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ASSEHS

ACTIVATION OF STRATIFICATION STRATEGIES AND RESULTS OF INTERVENTIONS ON FRAIL PATIENTS OF HEALTHCARE SERVICES

PRELIMINARY EVALUATION FRAMEWORK WORK PACKAGE 3





Evaluation Framework

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1 Introduction: EVALUATION FRAMEWORK

The objective of the evaluation framework is to ensure that the study designs and the methodologies used are adequate to the objectives pursued and that data collection is carried out according to the common agreed procedures and scientific standards across all work packages and pilot sites.

Polibienestar will act as an independent evaluator to guarantee the correct execution of the Project and the achievement of the objectives pursued. This will be developed at two different levels: the project as a whole and each WP separately. To evaluate structure, process and outcome variations on the pilot sites and general project development it is being defined different assessment guidelines, methods, data collection instruments and indicators.



2 Evaluation

THE PROJECT AS A WHOLE

The main objective it will be the evaluation of the coordination and development of the project, so it will take into account the following: quality, outcomes, management and organization.

The key elements that will be used for the evaluation of the Project are listed below. The list may change if the responsible partner for any WP/activity considers it necessary for the better success of the objectives.

- Deliverables.
- Milestones.
- Consortium Meetings.
- Dissemination Activities.

The evaluation procedure will mainly focus on the correct issue of deliverables which should be delivered on time and contain the information previously established. Also the milestones should be achieved as scheduled and its achievement should be duly justified by the one responsible for it. Also, it will be evaluate the adequate holding of the scheduled meetings (consortium meetings), by addressing the adequate issues at each stage of the project.

The last key aspect of a project is the dissemination of it and its results, so it will be evaluated if the dissemination activities run as expected and if the target groups of these activities are the most suitable according to the nature of the project, the results (preliminary and final) and the future use of them.

Specifically, the milestones and deliverables that have to be achieved for each WP are the following:

WORK PACKAGE 1 – COORDINATION - KRONIKGUNE	
Title of Deliverable	Month of Delivery
D1. Writing of Governance Handbook.	3 – March 2014
D2. First financial and technical report.	16 – April 2015
D3. Final financial and technical report.	30 – June 2016
Milestone	Month of Achievement
M1. Kick off Meeting.	2 – Feb 2014
M2. First Consortium Meeting.	9 – Sep 2014
M3. Second Consortium Meeting.	18 – Jun 2015
M4. Third Consortium Meeting.	26 – Feb 2016



WORK PACKAGE 2 – DISSEMINATION - MONTPELLIER	
Title of Deliverable	Month of Delivery
D4. Communication strategy plan.	6 – Jun 2014
D5. Annual dissemination plan.	12 – Dec 2014
D6. ASSEHS awareness building – Final report.	30 – Jun 2016
D7. Project website running.	6 – Jun 2014
D8. Project promotional leaflet and project identity.	3 – Mar 2014
Milestone	Month of Achievement
M5. Stakeholder Advisory Board set up.	15 – Mar 2015
M6. Workshop/seminar for disseminating and endorsing ASSEHS appraisal standard.	29 – May 2016

WORK PACKAGE 3 – EVALUATION – UVEG - POLIBIENESTAR	
Title of Deliverable	Month of Delivery
D9. Writing of preliminary evaluation report.	15 – Mar 2015
D10. Writing of final evaluation report.	30 – Jun 2016
D11. Performing intermediate intervention evaluation.	18 – Jun 2015
D12. Performing final intervention evaluation.	28 – Apr 2016
Milestone	Month of Achievement
M7. Design of ASSEHSment framework	12 – Dec 2014
M8. Definition of study methodology.	6 – Jun 2014
M9. Definition of indicators (qualitative + quantitative).	12 – Dec 2014
M10. Definition of data collection (questionnaire, structure model of interview, focus group, data collection).	12 – Dec 2014



WORK PACKAGE 5 – ANALYSIS OF FEASIBILITY OF INTRODUCING TOOLS – KRONIKGUNE

Title of Deliverable	Month of Delivery
D15. Preliminary feasibility report.	15 – Mar 2015
D16. Final stratification feasibility report.	28 – Apr 2016
Milestone	Month of Achievement
M14. Feasibility framework.	11 – Nov 2014
M15. Design of surveys.	6 – Jun 2014
M16. Completion of surveys.	11 – Nov 2014
M17. Analysis of surveys completed: main barriers and facilitators identified.	11 – Nov 2014
M18. Focus group designed.	9 – Sep 2014
M19. Implementation of focus group.	18 – Jun 2015
M20. Focus group analysis completed.	26 – Feb 2016

WORK PACKAGE 4 – ANALYSIS OF EXISTING RISK STRATIFICATION TOOLS – PHILIPS

Title of Deliverable	Month of Delivery
D13. ASSEHS appraisal standard.	9 – Sep 2014
D14. Full package appraisal standard. ***	28 – Apr 2016
Milestone	Month of Achievement
M11. Workshop on preliminary results.	12 – Dec 2014
M12. Mapping of existing stratification tools.	12 – Dec 2014
M13. Comparison of existing stratification methods using ASSEHS appraisal standard.	21 – Oct 2015



WORK PACKAGE 6 – IMPACT ON STRUCTURE AND PROCESSES – TICSALUT	
Title of Deliverable	Month of Delivery
D17. Performance management framework.	11 – Nov 2014
D18. Preliminary report on impact analysis.	15 – Mar 2015
D19. Final report on impact analysis.	28 – Apr 2016
Milestone	Month of Achievement
M21. Design of Surveys.	6 – Jun 2014
M22. Completion of surveys.	11 – Nov 2014
M23. Analysis of surveys.	11 – Nov 2014
M24. Focus group designed.	9 – Sep 2014
M25. Implementation of focus group.	18 – Jun 2015
M26. Analysis of focus groups.	26 – Feb 2016

WORK PACKAGE 7 – IMPLEMENTATION EXPERIENCE – TELBIOS	
Title of Deliverable	Month of Delivery
D20. White paper on deployment of stratification methods.	30 – June 2016
Milestone	Month of Achievement
M27. Design of interventions.	12 – Dec 2014
M28. ICT systems adaptation.	12 – Dec 2014
M29. Implementation of intervention plans.	25 – Jan 2016
M30. Recapitulation of interventions.	28 – Apr 2016



3 Evaluation

CORE WP'S EXECUTION

The evaluation of the WP4, WP5, WP6 and WP7 will guarantee the work done and the results obtained. Polibienestar will ensure the scientific and evaluation methodologies quality.

The evaluation will work on methodology, i.e. will make sure that the methodology used can guarantee that the work done complies with the optimal standards. The methodology has to be adequate for evaluating effectiveness, efficiency, outcomes and satisfaction.

To understand the evaluation of the WP's execution is necessary to focus in the main objectives for each WP:

WORK PACKAGE 4: Analysis of existing risk stratification tools

The main objective of this WP will be detect and analyse the existing stratification techniques in order to determine the best-in-class tools and methods. These findings will be documented in the ASSEHS standard for appraisal. And, will ensure that the project results are shared with target groups and stakeholders.

WORK PACKAGE 5: Analysis of the feasibility of introducing stratification tools in healthcare

In this WP will analyse the feasibility of implementing stratification methods in the clinical context, identifying barriers and facilitators. The results will be a series of proposals to approach the implementation challenges detected.

WORK PACKAGE 6: Impact of stratification tools on structure and processes of healthcare organizations

Main aim on this WP will analyse how health care provision models have changed after having implemented stratification and prediction tools. New features incorporated to the care provision models due to the introduction of population and individual stratification will be studied.

WORK PACKAGE 7: Population and individual risk stratification implementation experience

The aim of this last WP will be the implementation and evaluation, in several sites (Basque Country, Catalonia, Lombardi and Puglia), of the different integrated interventions targeted to frail chronic patients and to incorporate key findings of previous work packages.



Focusing on these main objective of each WP, have been identified specific activities that will be developed by each WP. The accomplishment of these activities will ensure the correct execution of each specific WP. Likewise, these activities will be used to assess the WP execution.

The evaluation of the WP 4, 5 and 6 will be based on these activities. On the other hand, the WP7 evaluation will be carried out following a specific guideline.

Specific activities to carry out by WP4, 5 and 6

The evaluation of these work packages will be focus on how the activities will be carried out.

- Distribution of the documents
- Gather documents
- Reading and Table of Evidence
- Quality and Deployment based Evidence assessment
- Outcomes

Activity 1: Distribution of the documents

It will be established 3 areas related to the scope of each WP:

- Stratification Tools (WP4)
- Feasibility (WP5)
- Impact (WP6)

Activity 2: Gather documents

It refers to download, acquire, save and share documents required to each WP. The elements to be considered for this activity are the following and are general for these three WP:

- a. Journal subscriptions of each organization
- b. Share list of non accessible documents with the partners to see if any other partners has a subscription to the journal.
- c. Contact with source organizations



d. Consider paying for documents when appropriate?

Activity 3: Reading and Table of Evidence

Table the evidence means the task of synthesizing of the content of the documents, and to do this synthesis it will be necessary to create templates with different fields (Tables of Evidence) which will be filled by partners of each WP. So, each WP will have their own table of evidence in which will be synthesized the relevant information that has been read.

Activity 4: Quality and Deployment based Evidence assessment

To complete the Tables of Evidence and to select the main information, the information will be rate by quality in accordance and fill appropriate cells in Table of Evidence with some Quality and Evidence criteria.

Previously will be defined the criteria, e.g.:

Quality Criteria:

- a. Focus
- b. Justification
- c. Clearly stated aims and objectives
- d. A clear description of context
- e. A clear description of sample
- f. A clear description of methodology
- g. Reliability and validity of data analysis
- h. Optimal connection between data and interpretation

Deployment based criteria:

- a. Definition of Algorithm/Model
- b. Development of the Platform of data exploitation
- c. Implementation and deployment of the tool: pilots
- d. Evaluation of pilots
- f. Implementation and deployment of the tool: Scaled up
- g. Evaluation of deployment

Activity 5: Outcomes

The last activity carry out by the WP 4, 5 and 6 will be regarding to preliminary conclusions, suggestions and identification of Key Informants. That will be based on the information collected in Table of Evidence of each



WP4: Core material for Appraisal Standard

WP5: Core material for Analysis of Feasibility

WP6: Core material for Analysis of Impact

Key Informants are the partners of all the other WP and will be in contact and will provide information in case it is necessary.

Evaluation of WP7

The evaluation of the WP7 execution will be assessed with specific guidelines. The main aim of these guidelines is to facilitate quantitative and qualitative basis to measure the improvements and the quality of the project. This evaluation has a specific procedure because it will be performed after the implementation at the pilot-sites. The main guidelines that the evaluation framework should follow, in order to be able to set the framework for each pilot site, have been agreed with the consortium and are the following:

1. TIME FRAMEWORK

It is important to define the total duration of the interventions, the start month, and the end month, if they are linked to any milestone, if they need any other action to be finished before starting, and any other relevant information on the duration of the implementation. This information is already set in the project proposal.

2. CONTEXT

The context of the implementation should be sufficiently well defined to be able to establish the conditions of the implementation and to correctly evaluate some aspects of the implementation that might be affected by the characteristics of the context.

The most important aspects to be defined are location and name of the health centre, description of the population served by it, which type of care it is provided by the centre, which type of professionals are working in the health centre, and other that might be considered relevant by the responsible for the pilot site.

3. INTERVENTION GROUP

The target population should be sufficiently defined in order to justify effectiveness rates and other outcome indicators. Some key aspects are the size of the intervention group, age, gender distribution, type of disease they should be affected by, inclusion and exclusion criteria.

The detailed description of the target population and the intervention group is essential to evaluate the outcomes and the validity of the results of the intervention.

It is also important to decide if the pilot- site will involve a control group or not. This should be duly justified to guarantee the validity of the intervention and of its evaluation.



4. STRATIFICATION TOOL and PROCEDURE

The main characteristics of the stratification tool have to be included in the evaluation framework to establish the tool's potential and the widest range of data it allows to work with.

The systematic processing of the collected information might change from one tool to another and helps to set the conditions of the pilot's implementation. Some important questions to be answered may be: how is the stratification carried out? How are data processed? Who can access to the information provided by the tool? Who can access and modify the information? Do different types of professionals have different types of access? Regarding the data, some important questions may be: the data collection leads to a certain intervention? The information on stratification leads to different kinds (or levels) of intervention? Are these intervention associated with a certain risk level? Which is the current ratio of execution of these interventions?

5. INDICATORS

After having defined all the items previously proposed, each pilot site should decide which indicators will be used to evaluate the intervention. All these indicators have to be measurable before and after the intervention and should have the capacity to assess particular health structures, processes, and outcomes. It should be also determined if they are linked to any expected outcomes.

The number and nature of the indicators will be determined by the possibility of the tool of measuring them and should be classified in the following categories:

- a. Effectiveness. Proposed indicators: reduction in hospital admissions, reduction in emergency admissions and in hospital readmissions, reduction in number of visits to specialists, number of patients correctly identified by the stratification tool, number of errors, and number of patients under intervention thanks to the stratification tools, and/or other that might be considered relevant or significant by the responsible for the pilot site.
- b. Efficiency: Proposed indicators: expenses related to hospital admissions, to emergency admissions and to hospital readmissions, to number of visits to specialists, to medical test, System sustainability and/or other that might be considered relevant or significant by the responsible for the pilot site.
- c. Health outcomes: Proposed indicators: quality of life, subjective health status, functional status, effects on health, effects on mortality and/or other that might be considered relevant or significant by the responsible for the pilot site.



- d. Satisfaction. Defined for each implementation site and considered for the different profiles involved (all types of professionals involved in the pilot site, patients, and informal care givers) and/or other that might be considered relevant or significant by the responsible for the pilot site.