EVALUATION REPORT OF TESTING REPORTS (D3.3)

Evaluation of the accomplishment, peer review activities of key documents, and methodological quality assessment of deliverables developed during the testing phase

Prepared by
WP3 - EVALUATION

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FOREWORD

This document includes the evaluation of the main milestones and deliverables of the testing phase of the Act on Dementia Joint Action (JA) and is the third deliverable of the evaluation work package (WP3).

Broadly speaking, the testing phase of the Act on Dementia JA involves the selection of evidence-based best practice models generated from four core areas during the evidence phase, and their implementation at pilot sites. This testing phase was scheduled to finish in February 2019 (month M36). An eight-month extension was approved in M32 (October 2018) with the main intention of increasing the time available to recruit multiple pilot sites with as much variation as possible with regard to their cultural, infrastructural and organisational background.

Another reason for the extension of the Act on Dementia JA was the fact its final symposium was to be held at the Alzheimer Europe Conference in The Hague in October 2019. Since decision-makers and practitioners from all round Europe would be attending this event, the thought was that it would present an ideal opportunity for distributing the final reports from each of the work packages to a wide audience. Taking the extension into account, the period covered in this evaluation report (deliverable 3.3: D3.3) ran from January 2018 (M23) to October 2019 (M44).

Figure 1 below presents a description of the aim, expected benefits and key areas covered in this JA, followed by the main evaluation tasks and related milestones and deliverables. This chart helps to contextualize and interpret the areas being evaluated in this report (in pink in the figure) and offers an overview of the evaluation inside the Act on Dementia JA.

The appendices of the Evaluation report of testing reports (D3.3) are available in a separate document.:

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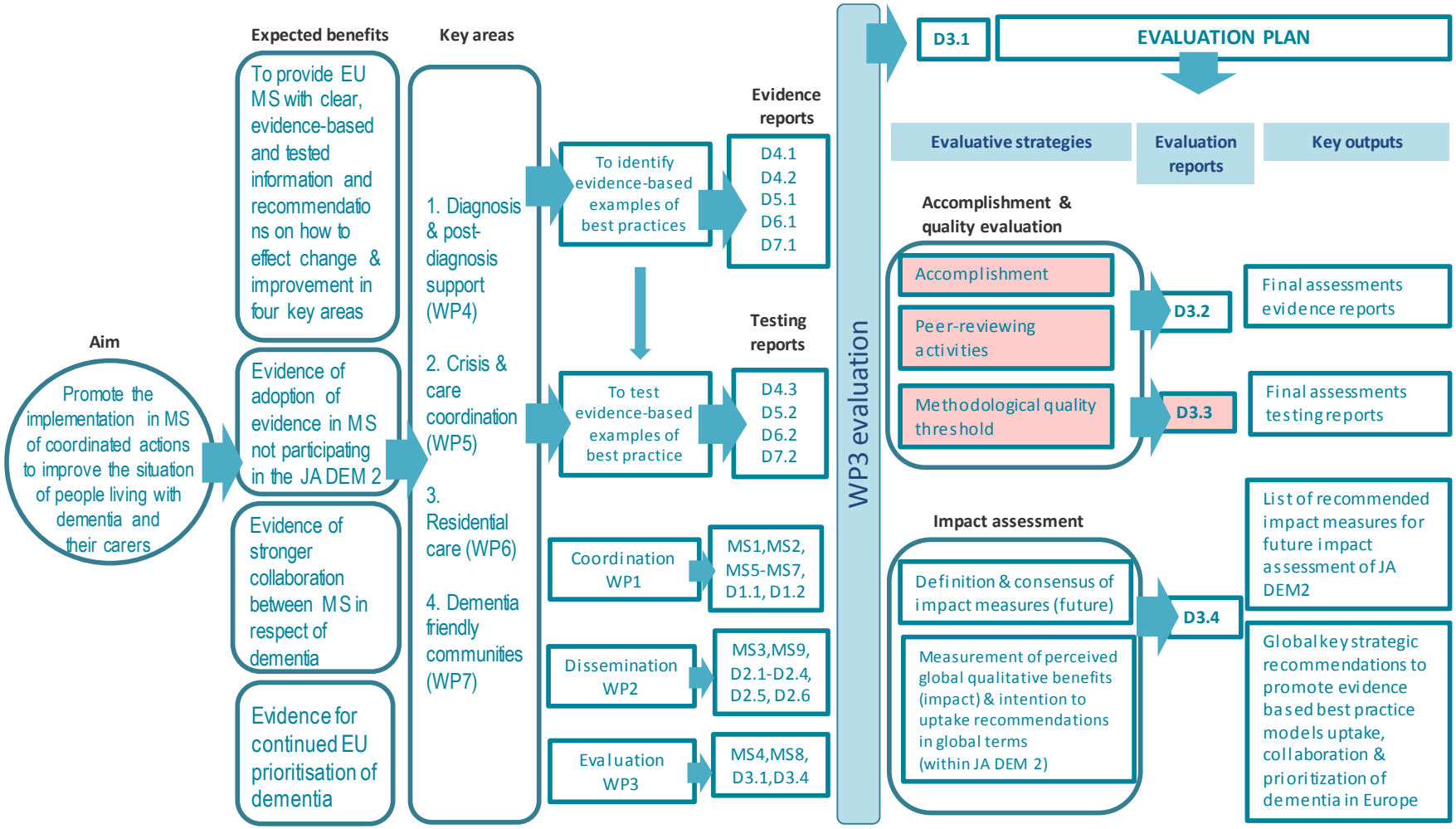

Figure 1. Description of aim, expected benefits, key areas, evaluation approach and key products in Act on Dementia JA

MS: Member States; EU: European Union; WP: Work Package; JA: Joint Action.

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RATIONALE AND OBJECTIVES

The overall aim of the "Act on Dementia" JA (2016-2019) is to promote the implementation in Member States (MS) of coordinated actions to improve the situation of people living with dementia and their carers. The JA is divided into two phases: "evidence" and "testing/implementation":

- The **evidence phase** aims to identify relevant evidence of best practice models, in terms of their benefits and organisation, in four key areas: a) diagnosis and post-diagnostic support for people living with dementia/neurocognitive disorders (WP4) led by France-Université Lyon 1 Claude Bernard; b) crisis and care co-ordination (WP5) co-led by Italy-National Institute for Health and The Netherlands-Dutch Ministry for Health Welfare and Sport; c) quality of care in residential care (WP6) led by Norway-Norwegian Advisory Unit on Ageing and Health; and d) dementia-friendly communities (WP7) led by UK-English Department of Health.

- The **testing/implementation phase** aims to test the best practice models selected in the evidence phase and to implement them at pilot sites in order to develop a greater understanding of how changes can be applied in practice, and to generate recommendations regarding their transferability and scalability in different contexts across Europe.

In addition to the four core WPs (WP4-7), there are three transversal ones: coordination (WP1) and dissemination (WP2), both led by the Scottish government, and evaluation (WP3), led by the Agency for Health Quality and Assessment of Catalonia (AQuAS). The evaluation of projects of this kind, financed by CHAFEA/ European Commission (EC), has classically involved the monitoring of the accomplishment of key activities and the achievement of goals, and has also focused on accountability issues, including specific monitoring indicators of processes and outputs. The peer reviews of key materials and deliverables carried out in the present project represents a step forward. From the beginning of the Act on Dementia JA, Programme Board (PB) members agreed that the accomplishment of the main tasks would be tracked by WP1 (the coordination team) in a qualitative manner, and that WP3 would evaluate the accomplishment of deliverables and meetings applying a limited number of indicators. This procedure was approved by CHAFEA/EC. This JA has included additional evaluation activities that assess the methodological quality of key products and establish their corresponding thresholds. This assessment is key to increasing the credibility, soundness, and transparency of the results and recommendations of the JA and to guaranteeing the reproducibility of the process in the areas that work satisfactorily. This is particularly important when evidence and testing/implementation reports are being considered and recommendations for decision-making are being formulated.

Creating evaluation tools for decision-making at policy, organisational and clinical and health/social care level is a challenge, especially when the process involves members with different professional profiles and disciplines and different levels of expertise in methods and

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quality criteria.[1] This is the case when complex best practices models are identified and then implemented at pilot testing sites. In the Act on Dementia JA, multidisciplinary teams in the fields of health and social care take part and a wide variety of tools are implemented. Collecting and describing evidence from best practices models and then selecting the ones that are most relevant and feasible for implementation in pilot sites involves a great many methodological considerations and also requires agreement on standards. In the field of evidence and implementation of best practices, many tools have traditionally been available for evaluating the quality of these projects and products. To our knowledge, in the context of JA projects, there is less tradition of including the evaluation of the methodological quality of the products. The agreement on the evaluation tools and criteria and on the expected methodological quality thresholds of key deliverables in the Act on Dementia JA represents a step forward.

The evaluation process started at the beginning of the project and was documented in the evaluation plan and the earlier evaluation report corresponding to the evidence phase. It continued during the testing phase and underwent several adjustments. The process and outputs are documented in the present report.

Accountability is a key issue for commissioners and partners, but even more so for the general public – especially in cases of funded projects to create tools and recommendations for decision-making (for example, related to effectiveness, person-centred care, or the efficiency of interventions/best practice models, and so on). In recent years, there has been a growing awareness of the need to make the benefits and impacts of projects financed by the European Commission known to a wider public. The basis of the evaluation is to increase collaboration and to apply common strategies and methodologies for implementing effective and efficient care across Europe, and to report their impacts, changes or returns on the investments. Evaluation of a JA in terms of the quality of its products, the accomplishment of its aims, and its soundness is a useful way to increase accountability.

To facilitate the implementation of the evaluation objectives, an evaluation plan (D3.1) was developed and agreed upon by PB members/ CHAFEA. In accordance with the plan, WP3 produces three deliverables: D3.2, D3.3 and D3.4. The results presented in this report are the basis of the evaluation of milestones and deliverables from the testing phase (D3.3).

General objectives

To report the methodological quality threshold of individual WP deliverables; and to provide support to the production of the interim and final reports.

Specific objectives

1. To evaluate the accomplishment of milestones, deliverables, and internal WP meetings, and the quality of the PB meetings.
2. To carry out a peer review of key documents.
3. To assess the methodological quality threshold of individual WP deliverables.

[1] Muir Gray JA. Evidence-based Health care: How to make health policy and management decision. London: Churchill Livingstone; 1997.

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METHOD

The evaluation team (WP3, AQuAS) applied a range of strategies to evaluate the accomplishment, carry out peer review activities and the assessment of the methodological quality and establishment of a threshold of key products. These activities involved the application of indicators to measure the accomplishment of processes/outputs, giving feedback on key documents and deliverables, and administering a formal and semi-structured checklist (the "Act on Dementia methodological tool") and other support material. The definition and application of accomplishment indicators, as well as the design and administration of the methodological quality tools, were carried out by WP3 in agreement with members of the Evaluation Advisory Group (EAG) and the PB members, and were previously described in D3.1 and D3.2 and their corresponding appendices. Moreover, a continuous evaluation process to reinforce the methodological quality of Act on Dementia products (in particular, deliverables) required collaboration between the co-leaders and their teams with WP3 (AQuAS).

Period

The period analysed in this evaluation report runs from M23 (January 2018) to M44 (October 2019) as mentioned in the foreword. The sole exception was the evaluation of the accomplishment of internal meetings described in the original work plan, where the period covered was M13-M36 (March 2017-February 2019). Any internal meetings held between M36 and M44 will be described in the final report (D1.2).

In the period analysed, five PB meetings were held: PB 4 by teleconference (December 2017, M22), PB 5 in Utrecht (The Netherlands) in May 2018 (M27), PB 6 in Barcelona (Spain) in October 2018 (M32), PB 7 in Edinburgh (UK) in February 2019 (M36) and PB 8 in Amsterdam (The Netherlands) in June 2019 (M40).

Milestones and deliverables evaluated

According to the Grant Agreement (GA) and its last amendment, during D3.3 period (the testing phase), two milestones and ten deliverables were to be fully developed (see **Appendix 2** of D3.3).

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Evaluation of the accomplishment of milestones, deliverables, internal WP meetings, and quality of Programme Board meetings

A set of eight indicators for evaluating the accomplishment of the Act on Dementia JA was prioritised, defined and implemented by WP3 in agreement with PB members and the EAG at the beginning of the project.

Accomplishment of milestones and deliverables according to their deadlines and completion of main tasks:

To evaluate the accomplishment of milestones and deliverables in terms of meeting deadlines and completing their main predefined tasks, two indicators were applied to the period (M23-M44). The accomplishment of the deadlines was based on the dates laid down in the GA and its amendment. **Table 1** shows the type and title of these two indicators.

Table 1. Indicators for evaluating the accomplishment of milestones and deliverables according to deadlines and main tasks

Process indicator (title)	Output indicator (title)
• **Indicator_1:** Percentage (%) of milestones and deliverables accomplished by the deadline.	• **Indicator_2:** Percentage (%) of accomplishment of the main tasks in the milestones and deliverables.

WP3 evaluated accomplishment using the information described in the GA and its amendment, information available in work plans and updates reported by the WP team before PB meetings 4-8 on the achievement of milestones and deliverables.

The results for indicators 1 and 2 are expressed as percentages (%) and are also classified categorically: full compliance, partial compliance and non-compliance. The standards of reference are the following: Indicator_1: 70% of milestones and deliverables completed within two months of the stipulated schedule; Indicator_2: 70% of main tasks completed according to the GA and its amendment.

Internal WP meetings:

The approach for evaluating the accomplishment of internal WP meetings is based on the application of two indicators to the period M23-M36. **Table 2** shows the type and title of these two indicators.

The internal WP meetings evaluated were: PB meetings in the case of WP1, Dissemination Advisory Group meetings in the case of WP2, EAG meetings in the case of WP3 and internal plenary meetings in the case of core WPs (WP4 to WP7) between M13-M36.

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Table 2. Indicators related to accomplishment of internal WP meetings

Type of meeting	Process indicator (title)	Output indicator (title)
internal WP meetings	• **Indicator_3:** Percentage (%) of internal WP meetings held within the agreed time schedule.	• **Indicator_4:** Percentage (%) of internal WP meetings held in relation to those scheduled.

WP3 evaluated the accomplishment of meetings in relation to the schedule using the same information resources as indicators 1 and 2, and adding information available in AdminProject (Act on Dementia JA's management platform).

The results for indicators 3 and 4 are expressed as percentages (%) and were re-categorised as: full compliance, partial compliance and non-compliance. The standards of reference are the following: Indicator_3: 70% of internal WP meetings held within the agreed time schedule; Indicator_4: 90% of internal WP meetings held in relation to those scheduled.

Quality of PB meetings:

The evaluation of the quality of PB meetings involved the application of four indicators to PB meetings 4-8 held between M23-M40. **Table 3** shows the type and title of these four indicators.

Table 3. Titles of indicators related to quality level of PB meetings

Type of meeting	Process indicator (title)	Output indicator (title)
PB meetings	• **Indicator_5:** Available minutes of the PB meetings. • **Indicator_6:** Number (%) of participants at the PB meetings.	• **Indicator_7:** Overall satisfaction (%) of participants with the PB meetings. • **Indicator_8:** List of areas for improvement and needs related to the PB meetings.

WP3 applied these indicators to evaluate the quality of PB meetings 4-8 using the information available in the updates prepared by each WP before the PB meetings. Information available from the AdminProject was also considered, as was an *ad hoc* survey of satisfaction and areas of improvement sent to all participants by email immediately after the PB meeting by the WP3 team. One week later, a reminder was sent out in order to increase the response rate.

Indicators 6 & 7 were reported as percentages, and indicators 5 & 8 were described in qualitative terms. The reference standards were the following: indicator_5: list of participants, agenda and agreements and clearly reported minutes made available to all participants at PB meetings; indicator_6: attendance of at least 70% of the participants expected (representatives of each WP/partners); indicator_7: 70% of participants were satisfied or very satisfied with the PB meetings. Indicator_8 does not have a reference standard because it is an open-ended qualitative list of areas of improvement.

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Peer review activities of key documents

Peer review of key documents involved reading and revising draft or advanced versions of key materials/documents by the evaluation team (WP3) and returning comments and suggestions for improvement to authors. This feedback/peer review was a strategy to ensure the clarity and quality of the Act on Dementia JA products and key documents.

Formal evaluation of methodological quality

The formal evaluation of the methodological quality of individual WP deliverables applied a standard semi-structured tool adapted to the various methods and approaches used. This strategy was key to increasing the clarity, validity, soundness and transparency of the evaluation. **Figure 2** displays the six sections of the Act on Dementia methodological quality tool.

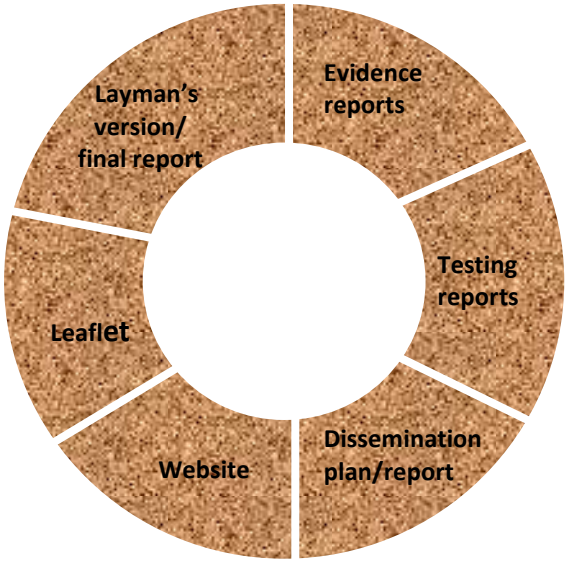

Figure 2. Sections of the Act on Dementia methodological quality tool.

Testing reports:

The application of Act on Dementia methodological quality tool had been previously documented in the evidence phase (i.e., evidence reports of best practice models in the four core areas, and key dissemination deliverables/milestones such as the leaflet and website). The experience of this application in the first phase (evidence) of the project helped to reduce the number of items to be applied in the testing phase.

After applying section 1 (evidence) of the tool for assessing the evidence reports (D4.1 diagnosis and post-diagnostic support, D5.1 crisis and care coordination, D6.1 quality of residential care and D7.1 dementia-friendly communities), WP3 embarked on section 2 of the

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tool (testing). This section was to be applied to the testing reports in order to produce a shorter, easier-to-use version that would nonetheless obtain comparable results to those produced by the evidence reports. It was also necessary to readjust the domains of the tool to the final content of the testing reports (for example, the selection and description of best practice models initially scheduled for implementation in the evidence phase). WP3 reviewed the submitter's guide at the Best Practice Portal (European Commission: https://webgate.ec.europa.eu), in particular, its assessment criteria, the submission process and the evaluation procedure. It also reviewed the RE-AIM strategy to select, describe and implement best practices and additional material on implementation science, and presented the draft of the revised version at internal meetings (WP4, WP5, WP6 and WP7). After these activities, WP3 proposed a revised draft version of section 2 of the Act on Dementia methodological tool to be applied to the four testing reports. AQuAS contracted the services of the Trimbos Institute to review this revised draft version of section 2. Bethany Hipple Walther PhD, project manager of the Trimbos International Department, carried out the review and made comments to improve its understanding and make it simpler, using a common terminology inside implementation science literature. Once her comments and suggestions for improvement had been incorporated, WP3 sent the revised version of section 2-Testing of the tool to WP1, WP2 and the EAG for their information. The Act on Dementia's revised methodological quality tool for the evaluation of the testing reports included five domains (A to E) and 29 items (**Table 4**).

Table 4. Domains and number of items included in the testing section of the Act on Dementia revised methodological quality tool[2]

Domain	Title of domain	Items (nº items)
A	Selection of the best practices to be implemented in the testing phase	1-8 (8)
B	Description of the best practices implemented in the pilot sites	9-15 (7)
C	Experience in the process of implementation of the best practices in the pilot sites	16-19 (4)
D	Outputs and outcomes in the implementation of the best practices in the pilot sites	20-24 (5)
E	Key recommendations from the testing phase to facilitate the adoption and scale up of the best practices implemented in the pilot sites	25-29 (5)

These domains aimed to measure the following:

- **Domain A** measures the extent to which the process and results of the selection of the best practices implemented in the testing phase are described, are straightforward, and are as transparent/robust as possible as a link between the evidence and testing phases of the Act on Dementia JA.

[2] The complete version of the Act on Dementia methodological tool is included in the appendix of D3.1 (Evaluation plan).

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- **Domain B** measures how clearly the implementation plan for the best practices in the pilot sites is described.

- **Domain C** measures the extent to which the best practices have been applied in each pilot site; and the extent to which the process of implementation is described, is straightforward and as transparent /robust as possible (implementation methodology).

- **Domain D** measures the extent to which the best practices implemented in the pilot sites show some outputs or/and intermediate and final outcomes, and whether they are adequately described.

- **Domain E** measures the integration of the findings, the provision of tools and instruments and reflections on the learning process; it provides conclusions and key recommendations for action for the future development or scaling up of the best practices implemented at the pilot sites and described in the testing reports.

Each item of the tool is scored on a Likert scale (1-7, 7: strong agreement). Apart from this quantitative score, a qualitative appraisal is made for each item to give feedback (if needed). The tool includes a proposal of where the information from each item in the testing report should be described.

The methodological quality of testing reports of the Act on Dementia JA, was evaluated in three steps by the WP3 team:

- Step 1: application of the revised Act on Dementia methodological quality tool to the testing report.
- Step 2: generation of a qualitative score of the methodological quality threshold of testing report, taking into account the key elements of a testing report. Methodological quality was rated as: (+++) excellent; (++) good (some modifications required to achieve excellence) and (+) acceptable (a considerable number of aspects need to be described further in order to achieve excellence).
- Step 3: a final overall quantitative methodological quality threshold score of the testing report was obtained along with final considerations (strong and weak points). Overall score:1-7 points, 7 maximum.

One member of WP3 evaluated and gave feedback on the testing report using the tool, and a second member of the team revised this formal assessment. The assessment report of WP3 was sent to the leader of the testing report. To document qualitatively the key changes made to the versions which were evaluated and received feedback in order to draft the final versions, WP3 asked for a short text summarising the changes made and the evaluation criteria applied to the final versions.

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Final dissemination report:

To assess the methodological quality of the final dissemination report of the Act on Dementia JA, WP3 applied the same evaluation method as for the testing reports (the three-step process outlined above) but in this case applying section 3 of the methodological quality tool. Section 3 focuses specifically on assessing dissemination plans/reports and has five domains with 16 items (**Table 5**). One member of the WP3 evaluated and gave feedback on the final dissemination report using the tool, and a second member revised the formal assessment.

Table 5. Domains and number of items included in the dissemination report section of the Act on Dementia methodological quality tool[3]

Domain	Title of domain	Items (nº items)
A	Purpose	1 (1)
B	Audience	2-7 (6)
C	Message	8-11 (4)
D	Stakeholder analysis	12-14 (3)
E	Timing	15-16 (2)

Layman's report:

Layman's reports are targeted at non-specialist audiences and serve to inform decision-makers and non-technical parties of a project's objectives and results. The Act on Dementia JA produced Layman's reports for each core WP, focused mainly on its corresponding testing reports.

To evaluate the methodological quality of the Layman's reports of the Act on Dementia JA, WP3 followed a three-step evaluation process similar to the one applied to the testing reports and the final dissemination report, but using section 6 of the Act on Dementia methodological quality tool, specifically designed to assess Layman's reports. Section 6 includes five domains (A. Format and friendliness, B. Plain language, C. Content, D. Aims and E. Consistency) and 33 items[4]. Two members of the WP3 evaluated and gave feedback on the Layman's report using the tool, and a third member revised the formal assessment and feedback. WP3 started this process with the WP4 Layman's report. After reviewing the document and confirming with WP1 that the format and content of the other three reports followed the same model, WP3 concluded that the evaluation of WP4 was applicable to the others.

[3] The complete version of the Act on Dementia methodological quality tool is included in the appendix of D3.1 (Evaluation plan).

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RESULTS

Evaluation of the accomplishment of milestones, deliverables, internal WP meetings, and quality of PB meetings

Accomplishment of milestones & deliverables according to scheduled deadlines and main tasks:

Indicator_1: Percentage of milestones and deliverables that met their deadlines

The two milestones set during the second phase of the project (to be completed by M7 and M10 respectively) met their deadlines, though only partially in the case of M7.

In terms of deliverables, three out of 10 did not meet the deadline (D1.1, D4.3 and D7.2). However, D7.2 was delivered only one month after the deadline and D1.2 60 days after (it was delivered in M46, outside the evaluation period of this report). Three out of 10 delivered draft versions (D5.2) or had done most of the tasks related to their content (expected within an extension of 60 days after the end of the project, in the cases of D3.3 and D3.4). In D3.3, WP3 performed the methodological quality evaluation of all testing reports from M41 to M44 before the final Act on Dementia symposium. In relation to D3.4, a large part of the impact assessment plan and activities involved field work which was carried out after the end of the project (for instance, the Act on Dementia HealthConsensus online survey, and qualitative interviews with key informants conducted before M44). In these three reports, the level of accomplishment was considered partial. The four remaining reports (D2.6, D4.2, D5.2 and D6.2), met their deadlines, three of them (all testing reports) a month earlier than planned.

This means that 77.27% of milestones and deliverables (D1.2 was excluded from this analysis)[4] met their deadlines or were completed no more than one month behind schedule. This figure is higher than the reference standard established in the evaluation plan (70%).

Detailed information on the measurement of these indicators is available in **Tables 2.1-2.3** of **Appendix 2** in D3.3.

[4] D1.2 was excluded from this analysis.
[(1xM7+1xM10+1xD2.6+1xD4.2+1xD5.2+1xD6.2+1xD7.2+0,5xD.2.5+0,5xD3.3+0,5xD3.4+0xD4.3) / (2 M + 9D) x100]

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Indicator_2: Percentage of accomplishment of the main tasks in the milestones and deliverables

The main tasks in the milestones were accomplished, completely in the case of M10 and partially in the case of M7.

The main tasks scheduled in the deliverables were fully accomplished in all cases. Neither D1.2 nor D4.3 was considered in this analysis, because WP3 had not yet received them by M44.

Overall, 100%[5] of the expected main tasks in milestones and deliverables were accomplished according to the GA, its amendment, and the work plans. This figure is higher than the expected reference standard established in the evaluation plan (70%).

Detailed information on the measurement of these indicators is available in **Tables 2.4 and 2.5** of **Appendix 2** in D3.3.

Accomplishment of internal WP meetings:

Indicator_3: Percentage (%) of internal WP meetings held within the agreed time schedule between M13 and M36

From M13 to M36, 49 internal WP meetings were scheduled, but only nine were eventually held. This represents a level of accomplishment of 18.37% (9/49) which is considerably lower than the reference standard (70%) defined in the evaluation plan. If the measurement includes meetings held a month before or after the planned date, the compliance rate rises to 40.82% (20/49). Information on the dates of the meetings was extracted from the AdminProject, when available.

Indicator_4: Percentage (%) of internal WP meetings held in relation to those scheduled

During the same period applied to indicator_3, 29 internal meetings were carried out of the scheduled 49, representing a level of accomplishment of 59.18%. This percentage was considerably lower than the standard (90%) defined in the evaluation plan. The result of this indicator, which was below expectations, should be interpreted with caution since it was observed that some core WPs did not record all the meetings held in AdminProject (the source of information used to measure this indicator). It should also be added that some of the meetings planned by the EAG were carried out via email exchanges because of the difficulty of organising face-to-face or telephone meetings, and other meetings were moved to the extension period (M37-M44).

[5] [(2M + 8D) / (2M + 8D) x 100)]

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Detailed information on the measurement of these indicators is available in **Table 2.6** of **Appendix 2** in D3.3.

Quality of PB meetings:

Indicator_5: Minutes available after PB meetings

In this report, five PB meetings (PB4-PB8) were analysed. All reported meeting minutes were sent out prior to the following meeting including the agreed agenda and the list of participants. All the minutes are available in AdminProject (WP1-coordination section).

Indicator_6: Number (%) of participants in the PB meetings

At the PB 4 meeting, the percentage of participants was 82.35% (14/17). Attendance was slightly higher at the following PB meetings (PB 5: 88.23% [15/17] and PB 6: 89.47% [17/19]), rising to 100% at the PB 7 and PB 8 meetings (16/16). Participation at these five PB meetings was above the figure of 70% reference standard established in the evaluation plan.

Indicator_7: Overall survey (%) of participants' satisfaction with the PB meetings

Sixty-two satisfaction surveys were sent out, with an overall response rate of 33.87% (21/62). All the participants who responded stated that they were satisfied or very satisfied with the five meetings, representing 100% (reference standard 70%).

Indicator_8: List of improvement areas and needs reported by participants after PB meetings

Although the response rate at these five meetings (PB 4-8) ranged from 20% to 58.33%, the qualitative feedback given by participants in the section "improvement areas and needs" in the satisfaction survey was considered highly relevant.

The key topics that emerged from the opinions of the survey respondents (n=21 participants at meetings PB 4-8 were):

- Discussion facilitators: the slides should be made available in advance of the meetings
- Structure: more time for discussion after each presentation
- Dissemination of the findings of the JA
- Type of PB meeting: participants preferred face-to-face meetings to teleconferences

A complete list of the comments made by the 21 participants regarding meetings PB 4-8 and the future final symposium, their needs and possible improvements, is available in **Table 6**.

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Table 6. Key improvement areas and needs identified during meetings PB 4-8 via the WP3 satisfaction survey.

PB 4 meeting (n= 14 participants)		
Key aspects for improvement in future meetings	**Key needs identified in the meetings**	**Additional comments**
-"The next PB meeting will be face-to–face this will hopefully enable greater participation". -"Inherent in a teleconference are the often poor sound quality and the consequent difficulties in understanding one another; perhaps an internet-supported means like WebEx can lead to improvement".	-"Availability of the detailed agenda of the meeting in advance, points to disclose, to discuss".	

PB 5 meeting (n= 15 participants)		
Key aspects for improvement in future meetings	**Key needs identified in the meetings**	**Additional comments**
-"It would be useful to coordinate the contents of presentations by the WP-s more closely". -"some presentations were only available on the day – this unfortunately does not allow everyone sufficient time to absorb the detail in advance". -"The issue of indicators and how to measure implementation of best practice should be explored in detail in the next PBs". -"Face-to-face meetings".	-"Face-to-face meeting". -"Need to share all slides a few days before the meeting".	-"The Coordination team are very grateful for everyone's participation in a very positive meeting, and for the significant amount of work that has been done so far". -"The specific protocol of each of implementation plan should be shared among all JA participants. A map of Europe with the about 20 implementation best practices of JA should be available soon".

PB 6 meeting (n= 17 participants)		
Key aspects for improvement in future meetings	**Key needs identified in the meetings**	**Additional comments**
-"Provide the presentations in advance". -"Ensure all countries are represented at the PB meeting". -"A bit more time for discussion after each presentation".	-"Allow plenty of time in advance to agree venue and agenda". -"Ensure projector, laptops, and presentations are ready for the meeting".	

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Table 6. Key improvement areas and needs identified during meetings PB 4-8 via the WP3 satisfaction survey [continued].

PB 7 meeting (n= 16 participants)		
Key aspects for improvement in future meetings	**Key needs identified in the meetings**	**Additional comments**
-"Provide the presentations in advance". -"Would be good to cover the activities from all of the test sites involved in the EU JA".	-"Discussion on the dissemination of the findings from the EU JA". -"To understand how the implementation of best practice have been evaluated by participants in each WP (use of indicators)".	-"A reflection on the transferability of the results after the end of JA to the clinical practice of European countries of all best practice".

PB 8 meeting (n= 18 participants)		
Key aspects for improvement in future meetings	**Key needs identified in the meetings**	**Additional comments**
"Need for a workshop for a full exchange on findings and transversal communication approaches".		

Peer-review and formal methodological quality assessment

During the period analysed, WP3 peer-reviewed some key documents regarding the process of implementation of phase 2 of the Act on Dementia JA. Specifically, the Consensus Report (this document contains the comments made by two external reviewers on the Interim report [D.1.1]), minutes of PB meetings and the leaflet produced for the final symposium of the project. The responses of the external experts to the Interim report (D1.1) are shown in an appendix of the final report (D1.2).

The formal evaluation of methodological quality was carried out in six out of ten deliverables (60%): four testing reports (D4.2, D5.2, D6.2 and D7.2) and two dissemination reports (final dissemination report-D2.5 and the Layman's report-D2.6). At the time of writing, WP3 has not yet received D4.3 (the second evidence report of WP2, focusing on post-diagnostic support). The three remaining deliverables were D1.2 (in progress at time of this assessment) and the evaluation reports (D3.3: the current report, and D3.4: in progress).

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Testing reports:

The overall methodological quality of the testing reports (D4.2, D5.2, D6.2 and D7.2) is shown in **Table 7**. All deliverables had a final overall quality score of 5 or more, except the WP7 testing report (score: 4.1) on a range of 1 ((lowest quality) to 7 (highest quality). D7.2 was the testing report chosen for formal evaluation of methodological quality and feedback in a more preliminary format. The scores of the testing reports were slightly lower than those of the evidence reports, in which all deliverables obtained scores of 5.5 or more out of 7. Unlike the evidence phase, in which the WP3 team evaluated and gave feedback twice for the evidence reports (advanced and revised versions), in the testing phase WP3 evaluated the quality and gave feedback on the advanced version only. To minimise this possible problem and facilitate the evaluation of the testing reports, the WP3 team participated in the key in-person face-to-face plenary meetings of WP4-7 with the objective of familiarising themselves with the contents, findings, and structure of the test reports first-hand and from the beginning. No section obtained the highest score (+++) in the four reports. Nevertheless, this high grade was obtained in three testing reports, in the subsections of aims/goals (introduction section), description of the best practice model and process of implementation (both in the methods section). Two of the four testing reports obtained the highest grade in the results section (context and process adaptation to local/country needs; participants and characteristics and process assessment) while limitations and future studies/implementation (discussion section) and leading group profile/institutions (appendices section) obtained the same degree of excellence.

The application of the Act on Dementia methodological quality tool to the advanced versions of the testing reports revealed the absence of an executive summary (key findings/learnings) in three of the four reports. Nevertheless, this shortcoming was considered to be easily resolved. In fact, the final versions of the testing reports included executive summaries and were available as Layman's versions before the final symposium of the Act on Dementia JA.

Ethical and equity aspects are more difficult to resolve if they are not been taken into account from the beginning. These aspects presented low scores (+) in two of the four reports. Also noteworthy are the low scores (+) obtained on two of the four reports regarding key conclusions, general and strategic recommendations. The improvement of these aspects is considered essential by the WP3 evaluation team since, after the identification, selection, and implementation of good practices in different territories, these are the sections of the document that describe the best courses of action to potential end-users in any specific situation. In the subsections of the testing reports aimed at describing the process of selecting the best practices from the evidence phase to the testing phase, there is a major discrepancy between the reports, with D5.2 obtaining a quality rating of excellent. Something similar happens with the description of the actions aimed at guaranteeing sustainability, in which case D6.2 was the best rated.

The final assessment report for each testing report, which includes more details on the strengths and limitations and also improvements after the evaluation, is available in **Appendices 3.1-3.4** of D3.3. In these appendices special consideration is given to the strengths and areas of improvement of each formally evaluated deliverable.

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Table 7. Final assessment threshold of testing reports at overall and specific levels

Deliverables: Testing reports		D4.2	D5.2	D6.2	D7.2
		Methodological quality score*			
Introduction, scope and aims	Rationale and context	++	+++	++	++
	Aims/ goals	+++	+++	+++	++
Methods	From evidence to testing: best practice model(s) selected	+	+++	++	+
	Description of best practice model	+++	++	+++	+++
	Ethical and equity aspects	++	+	++	+
	Process of implementation	+++	++	+++	+++
	Outputs and outcomes	++	++	++	+
	Analysis of information	++	++	+++	+
	Monitoring measures proposed	++	++	++	+++
Results	Selection of best practices	++	++	++	+
	Context and process adaptation to local/country needs	++	+++	++	+++
	Participants and characteristics	+++	++	+++	+
	Process assessment (outputs)	+++	++	+++	++
	Outcome assessment (outcomes)	++	++	++	++
Discussion	Selection of best practices and implementation	+	+++	++	+
	Limitations and future studies/implementations	+	+++	++	+++
	Transferability to other contexts	+	++	+++	++
	Sustainability actions	+	++	+++	+
	Key conclusions	+	++	+++	+
Recommendations	General recommendations	+	++	++	+
	Strategic recommendations	+	++	++	+
Appendices	Executive summary	+	++	+	+
	Leading group profile/institutions	+++	++	+++	+
	Links to other portals (instruments and tools to aid in the evaluation of evolvement of best practices	+	++	++	+
	Other key material	++	++	+++	+
	Deliverable as a whole**	**5/7**	**5/7**	**5.5/7**	**4.1/7**

*(+++) excellent methodological quality; (++) good methodological quality (some modifications required to achieve excellence) and; (+)fair (a considerable number of aspects would need to be described further in order to achieve excellence).
**1-7 points: 7 maximum.

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Final dissemination report:

WP3 considered that the final dissemination report included all the actions defined in the dissemination plan, and established a final overall score of 4.5/7. Videos, reaching key decision-makers and the involvement of stakeholders throughout the process were regarded as the key actions for disseminating the findings. It should be stressed that, as in the case of impact assessment, this dissemination will extend beyond the life of the Act on Dementia JA.

Links to websites and other numerical indicators regarding the dissemination of actions and their impact would be useful additions. The final version describes the actions, presents some examples of the results, and refers readers to an appendix. Despite the difficulties in executing the dissemination plan, WP3 believes that the final dissemination report contains a great deal of information that could be exploited. In this regard, the application of section 3 of the tool was less straightforward than would have been desired since evaluators had to keep in mind not only the report itself but also their own knowledge acquired over the course of the execution of the project and its extension until October 2019).

The definitive assessment of the final dissemination report, which includes more details on the strengths and limitations and also improvements after the evaluation, is available in **Appendix 3.5** of D3.3.

Layman's report:

Bearing in mind that the evaluation of the Layman's report in general is based on the evaluation of the WP4_Layman's report, WP3 established its final global score to be 4/7. WP3 considered that the document was acceptable but needed to improve aspects of formatting and user-friendliness in view of its target audience, including figure and tables. The document is well executed in terms of content and consistency, but the use of visual elements such as charts, maps, and diagrams would make it very useful for a non-specialist readership.

The final assessment report for the WP4 Layman's report, which includes more details on the strengths and limitations and also improvements after the evaluation, is available in **Appendix 3.6** of D3.3.

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CONCLUSIONS, LESSONS LEARNED AND RECOMMENDATIONS

This final section of the D3.3 evaluation report presents the conclusions, the lessons learned, and recommendations based on the findings observed during the testing phase of the Act on Dementia Joint Action. During this phase, every effort was made to implement the six recommendations made during the evidence phase (see D3.2).

Evaluation of the accomplishment of milestones, deliverables and all internal WP meetings, and quality of PB meetings

Conclusions:

The design and the implementation of the evaluation plan appear to be well suited for the evaluation of the accomplishment of the Act on Dementia JA, in both the evidence and the testing phases. The results of the testing phase in general have improved compared to the evidence phase, in terms of timely delivery and the content of the testing reports. These results demonstrate that the actions implemented after the evaluation of the evidence phase have been useful, especially strategies aimed at improving communication and enhancing the feeling of belonging to the group such as the face-to-face PB meetings and the internal meetings at the WP level.

The level of accomplishment of milestones and deliverables with their deadlines was higher than the reference standard (70%) in the testing phase. In this regard, actions carried out to implement recommendation 1 “WP3 recommends that PB/WP1 adopt the appropriate strategies to ensure that the milestones and deliverables are delivered on schedule” were relatively successful, since the level of accomplishment rose from 37.5% in the evidence phase to 77.3% in the testing phase.

The results for the percentage of accomplishment of the main tasks in the milestones and deliverables, measured according to the GA and the project plans, were excellent. Again, the rates of accomplishment of the main tasks of milestones and deliverables in the testing phase were higher than the reference standard (70%) and the evidence phase (100% vs 82.4% respectively). The heterogeneity found in the content of the evidence reports was not observed in the testing reports since all the latter reports described the best practices, their selection and application in different settings across Europe, and the results and recommendations for their implementation in other contexts. These results indicate that the internal meetings aimed at homogenising the process and the presentation of the results between pilot sites, and the indications received during the PB meetings, were useful. Both actions, internal and PB meetings, focused on strengthening the notion of belonging to the group (project) and on

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efficiently communicating the tasks and delivery dates, in order to produce quality products as homogeneous as possible and thus ensure the success of the final symposium. In this regard, recommendation 2 – "WP3 recommends that communications be strengthened to keep partners informed and engaged in all key Act on Dementia JA activities, especially the leaders of the WP, WP teams and collaborating stakeholders. If possible, more face-to-face meetings should be established when problems or conflicts arise" – was implemented.

The level of accomplishment of internal WP meetings in relation to expectations and according to the time schedule during M13-M36 was considerably lower than the predefined standards (18.4% vs 70%). The level of accomplishment of this indicator doubled (to 41%) if the measurement considers meetings held a month before or after the date scheduled in the work plan; however, it is still well below the rate observed during the evidence phase (70%).

The figures were also lower than expected for the rate of internal meetings held in relation to those scheduled in the testing phase (59.2% vs 90%). Again, the rate in the testing phase (M13-M36) was lower than that in the evidence phase (83%, M1-M12).

Although fewer internal meetings were held over a longer period of time, it is possible that the extension of the project influenced the distribution of the meetings; some were held between months 37 and 44, i.e., outside the study period. Therefore, WP3 decided to analyse the internal meetings described in the original work plans (M1-M36) even though this might have underestimated the results by missing out the meetings of the extension period. Similarly, the lack of systematisation of the information regarding the meetings held made it difficult to compare what was planned with what was done.

This evaluation report measured the quality of five PB meetings, from PB 4 to PB 8. As happened with the first three PB meetings, the next five PB meetings also had agreed agendas, lists of participants and clear agreements regarding the actions to be taken before the next meeting.

The rate of attendance at the five PB meetings analysed was not only higher than the standard set at 70%, but in fact rose slightly at each meeting, reaching 100% in the last PB. These results indicate that both the coordinators and the leaders of the rest of the WP fulfilled their responsibilities by attending, understanding that these meetings were the tool to resolve discrepancies, establish agreements, and move forward efficiently and safely, overcoming any barriers or difficulties related to the testing phase.

Unfortunately, the response rate of the satisfaction survey among participants at the PB meetings during the testing phase was low in general terms, even lower than in the evidence phase (34% vs 35%). Nevertheless, as in the evidence phase, all the respondents reported being satisfied or very satisfied with the five PB meetings carried out during the period analysed (M23-M44). The qualitative comments for improving the following meetings seem to have been useful and may be of help in similar projects in the future. One key aspect is the need to meet more, in order to get to know each other. Language, cultural and channel barriers can make the development of a complex project more difficult. Face-to-face meetings are key for increasing mutual understanding and approaches, and are also a useful learning experience.

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Lessons learned:

Any kind of task, activity (meetings included) or product should be situated within the GA and its amendment. This means that a project/work plan must be developed (including a time schedule) and must be updated until the end of the project. Any changes should be communicated and recorded, as this is the only way to be able to compare expected with observed results. In this regard, having a realistically scheduled project/work plan from the very beginning is crucial, especially when the project is complex and long-term and involves a large group of people from different institutions and countries.

Even though the GA and its amendment are well developed and are key to carrying out the Act on Dementia JA, they do not provide sufficient detail to reach a common understanding of what is requested and the methodology to be applied. A learning process is inevitable; indeed, this process favours knowledge sharing, team building, mutual understanding and adapting theory to practice for each WP and its team. But obviously this is time-consuming. The role of PB members and the coordination team together with commissioners (CHAFEA and DG SANTE; EU commission) is fundamental in dealing with these challenges.

Effective communication was critical for the success of the Act on Dementia JA, as it helped to avoid misunderstandings, frustrations and delays. Common sharing of approaches and different perspectives – cultural, political, clinical, academic, advocacy, planning, management and so on – was a continuous challenge and the whole group was obliged to take them into account at all times.

Recommendations:

Recommendation 1_D3.3:
WP3 recommends that the European project coordinators or their boards of directors should develop and implement appropriate strategies from the early stages of the project to ensure that the milestones and deliverables deriving from it develop as established and on time.

Recommendation 2_D3.3:
WP3 recommends that the potential barriers between the members participating in a European project should not be underestimated, since misunderstandings between participants may lead to difficult or unresolved conflicts that may negatively affect outcomes.

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Peer-review and formal methodological quality assessment

Conclusions:

As in the case of the evidence reports, the testing reports presented adequate methodological quality and clarity and demonstrated their usefulness for decision-making at micro, meso and macro levels of health and social care. Their content is the basis for the selection and implementation of the best practices tested at various pilot sites in the four key areas of the Act on Dementia JA (diagnosis and post-diagnostic support, crisis and care coordination, quality of residential care and dementia friendly-communities), for a deeper understanding of their benefits, organisation, implementation and functioning, and for the identification of barriers and facilitators with regard to their further development.

The inclusion of a peer review and formal evaluation has helped all partners and teams to reach a consensus on the evidence currently available and on the implementation of strategies to improve the life of people with dementia, their caregivers, and medical staff. The description of adequate methodological standards in the evidence and testing phases will increase their potential applicability beyond the scope of the project and, above all, their credibility.

Different subproducts deriving from the testing reports can be obtained for different audiences. Good examples of this are the Layman's reports, based mainly on the testing reports that were disseminated at the final symposium of the project, and the presentations and/or publications deriving from the project which are listed in the final dissemination report. Actions like these are key to making the Act on Dementia JA products visible not only among partners but also among key stakeholders across Europe.

The formal evaluation process carried out by WP3 revealed improved methodological quality in all the testing reports. In this regard, it is considered that the points included in recommendation 3 in D3.3 have been taken into account, since the groups creating products are aware of the need to focus on their quality, even when they are framed outside what are considered to be research projects *per se*. In fact, the authors have reported on the changes made after the evaluation. In addition to working in order to standardise the content and structure of the testing reports, the need to evaluate the methodological quality of the evidence and the reports has allowed the development of a specific tool to systematise this process, although it is still to be validated in future projects. The tool has proved quite useful for the purpose for which it was created. The application of the criteria included in the establishment of EC's best practices in the section of the tool for assessing the methodological quality of the testing reports, as well as the review by an expert in these fields, is likely to encourage the inclusion of a large part of the good practices described, selected and implemented within the framework of the Act on Dementia JA.

Each testing report had its strong and weak points. From the point of view of the evaluation WP they can be attributed to the differences in the backgrounds and expertise of teams, and also to the priorities and efforts made in different parts of the process to obtain the final testing reports. This would explain why some testing reports gave more importance to the description

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of the method and process, to obtaining and presenting the results, to formulating clear recommendations based on the integration of the findings, or to defining clearly how the best practices or model were selected.

The process became more complex as different institutions and professionals worked together, albeit in an agreed and collaborative manner. This difficulty was already observed in the evidence phase. In the testing phase the complexity was compounded by the need to integrate the implementation teams into the work group, which made the task of their coordination more arduous. Although another of the recommendations made in D3.3 was to achieve a greater integration and synthesis of the results of the testing reports so as to overcome the limitations identified in the evidence reports, the fact is that this task proved to be extremely difficult, especially because the formulation of the recommendations had to take into account different areas of study and the results derived from the implementation in different territories had to be assessed at the same time.

The actions carried out in the testing phase designed to resolve the problems of communication identified in the evidence phase proved successful, since the two main objectives, the selection and implementation of best practices and the timely delivery of reports, were achieved. The 8-month extension allowed the fulfilment of these objectives.

The limitations of the Act on Dementia methodological quality tool identified during its application in the evidence reports were minimised with the revision of section 2 of the tool for use in the evaluation of the testing reports. However, the shortening of the evaluation process, with a single reading by WP3, and the need to deliver the reports immediately after finishing the testing phase conditioned the discussion between authors and evaluators on the feedback received and also probably affected the final versions of the testing reports. The review of the evaluation process was intended to make it more flexible, as was the creation of the specific tool to evaluate the testing reports. Both these tasks were related to one of the recommendations in D3.3.

As reflected in the evaluation of the methodological quality of the evidence reports, this kind of assessment is not frequent in the JA, which focused generally on monitoring compliance with the process. Both the authors of the reports and the team of evaluators have done their best to make possible the evaluation of the methodological quality of the testing reports. Some sent advanced versions of the testing reports, while others reviewed the tool to allow the measurement of the most important aspects regarding the selection and implementation of good practices, as well as the formulation of recommendations for their implementation in other contexts.

The purpose of dissemination is considered to be well described in the final dissemination report. Other strengths of the report are the stakeholder analysis and the fact that WP2 considered relevant groups in its dissemination actions.

The Act on Dementia project has a Layman's report for each core work package (WP4-7). The quality is acceptable and their availability in printed form and on the project website will promote the dissemination of the project. Translation into different languages would broaden the scope of dissemination of the results.

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Lessons learned:

Although the experience gained in the evidence phase regarding the plan for the evaluation of the testing reports was helpful for making the necessary adaptations in both the tool itself and the process, the fact is that it is vital to achieve a mutual understanding of the tools and evaluation process as well as to establish channels for resolving doubts or questions about the evaluation plan and its implementation throughout the project.

There must be a clear difference between the Layman's version of the report and the report itself. This means taking into account the elements that define Layman's versions, such as brevity, clarity in the messages, and the use of diagrams.

Despite the presence of an adequate dissemination plan, and even though the risks have been identified, the dissemination of a project requires time and commitment on the part of the entire group. Digital technology represents an improvement on conventional strategies, but maintaining the two systems makes the process more complex.

Recommendations:

Recommendation 3_D3.3:
WP3 recommends including strategies aimed at guaranteeing the development of products using methodologically sound processes, so as to facilitate the implementation or adaptation of recommendations deriving from the projects carried out within the framework of the EC.

Recommendation 4_D3.3:
WP3 recommends strengthening the team responsible for the dissemination of the products deriving from the project in order to be less dependent on the developers of these products. If this is not possible, the best possible strategy should be identified and prioritised.

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Final considerations:

The Act on Dementia methodological quality tool was used to share common methodological criteria among the teams involved in the project and to allow the use of the same criteria to evaluate their quality and to define a global threshold. Several methodologically sound tools were revised and taken into consideration in the definition of the specific tool for the Act on Dementia JA.

The performance of the tasks in the testing phase was complicated and went beyond the normal limits of a JA (e.g., it involved not only the collection of evidence, but also the implementation of best practices which entail changes in the system and ways of doing). Professionals/stakeholders have to be ready for change, and common understanding and criteria of quality standards must also be established. In this regard, it was necessary to select and define the best practices to be implemented and also to identify a variety of contexts in which to test them. In this process, the internal barriers that are common in projects of this size have had to be overcome as new teams (the groups of implementers) from different disciplines, fields and countries have joined the project. In addition, the planning and execution of the process had to be completed in a very short time to allow its discussion and evaluation and finally its public presentation. The WP3 team considers that the experience obtained after the evidence phase as well as the perseverance of the entire Consortium allowed the project to reach a successful conclusion, despite the hurry of the final weeks.

To sum up, the methodological approach allowed the promotion of a quality culture of the products that includes the implementation of evidence-based best practices in the field of dementia. The evaluation of methodological quality is relatively innovative and goes beyond the standard monitoring of the objectives achieved. Evaluation has been a participatory process throughout the project, helping members to reach common understandings and agreement on standards. It has also helped to generate a body of collective knowledge that can be exploited in plans for improving the quality of life of people with dementia and their caregivers.

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ABBREVIATIONS

CHAFEA	The Consumer, Health and Food Executive Agency
D	Deliverable
DEM 2	Act on Dementia
DG SANTE	Directorate-General for Health and Food Safety
EAG	Evaluation Advisory Group
GA	Grant Agreement
JA	Joint Action
M	Month
MS	Member State
PB	Programme Board
WP	Work Package

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