 2021
- Digital Health Now in November 2021
- EASYM (which has been postponed to April 2022 with confirmed the participation)

I10. No of MoH of MSs that are not partners of JADECARE, but participate in the Policy Board Dialogues

In JADECARE participate a total of 16 MSs of the EU. From the rest of the EU MoHs, only Ireland has participated in the first Policy Board meeting.

I11. No of DG SANTE and HaDEA representatives in the Policy Dialogues

During the first Policy Board meeting, 2 members of the European Commission (DG SANTE and HaDEA) were attending the meeting.

I12. No of Policy Dialogues of the Policy Board members

During the first Policy Board meeting, a policy dialogue was held between the panellists.

I14 No of MoH of JADECARE Competent Authorities represented in the Policy Board

In the Policy Board meeting held on the 8th of November 2021, the following CAs were represented as panellists:

Country	MoH (Yes/No)
United Kingdom	No
Serbia	Yes
Hungary	Yes
Croatia	Yes
Latvia	Yes
Estonia	No
Slovenia	Yes
Denmark	No
Portugal	No
Spain	No
Italy	No
Greece	No
France	Yes
Belgium	Yes

Table 22: CAs represented in 1st Policy Board meeting

I17: No of software programs improved and updated due to JADECARE

The aim of collecting this indicator is to assess whether the JADECARE project contributes to the technological advancement /upgrade. As survey was launched to collect information on this indicator from the Next Adopters. Looking at the survey responses, it is clear that the majority of the NAs used the available infrastructure and the associated software programs in order to improve their capacities to provide digitalized healthcare services.

Table 7 shows in detail the plan of each NA regarding the use of already existing technology or the acquisition of new.

Country	Available hardware	Available software	New hardware	New software	Upgrade Existing service	Outcome
RND Denmark	SAS Platform				Qlik Sense is primarily used for presentation of daily updated reports, while SAS Enterprise Guide is primarily used for further analysis and data management and also ad hoc enquiries.	
Andalusia		LCF1: Centralised System for Proactive Follow-up (SCSP) of chronic patients.			SCSP of chronic patients will be built on the pre-existing and already available software (including database, hypervisor and operating systems) of the SAS. LCF2: Teleconsultation (TC) for interprofessional referrals LC3: Monitor the corporate system for	improving healthcare at home scaled-up to the entire region as a supporting tool to the chronic patients' follow-up
MoHRS		(e-prescription, e-health record, e-radiology etc.),			"Heliant" and local information system of social care institution	

Country	Available hardware	Available software	New hardware	New software	Upgrade Existing service	Outcome
Andalusia	LCF1: Centralised System for Proactive Follow-up (SCSP) of chronic patients.					
Hungary	hardware infrastructure of the national eHealth Digital Service Infrastructure, EESZT:	EESZT is a centralised communication interface using cloud-based technologies				JADECARE LAP/LGP will be able to use personalised patient pathway management planning tool as well.
Portugale				update our medical records for the main chronic diseases design a new area for the prescription of medicines, to improve our Electronic prescription. Electronic health record as the gateway for all the other		

Country	Available hardware	Available software	New hardware	New software	Upgrade Existing service	Outcome
				health records and systems.		
SACYL (Regional Health Management of Castilla y León):	an image capture device and dermatoscope are used that dumps the image into the electronic medical record information system,				Electronic medical record tools are used and will be updated according to the needs Diagnostic aid devices connected to telepresence equipment (digital otoscope and stethoscope)	the organizational procedures, the regulations and strategies on which the telemedicine platform is based and the original good practice
Marche		Microsoft Sql Server for extraction and analysis of administrative health data, Sql Srver encryption functions for data anonymisation, SPSS statistical software for data analysis				
Croatia		the Java 1.6. programming language via the Spring framework as the Maven project, Angular JS framework.			(Windows package, official CIPH web site with subpage or sub domain exclusively for JADECARE materials and their dissemination, and necessary graphic	

Country	Available hardware	Available software	New hardware	New software	Upgrade Existing service	Outcome
					design platforms (such as CANVA)).	
(SMS/FFIS) Murcia, Spain		"Circulo del paciente" (Patient's Circle). Technologies: NodeJS, Nginx, Suse, Oracle. Patient Portal (app already available).			website	
Estonia		SQLite database engine, Tableau business intelligence				
Lombardia		Rehab|DK, consisting in a mobile app for users and a web-portal for physiotherapists.			telepsychiatry will use the existing software used in Lombardy Region in order to find an appropriate one for the implementation of the good practice.	.
Idival		online portal property of Servicio Cantabro de Salud. Using Computers, informatics and IT Service of the Valdecilla University Hospital and the Cantabria Health Service.			use the same web, but thanks to this project we are going to improve the training content.	Application web in electronic medical record, Video recording and video edition system and Training and technical assistance. Online Tele-psychogeriatric program aimed at the health care of the elderly

Country	Available hardware	Available software	New hardware	New software	Upgrade Existing service	Outcome
						with cognitive-functional impairment and mental illness institutionalized in nursing homes. We will try to improve our videoconsultation
Strasbourg		A review of the existing information systems used by the local health actors will be completed next year as part of the JADECARE program.				

Table 23: Plan of each NA regarding the use of already existing technology or the acquisition of new

I21: Satisfaction degree of project beneficiaries

In order to complete this indicator, a survey was designed and distributed between all NAs. The purpose of this survey, included in the appendix, was to discover the satisfaction of NAs regarding the support they received from oGPs' during the pre-implementation, which took place in the first 12 months of the project's lifecycle.

The survey was conducted by means of a questionnaire given to the NAs with the use of google forms. The first part of the questionnaire dealt with general information about the participants, while the second section concerned the support and follow-up of the oGPS.

In total, 39 participants from various NAs completed the survey.

Demographics

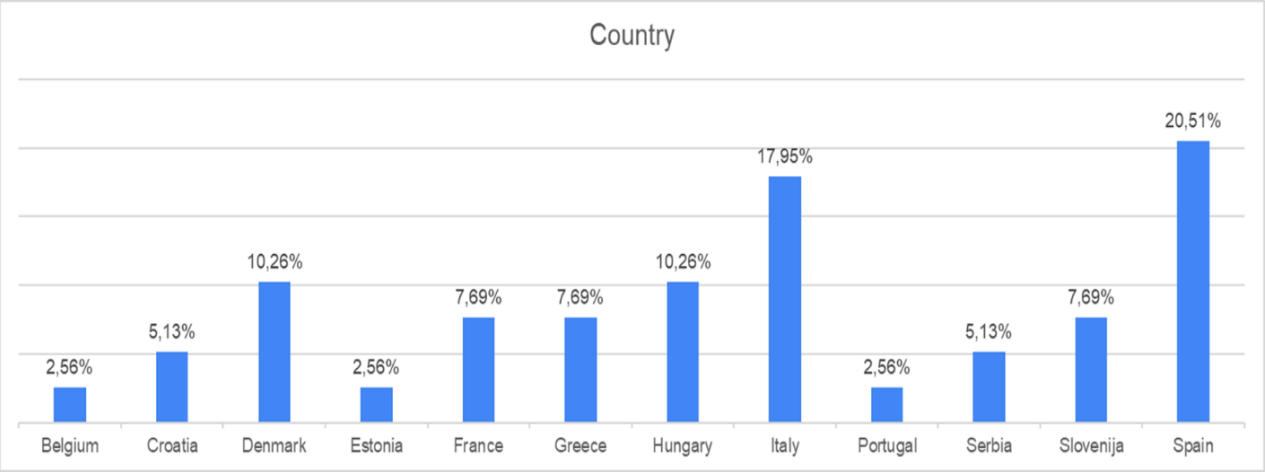

Figure 11: Participants per country in satisfaction survey

Figure 11 shows the different countries the participants of the survey belong to. Eight participants (20,51%) came from Spain. From Italy 7 (17,95%) participants completed the questionnaire. Furthermore, 4 (10,26%) people participated from Hungary and Denmark, while Slovenia, France, and Greece were represented by 3 (7,69%) participants each. Two (5,13%) participants came from Serbia and Croatia participated. Finally, one (2,56%) person participated from Portugal, Estonia, and Belgium.

Sector

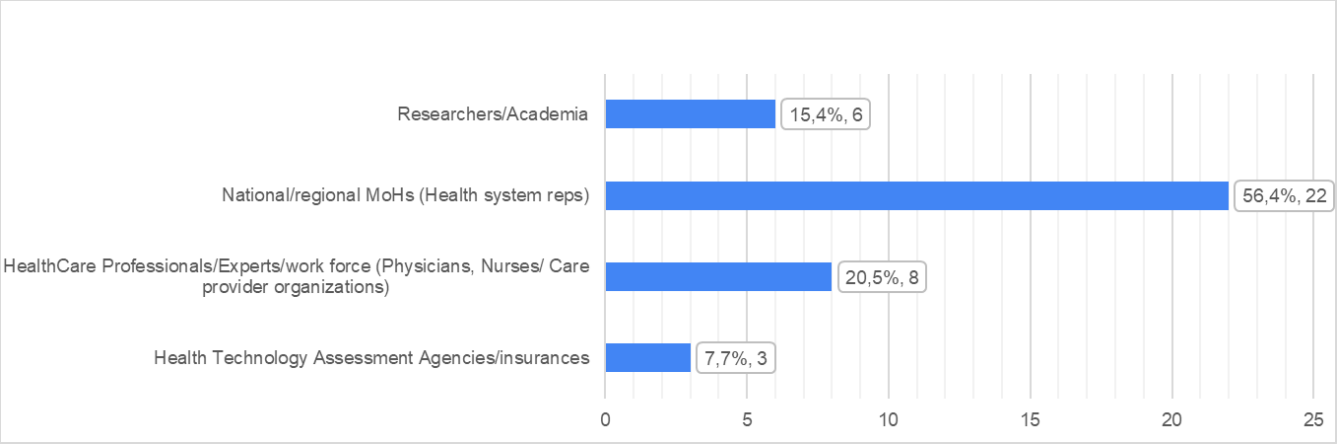

Figure 12: Sectors of the participants

Figure 12 presents the different sectors the responders belong to. Twenty two (56,4%) participants belong to national/regional MoHs. Also, 8 (20,5%) participants are Healthcare Professionals/Experts. 6 (15,4%) of the responders are Researchers/Academia and finally, 3 (7,7%) participants are from Health Technology Assessment Agencies. It is notable that none of the responders belong to the digital health industry.

Age

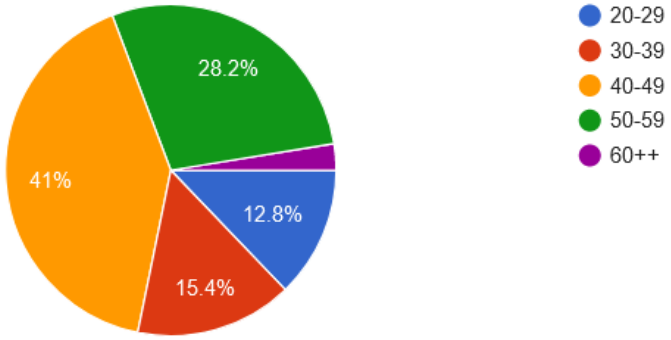

Figure 13: Age distribution of participants

Most of the participants (16 participants, 41%) are aged 40-49 years old. 11 (28,2%) participants are aged between 50 and 59, while 6 (15,4%) participants are aged from 30 to 39. Finally, a total of 5 (12,8%) participants, are aged 20-29 years old while only 1 (2,56%) is over 60 years old (figure 13).

Education

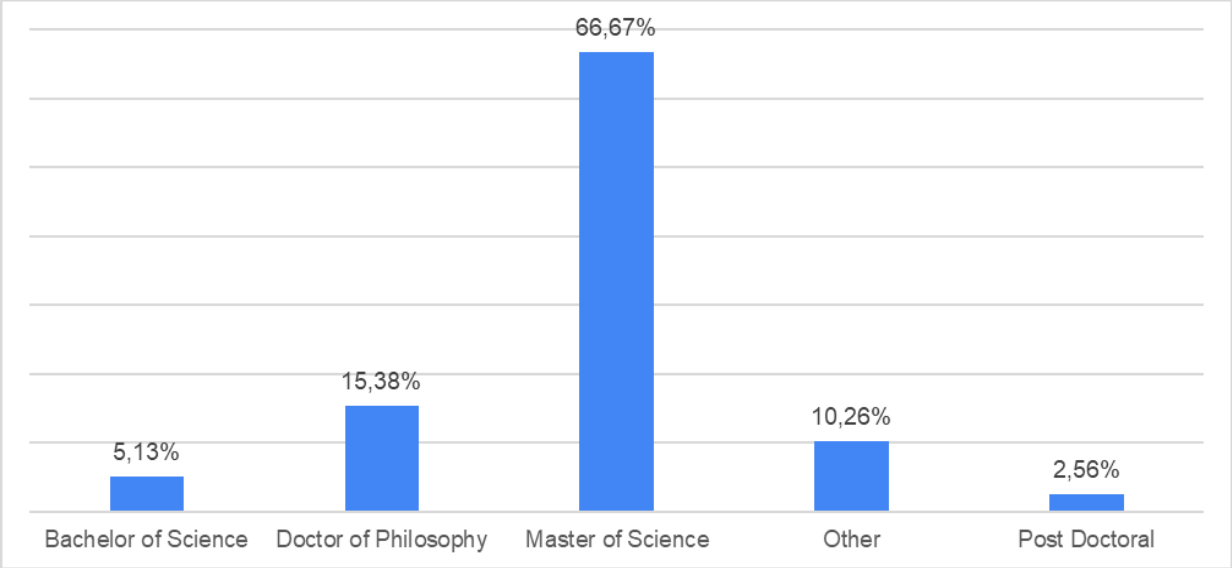

Figure 14: Educational level of participants

Figure 14 summarizes the education of the participants of the survey. Most of them (26 participants, 66,67%) own a Master of Science. 6 (15,38) participants own a Doctor of Philosophy degree. 2 participants (5,31%) own a Bachelor of Science, 1 (2,56%) is a post-Doctoral researcher and 4 participants (10,26%) have marked "other" as their degree.

Participation in other projects adapting good practices in local settings

Seventeen (43,6%) of the participants have previously participated in other projects where they were working on the adaptation of good practices in local settings.

Perception of Support

1. Basque Health Strategy in Ageing and Chronicity: Integrated Care (Basque Country)

Among the 39 responders, 14 are participating in the transfer of the Basque Health Strategy in Ageing and Chronicity: Integrated Care (Basque Country) oGP.

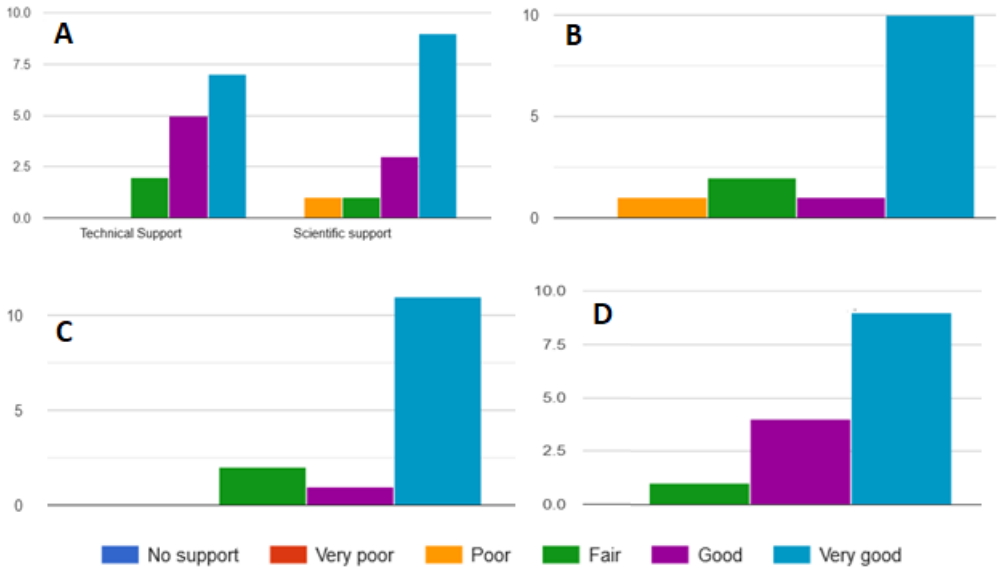

Figure 15: Basque Health Strategy in Ageing and Chronicity: Integrated Care perception of support

Figure 15 shows the perception of the general support (15A) and the support during specific tasks (15B- scope definition, 15C- situation analysis, 15D- Local Good Practice and Local Action Plan development) for it. The overall picture of technical and scientific support ranges from good to very good in the majority of responses (15A). During the implementation of the scope definition, the responders evaluated the support they received above fair, with the exception of one responder who found the support to be poor (15B). During the situation analysis, all responders were satisfied with the support they received. Finally, during the final step of the pre-implementation phase, namely the Development of the Local Good Practice and Local Action Plan, all the participants were fairly satisfied with the support they received (15D).

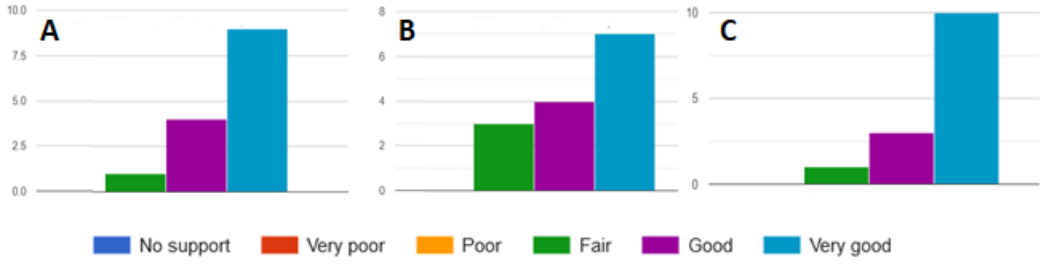

Figure 16: Perceived support for information delivery and the feedback received - Basque Health Strategy in Ageing and Chronicity: Integrated Care

In Figure 16, the perceived support for the delivery of information and the feedback received is portrayed. The support was rated to be mostly good or very good concerning the information provided by the oGP leaders and the access to materials they provided which enabled the transfer of the practice (16A), the access the leaders provided to more precise topics as well as the contact with experts of the oGP (16B) and the feedback provided by the oGP leaders to the work developed by the NAs team (16C).

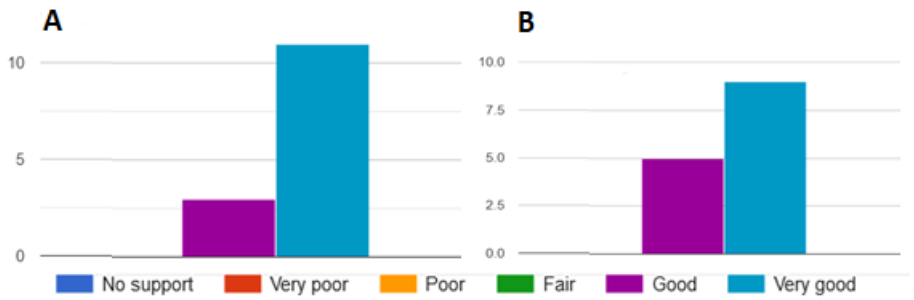

Figure 17: Perceived support in terms of meetings held and the attention paid to questions and demands - Basque Health Strategy in Ageing and Chronicity: Integrated Care

Figure 17 shows the perceived support in terms of meetings held and the attention paid to questions and demands. All participants agreed that the support they received regarding the frequency of follow-up meetings organized by the oGP leaders, the content and how they were conducted (17A) and the bilateral attention they received, and the answers provided by the oGP leaders, for questions that arose during the implementation phase (17B) was good and in most of the cases very good.

Finally, no additional comments were provided.

Catalan Open Innovation Hub on ICT-Supported Integrated Care Services for Chronic Patients (Catalonia)

Among the 39 responders, 9 are participating in the transfer of the Catalan Open Innovation Hub on ICT-Supported Integrated Care Services for Chronic Patients (Catalonia) oGP.

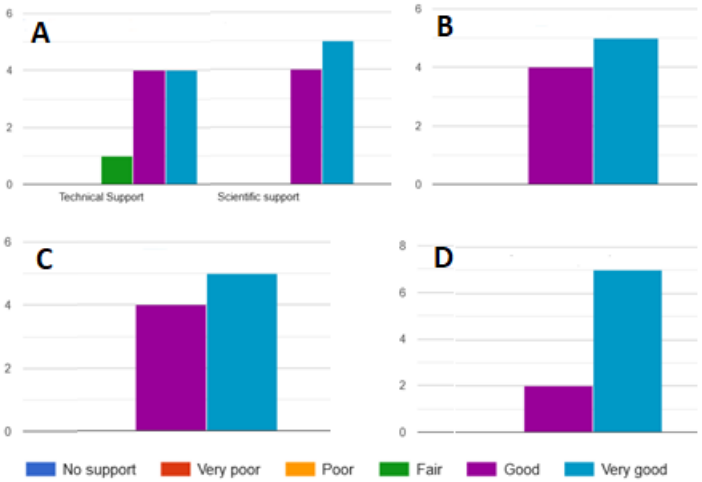

Figure 18: Perception of the general support and the support during tasks for Catalan Open Innovation Hub on ICT-Supported Integrated Care Services for Chronic Patients (Catalonia)

Figure 18 shows the perception of the general support (18A) and the support during tasks (18B, 18C, 18D) for it. The overall picture of technical and scientific support ranges from good to very good in the majority of responses, with the exception of one responder who considered the technical support to be fair (18A). During the implementation of the Scope Definition, the responders evaluated the support they received good and very good

(18B). During the Situation Analysis, all responders were satisfied with the support they received. Finally, during the final step of the pre-implementation phase, namely the Development of the Local Good Practice and Local Action Plan, most of the participants were fully satisfied with the support they received (18D).

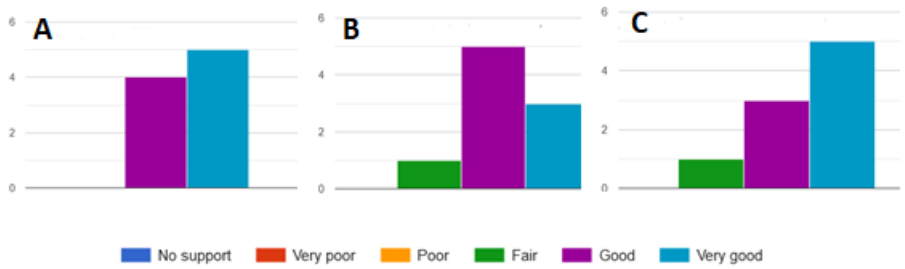

Figure 19: Perceived support for the information delivery and the feedback received - Catalan Open Innovation Hub on ICT-Supported Integrated Care Services for Chronic Patients (Catalonia)

In Figure 19, the perceived support for the information and the feedback received is portrayed. The support was rated to be mostly good or very good concerning the information provided by the oGP leaders and the access to materials they provided which enabled the transfer of the practice (19A), the access the leaders provided to more precise topics as well as the contact with experts of the oGP (19B) and the feedback provided by the oGP leaders to the work developed by the NAs team (19C).

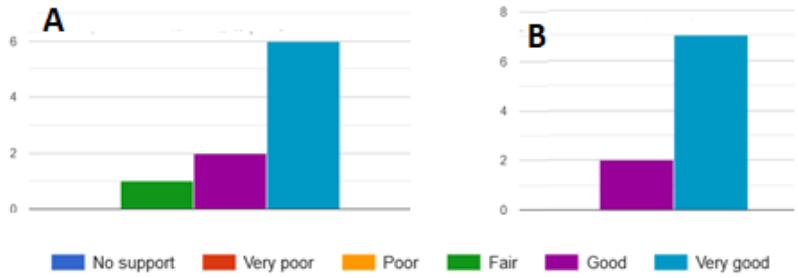

Figure 20: Perceived support in terms of meetings held and the attention paid to questions and demands - Catalan Open Innovation Hub on ICT-Supported Integrated Care Services for Chronic Patients (Catalonia)

Figure 20 shows the perceived support in terms of meetings held and the attention paid to questions and demands. All participants agreed that the support they received regarding the frequency of follow-up meetings organized by the oGP leaders, the content and how they were conducted (20A) and the bilateral attention they received, and the answers provided by the oGP leaders, for questions that arose during the implementation phase (20B) was good and in most of the cases very good, except from one participant who rate the frequency of the follow-up meetings as fair.

Finally, a couple of additional comments were also added to the whole evaluation of the support of this oGP. More precisely, the comments highlighted that the oGP representatives were very helpful and supportive through the whole pre-implementation phase. It is a pleasure to work with them.

The OptiMedis Model-Population-Based Integrated Care (Germany)

Among the 39 responders, 12 are participating in the transfer of the OptiMedis Model-Population-Based Integrated Care (Germany) oGP.

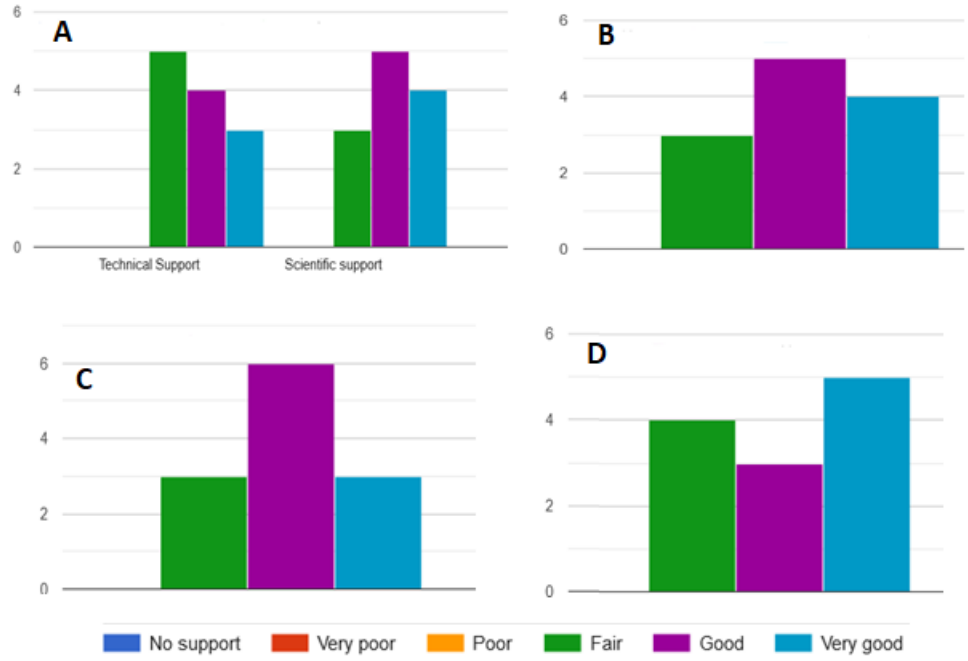

Figure 21: Perception of the general support (21A) and the support during tasks for The OptiMedis Model-Population-Based Integrated Care (Germany)

Figure 21 shows the perception of the general support (21A) and the support during tasks (21B, 21C, 21D) for it. The overall picture of technical and scientific support ranges from fair to very good (21A). During the implementation of the Scope Definition, the responders evaluated the support they received fair and more (21B). During the Situation Analysis, half the responders evaluated the support they received as good, while the other half were equally distributed between fair and good (21C). Finally, during the final step of the pre-implementation phase, namely the Development of the Local Good Practice and Local Action Plan, all the participants were at least fairly satisfied with the support they received (21D).

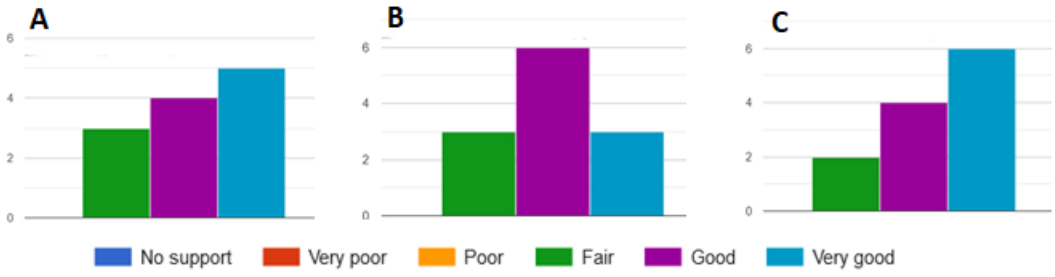

Figure 22: perceived support for the information delivery and the feedback received - The OptiMedis Model-Population-Based Integrated Care (Germany)

In Figure 22, the perceived support for the information and the feedback received is portrayed. The support was rated to range between fair and very good concerning the information provided by the oGP leaders and the access to materials they provided which enabled the transfer of the practice (22A), the access the leaders provided to more precise topics as well as the contact with experts of the oGP (22B) and the feedback provided by the oGP leaders to the work developed by the NAs team (22C).

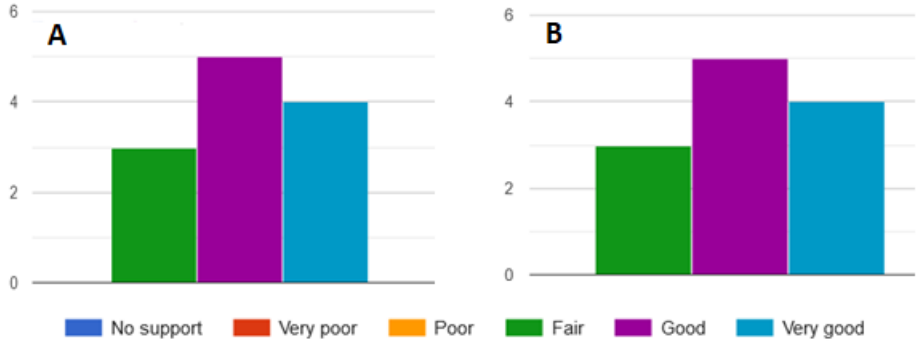

Figure 23: Perceived support in terms of meetings held and the attention paid to questions and demands - The OptiMedis Model-Population-Based Integrated Care (Germany)

Figure 23 shows the perceived support in terms of meetings held and the attention paid to questions and demands. The participants concluded that the support they received regarding the frequency of follow-up meetings organized by the oGP leaders, the content and how they were conducted (23A) and the bilateral attention they received, and the answers provided by the oGP leaders, for questions that arose during the implementation phase (23B) was ranging between fair and very good.

Furthermore, the following comment was added by one of the participants:

> "The context of the collaboration with OptiMedis is special as OptiMedis is the subcontractor for EUSTRAS. The Eurométropole of Strasbourg does not have direct health contacts and professionals which is difficult as of today. The OptiMedis method works well in Germany, it is a challenge to adapt it to the French local context."

Digital Roadmap towards an integrated Health Care Sector (Region of South Denmark)

Among the 39 responders, 10 are participating in the transfer of the Digital Roadmap towards an integrated Health Care Sector (Region of South Denmark) oGP.

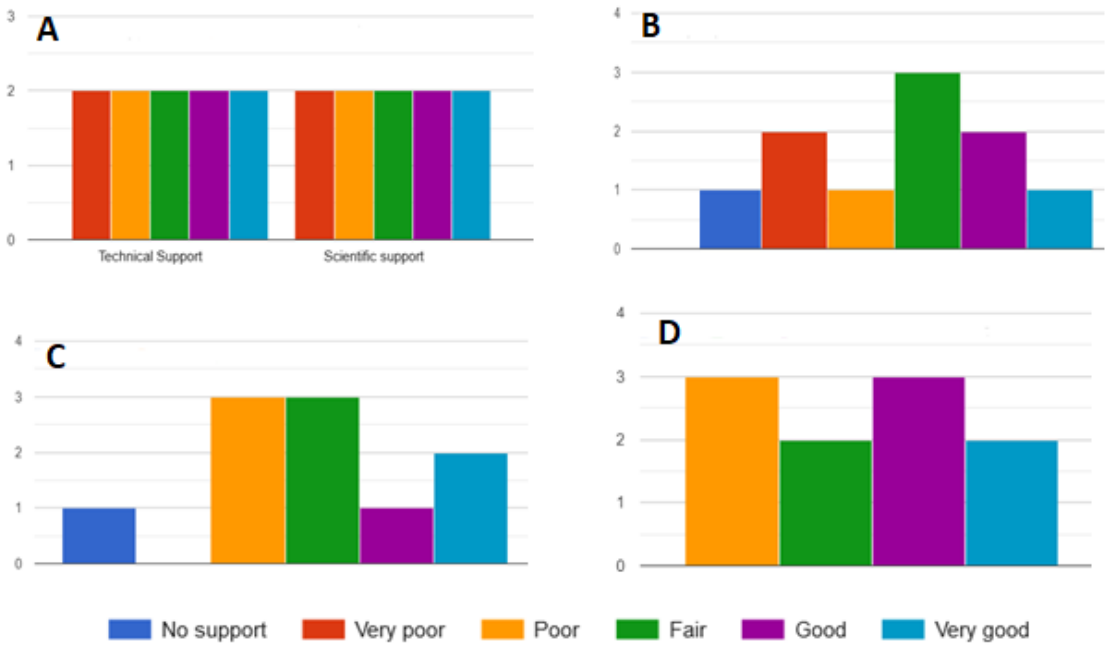

Figure 24: Perception of the general support and the support during tasks for Digital Roadmap towards an integrated Health Care Sector (Region of South Denmark)

Figure 24 shows the perception of the general support (24A) and the support during tasks (24B, 24C, 24D) for it. The overall picture of technical and scientific support is equally distributed between very poor and very good (24A). During the implementation of the Scope Definition, the responses varied from no support at all to very good (24B). During the Situation Analysis, half the responders evaluated the support they received as above poor, while one participant said that they did not receive any support at all (24C). Finally, during the final step of the pre-implementation phase, namely the Development of the Local Good Practice and Local Action Plan, all of the participants rated the support they received from poor to very good (24D).

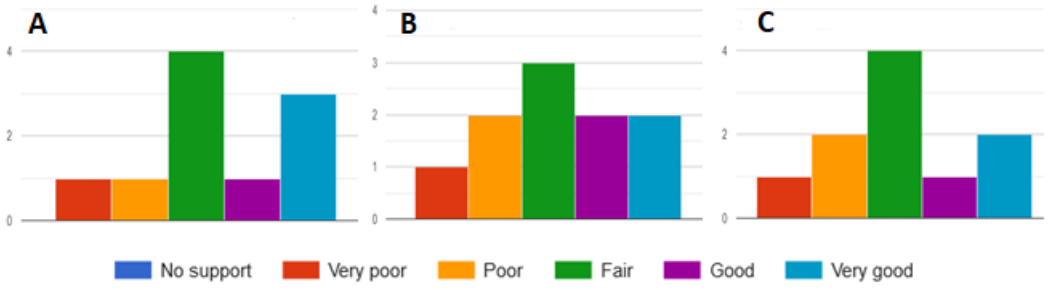

Figure 25: Perceived support for the information and the feedback received - Digital Roadmap towards an integrated Health Care Sector (Region of South Denmark)

In Figure 25, the perceived support for the information and the feedback received is portrayed. The support was rated to range between very poor and very good concerning the information provided by the oGP leaders and the

access to materials they provided which enabled the transfer of the practice (25A), the access the leaders provided to more precise topics as well as the contact with experts of the oGP (25B) and the feedback provided by the oGP leaders to the work developed by the NAs team (25C).

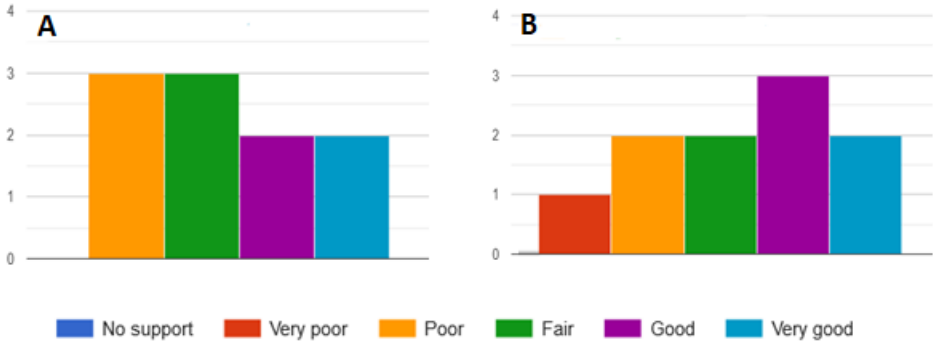

Figure 26: perceived support in terms of meetings held and the attention paid to questions and demands - Digital Roadmap towards an integrated Health Care Sector (Region of South Denmark)

Figure 26 shows the perceived support in terms of meetings held and the attention paid to questions and demands. The participants concluded that the support they received regarding the frequency of follow-up meetings organized by the oGP leaders, the content and how they were conducted (26A) and the bilateral attention they received, and the answers provided by the oGP leaders, for questions that arose during the implementation phase (26B) was ranging between poor and very good, with the exception of one participant who rated the bilateral attention they received, and the answers provided by the oGP leaders, for questions that arose during the implementation phase as poor.

A number of comments were added at the end for this oGP:

- Initial contacts were delayed due to changes in the oGP team. Webinars were scheduled with some delays. Limitations in the transferability of some elements due to intellectual property rights (videos for telerehab). Bilateral meeting held went well.
- Due to property right issues, audio-visual materials used in the Rehab App couldn't be shared/transferred and, therefore, its implementation was discarded.
- In the task 8.1 and 8.2 we didn’t contact with the oGP leader. The information set was enough.
- We have asked some question after the Study Visits, and we are waiting to get the scientific information. They have improved the answer of mails and they are trying to contact and help us.
- So far it seems that we will have better support in more concrete and defined actions, apparently, we hope so
- The general perception has improved in the last month.
- Initially they did not respond to emails and although the initial material was not complete, we did not need any extra information, but now they are coordinating. We are still waiting for the requested information, so we cannot fully evaluate it.

5.5.2 Next Adopter level indicators

I26: No of digital infrastructure (hardware) available to be used due to JADECARE

The aim of this indicator is to obtain information regarding the available infrastructure of each NA. The information on this indicator was collected though a survey, launched to the Nex Adopters. The majority of the NAs will use their own digital infrastructure (hardware and software) and through their participation in JADECARE activities will upgrade their skills and capacities to provide digitalised person-centred health.

Descriptive – quantitative analysis:

Beyond very few NAs such as SPAIN that provided detailed quantifiable information for the digital infrastructure available that will be used for the implementation of JADECARE (4 computers, RAM etc.) the rest of the NAs provided qualitative information for their hardware and software systems that will be utilized due to JADECARE.

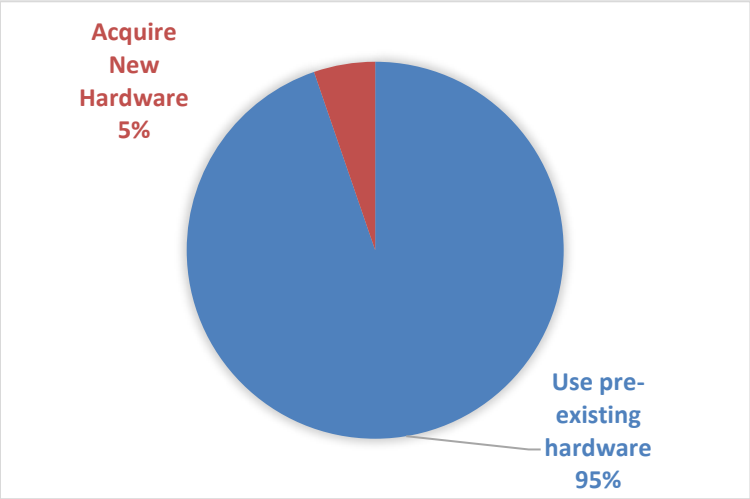

Figure 27: Graphical representation of the hardware that will be used for JADECARE

As figure 27 shows, most of the respondents (>90% of NA's) will use existing hardware devices acquired prior to JADECARE project. However, the 60% stated that due to their participation in the JADECARE activities will upgrade their hardware devices and the associated services. Beyond the hardware upgrade, most participants supported that through JADECARE participation, they will also upgrade their software services and upgrade their knowledge and skills in terms of more effective use of the available technological infrastructure for personalized healthcare (figure 28).

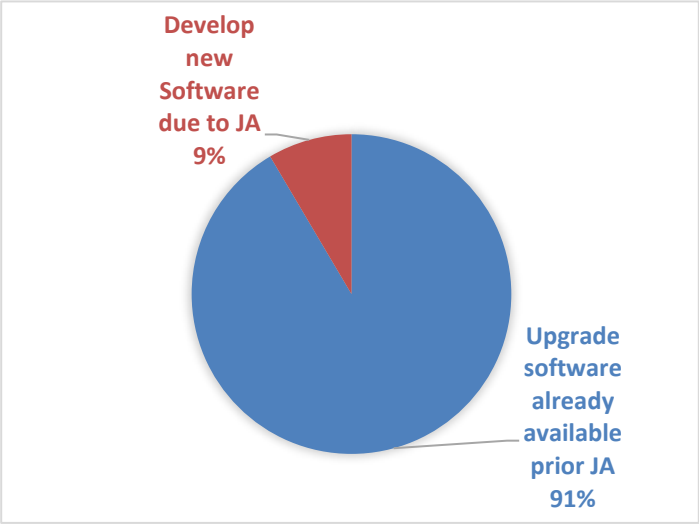

Figure 28: Graphical representation of the software that will be used for JADECARE

Although the available responses do not provide quantitative data concerning the number of the digital infrastructures available to be used to JADECARE, the qualitative information allows the structure of the information into three main themes:

1. Next Adopters will use existing hardware devices and through JADECARE will upgrade software sophistication
2. Participation to JADECARE will facilitate interoperability Improvement of the quality and e-health services
3. NAs will advance knowledge and skills for more efficient usage of the hardware devices towards specification and personalized care

More specifically, in Andalusia the SCSP of chronic patients will be built on pre-existing and already available infrastructure of the Andalusian Health Service (SAS) during the 2022 implementation. Within the frame of JADECARE, the system will be scaled-up to the entire region as a supporting tool to the chronic patients' follow-up (so no new hardware will be needed). The TC was developed thanks to a small-scale project. Within the frame of JADECARE, the system will be scaled-up to the entire region as a supporting tool to the chronic patients' follow-up (so no new hardware will be needed).

Serbia will utilize MoHRS state Cloud solutions and resources of Government Data Center

Likewise, SACYL (Regional Health Management of Castilla y León) the telemedicine projects to be developed in Castilla y León are carried out on a technology already acquired. However, JADECARE is going to provide the knowledge in relation to the organizational procedures, the regulations and strategies on which the telemedicine platform is based and the original good practice of the South of Denmark and the elements necessary to prepare the project.

The Hungarian NAs will use the hardware infrastructure of the national eHealth Digital Service Infrastructure. For Slovenia the existing equipment at health care providers, portal for health care providers managed by ZZZS. The Croatia will use the existing functionalities of the Portal zdravlja (Health Portal), which is a part of the CEZIH system for all the JADECATE planned activities.

6 Future Steps

We anticipate that the activities of the project will progress as planed according to the methods and process outlined in the GA and in all the documents produced during the pre-implementation phase, namely the LGPs and the LAPs. We will continue the data collection process for each indicator (progress, quality, and impact) presented in this document, their analyses and interpretation in order to fully evaluate the JADECARE project in terms of quality and impact and to secure to progression of the project according to the GA. The overall findings from the analysis of each indicator will provide the basis for policy recommendations, and they will be included in the *D3.3 Final Evaluation report*, which will be submitted at the end of the project lifecycle. A more thorough understanding of the impact of JADECARE will be captured during the following months, which will serve to know the degree of oGP adoption in the context of NA, potential implementation facilitators and barriers as well as the contribution of each oGP towards digitalized personalized health care.

7 Annexes

7.1 Annex 1: JADECARE indicator mapping

The following tables present the JADECARE indicator mapping according to the evaluation approach defined.

		Indicator		
Level	***Dimension***	**T3.1 Project progress monitoring**	**T3.2 Quality assurance of implementation**	**T3.3 Impact assessment**
JOINT ACTION LEVEL	Transition to digitally enabled integrated person-centred in EU settings			I1, I2, I3, I4, I5, I6, I7
	Capacity of governments to build integrated person-centred care	M1.5		
	Stakeholder network	M2.1, M2.2		I8, I9, I10, I11, I12, I13, I14
	Digital transformation of next adopters' regions	M5-8.3		I15, I16, I17
	Sustainability of the practices	M4.6, M4.7, M4.8		I18, I19
	Quality of the transfer and implementation process	M3.1, M5-8.1, M5-8.2		
	Knowledge and skills of transfer	M4.1, M4.2, M4.3, M4.4, M4.5		I21, I22
	Quality, compliance and usefulness	M1.1, M1.2, M1.3, M1.4, M1.6, M3.2		I20

Table 24: Indicators maaping at Joint Action level

Note: M for project progress monitoring indicators, Q for quality assessment of implementation indicators and I for impact assessment indicators.

Level	*Dimension*	*Sub-dimension*	*Indicator*		
			T3.1 Project progress monitoring	**T3.2 Quality assurance of implementation**	**T3.3 Impact assessment**
NEXT ADOPTER LEVEL	Transfer and adoption process	Scope and degree of adoption of original Good Practices (oGPs)			I23, I24
		Specific process, pathway reorganization and change management			
		Involvement and commitment of key stakeholders			
		Implementation experience		Q1 to Q24	I25
	Digital Transformation	Digital health system infrastructure			I26, I27
		Risk stratification and data analytics			I28
		Use of technologies including Electronic Health Record, personal health folder and electronic prescription			I29
		Citizen empowerment and use of patient reported data			I30, I31
		Innovation initiatives on integrated care reorganization of care pathways, workforce roles and skills			I32
		Training and research programs			I33, I34

Table 25: Indicators mapping at Next Adopter level

Note: M for project progress monitoring indicators, Q for quality assessment of implementation indicators and I for impact assessment indicators.

7.2 Annex 2: Indicators for progress monitoring of JADECARE

WP1 – Coordination and management

M1.1 Perception of WP leader of Coordinator's support	
Definition	Perceived involvement of WP leaders in relation to support provided by WP1
Justification	To provide technical, scientific, financial and administrative management and support
Methodology	Quantitative
Data source(s)	Project participants feedback
Data collection instrument	Questionnaire circulated via online survey on Zoom
Responsible	WP3
Periodicity of data collection	M24, M36
Completion criteria	To obtain 4 from 5 points in the Likert Scale from 1 to 5
Acceptance criteria	To obtain at least 4 points in the Likert Scale from 1 to 5

M1.2 Ratio of Milestones achieved on time	
Definition	(Number of Milestones completed on time/total number of milestones)*100
Justification	To steer efforts of the partners for the achievement of milestones
Methodology	Quantitative
Data source(s)	WP1
Data collection instrument	Interim and final technical reports. Proof of consecution shown to WP1
Responsible	WP1
Periodicity of data collection	M18, M36
Completion criteria	100% of the Milestones completed on time (maximum of one month of delay accepted on milestones before M36)
Acceptance criteria	100% of the Milestones completed and 60% on time (maximum of three months of delay accepted on deliverables before M36)

M1.3 Ratio of deliverables submitted to the EC on time	
Definition	(Number of deliverables completed on time/total number of deliverables) *100
Justification	To steer efforts of the partners for the achievement of deliverables
Methodology	Quantitative
Data source(s)	WP1

Data collection instrument	Interim and final technical reports. Proof of consecution shown to WP1
Responsible	WP1
Periodicity of data collection	M18, M36
Completion criteria	100% of the deliverables completed on time (maximum of one month of delay accepted on deliverables before M36)
Acceptance criteria	100% of the deliverables completed and 60% on time (maximum of three months of delay accepted on deliverables before M36)

M1.4 Availability of a project handbook in the first year of the project	
Definition	The Project Handbook outlines the internal procedures of the JADECARE project consortium in terms of project execution, administrative management, management structures, communication and collaboration.
Justification	It is a reference document for Consortium Partners containing the main information of the day-to-day project management and providing links to further information where required. Also, it outlines the standard procedures, delivering report and other deliverables.
Methodology	Quantitative
Data source(s)	WP1
Data collection instrument	Having the project handbook ready
Responsible	WP1
Periodicity of data collection	M12, M18
Completion criteria	Project Handbook does exist in the first year of the project (M12)
Acceptance criteria	Project Handbook does exist in the first 18 months of the project

M1.5 Ratio of HADEA's participation in annual project	
Definition	Number of annual meetings of JADECARE (Consortium Meeting, Policy board, Stakeholder Forum) in which HaDEA has participated/Total number of annual meetings that have taken place
Justification	This shows the communication quality with HaDEA and project leaders but also it shows the HaDEA's implications with the project.
Methodology	Quantitative
Data source(s)	WP1 leadership
Data collection instrument	List of assistance of the annual project meetings
Responsible	WP1
Periodicity of data collection	M12, M24, M36
Completion criteria	100 % HaDEA's participation in annual project

Acceptance criteria	80 % HaDEA's participation in annual project

M1.6 Number of Steering Committee meetings celebrated per year	
Definition	Number of Steering Committee meetings celebrated
Justification	To organize SCs on a regular basis
Methodology	Quantitative
Data source(s)	WP1
Data collection instrument	Meetings attendance list
Responsible	WP1
Periodicity of data collection	M12, M24, M36
Completion criteria	12 SC Meetings organized per year
Acceptance criteria	10 SC Meetings organized per year

WP2 – Communication and dissemination

M2.1 Ratio of documents published at website	
Definition	Number of the documents (reports, deliverables, and guides) published at the website /Number of documents accepted by European Commission
Justification	To ensure that the documents (reports, deliverables and guides) of JADECARE are known both to general public and the stakeholders.
Methodology	Quantitative
Data source(s)	WP2
Data collection instrument	Website log
Responsible	WP2
Periodicity of data collection	M18, M36
Completion criteria	100% of public documents available on the website by the deadline of the document
Acceptance criteria	100% of public documents available on the website by one month later the deadline of the document

M2.2 Number of presentations at scientific and policy discussion events	
Definition	Number of presentations at scientific (conferences addressed to scholars and research centres) and policy discussion events (meeting with policy-makers and representatives and authorities of the ministries)

Justification	To encourage project participation in events with different stakeholders that includes caregivers, healthcare experts, policy makers and /or general public
Methodology	Quantitative
Data source(s)	WP2
Data collection instrument	List of project participation at external events
Responsible	WP2
Periodicity of data collection	M36
Completion criteria	At least 40 presentations at scientific and policy events at M36
Acceptance criteria	At least 32 presentations at scientific and policy events at M36

WP3 - Evaluation

M3.1 Availability of an assessment methodology	
Definition	Existence of the assessment in the D3.1
Justification	Provide a methodological framework for assessing oGP adopted during NAs implementation to cover the requirements and expectations
Methodology	Quantitative
Data source(s)	WP3 leadership
Data collection instrument	D3.1
Responsible	WP3
Periodicity of data collection	M18
Completion criteria	Availability of an assessment methodology plan by month 12
Acceptance criteria	Availability of an assessment methodology plan by month 18

M3.2 Degree of satisfaction of partners with the project progress	
Definition	Degree of satisfaction of partners with the project progress
Justification	Assess the quality and compliance of the project process
Methodology	Quantitative
Data source(s)	CAs and AEs
Data collection instrument	Survey to be circulated after the Consortium meetings
Responsible	WP3
Periodicity of data collection	M12, M24, M36
Completion criteria	Obtaining from 4 to 5 points of satisfaction in a Likert Scale from 1 to 5

Acceptance criteria	Obtaining at least 4 points of satisfaction in a Likert Scale from 1 to 5

WP4 – Integration in National Policies and Sustainability

M4.1 Number of study visits	
Definition	Number of study visits
Justification	Support exchange of knowledge and experiences of implementation by NAs
Methodology	Quantitative
Data source(s)	WP5-8
Data collection instrument	Summary report from study visits at oGP sites (Milestone 15)
Responsible	WP4
Periodicity of data collection	M18
Completion criteria	4
Acceptance criteria	4

M4.2 Number of Thematic workshops	
Definition	Number of Thematic workshops
Justification	Support exchange of knowledge and experiences of implementation
Methodology	Quantitative
Data source(s)	WP5-8
Data collection instrument	Deliverable 4.3
Responsible	WP4
Periodicity of data collection	M24
Completion criteria	At least 10 thematic workshops by M36
Acceptance criteria	At least 8 thematic workshops by M36

M4.3 Number of workshops on implementation key learnings	
Definition	Number of workshops on implementation key learnings
Justification	To support exchange of knowledge and experiences of implementation
Methodology	Quantitative
Data source(s)	WP5-8
Data collection instrument	Deliverable 4.2 Blueprint on learning form good practices and 4.3 Characteristics of JADECARE leafing tut sustainability and integration into national Policies

Responsible	WP4
Periodicity of data collection	M34
Completion criteria	4 workshops on implementation key learning by M34
Acceptance criteria	4 workshops on implementation key learning by M34

M4.4 Number of participants taking part in knowledge exchange actions	
Definition	Number of participants taking part in knowledge exchange actions (study visits, thematic workshops and workshops on implementation key learnings)
Justification	To support exchange of knowledge and experiences of implementation
Methodology	Quantitative
Data source(s)	WP4
Data collection instrument	Technical reports WP4
Responsible	WP4
Periodicity of data collection	M36
Completion criteria	At least 200 participants in total
Acceptance criteria	At least 160 participants in total

M4.5 Satisfaction with knowledge exchange actions	
Definition	Degree of satisfaction with knowledge exchange actions (study visits, thematic workshops and workshops on implementation key learnings)
Justification	To assess the exchange actions, receive feedback and improve the knowledge exchange actions efficiency and performance
Methodology	Quantitative
Data source(s)	WP4
Data collection instrument	Survey
Responsible	WP3
Periodicity of data collection	M36
Completion criteria	Obtaining from 4 to 5 points of satisfaction in a Likert Scale from 1 to 5
Acceptance criteria	Obtaining at least 4 points of satisfaction in a Likert Scale from 1 to 5

M4.6 Ratio of local action plans including elements of sustainability	
Definition	Number of Local Action Plans including elements of sustainability/ Total number of Local Action Plans

Justification	To support NAs to facilitate the sustainability of the practice by strategy and plans for actions at local/regional/ national level
Methodology	Quantitative
Data source(s)	WP4
Data collection instrument	Deliverable 4.3 Characteristics of JADECARE leafing tut sustainability and integration into national Policies
Responsible	WP4
Periodicity of data collection	M36
Completion criteria	A100% local action plans include elements of sustainability
Acceptance criteria	At least 80% of the local action plans include elements of sustainability

M4.7 Establishment of local/regional/national networks at Next Adopter Level including key stakeholders to ensure sustainability	
Definition	Establishment of local/regional/national networks at Next Adopter Level including key stakeholders to ensure sustainability
Justification	To measure the strength of the network for a successful sustainability implementation
Methodology	Quantitative
Data source(s)	WP4
Data collection instrument	Deliverable 4.3 Characteristics of JADECARE leafing tut sustainability and integration into national Policies
Responsible	WP4
Periodicity of data collection	M36
Completion criteria	All the 21 local/regional/national networks stablished at Next Adopter Level include key stakeholders for ensure sustainability
Acceptance criteria	At least 16 of the local/regional/national networks stablished at Next Adopter Level include key stakeholders for ensure sustainability

M4.8 Ratio of sustainability strategies at Next Adopter level	
Definition	Number of sustainability strategies at Next Adopter level / Total number of NAs strategies
Justification	To analyze the NAs sustainability implementation at strategical level
Methodology	Quantitative
Data source(s)	WP4
Data collection instrument	Deliverable 4.3 Characteristics of JADECARE leafing tut sustainability and integration into national Policies

Responsible	WP4
Periodicity of data collection	M36
Completion criteria	100% of the local actions plans have the NAs sustainability strategies and sustainability action plans
Acceptance criteria	75-80%of the local actions plans have the NAs sustainability strategies and sustainability action plans

WP5-8

M5-8.1 Ratio of completed Scope definition, situation analysis and PDSA cycle performed on schedule	
Definition	Ratio of sites with complete scope definition, situation analysis and PDSA cycle performed on schedule / Number of sites
Justification	To measure NAs implementation progress
Methodology	Quantitative
Data source(s)	WP5-8 leaders
Data collection instrument	Scope definition, Situation analysis and PDSA reporting templates
Responsible	WP5-8 Next Adopters
Periodicity of data collection	M12, M28
Completion criteria	100% sites with complete scope definition, situation analysis and PDSA cycle
Acceptance criteria	75% sites with complete scope definition, situation analysis and PDSA cycle

M5-8.2 Number of next adopters Good Practices and Action Plans	
Definition	Number of Local Good Practices and Action Plan developed by the NAs
Justification	To measure the number of LGP and LAPs
Methodology	Quantitative
Data source(s)	WP4
Data collection instrument	D4.1 Local Good Practices and Action Plans
Responsible	WP3
Periodicity of data collection	M15
Completion criteria	21 NA have developed LGP and LAP
Acceptance criteria	18 NA have developed LGP and LAP

M5-8.3 Ratio of establishment of specific objectives regarding digital transformation are set in Next Adopters Action Plans

Definition	Number of establishment of specific objectives regarding digital transformation are set in next adopters Action Plans/ Total number of plans
Justification	To facilitate and support the transfer of oGP features to NAs´ context
Methodology	Quantitative
Data source(s)	NAs
Data collection instrument	D4.1 Local Good Practices and Action Plans
Responsible	WP3
Periodicity of data collection	M18
Completion criteria	100% of the NA plans includes of specific objectives regarding digital transformation
Acceptance criteria	75-80% of the NA plans includes of specific objectives regarding digital transformation

7.3 Annex 3: Indicators for monitoring the quality assurance of implementation

PRE-IMPLEMENTATION PHASE

Q1. No of reports completed and sent/total of reports to be completed	
Justification	To monitor the completeness of the reporting by the NAs, considering the reports for the following phases: Scope definition, Situation Analysis, Local Good Practice and Local Action Plan, templates for the 2 PDSA cycles, CFIR and SQUIRE 2.0
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	Reporting templates of the different phases
Responsible	WP3
Periodicity of data collection	After the completion of each phase
Completion criteria	100% of the reports are completed and sent by the NAs
Acceptance criteria	80% of the reports are completed and sent by the NAs

Q2. No of organizations that are part of the NAWG	
Justification	To account the total number of organizations included the Next Adopter Working Groups responsible for the implementation process in the local sites of the Next Adopters
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	Configuration of the NAWG, included in the Scope definition report
Responsible	WP3
Periodicity of data collection	After the completion of the Scope Definition
Completion criteria	42 organizations are part of the NAWG (21NAs * 2 organizations each)
Acceptance criteria	21 organizations are part of the NAWG (21NAs * 1 organizations each)

Q3. Distribution of the profiles of the members that are part of the NAWG	
Justification	To analyse the composition of the NAWGs regarding the profile of its members in the categories defined by the implementation strategy theory: organizer, experts, decision makers, front-line stakeholders, implementers
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	Configuration of the NAWG, included in the Scope definition report
Responsible	WP3
Periodicity of data collection	After the completion of the Scope Definition
Completion criteria	1 member for each of the 5 profile categories, in each NAWG (organizer, experts, decision makers, front-line stakeholders, implementers)
Acceptance criteria	1 member for 3 profile categories over the total 5 categories, in each NAWG (decision maker, implementer, expert)

Q4. Distribution of the needs identified by the NAs per oGP block	
Justification	To list the total number of needs identified by the NAs in the scope definition according to the block they belong to (Basque oGP: 3 blocks, Catalan oGP: 5 blocks, Optimedis oGP: 6 blocks, South Danish oGP: 2 blocks). This indicator is to be analysed per oGP and the NAs that transfer from each of them
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	List of identified and prioritized needs, included in the Scope definition report
Responsible	WP3
Periodicity of data collection	After the completion of the Scope Definition
Completion criteria	To have 1 need identified for 100% of the blocks of each oGP selected by the NAs
Acceptance criteria	To have 1 need identified for 2/3 of the blocks of each oGP selected by the NAs

Q5. Distribution of CFs originally selected by the NAs per oGP block	
Justification	To list the total number of Core Features originally selected by the NAs to be implemented in their local sites and classify them according to the block of the oGP they belong to (Basque oGP: 3 blocks, Catalan oGP: 5 blocks, Optimedis oGP: 6 blocks, South Danish oGP: 2 blocks). This indicator is to be analysed per oGP and the NAs that transfer from each of them
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	List of CFs originally selected by the NAs, included in the Scope definition report
Responsible	WP3
Periodicity of data collection	After the completion of the Scope Definition
Completion criteria	To have 1 CF for 100% of the blocks of each oGP selected by the NAs
Acceptance criteria	To have 1 CF for 2/3 of the blocks of each oGP selected by the NAs

Q6. Distribution of settings targeted in the LGP	
Justification	To analyse the implementation scope aims of the NAs regarding the setting in which they will transfer their LGPs: local/regional/national
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	Setting information, included in the Local Good Practice and Action Plan report
Responsible	WP3
Periodicity of data collection	After the completion of the development of the LGP and LAP
Completion criteria	n/a
Acceptance criteria	n/a

Q7. No of LCFs developed by the NAs	
Justification	To quantify the total number of Local Core Features developed by the NAs in their LGPs
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	LCFs defined, included in the Local Good Practice and Action Plan report
Responsible	WP3
Periodicity of data collection	After the completion of the development of the LGP and LAP
Completion criteria	42 LCFs developed by the NAs (21NAs * 2 LCFs each)
Acceptance criteria	21 LCFs developed by the NAs (21NAs * 1 LCF each)

Q8. Distribution of CFs finally transferred by the NAs per oGP block	
Justification	To list the total number of Core Features finally transferred by the NAs to be implemented in their local sites and disaggregate them according to the block of the oGP they belong to (Basque oGP: 3 blocks, Catalan oGP: 5 blocks, Optimedis oGP: 6 blocks, South Danish oGP: 2 blocks). This indicator is to be analysed per oGP and the NAs that transfer from each of them
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	List of CFs finally transferred by the NAs, included in Local Good Practice and Action Plan report
Responsible	WP3
Periodicity of data collection	After the completion of the development of the LGP and LAP
Completion criteria	To have 1 CF for 100% of the blocks of each oGP finally transferred by the NAs
Acceptance criteria	To have 1 CF for 2/3 of the blocks of each oGP finally transferred by the NAs

Q9. Distribution of needs prioritized by the NAs, compared to the distribution of CFs initially selected and the distribution of CFs finally transferred per oGP block	
Justification	To compare the distribution of needs prioritized by the NAs (Q4), with the CFs initially selected (Q5) and the CFs finally transferred per oGP block (Q9)
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	Q4, Q5 and Q9
Responsible	WP3
Periodicity of data collection	After the completion of the development of the LGP and LAP
Completion criteria	90% of accordance in the distribution among the three compared variables
Acceptance criteria	70% of accordance in the distribution among the three compared variables

IMPLEMENTATION PHASE

Q10.1 No of actions defined in the 1st PDSA Cycleº Q10.2 No of actions defined in the 2nd PDSA Cycle	
Justification	To quantify the total number of actions defined by the NAs in the 1st/2nd PDSA cycle
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	List of the actions defined by the NAs, included in the PLAN step report of the 1st/2nd PDSA cycle
Responsible	WP3
Periodicity of data collection	After the completion of the PLAN step of the 1st/2nd PDSA cycle
Completion criteria	n/a
Acceptance criteria	n/a

Q11.1 Distribution of the NAs according to the % of implementation progress of the LGP achieved in the 1st PDSA Cycle Q11.2 Distribution of the NAs according to the % of implementation progress of the LGP achieved in the 2nd PDSA Cycle	
Justification	To analyse the level of progress of the implementation process among the NAs, considering the four tranches of implementation level: 0-25%, 25-50%, 50-75% and 75-100%
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	% of implementation progress of the LGP achieved in the 1st/2nd PDSA cycle, included in the DO step report
Responsible	WP3
Periodicity of data collection	After the completion of the DO step of the 1st/2nd PDSA cycle
Completion criteria	All NAs achieved 100% of implementation progress in the 1st/2nd PDSA cycle
Acceptance criteria	80% of the NAs achieved 100% of implementation progress in the 1st/2nd PDSA cycle

Q12.1 No of actions of the LAP with reported deviations/No total actions of the 1st PDSA cycle Q12.2 No of actions of the LAP with reported deviations/No total actions of the 2nd PDSA Cycle	
Justification	To list the number of actions of the LAP that reported deviations
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	Deviations reported in the 1st/2nd PDSA cycle, included in the STUDY step report
Responsible	WP3
Periodicity of data collection	After the completion of the DO step of the 1st/2nd PDSA cycle
Completion criteria	n/a
Acceptance criteria	n/a

Q13.1 Distribution of reported deviations in the LAP of the 1st PDSA cycle Q13.2 Distribution of reported deviations in the LAP of the 2nd PDSA Cycle	
Justification	To analyse the distribution of the deviations reported in the 1st/2nd PDSA cycle in three categories: managerial, clinical, technical
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	Deviations reported in the 1st/2nd PDSA cycle, included in the STUDY step report
Responsible	WP3
Periodicity of data collection	After the completion of the DO step of the 1st/2nd PDSA cycle
Completion criteria	n/a
Acceptance criteria	n/a

Q14.1 Distribution of the impact of the mitigation actions in the LAP of the 1st PDSA cycle Q14.2 Distribution of the impact of the mitigation actions in the LAP of the 2nd PDSA Cycle	
Justification	To analyse the distribution of the impact of the mitigation actions defined in the 1st/2nd PDSA: positive/neutral/negative
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	Impact of mitigation actions defined in the 1st/2nd PDSA cycle, included in the STUDY step report
Responsible	WP3
Periodicity of data collection	After the completion of the STUDY step of the 1st/2nd PDSA cycle
Completion criteria	100% of mitigation actions with positive/neutral impact
Acceptance criteria	70% of mitigation actions with positive/neutral impact

Q15.1 Distribution of the actions of the LAP decided to be maintained/adapted/abandoned after the 1st PDSA Cycle Q15.2 Distribution of the actions of the LAP decided to be maintained/adapted/abandoned after the 2nd PDSA Cycle	
Justification	To quantify the number of actions of the LAP decided to be maintained/adapted/abandoned after the 1st/2nd PDSA cycle
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	Maintained/adapted/abandoned actions reported in the 1st/2nd PDSA cycle, included in the ACT step report
Responsible	WP3
Periodicity of data collection	After the completion of the ACT step of the 1st/2nd PDSA cycle
Completion criteria	100% actions decided to be maintained/adapted
Acceptance criteria	70% actions decided to be maintained/adapted

Q16.1 No of new actions designed by the NAs for the 2nd PDSA Cycle Q16.2 No of new actions designed by the NAs after JADECARE	
Justification	To quantify the number of new actions designed by the NAs for the 2nd PDSA Cycle/after JADECARE
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	New actions designed after the 1st/2nd PDSA cycle, included in the ACT step report
Responsible	WP3
Periodicity of data collection	After the completion of the ACT step of the 1st/2nd PDSA cycle
Completion criteria	n/a
Acceptance criteria	n/a

Q17. No of organizations participating in the PDSA meetings	
Justification	To account the total number of organizations participating in the PDSA follow up meetings
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	Meetings' monitoring report, included in the PDSA report
Responsible	WP3
Periodicity of data collection	After the completion of the two PDSA cycles
Completion criteria	n/a
Acceptance criteria	n/a

Q18. No of PDSA meetings in which NAWG members participate/total No of meetings arranged	
Justification	Address the engagement of the NAWG members in the meetings conducted during the implementation process
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	Meetings' monitoring report, included in the PDSA report
Responsible	WP3
Periodicity of data collection	After the completion of the two PDSA cycles
Completion criteria	100% of participation of NAWG members in the total meetings arranged
Acceptance criteria	80% of participation of NAWG members in the total meetings arranged

Q19. No of actions of the LAP with reported deviations compared to the No of actions maintained /adapted/abandoned in the 2nd PDSA cycle	
Justification	To compare the no of actions of the LAP with reported deviations after the 1st PDSA Cycle (Q13.1), with the actions of the LAP decided to be maintained /adapted and abandoned after the 1st PDSA Cycle (Q15.1)
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	Q13.1 and Q13.2, Q16.1 and Q16.2
Responsible	WP3
Periodicity of data collection	After the completion of the ACT step of the 1st PDSA cycle
Completion criteria	100% of actions decided to be adapted/abandoned are actions with reported deviations
Acceptance criteria	80% of actions decided to be adapted/abandoned are actions with reported deviations

POST-IMPLEMENTATION PHASE

Q20. No of KPIs that have achieved the target defined in the PLAN step	
Justification	To monitor the level of achievement of the KPIs defined in the LAPs by the Next Adopters
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	2nd PDSA Cycle report
Responsible	WP3
Periodicity of data collection	After the completion of the 2nd PDSA cycle
Completion criteria	100% of the NAs achieved the target of the KPIs on time
Acceptance criteria	80% of the NAs achieved the target of the KPIs on time

Q21. No of NAs that have implemented successfully at least one of their LCFs	
Justification	To monitor the completeness of the LCFs defined by the NAs
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	2nd PDSA Cycle report
Responsible	WP3
Periodicity of data collection	After the completion of the 2nd PDSA cycle
Completion criteria	100% of the NAs achieved 1 LCF successfully
Acceptance criteria	80% of the NAs achieved 1 LCF successfully

Q22. No of CFIR assessments completed by the NAs	
Justification	To account the number of NAs that identified factors that influenced the implementation process by means of the CFIR framework
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	Analysis of the implementation process guided by the CFIR framework
Responsible	WP3
Periodicity of data collection	After the completion of the analysis of the implementation process guided by the CFIR framework
Completion criteria	100% of the NAs identified factors that influenced the implementation process by means of the CFIR framework
Acceptance criteria	80% of the NAs identified factors that influenced the implementation process by means of the CFIR framework

Q23. Distribution of factors that influenced negatively/neutrally/positively the implementation process per domains of CFIR	
Justification	To quantify the number of factors that influenced negatively, neutrally and positively the implementation process per each domain of the CFIR
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	Analysis of the implementation process guided by the CFIR framework
Responsible	WP3
Periodicity of data collection	After the completion of the analysis of the implementation process guided by the CFIR framework
Completion criteria	n/a
Acceptance criteria	n/a

Q24. No of SQUIRE 2.0 reports completed by the NAs	
Justification	To monitor the completeness of the reporting of the SQUIRE 2.0 by the NAs
Methodology	Quantitative
Level	Next Adopter
Data collection source(s)	WP5-8 leaders
Data collection instrument	Reporting of the implementation results by means of the SQUIRE 2.0 guidelines
Responsible	WP3
Periodicity of data collection	After the completion of the reporting of the implementation results by means of the SQUIRE 2.0 guidelines
Completion criteria	100% of the NAs completed the SQUIRE 2.0 report on time
Acceptance criteria	80% of the NAs completed the SQUIRE 2.0 report on time

7.5 Annex 4: Impact Assessment Indicators

I1. No of NAs with specific process, pathway reorganization and change management activities performed	
Justification	Specific process, pathway reorganization and change management
Methodology	Qualitative
Level	JA
Data collection source(s)	WP5-WP8
Data collection instrument	Survey
Responsible	WP5-WP8 leadership
Periodicity of data collection	Once (M30)
Completion criteria	21 Next Adopters have performed specific process, pathway reorganization and change management activities
Acceptance criteria	16 Next Adopters have performed specific process, pathway reorganization and change management activities

I2. Number of oGPs´ features covered in transfer process	
Justification	Scope and degree of adoption of original oGPs
Methodology	Quantitative based on the answers of the blocks
Level	JA
Data collection source(s)	WP5-WP8
Data collection instrument	Feedback from NA based on Scope definition
Responsible	WP5-WP8 leadership
Periodicity of data collection	Once (M30)
Completion criteria	The 21 NA transfer and adapt at least one Core Feature from one oGP
Acceptance criteria	At least 17 of the NA transfer and adapt at least one Core Feature from one oGP

I3. Estimated target population in JADECARE	
Justification	Target population of JADECARE
Methodology	Qualitative
Level	JA
Data collection source(s)	WP5-WP8
Data collection instrument	D5.1 The Basque integrated care approach oGP and transfer process, D6.1 The Catalan Innovation Hub oGP and transfer process, D7.1 The Optimedis Model oGP and transfer process and D8.1 The Danish roadmap towards Integrated Care oGP and transfer process
Responsible	WP1
Periodicity of data collection	M36
Completion criteria	100% (50.000 people)
Acceptance criteria	80% (40.000 people

I4. No of NAs that increased capacity to implement Digitally-Enabled Integrated Person Centred Care (DEIPCC)	
Justification	This is one of the main objectives of the JA JADECARE
Methodology	Quantitative
Level	JA
Data collection source(s)	NAs
Data collection instrument	Input from WP5-8 after implementation
Responsible	WP3
Periodicity of data collection	Once (M30)
Completion criteria	15 NA increased capacity to implement DEIPCC
Acceptance criteria	12 NA increased capacity to implement DEIPCC

I5. No of NAs with small scale deployment of DEIPCC	
Justification	Measure the number of NAs that implement a small scale deployment of DEIPCC in JADECARE
Methodology	Quantitative
Level	JA
Data collection source(s)	NAs
Data collection instrument	Survey for NAs
Responsible	WP3
Periodicity of data collection	Once (M30)
Completion criteria	7 NAs
Acceptance criteria	7 NAs

I6. No of NAs with large scale deployment and/or extended institutionalization of DEIPCC	
Justification	Measure the number of NAs that implement a large scale deployment and/or extended institutionalization of DEIPCC in JADECARE
Methodology	Quantitative
Level	JA
Data collection source(s)	NAs
Data collection instrument	Survey for NAs
Responsible	WP3
Periodicity of data collection	Once (M30)
Completion criteria	1 NA
Acceptance criteria	1 NA

I7. Perception that JADECARE will support further building up the capacity of national and regional authorities to organize and deliver DEIPCC, as expressed by Policy Board members	
Justification	Gather the opinion from the Policy Board members about the further building up capacity of national and regional authorities
Methodology	Quantitative
Level	JA
Data collection source(s)	NAs
Data collection instrument	Survey for Policy Board members
Responsible	WP3
Periodicity of data collection	Once (M36)
Completion criteria	80% perceived project supportive building up further the capacity of national and regional authorities to organize and deliver DEIPCC,
Acceptance criteria	60% perceived project supportive building up further the capacity of national and regional authorities to organize and deliver DEIPCC

I8. Estimated audience of JADECARE dissemination channels	
Justification	Measure the number of people reached through the JADECARE dissemination channels
Methodology	Quantitative
Level	JA
Data collection source(s)	WP2
Data collection instrument	JADECARE's dissemination activity reports (Dissemination events, website…)
Responsible	WP2
Periodicity of data collection	Annually (M12, M24, M36)
Completion criteria	2.000 audience reached through the dissemination channels
Acceptance criteria	1.000 audience reached through the dissemination channels

I9. Evidence of intersectoral collaborations (meetings, participation in events, publications and/or emails) with other partnerships	
Justification	Degree of collaboration with other projects, initiatives of fields related to DEIPCC
Methodology	Quantitative
Level	JA
Data collection source(s)	WP2
Data collection instrument	D2.4 Final report on Dissemination
Responsible	WP2
Periodicity of data collection	Once a year (M12, 24, 35)
Completion criteria	n/a
Acceptance criteria	n/a

I10. No of MoH of MSs that are not partners of JADECARE, but participate in the Policy Board Dialogues	
Justification	The involvement and commitment of policy makers of the MS that are not part of JADECARE
Methodology	Quantitative
Level	JA
Data collection source(s)	WP3
Data collection instrument	List of partners of JADECARE & Participants' list from Policy Board meetings
Responsible	WP3
Periodicity of data collection	Annually (M12, M24, M36)
Completion criteria	5 MoHs
Acceptance criteria	5 MoHs

I11. No of DG SANTE and HaDEA representatives in the Policy Dialogues	
Justification	Involvement of EU institutions in the policy dialogues
Methodology	Quantitative
Level	JA
Data collection source(s)	WP2
Data collection instrument	Participants' list from Policy Board meetings
Responsible	WP3
Periodicity of data collection	Annually (M12, M24, M36)
Completion criteria	One representative of DG SANTE and HaDEA in every Policy Dialogue
Acceptance criteria	At least one representative of one of the these institutions in every Policy Dialogue

I12. No of Policy Dialogues of the Policy Board members	
Justification	The involvement and commitment of policy makers
Methodology	Quantitative
Level	JA
Data collection source(s)	NAs
Data collection instrument	Participants' list from Policy Board meetings
Responsible	WP3
Periodicity of data collection	Annually (M12, M24, M36)
Completion criteria	1 Policy dialogue for every meeting of the Policy Board
Acceptance criteria	1 Policy dialogue for every meeting of the Policy Board

I13. Perception of external stakeholders' on the impact of JADECARE in policy setting, and scientific, industrial, and general debates and fora	
Justification	Further building up the capacity of national and regional authorities to organize and deliver integrated person-centred care including integration in policies
Methodology	Quantitative
Level	JA
Data collection source(s)	Stakeholders' network established for JADECARE
Data collection instrument	Surveys
Responsible	WP3
Periodicity of data collection	Once (M30)
Completion criteria	JADECARE is 80% impactful according to stakeholders' opinion
Acceptance criteria	JADECARE is 60% impactful according to stakeholders' opinion

I14. No of MoH of JADECARE Competent Authorities represented in the Policy Board	
Justification	The involvement and commitment of policy makers
Methodology	Quantitative
Level	JA
Data collection source(s)	Actions regarding JADECARE's impact
Data collection instrument	Participants' list from Policy Board meetings Report from WP2
Responsible	WP3
Periodicity of data collection	Annually (M12, M24, M36)
Completion criteria	16 representatives from the MoHs represented in the Policy Board (1 per each JADECARE CAs)
Acceptance criteria	16 representatives from the MoHs represented in the Policy Board (1 per each JADECARE CAs)

I15. % of NAs with changes in digital services are confirmed (digital health system infrastructure; data analytics and use of technologies, citizen empowerment tools and patient reported data)	
Justification	Measure the changes in the digital health system infrastructure of the NAs
Methodology	Quantitative
Level	JA
Data collection source(s)	NAs
Data collection instrument	Survey
Responsible	WP5-8 leadership
Periodicity of data collection	Once (M30)
Completion criteria*	80% of sites confirmed changes their digital services (digital health system infrastructure; data analytics and use of technologies, citizen empowerment tools and patient reported data)
Acceptance criteria*	80% of sites confirmed changes their digital services (digital health system infrastructure; data analytics and use of technologies, citizen empowerment tools and patient reported data.

I16. % Perceived improvement of digital services by end users	
Justification	Perceived improvement of digital services by end users
Methodology	Quantitative
Level	JA
Data collection source(s)	NAs
Data collection instrument	Survey
Responsible	WP5-WP8 leadership
Periodicity of data collection	Once (M36)
Completion criteria*	80% of people asked believed that the digital services of their country improved
Acceptance criteria*	80% of people asked believed that the digital services of their country improved

I17. No of software programs improved and updated due to JADECARE	
Justification	Perceived improvement of digital services by end users
Methodology	Quantitative
Level	JA
Data collection source(s)	NAs
Data collection instrument	Surveys
Responsible	WP5-8 leadership
Periodicity of data collection	Twice (M12 and M30)
Completion criteria*	n/a
Acceptance criteria*	n/a

I18. Perceived probability that the developed practice will be sustainable after end of JADECARE, according to members of local/regional/national networks among Next Adopters	
Justification	Project sustainability
Methodology	Quantitative
Level	JA
Data collection source(s)	WP4
Data collection instrument	Survey to NAs
Responsible	WP3
Periodicity of data collection	Once (M30)
Completion criteria*	80% of the members of local/regional/national networks among Next Adopters perceive the local practices of JADECARE as sustainable
Acceptance criteria*	80 % of the members of local/regional/national networks among Next Adopters erceive the local practices of JADECARE as sustainable

I19. No of reports including recommendations to Next Adopters sustainability plans	
Justification	Ensure that all the NAs are implementing sustainability plans to implement actions beyond JADECARE
Methodology	Quantitative
Level	JA
Data collection source(s)	WP4
Data collection instrument	Sustainability reports of the next Adopters
Responsible	WP3
Periodicity of data collection	Once (M30)
Completion criteria	21
Acceptance criteria	17

I20. % Stakeholders consider Project useful	
Justification	Usefulness of JADECARE
Methodology	Quantitative
Level	JA
Data collection source(s)	WP3
Data collection instrument	Survey to the project participants
Responsible	WP3
Periodicity of data collection	Once (M30)
Completion criteria	90% of stakeholders consider project useful
Acceptance criteria	90% of stakeholders consider project useful

I21. Satisfaction degree of project beneficiaries	
Justification	Degree of satisfaction of the project participants
Methodology	Quantitative
Level	JA
Data collection source(s)	NAs
Data collection instrument	Survey
Responsible	WP3
Periodicity of data collection	Once a year (M12, M24, M36)
Completion criteria	80% of project beneficiaries satisfied
Acceptance criteria	80% of project beneficiaries satisfied

I22. % of professionals that improve in knowledge and skills	
Justification	Degree of improvement in knowledge and skills of the professionals that participate in the implementation of JADECARE
Methodology	Quantitative
Level	JA
Data collection source(s)	NAs
Data collection instrument	Survey
Responsible	WP3
Periodicity of data collection	Once (M36)
Completion criteria	80% of the professionals asked
Acceptance criteria	80% of the professionals asked

I23. % of core features implemented/total number of core features selected (per Next Adopter)	
Justification	To outline the real transfer of the core features compared to the expected plan
Methodology	Quantitative based on the answers of the blocks
Level	NA
Data collection source(s)	D4.1 and D5.1 to D8.1
Data collection instrument	Scope definition & PDSA reports
Responsible	WP5-WP8 leadership
Periodicity of data collection	Once (M30)
Completion criteria	100% of core features implemented /total number of core features selected
Acceptance criteria	80% of core features implemented /total number of core features selected

I24. No of needs covered by the implementation of JADECARE at NA sites	
Justification	Measure the number of needs covered by the implementation of JADECARE at NA sites
Methodology	Quantitative
Level	NA
Data collection source(s)	WP5-WP8 lead
Data collection instrument	Surveys
Responsible	WP3
Periodicity of data collection	Once (M30)
Completion criteria	n/a
Acceptance criteria	n/a

I25. Availability of Blueprint on learning from Good Practice	
Justification	The implementation experience
Methodology	Qualitative
Level	NA
Data collection source(s)	WP5-WP8 collaborators
Data collection instrument	D4.2 Blueprint on learning from good practices
Responsible	WP5-WP8 leadership
Periodicity of data collection	Once (M30)
Completion criteria	Availability of Blueprint on learning from Good Practice
Acceptance criteria	Availability of Blueprint on learning from Good Practice

I26. No of digital infrastructures (hardware) available to be used due to JADECARE	
Justification	To obtain information regarding the available infrastructure of each NA
Methodology	Quantitative
Level	NA
Data collection source(s)	NAs
Data collection instrument	Survey
Responsible	WP5-WP8 leadership
Periodicity of data collection	Twice (M12 and M30)
Completion criteria	n/a
Acceptance criteria	n/a

I27. No of individuals accessing newly implemented services and infrastructure	
Justification	Gather the information on the population that have access to newly implemented services and infrastructure deployed in JADECARE
Methodology	Quantitative
Level	NA
Data collection source(s)	NAs
Data collection instrument	Survey
Responsible	WP3
Periodicity of data collection	Once (M30)
Completion criteria	n/a
Acceptance criteria	n/a

I28. Target population that has been stratified using the risk stratification tool implemented during JADECARE	
Justification	Measure the usefulness of the risk stratification approaches implemented during JADECARE
Methodology	Quantitative
Level	NA
Data collection source(s)	D5.1 to D8.1
Data collection instrument	Reports
Responsible	WP5-WP8 leadership
Periodicity of data collection	Once (M30)
Completion criteria	n/a
Acceptance criteria	n/a

I29. Ratio of healthcare services digitalized/targeted	
Justification	Measure the level of digitalization of healthcare services at NA sites in JADECARE
Methodology	Quantitative
Level	NA
Data collection source(s)	WP5-8 collaborators
Data collection instrument	D5.1 to D8.1
Responsible	WP5-WP8 leadership
Periodicity of data collection	Once (M30)
Completion criteria	n/a
Acceptance criteria	n/a

I30. No of citizens using citizen empowerment platforms or tools	
Justification	Measure the usefulness of citizen empowerment platforms or tools
Methodology	Quantitative
Level	NA
Data collection source(s)	NAs
Data collection instrument	D5.1 to D8.1
Responsible	WP5-8 leadership
Periodicity of data collection	Twice (M24, M36)
Completion criteria	n/a
Acceptance criteria	n/a

I31. No of NAs that consider Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs)	
Justification	Measure the number of NAs that consider PROMs and PREMs
Methodology	Quantitative
Level	NA
Data collection source(s)	NAs
Data collection instrument	Survey
Responsible	WP5-8 leadership
Periodicity of data collection	Once (M30)
Completion criteria	20% of patients participated completed PROMs and PREMs
Acceptance criteria	10% of patients participated completed PROMs and PREMs

I32. No of new or improved health policies, systems, products and technologies, and services and delivery methods for integrated care reorganization pathways implemented during JADECARE	
Justification	Measure improvements due to the implementation of the LGPs in JADECARE
Methodology	Quantitative
Level	NA
Data collection source(s)	WP4 to WP8
Data collection instrument	D4.1 and D5.1 to D8.1
Responsible	WP3
Periodicity of data collection	Once (M30)
Completion criteria*	n/a
Acceptance criteria*	n/a

I33. No of training and research programs launched	
Justification	Measure the number of training and research programs launched by the NAs
Methodology	Quantitative
Level	NA
Data collection source(s)	WP5 to WP8
Data collection instrument	D5.1 to D8.1
Responsible	WP3
Periodicity of data collection	Once (M30)
Completion criteria*	n/a
Acceptance criteria*	n/a

I34. No of participants in training and research programs	
Justification	Measure the degree of participation in training and research programs deployed in the implementation of the LGPs
Methodology	Quantitative
Level	NA
Data collection source(s)	WP5-8 collaborators
Data collection instrument	D5.1 to D8.1
Responsible	WP3
Periodicity of data collection	Once (M30)
Completion criteria*	n/a
Acceptance criteria*	n/a

7.6 Annex 5: Survey for the assessment of the quality of the implementation

Dear Next Adopter,

As part of the assessment of the quality assurance of implementation, WP3 wants to assess the implementation process, the impact of the implementation strategy and its usability.

To the means, a survey has been designed with the objective of compiling the feedback of the Next Adopters about all these aspects. It will take you no longer than 15 minutes to complete it. Your responses are anonymous and all the information will be analysed in aggregated form.

Section 1: Implementation process

1. In which manner has the strategy helped to plan and implement your Local Good Practice?

Please type here…

2. In which way has the implementation strategy helped you to detect problems, bottlenecks and/or deviations during the implementation?

Please type here…

3. To what extent has the implementation strategy helped you to define and implement mitigation actions to solve problems, bottlenecks and/or deviations?

Please type here…

4. What is your opinion on the way the strategy was communicated to the Next Adopters? (Documents for each specific phase, explanatory sessions, etc.)

Please type here…

5. How do you value the support and guidance received by Work Package 3 - Evaluation as strategy developers? (Resolution of doubts, proximity, etc.)

Please type here...

Section 2: Impact of the implementation strategy

6. Please use the following scale to rate how much you agree with the statements below:

	Strongly disagree *1*	*Disagree* *2*	*Neither Agree nor Disagree* *3*	*Agree* *4*	*Strongly Agree* *5*
I think that the implementation strategy has helped to design an appropriate practice (relevant, compatible, aligned and fit to local needs)					
I think that the implementation strategy has helped to design a feasible practice (high probability to be successfully used or carried out within a given setting)					
I think that the implementation strategy has helped to implement the local practice as it was conceived originally or as it was intended by members of the NAWG					
I think that the implementation strategy has helped to implement a practice highly integrated within the local service setting					
I think that the implementation strategy has helped to implement a sustainable local practice (high probability to be maintained or institutionalized within a service setting)					

Section 3: Usability of the implementation strategy

7. Please use the following scale to rate how much you agree with the statements below:

	Strongly disagree *1*	*Disagree* *2*	*Neither Agree nor Disagree* *3*	*Agree* *4*	*Strongly Agree* *5*
I think that I would like to use this implementation strategy frequently					
I found the implementation strategy unnecessarily complex					

I thought the implementation strategy was easy to use					
I think that I would need the support of a technical person to be able to use this implementation strategy					
I found the various components of this implementation strategy very well integrated					
I thought there was too much inconsistency in this implementation strategy					
I would imagine that most people would learn to use this implementation strategy very quickly					
I found the implementation strategy very cumbersome to use					
I felt very confident using this implementation strategy					
I needed to learn a lot of things before I could get going with this implementation strategy					

8. Please, use this space for additional feedback that you would like to give about the JADECARE implementation strategy.

Please type here...

7.7 Annex 6: Satisfaction of Next Adopters with the original Good Practices' leaders support and follow-up

Please take 5 minutes to complete this form of the evaluation of the support and follow-upgiven by the leaders of the original Good Practices during the pre-implementation phase conducted in the first year of JADECARE.

Your feedback will help us assess the extent to which we have met both aims and expectations. All answers obtained are strictly anonymous; only aggregated data will be analysed and reported.

Demographics	
Country	
Organization's name	
Sector	
	National/regional MoHs (health system reps)
	Health Technology Assessment Agencies/insurances
	HealthCare Professionals/Experts/work force (Physicians, Nurses/ Care providerorganizations)
	Researchers/AcademiaDigital Health Industry
Age	
	20-29
	30-39
	40-49
	50-59
	60++
Years working in the institution	

Education	
Degree	
	Bachelor of Science
	Master of Science
	Doctor of Philosophy
	Post Doctoral
	Other
Specialization	
Have you participated in any other project adapting good practices in local settings?	
	Yes
	No

Support and follow-up of the original Good Practices (oGPS)						
Select the original Good Practices you are transferring from. (If you adopt a Mix and Match approach, please select one of the oGPs you transfer from. The survey will let you answer about the others later.)						
	Basque Health Strategy in Ageing and Chronicity: Integrated Care (Basque Country)					
	Catalan Open Innovation Hub on Ict-Supported Integrated Care Services for Chronic Patients (Catalonia)					
	The Optimedis Model-Population-Based Integrated Care (Germany)					
	Digital Roadmap towards an integrated Health Care Sector (Region of South Denmark)					
Please rate your perception of the general involvement of the oGP leader in the following dimensions:						
General support						
	No support	Very poor	Poor	Fair	Good	Very good
Technical support						
Scientific support						
Support during tasks						
	No support	Very poor	Poor	Fair	Good	Very good
The support you received from the oGP leaders during the Needs and scopedefinition (Task X.1)						
The support you received from the oGP leaders during the Situation Analysis (Task X.2)						
The support you received from the oGP leaders during the Development of the Local Good Practice and Local Action Plan (Task X.3)						
Provision of information/feedback						
The information provided by the oGP leaders and access to materials that enable the transfer of the practice						
The access to more precise topics, contact with experts of the oGP						
The feedback provided by the oGP leaders to the work developed by your team						
Meetings/attention to questions and demands						
The frequency of follow-up meetings organized by the oGP leaders, the content and how they were conducted						
The bilateral attention and answers provided by the oGP leaders, in case particular questions were sent						

Please write any other additional comment which is considered to assist in the development of the evaluation

Are you transferring Core features from any other oGP? If so, please select which and answer to the evaluation questions shown after	
	Basque Health Strategy in Ageing and Chronicity: Integrated Care (Basque Country)
	Catalan Open Innovation Hub on Ict-Supported Integrated Care Services for Chronic Patients (Catalonia)
	The Optimedis Model-Population-Based Integrated Care (Germany)
	Digital Roadmap towards an integrated Health Care Sector (Region of South Denmark)

If so, the same questions were answered for each of the applicable oGPs.