Project title:	Reference Sites Network for Prevention and Care of Frailty and Chronic Conditions in Community Dwelling Persons of EU countries
Acronym:	SUNFRAIL
Project ID:	664291
Call identifier:	H2020-HP-PJ-2014
Project Coordinator:	Regione Emilia-Romagna, Agenzia sanitaria e sociale regionale

Work Package 3: Project Monitoring and Evaluation

May 2015 – February 2018

Title of the document	D3.2 Final Monitoring and Evaluation Report
Author	University of Deusto
Status (F: Final)	Final
Document's privacy (PU: Public, PR: Private)	PU
Reviewed by	UDEUSTO
Submission date	13.3.2018

Co-funded by
the Health Programme
of the European Union

This publication is part of SUNFRAIL (project 664291), which has received funding from the European Union's Health Programme (2014-2020). The content of this publication represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.


Regione Emilia-Romagna


Agenzia
sanitaria
e sociale
regionale


SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA


ASTER


REGIONE LIGURIA

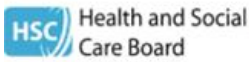

REGIONE CAMPANIA


REGIONE
PIEMONTE


MEDICAL
UNIVERSITY
OF LODZ


Deusto
Universidad de Deusto
Deustuko Unibertsitatea
University of Deusto


DeustoTech
Life


HSC
Health and Social
Care Board


Carsat
Languedoc-Roussillon


Institut
régional du
vieillissement
irv


Hôpitaux de Toulouse


CHRU
MONTPELLIER


euregha


Azienda
Ospedaliera
Universitaria
Federico II
Integrata con il Servizio Sanitario Regionale


Ente Ospedaliero
Ospedali
Galliera
Genova
Ospedale di rilievo nazionale e di alta specializzazione

Table of content

1. Introduction

1.1 Background of the Project

The **SUNFRAIL** Project, which is funded by the European Commission's Third Health Programme, aims to improving the identification, prevention and management of frailty and care of multimorbidity. The implementation started in May 2015 and was supposed to terminate in October 2017. As the consortium requested and obtained an extension of additional 4 months to complete the experimental part of the project and to prepare the project deliverables, the project ended in February 2018.

The main objectives of the project were:

General Objective: to improve the identification, prevention and management of frailty and care of multimorbidity in community dwelling persons (over 65) of loco-regional settings of EU countries.

Specific Objectives:

- To design an innovative, integrated model for the prevention and management of frailty and care of multimorbidity through the main criteria of efficiency, effectiveness and sustainability and by building on the outcomes of the initiatives of the EC Innovation Partnership on Active and Healthy Ageing.
- To validate the model on the basis of existing systems and services targeting frailty and multimorbidity and on patient's perception and expressed needs for care and quality of life.
- To assess the potential for the adoption/replication of the model in different European organizational contexts, and to identify the conditions for its sustainability and replicability.
- To promote the dissemination of the results with a focus on the strategic decision makers at regional, national and EU level, to support the adoption of effective policies for the prevention and management of frailty and care of multimorbidity.

The project was implemented mainly by EIP-AHA Reference Sites (and AG coordinators) representing countries from northern, southern and eastern Europe. The main outcomes of the project were a shared model of references on frailty and multimorbidity and a toolkit for the identification, prevention and management of frailty and care of multimorbidity in different levels of care and settings, as well as a tool for human resources development.

In addition to project coordination, monitoring and evaluation and the dissemination of project results, the main activities of the project were:

- Design an innovative model and tools for frailty identification, prevention and care and management of multimorbidity;
- Assess how the model, the tools and good practices fit within existing health and social

systems and services targeting frailty and multimorbidity and whether responds to beneficiary's perceptions on frailty and barriers to care.

- Experiment the model, the tools and good practices and identify specific accompanying measures to ensure their sustainability and replicability.
- Develop and experiment a model and a tool for professional's innovative education.

2. Monitoring and Evaluating Project Activities

Under the guidance of the WP3 leader the consortium conducted a periodic monitoring of project activities according to the M&E Plan, to verify whether project activities implemented from M1 to M34 (May 2015 – February 2018) were fulfilling stated objectives, outputs, outcomes (impacts) and timescale agreed. The overall aim was to evaluate the activities done according to the indicators identified for each objective set in the technical description of the project (Annex I of the Grant Agreement) and the M&E Plan submitted on December 2015 and approved by the Agency Chafea.

2.1 Monitoring and Evaluation Schedule

As foreseen in the project operational plan and M&E plan monitoring project's results was performed periodically during the project implementation (M8, M12, M18, M24, M30), culminating with a mid-term (M19), and a final evaluation at the end of the project (M34). The periodic monitoring of project activities aimed to assess the extent to which outputs were achieved, and whether these contributed to appropriate outcomes, providing corrective measures to address key problems identified.

The **final evaluation** had taken place prior to completion of the project (M34), contributing to assess the project impact, intended especially as the identification of the conditions determining the applicability, transferability and sustainability of the model, related good practices and tools on frailty and multimorbidity within different organizational context.

Partner (task and WP leader) were responsible to collect data on the activities performed according to the monitoring and evaluation checklist provided by the M&E Leader (University of Deusto-DeustoTech Life). Data were provided periodically (according to the schedule indicated above), from first task participants to WP Leaders then to M&E Leader. University of Deusto (DeustoTech Life) was responsible for data control, analysis and reporting.

3. Evaluation Framework

3.1 The M&E matrix

SUNFRAIL M&E plan enabled the assessment of project implementation and performance of activities, constituting a continuous process of revision and improvement, to help partners to achieve expected results by identifying and solving emerging constraints.

Following a logical framework approach, a M&E matrix provided a framework for measuring the accomplishment of planned inputs, processes, and to what extent the resulting outputs have contributed to appropriate outcomes (impacts), and thereby objectives.

The M&E matrix summarize the project's monitoring and evaluation procedures and criteria, through a selected set of indicators for each project objective (and correspondent work package), as reported below:

- WP2: To promote the dissemination of the results with a focus on the strategic decision makers at regional, national and EU level, to support the adoption of effective policies for the prevention and management of frailty and care of multimorbidity.
- WP4: To design an innovative, integrated model for the prevention and management of frailty and care of multimorbidity through the main criteria of efficiency, effectiveness and sustainability and by building on the outcomes of the initiatives of the EC Innovation Partnership on Active and Healthy Ageing.
- WP5: To validate the model based on existing systems and services targeting frailty and multimorbidity and on patient's perception and expressed needs for care and quality of life.
- WP6: To assess the potential for the adoption/replication of the model in different European organizational contexts, and to identify the conditions for its sustainability and replicability (Experiment the Model).
- WP7: Healthcare staff Innovative Education

The indicators identified for the SUNFRAIL project were classified into two categories: output indicators (related to the deliverables of the Work Packages (e.g a website or a report) and outcome indicators (related to the quality of the outputs produced). Indicators are partially quantitative (number, %), and in some cases qualitative (opinions, consensus, etc.), the latter mainly corresponding to the outcomes.

The M&E Matrix below reports the following information:

- Objectives
- Outcome indicators
- Output indicators and target
- Monitoring and Evaluation Criteria
- Data Collection and Instruments
- Frequency of data collection

- Responsibilities

In order to facilitate the comparison between expected and achieved results for each objective (and related WP), two tables are reported:

-Tables 1 refers to "Project Planned Outcomes and Outputs" initially set with the M&E Plan;

-Tables 2 refers to "Project Achieved Outcomes and Outputs", thus referring to the results obtained and, when occurring, related deviations.

3.2 Objective 1

Table 1 - Project Planned Outcomes and Outputs

Objective 1 **WP4**	To design an innovative, integrated model for the prevention and management of frailty and care of multimorbidity by building on the outcomes of the initiatives of the EC Innovation Partnership on Active and Healthy Ageing.
Outcome: Indicator (Expected: M&E Plan)	1. Quality (Relevance, Comprehensiveness and Credibility) of the information collected for the **WP4 thematic report** 2. An operational definition of frailty and multimorbidity shared by stakeholders during the opening transnational workshop (eligibility - health services and social response to frailty) 3. An identified minimum set of criteria for the identification of good practices on frailty and multimorbidity shared by stakeholders during the opening transnational workshop
Outputs and targets: Indicators (Expected: M&E Plan)	– International literature review on frailty and multimorbidity performed according to the set criteria: Standard (ST): ¾ of set inclusion and exclusion criteria fulfilled and agreed – Identified criteria/KPI (Key Performance Indicators) for the assessment of EIP-AHA good practices on frailty and multimorbidity: – Map of good practices from EIP-AHA initiative on frailty and multimorbidity: ST: at least 80% of EIP-AHA thematic reports has been assessed ST: The project has identified a minimum set of criteria for good practices on frailty and multimorbidity – A Report on Health Systems developed and shared between project partners (PPs), incl. a chart mapping different systems element (health and social care) ST: 100% of Project partner's Health Systems has been assessed, excluding EUREGHA, as WP2 leader, who is in charge of the dissemination of the project. – Identified methodology and tools for the identification of frailty and multimorbidity (reflecting health and social care) ST: 100 % of PPs - excluding WP2 leader

Monitoring and Evaluation Criteria (Expected: M&E Plan)	**Outcomes** – Relevance and Comprehensiveness of the information collected on frailty and multimorbidity through the following aspects: o range of sources of information drawn upon (literature analysis, EIP AHA, etc.) o frailty and multi-morbidity in community settings o integrated approaches involving health and social care o preventative approaches and risk reduction – Credibility of sources of information (reference to official documents, plans and guidelines) **Outputs** – Adherence to set criteria for the identification of good practices – Good practices reflecting the areas of interests (frailty, multi-morbidity) – Tools reflecting the dimensions of interests (frailty, multi-morbidity), by level of care.
Data Collection and Instruments	The analysis of data collection will be done through the following instruments: - Guidelines for literature review - Questionnaire for data collection on Reference Site (RS) health and social systems - Guidelines on the criteria for the assessment of good practices - Sunfrail Deliverables Reports and other project documents - PPs documents
Frequency / Schedules	Monitoring of the activities will be performed according to the following schedule: M8, M12, M18, M24, in the way to match the results with deliverables and milestones foreseen by the project operational plan. Evaluation will be done according to the schedule indicated above (M19, M29), based on the proposed indicators and evaluation criteria.
Responsibility	Partner (task and WP leader) will be responsible to collect data on the activities performed according to the monitoring and evaluation checklist provided by the M&E Leader (University of Deusto-DeustoTech Life). Data will be provided periodically (according to the schedule above), from first task participants to WP Leaders then to M&E Leader. University of Deusto (DeustoTech Life) is responsible for data analysis and reporting.

Table 2 - Project's Achieved Outcomes and Outputs (report Objective and WP)

Objective 1 **WP4**	To design an innovative, integrated model for the prevention and management of frailty and care of multimorbidity by building on the outcomes of the initiatives of the EC Innovation Partnership on Active and Healthy Ageing.
Outcomes **(Achieved)**	The *outcomes* achieved with the objective 1 (WP4) are the following: – Definitions of frailty and multimorbidity classified by domains. – An operational definition of frailty and multimorbidity shared by stakeholders during the first transnational workshop. – An identified minimum set of criteria for the identification of good practices on frailty and multimorbidity shared by stakeholders during the opening transnational workshop.
Outputs **(Achieved)**	The above-mentioned outcomes were achieved through the following *outputs* (tasks): – Task 4.1.2 Literature review to identify dimensions of frailty and multi-morbidity / comorbidity: o CHU, with the assistance of Carsat and the collaboration of partners, reviewed the international literature related to frailty. o Screened 3.299 papers, selected 1.379 in phase 1, 2 and 3. The literature review is included in WP.4.1.2 Literature Review Synthesis Report. o All partners had contributed to the review of the literature by providing with information to CHU. o Frailty has been analysed through different dimensions: Biophysical, psychological and cognitive, social, environmental. o Social and medical sectors had been explored. – Task 4.2.1 Inventory and analysis of the existent documentation and tools on AG and RS (good) practices: EIP-AHA Compilation of good practices (AG A1, A3, B3) and identification of criteria for the analysis of Reference Site Good Practices on Frailty and Multi-morbidity: ST: at least 80% of EIP-AHA thematic reports has been assessed o Carsat, CHU and PPs had designed a template, guidelines and quality criteria to identify Good Practice on frailty and multimorbidity management. ST: The project has identified a minimum set of criteria for good practices on frailty and multimorbidity o In total, the consortium has gathered 33 GP on frailty and multimorbidity. A minimum of 2 GPs were identified per partner. The GPs included in the project are linked to regional plans, policies and guidelines. – Task 4.2.2 Assessment of partner's social and health systems, including the development of instruments for data collection and analysis: ST: 100% of Project partner's Health Systems have been assessed o The information has been gathered with partner's contributions providing data about their local care/health systems. The information included social, health and educational dimensions.

	○ Each partner (with exception of WP2 leader) had completed the questionnaires with information on their reference sites: demography, regulatory aspects, funding schemes, public and private sectors, integrated approaches involving health and social care, and preventive approaches on frailty and multimorbidity were considered. ○ A Report on Health Systems developed and shared between project partners (PPs), incl. a chart mapping different systems element (health and social care). – A Pre-Model of care developed (D4.1): 02-02-2017. – Identified tools to predict frailty and multimorbidity (D4.2): 02-02-2017 ST: 100 % of PPs - excluding WP2 leader ○ Gerontopole has designed a template to gather the information needed, as part of the assessment of the health services. Each partner (except for the WP2 leader) had completed the questionnaires. The tool to predict frailty and multimorbidity was developed based on the results of this assessment and of the literature review and reported in the deliverable D4.2. – Task 4.3.0 Review of the Model and the tools to identify and manage frailty and multimorbidity. – Task 4.3.1 Project transnational workshop to share the model (Milestone): The consortium shared the pre-model and the tool elaborated during the second transnational workshop organized in Naples in October 2016. Sunfrail preliminary results have been presented during dissemination event organized by the EIP-AHA B3 group in April 2017 in Brussels.

3.3 Objective 2

Table 1- Project Planned Outcomes and Outputs

Objective 2 **WP5**	To validate the model on the basis of existing systems and services targeting frailty and multimorbidity and on patient's perception and expressed needs for care and quality of life.
Indicators (Expected: M&E Plan)	**Outcomes** 1. Quality (relevance and comprehensiveness) of the information collected for the **WP5 thematic report** through the following components: ▪ Identified RS Health-Social Services-Good Practices. ▪ Analysis of tools for the assessment of frailty and multimorbidity. ▪ Responsiveness of the Good Practices to patient's/final beneficiaries needs. 2. N. of good practices with high potential for transferability described according to the identified set of minimum criteria (ST: at least 2 good practices per partner on frailty and/or multimorbidity - excluding WP2 leader) 3. An identified minimum set of tools for the identification of frailty and care of multimorbidity potentially adoptable within the health and social care sectors (ST: at least 2 tools per partner potentially adoptable within the health and social care sectors - 2 dimensions) (see details on "Outputs - point 3" below)* 4. Nr. of operational elements targeting patient's/final beneficiaries needs within health and social care services (strategies, plans, activities)
Indicator (Expected: M&E Plan)	**Outputs and Targets** 1. Survey of PPs services delivery and good practices on frailty and multimorbidity performed and reported (ST: 100 % of PPs - excluding WP2 leader) 2. % of Sunfrail partner with an identified set of good practices on frailty and multimorbidity according to the identified set of minimum criteria (ST: 100 % of PPs - excluding WP2 leader) 3. An identified minimum set of tools for the identification of frailty and multimorbidity identified by RS (ST: at least 2 items per dimension identified by each RS on frailty) *Items and dimensions* refer to the modality by which the project will assess existent tools for the identification of frailty, that will be based on the establishment of a minimum set of simple and reproducible items (in the biological, psychological and social domains), to be collected by professionals operating at different level of health and social care services.* (ST: at least 2 tools using administrative or clinical data identified by each RS on multimorbidity) *This refers to the modality by which the project will assess existent tools for*

	the identification and care of multimorbidity, that will be based on the establishment of a minimum set of items (addressing the number and severity of chronic diseases), to be collected, at hospital and community-based settings, by professionals operating at different level of health and social care services. 4. Analysis of the EIP-AHA initiative on patients/beneficiaries (ST: 100% of EIP-AHA/other reports assessed) 5. Qualitative investigations on patient's/beneficiaries performed and reported (ST: 50% of PPs - excluding WP2 leader) 6. Assessment of professional's skills and performance performed and reported (ST: 100% of PPs - excluding WP2 leader)
Monitoring and Evaluation Criteria (Expected: M&E Plan)	**Outcomes** – Relevance and Comprehensiveness of the information collected on frailty and multimorbidity through the following aspects: - range of sources of information drawn upon (literature analysis, EIP AHA, etc.) - frailty and multi-morbidity in community settings - integrated approaches involving health and social care - preventative approaches and risk reduction – Credibility of sources of information (reference to official documents, plans and guidelines) **Outputs** – Adherence to set criteria for the identification of good practices – Good practices reflecting the areas of interests (frailty, multi-morbidity) – Tools reflecting the dimensions of interests (frailty, multi-morbidity), by level of care.
Data Collection and Instruments	The analysis of data collection will be done through the following instruments: – Templates for data collection on RS health and social services (incl. good practices and tools on frailty and multimorbidity). – Methods and tools utilized for qualitative investigations (Focus Group Discussions (FGD), others) – Sunfrail Deliverables Reports and other project documents – PPs documents (official documents, plans and guidelines)
Frequency / Schedules	Monitoring of the activities will be performed according to the following schedule: M8, M12, M18, M24, in the way to match the results with deliverables and milestones foreseen by the project operational plan. Evaluation will be done according to the schedule indicated above (M19, M29), on the basis of the proposed indicators and evaluation criteria.

Responsibility	Partner (task and WP leader) will be responsible to collect data on the activities performed according to the monitoring and evaluation checklist provided by the M&E Leader. Data will be provided periodically (according to the schedule above), from first task participants to WP Leaders then to M&E Leader. University of Deusto (DeustoTech Life) is responsible for data analysis and reporting.

Table 2- Project Achieved Outcomes and Outputs (report Objective and WP)

Objective 2 **WP5**	To validate the model on the basis of existing systems and services targeting frailty and multimorbidity and on patient's perception and expressed needs for care and quality of life.
Outcomes **(Achieved)**	The *outcomes* achieved with the objective 2 (WP5) are the following: – Report on patients/beneficiary's perceptions and expectations (D5.1) – Report on Reference Site service delivery (D5.2)
Outputs **(Achieved)**	The above-mentioned outcomes were achieved through the following *outputs* (tasks): – Task 5.1: HSCB has analysed patients and final beneficiaries' perception about frailty and multimorbidity: – Analysis of the EIP-AHA initiative on patients/beneficiary's empowerment within the A3. ST: 100% of EIP-AHA/other reports were assessed – Analysis of the survey on Health literacy of functional capacity decline and frailty (CPME), MISTRAL survey, others. Assess the need for further investigations on patients/beneficiaries. – A monkey survey was then launched through the EIP-AHA to further assess significant experiences. The assessment was also conducted by Sunfrail's project partners. ST: 100 % of PPs - excluding WP2 leader o The report includes patients' perceptions on frailty and expectations for services improvement (D 5.1-Report on patients/beneficiary's perceptions and expectations). Survey of Reference Site service delivery (D 5.2 Report on Reference Site service delivery). o Gerontopole in collaboration of CHU, Carsat, RER-ASSR and HSCB developed 2 templates to gather the information on reference sites health services: one to collect information from decision makers and the second from professionals ST: 100 % of PPs - excluding WP2 leader o Gerontopole has analysed the 2 questionnaires filled by decision makers and professionals and produced the report: mean while CHU/Carsat has conducted the assessment of the good practices provided by partner (D 5.2 Report on Reference Site service delivery).

3.4 Objective 3

Table 1- Project Planned Outcomes and Outputs

Objective 3 **WP6**	To assess the potential for the adoption/replication of the model in different European organizational contexts, and to identify the conditions for its sustainability and replicability.
Indicator (Expected: M&E Plan)	**Outcomes** 1. Quality (comprehensiveness, applicability and replicability), of the information collected for **WP6 thematic report** through: ▪ Results from the experimentation of good practices and tools ▪ Identified elements of applicability, transferability and sustainability of the good practices and tools into different settings 2. Good practices and tools on frailty and multimorbidity with high potential for transferability implemented in new settings (ST: 50% of identified good practices implemented in new settings) 3. Nr. of new operational elements (strategies, plans, activities) adopted by RS as results of the experimentation (ST: n. of newly adopted operational elements)
Indicator (Expected: M&E Plan)	**Outputs and Targets** 1. Consolidated description of operational structures for experimentation (beneficiaries, target groups, professionals, location, sustainability and equity) (ST: 100% of PPs participating in experimentation) 2. Experimented good practices on frailty and multimorbidity 3. Experimented tools for the assessment of these conditions 4. Experimented model for the improvement of professional's performance (ST: 100% of PPs participating in experimentation) 5. A questionnaire for 32 RS -EIP members with criteria of sustainability and replicability of good practices and tools elaborated and filled (ST: at least 50% of RS answered to the questionnaire) 6. Identified criteria/factors for adaptability, replicability and sustainability of the model/good practices.
Monitoring and Evaluation Criteria (Expected: M&E Plan)	**Outcomes and Outputs** – Relevance and suitability / "best fit" of operational structures for experimentation purposes, identifying any gaps and issues. – Comprehensiveness of the experimented model through the following aspects: o frailty and multi-morbidity in community settings o integrated approaches involving health and social care o environmental contexts (housing accessibility, assistive technologies)

	○ preventative approaches and risk reduction – The potential for applicability / replicability of the model and related good practices through: ○ relevance and usability by staff in different sectors ○ understandability and sensitivity to the needs of frail people aged over 65 and their informal or family carers ○ its potential for inputting into relevant training at different levels ○ its potential compatibility with extant 'systems' and procedures ○ adaptability of identified good practices into services of participating countries ○ Potential for replicability/transferability ○ Utilization of the tools in relation to the services framework of participating Reference Site – Experimented good practices and tools reflecting the areas of interests (frailty, multi-morbidity), and levels of care. – A set of critical success factors on sustainability, applicability replicability and transferability of the model/good practices and tools.
Data Collection and Instruments	The analysis of data collection will be done through the following instruments: – Templates for data collection on RS health and social services (incl. good practices and tools on frailty and multimorbidity). – Methods and tools utilized for qualitative investigations (Focus Group Discussions (FGD), others) – Sunfrail Deliverables Reports and other project documents PPs documents (official documents, plans and guidelines)
Frequency / Schedules	Monitoring of the activities will be performed according to the following schedule: M8, M12, M18, M24, in the way to match the results with deliverables and milestones foreseen by the project operational plan. Evaluation will be done according to the schedule indicated above (M19, M29), on the basis of the proposed indicators and evaluation criteria.

Table 2- Project Achieved Outcomes and Outputs (report Objective and WP)

Objective 3 **WP6**	To assess the potential for the adoption/replication of the model in different European organizational contexts, and to identify the conditions for its sustainability and replicability.
Outcomes	The outcomes achieved with the objective 3 (WP6) are the following: – A model of care, good practices and tool on frailty and multimorbidity experimented – Elements of sustainability, applicability and transferability of the model – Experimentation report
Outputs (Achieved)	The above-mentioned outcomes were achieved through the following *outputs* (tasks): o Before the experimentation of the model, the consortium has developed the Sunfrail tool and assessed Good Practices on frailty and Multimorbidity. The aim of the experimentation was to test some good practices and the Sunfrail tool in different organization contexts. 1) Sunfrail Screening tool with 9 questions to be administered by professionals (nurse, social workers, GP) or unformal caregivers, to identify dimensions of frailty (biophysical, psychological and social domains), with the aim to facilitate the early identification of frailty and of the pathways to prevent and manage this condition within health and social care system. 2) The template Experiment the Model Plan that will gather the information on: Settings, operational structures, experimentation target/beneficiaries, experimentation team, tools and HR implications, data collection and analysis instruments and the schedule. Experiment the model: -Selection of "pieces of the full model -Analysis of strengths and weaknesses of Reference Site good practices (GPs) -Identify operational structures for experimentation. -Identify methods and means for experimentation.. – -Develop an operational plan for experimentation (D 6.1 Report on Experimentation). ST: 100% of PPs participating in experimentation o The experimentation was conducted from February 2017 through September 2017 o First preliminary data which results have been presented during the SC and dissemination event of April 2017. – Experiment the tools to assess and manage frailty and multi-morbidity (tool kit) (D6.2):

	○ SUNFRAIL Tool has been developed and tested according to the protocol developed by PPs. The preliminary results have been assessed during the Steering Committee meeting the 4th of April 2017. – Task 6.4.1Review and adapt the Toolkit: ○ Partners had developed the Sunfrail Tool experimentation protocol, for its validation in selected RS. SUNFRAIL Tool has been tested according to the phases of the protocol (Phase 1, 2 and 3). During Phase 1 and 2 there have been some adaptations, corrections and modifications to improve the Tool test's accuracy and understandability in English and in translations to Spanish, Polish, Italian and French. ○ Deusto has collaborated with Emilia Romagna for development of the templates to gather the results of Phase 2 and Phase 3. For operational reasons it has been decided to use an online sharepoint developed with the support of Regione Emilia Romagna. ○ The preliminary results have been presented during the Steering Committee meeting the 4th of April 2017. ○ The results of the testing of the Sunfrail Tool have been finalized and incorporated in the final report (D 6.2 Report on the tools developed to predict and manage frailty and multimorbidity) – Implementing accompanying measures. Identification of specific laws, new funding schemes, integration of systems and services, dedicated working groups and involvement of main stakeholders – The results of the testing of the good practices and the Sunfrail Model have been incorporated in the final report (D 6.3 A report on the model of care on frailty and multimorbidity. – The results of the experimentation have been reported with the D 6.1: A report on experimentation of the model, its transferability and sustainability.

3.5 Objectives 1, 2, 3

Table 1- Project Planned Outcomes and Outputs

Objectives 1,2,3 **WP7**	Assess human resources development programmes and tools (Deliverable/output: report on the assessment of the human resources development)
Indicator (Expected: M&E Plan)	**Outcome** Completeness and reliability of assessment: quality of literature review and data collection and analysis. (ST: % of completeness and reliability of information collected by questionnaire 4.2.2) 2. Gaps identified (and analysed) between standard training models and best/good practices/draft innovative model: the innovative model should help staff /students to identify frailty and multimorbidity in 'screened' citizens. Gaps should refer to necessary features missing from standard training programmes, facilitating the identification of frailty, i.e. frail subjects not identified by standard models of staff training and education: where WP4 will design a model do identify frailty and multimorbidity in the target population, WP7 will give staff and students the tools to be used in order to support this identification.
Indicator (Expected: M&E Plan)	**Output and Targets** 1. Literature review conducted, according to set criteria, including the assessment of manpower development process aspects. 2. Assessment of health systems performed, including elements related to the professional and academic education system 3. Peer review: (ST: at least 2 researchers will perform literature review and synthesis) (ST: % of completed questionnaires-i.e. 4.2.2 section E6) (ST: % of valid responses within completed questions- expected value: >90%; valid response: about 90%) 4. Peer review conducted among project partners

Monitoring and evaluation criteria (Expected: M&E Plan)	• Completeness and reliability of information collected:
	  • Peer review: at least 2 researchers will perform literature review and synthesis.
	  • % of completed questionnaires (i.e. 4.2.2 section E6);
	  • % of valid responses within completed questions.
	  (ST: expected value: >90%; valid response: about 90%)
	  • Peer review among project partners.

Data collection and instruments	• Guidelines for literature search and review • Information from questionnaires (4.2.2) • Information from AG B3 AA3 and others (EIP-AHA) • Peer review • Peer review among project partners:
Frequency / Schedules	Monitoring of the activities will be performed with the following schedule: M8, M12, M18, M24, in the way to match the results with deliverables and milestones foreseen by the project operational plan. Evaluation will be done with the following schedule: M19, M29, to provide the necessary elements for the interim and final evaluation report.
Responsibility	Partner (task and WP leader) will be responsible to collect data on the activities performed according to the monitoring and evaluation checklist provided by the M&E Leader. Data will be provided periodically (according to the schedule above), from first task participants to WP Leaders then to M&E Leader. University of Deusto (DeustoTech Life) is responsible for data analysis and reporting.

Table 2 - Project Achieved Outcomes and Outputs (report Objective and WP)

Objectives 1,2,3 **WP7**	Assess human resources development programmes and tools (Deliverable/output: report on the assessment of the human resources development)
Outcomes **(Achieved)**	The outcomes achieved with the objective 1,2 and 3 (WP7) are the following: – Guidelines for training of healthcare staff on frailty and multimorbidity – Overview of education and training programmes dealing with frailty and multimorbidity – Survey with professionals and EIP on AHA Action Groups – An experimental multidisciplinary short course programme (2 days) about frailty and multimorbidity addressed to social and healthcare professionals was planned and experimented in a local context (Piemonte Region) in 2 editions (July and September 2017)
Outputs **(Achieved)**	The above-mentioned outcomes were achieved through the following *outputs* (tasks), conducted through WP 4,5,6 and 7: – Assess human resources development programmes and tools (D7.1 Report on the assessment of the human resources development): o Piemonte has reviewed the literature and the quality of the information gathered in the questionnaires, taking into account also information from EIP-AHA. (ST: at least 2 researchers will perform literature review and synthesis) o Piemonte has assessed educational programmes paying a specific attention to gaps existent between standard training models and best practices or innovative models. – Definition of healthcare training needs (D7.1 and WP4 & WP5) o Partners involved had provided data and completed the questionnaire (ST: % of completed questionnaires) – Develop an innovative educational model (D 7.1) o Before designing the educational model for healthcare staff, Piemonte and Campania had designed a questionnaire to gather information related to training on frailty. The questionnaire has been completed by health and social care training providers and the questionnaire Training offer for older people care and frailty detection and management in the community has been completed by professionals (ST: % of valid responses within completed questions- expected value: >90%; valid response: about 90%) - An innovative experimental short course programme was developed and experimented with very high appreciation by social and

	healthcare professionals - One day workshop with local stakeholders (administrators and citizens) took place on 17th January 2018 - The workshop guaranteed a very good and wide dissemination of Sunfrail outcomes, resulting in course replication requests by local health units and other local authorities. - Dissemination was also done citing Sunfrail's outcomes and tools produced in the regional planning of the Italian Chronic care plan - Publication: Obbia P, Maggio M., Palummeri E. et al. The synergies between the CoNSENSo and the SUNFRAIL projects for the prevention of frailty in older adults and for the support to independent living at home. Preliminary results from Alta Val Trebbia. Rivista AGE - Marzo 2018 Volume XIII – Numero 1. The Sunfrail Educational Tool was referred to as a "perfect tool" to have different professionals working together, through the sharing of common integrated instruments.

3.6 Objective 4

Table 1- Project Planned Outcomes and Outputs

Objective 4 **WP2**	To promote the dissemination of the results with a focus on the strategic decision makers at regional, national and EU level, to support the adoption of effective policies for the prevention and management of frailty and care of multimorbidity.
Indicator (Expected: M&E Plan)	**Outcomes** 1. Dissemination Strategy Plan quality: ▪ DSP is sound and clear, as well as aligned to the SUNFRAIL milestones schedule. ▪ DSP development shared with partners. 2. Stakeholders mapping process and quality: ▪ Ongoing updating process of the mapping running. ▪ Careful identification of stakeholders coherent to both the primary and secondary target and the geographical coverage (by local, regional, EU level) ▪ Stakeholders mapping tool (database) is fed by both the WP leader and the project partners through different means (personal and institutional contacts, registration in the SUNFRAIL website to get the newsletter, registration of stakeholders in SUNFRAIL events, etc.). 3. Visual identity and promotional tools (logo, brochure**,** ppts template, newsletters, press kit): ▪ SUNFRAIL visual identity and promotional tools designed to fit a wide range of purposes *(i.e. coherence to project message, to the targets, to a specific activity and events.)* and to effectively meet the variety of needs. ▪ SUNFRAIL visual identity development shared with partners. ▪ Promotional tools updated according to the project progress. ▪ Promotional tools end use identified, in general, according to project needs specifically according to the specific action (*i.e. LinkedIn vs. Facebook account, that is, mainly professional vs. leisure - LinkedIn to connect and build up a professional milieu vs. a connection with general audience*). 4. Online and social media channels use (website, twitter, linkedin account): ▪ These tools are used (1) depending on the target(s) (2) in the right way (*i.e. targeted dissemination channels/targets, i.e general audience and/or targeted professionals, media, organisations, associations, institutions*) (3) and time *(i.e. effective tweet campaign to disseminate a specific activity of event implied (i) targeted information delivery (ii) both asynchronous and synchronous modes (live twitting) (iii) tweets both channelled at the optimum time and rewetted by most of the project partners (iv) mentions used to prompt influencers to engage with SUNFRAIL (v) facts, figures and questions used to engage audience and drive*

	retweet (vi) relevant content for SUNFRAIL audience…) ▪ Social media embedded in SUNFRAIL website. 5. Networking events carried out/visited ▪ Each project event (1) has a clear target group (2) tailored documents are produced to meet target groups expectations and needs (3) is properly publicized *(i.e. (i) save the date announcement (ii) targeted media involved (iii) programme duly disseminated (iv) satisfaction questionnaires shared and collected (v) nr. of participating stakeholders recorded (vi) participating stakeholders updated regarding project developments and follow-ups*). ▪ Project partners participation in event(s) other than SUNFRAIL events (1) news about partners participation in such events is timely shared among the consortium (2) partners feedback is collected to make the most out the upcoming SUNFRAIL presentation (*i,e, (i) updated data shared,(ii) timely disseminated (iii) social media involved, …*) (3) report of the external event participation circulated among partners. 6. WP reports delivered ▪ Detailed information about both time and mode of dissemination activity. ▪ Achievements are provided. ▪ Key information is highlighted. ▪ Encountered drivers and barriers to key dissemination activities are provided. ▪ Prospective solutions to overcome identified barriers are envisaged. 7. Publications other than expected SUNFRAIL deliverables ▪ SUNFRAIL publishing product (scientific papers, guidelines, news, etc.) hosted outside the SUNFRAIL ecosystem to disseminate project objectives and achievements published. ▪ Publications are produced starting form: (1) WP leader and partners monitoring of targeted media environment; (2) invitation from media to provide a deeper insight of the SUNFRAIL Project; (3) partners participating to high level events.
Indicator (Expected: M&E Plan)	**Output and targets** 1. Dissemination Strategy Plan ▪ 1 DSP: Y/N ▪ in due time according to the project schedule? Y/N 2. Stakeholders database ▪ Stakeholder mapping database: Y/N - 1 ▪ in due time according to the project schedule? Y/N 3. Visual identity and promotional tools Y/N ▪ in due time according to the project schedule? Y/N ▪ SUNFRAIL logo -1 ▪ SUNFRAIL brochure -1

	▪ SUNFRAIL ppts template - ▪ SUNFRAIL newsletters - at least 4 ▪ SUNFRAIL press kit - at least 1 4. Online and social media channels establishment Y/N ▪ per each product: Y/N - in due time according to the project schedule? ▪ SUNFRAIL website ▪ Sunfrail newsletter ▪ SUNFRAIL twitter account ▪ SUNFRAIL LinkedIn account 5. Networking Project events and tools Y/N - in due time according to the project schedule? Y/N ▪ Transnational workshop Y/N – 1 (ST: % of attendants/invited stakeholders) ▪ Local dissemination workshops Y/N –3 (ST: % of attendants/invited stakeholders) (ST:% Overall satisfaction on the content/output of the discussion) ▪ Final Conference Y/N – 1 (ST: % of attendants/invited stakeholders) ▪ Contact database Y/N – 1 6. WP reports delivered Y/N – 2 ▪ Summary report of the Final Conference: Y/N - in due time according to the project schedule? Y/N ▪ Summary report of dissemination activities: Y/N - in due time according to the project schedule? Y/N 7. Publications other than expected SUNFRAIL deliverables ▪ Scientific papers, guidelines, news hosted outside the SUNFRAIL ecosystem, etc. - Y/N – N. per type of publications.
Monitoring and Evaluation Criteria (Expected: M&E Plan)	○ Achievement of the planned dissemination activities ○ Quality and impact of the dissemination activities ○ Points of discussion among stakeholders during the event ○ Instruments and tools for dissemination activities ○ Adequacy of dissemination methods and techniques ○ Leadership regarding dissemination activities ○ Collaboration between partners in disseminating the project outcomes/puts ○ n. of events on which it has been distributed. ○ n. leaflet produced/distributed ○ n. of languages

Data Collection and Instruments	• Data collection and analysis tools are identified according to the tools/instrument to be surveyed, such as: • Twitter analytics to measure tweet performance (N. of tweets, retweets, followers, …) • LinkedIn analytics, mainly to assess SUNFRAIL reception in targeted professional's circles (N…,). • Satisfaction questionnaire to explore participants' satisfaction, willingness to cooperate or receive project updates. • SUNFRAIL website statistics • SUNFRAIL newsletter: web tool (Mailchimp) • Discussion among partners during project meetings in order to share achievements, ask for needs, raise awareness about possible barriers and opportunities in the forthcoming events or major dissemination activities to be settled.
Frequency / Schedules	Monitoring of the activities will be performed according to the following schedule: M8, M12, M18, M24, in the way to match the results with deliverables and milestones foreseen by the project operational plan. Evaluation will be done according to the schedule indicated above (M19, M29), based on the proposed indicators and evaluation criteria.
Responsibility	Partner (task and WP leader) will be responsible to collect data on the activities performed according to the monitoring and evaluation checklist provided by the M&E Leader. Data will be provided periodically (according to the schedule above), from first task participants to WP Leaders then to M&E Leader. University of Deusto is responsible for data analysis and reporting.

Table 2- Project Achieved Outcomes and Outputs

Objective 4 **WP2**	To promote the dissemination of the results with a focus on the strategic decision makers at regional, national and EU level, to support the adoption of effective policies for the prevention and management of frailty and care of multimorbidity.
Outcomes (Achieved)	The outcomes achieved with the objective 4 (WP2) are the following: – Dissemination Strategy and Action Plan – Stakeholders mapping process and quality – Visual identity and promotional tools – Online and social media channels use – Networking events carried out/visited – WP reports delivered – Publications other than expected SUNFRAIL deliverables
Outcomes (Achieved)	Dissemination Strategy and Action Plan (D2.3) - EUREGHA submitted the Dissemination Plan, which was supposed to be delivered by July 2015 and which was accepted in the participants portal on 23 October 2015. The techniques used to gather the information (partner's discussion, emails, writing contributions, reports review, etc.) were the proper ones to design and implement the strategy. - Project transnational workshop with PPs, relevant institutions and collaborating stakeholders; identify operational definition of frailty and multimorbidity. (task 2.4) - The coordinator of the project, RER-ASSR lead the action and organized two workshops in 18 months: - There have been 2 transnational workshops: Bologna (March 2016) and Naples (October 2016) with the participation of international stakeholders and advisory board members. Number of attendants: Bologna (81 participants) and Naples (54 participants). - Dissemination instruments used: specially designed material to promote the Transnational workshops: workshop poster and agenda. General dissemination channels: leaflets, project's website, local dissemination events, articles in partner's websites, LinkedIn group, Twitter account, etc. - The methods and techniques are adequate. - All partners had been involved in dissemination activities. o CHU/Jean Bousquet wrote an article on the Chrodis criteria applied to Sunfrail Good practice. The article has been published: https://www.ncbi.nlm.nih.gov/pubmed/29075437 Clin Transl Allergy. 2017 Oct 23;7:37. doi: 10.1186/s13601-017-0173-8. eCollection 2017. CHRODIS criteria applied to the MASK (MACVIA-ARIA Sentinel Network) Good Practice in allergic rhinitis: a SUNFRAIL report. o CHU/ Jean Bousquet, through the MASK project, presented the Sunfrail project in several cities around the world (prevention, assessment of frailty – related to asthma and Rhinitis).

	Stakeholders analysis (task 2.1) - EUREGHA designed a template to gather the information from partners. The template included the following information to complete: Type of entity, level, organization name, country, contact person, job title, email, website and comments. - Partners have contributed to the stakeholders' database by identifying in their region and area of influence the key stakeholders related to Sunfrail's scope. - The database is done. - Database is formed by 187 entities from European, national and regional level, classified in different categories: Government bodies (82 agents), NGOs, networks and associations (45), EU projects and initiatives (30), Research Institutes (30). In addition, 104 contacts from Regional and Local Health Authorities from EUREGHA Member regions from across the EU receive the SUNFRAIL newsletters and project information. Dissemination Map and Tools (task 2.5) o The methods and techniques are the adequate ones to disseminate the project at European level. The dissemination strategy is aligned to different target groups: society, scientific community, students, care givers, doctors, public authorities and other professionals. Visual identity and promotional tools - Project brochures have been distributed in both transnational workshops and during the EUREGHA Annual conference "Linking Chronic Diseases and Frailty" in Brussels in December 2015; also made available when partners presented SUNFRAIL project in other local events, such as the kick-off meeting of the CONSENSO project in Torino in April 2016, organised by Piemonte. - 500 SUNFRAIL business cards printed: 250 leaflets in Italian and 500 in English. The brochures are available for download on the project website. - The brochures are in English, Italian and French. - SUNFRAIL ppts template was developed for dissemination events - 4 SUNFRAIL newsletters were produced - The SUNFRAIL press kit was produced Online and social media channels use Networking events carried out/attended – Local Dissemination workshops (task 2.6) o SUNFRAIL has been continuously disseminated during many events organised by project partners: 1) EUREGHA Annual Conference 2015 'Linking Chronic Diseases and Frailty', where SUNFRAIL was presented alongside many

	related EU projects and initiatives on frailty and chronic diseases (EIP on AHA, JA-CHRODIS, Joint Action on Frailty) 2) Sunfrail Seminar. EIP-AHA and Sunfrail: Preliminary results and Good practices (Brussels, 5 April 2017) 3) AOU Federico II organised a workshop in September 2016 'Digital Health and Health Innovation. How to change?' where SUNFRAIL was presented 4) SUNFRAIL will be presented during the Geriatric Conference in Katowice, Poland in December 2016 by Medical University of Lodz. ○ The methods and techniques are the adequate -Publications other than expected SUNFRAIL deliverables – Final Conference (D2.3) ○ Dissemination: Given the project extension, instead of a 5th Newsletter, several "news flashes" have been circulated to the SUNFRAIL stakeholder list with project updated and the Final Conference save-the-date. (3 Oct, 17 Nov, 15 Dec and mid-January 2018). A specific section about the Final Conference has been created on the SUNFRAIL website.
Achieved **Outputs and target**	The above-mentioned outcomes were achieved through the following *outputs* (tasks): 1. Dissemination Strategy Plan ▪ 1 DSP: Yes ▪ in due time according to the project schedule? No. It was scheduled for July 2015 and it was submitted the October, 23 2. Stakeholders database ▪ Stakeholder mapping database: Yes ▪ in due time according to the project schedule? Yes 3. Visual identity and promotional tools Yes ▪ in due time according to the project schedule? Yes ▪ SUNFRAIL logo -1: Yes ▪ SUNFRAIL brochure -1: Yes ▪ SUNFRAIL ppts template: Yes ▪ SUNFRAIL newsletters: achieved 4 out of 4 ▪ SUNFRAIL press kit - at least 1: Yes 4. Online and social media channels establishment Yes ▪ per each product: Yes - in due time according to the project schedule? ▪ SUNFRAIL website: Yes ▪ Sunfrail newsletter: Yes ▪ visuSUNFRAIL twitter account: Yes

	▪ SUNFRAIL LinkedIn account: Yes 5. Networking Project events and tools Yes - in due time according to the project schedule? Yes ▪ Transnational workshop Yes, in Bologna (Italy, March 2016) and Naples (Italy, March 2016) (ST: % of attendants/invited stakeholders87/120) ▪ Local dissemination workshops Yes (given the participation of local stakeholders and the discussions held in the afternoon, the transnational workshop was also a local dissemination event). ▪ Final Conference: Yes (February 2018) (ST: % of attendants/invited stakeholders 130/150) ▪ Contact database Yes 6. WP reports delivered Yes ▪ Summary report of the Final Conference: Produced after the final conference ▪ Summary report of dissemination activities: Yes - in due time according to the project schedule? Yes ▪ Layman report: to be delivered at the end of the project 7. Publications other than expected SUNFRAIL deliverables ▪ Scientific papers, guidelines, news hosted outside the SUNFRAIL ecosystem, etc.

3.7 General process indicators for WP 1

WP 1	Project Management and Coordination
General process indicators (Expected: M&E Plan)	1. % of reporting (technical/financial), by PPs in due time (vs. the operational plan) 2. % of accomplishment of deadlines of milestones and deliverables by PPs in due time
Achieved	The 100% of the deliverables and reports are submitted. However, since the project process has a delay all submitted deliverables were submitted a little bit late.

3.8 Reasons for deviations in the submission of deliverables

During the timeframe of the first reporting period some deviations from the time frame had been determined by a delay in the accomplishment of few project tasks that had a domino effect on the submission of some deliverables. Delays have been also due to the complexity of the project, and consequent need to insert in the operational plan many tasks and deliverable requiring high quality reports.

Particularly, some delays occurred during the phase of literature review (Task 4.1.2). Due to the complexity and heterogeneity of literature available on frailty and multimorbidity, the conduction of the review could have missed too many important contributions if only focused on these two terms; especially considering that they have been coined more recently than the real starting of activities and interventions in the fields. For adequately proceeding in the development of the instruments of interest, it was decided to conduct a more extensive (and lengthily) review of existing evidences, in order to be more conservative in our decisions. The higher amount of evidence available has also brought to the need of considering more material in the development of the instruments, again for avoiding that the results of the task could have appeared too selective or biased.

At the same time, the validation of criteria designed to identify good practices had also some delays due to the unavailability of the Pro-EIP-AHA new repository (Task 4.2.1). In some cases, delays were also due to the low/slow responses provided by the EIP-AHA network to the monkey survey launched for the D5.1 and task 7.1.

Given the strong interconnection between the tasks of the WP4 and WP5, and in some cases due to

the complexity of the questionnaires developed, some key deliverables were also delayed. Particularly, for deliverables D5.1 (report of patients/final beneficiaries on perception on frailty and multimorbidity and expectations); D 5.2 (report on RS health and social service delivery); D4.2 (identified tools to predict frailty and multimorbidity); and D4.1 (a pre-model of care) a delay on a single questionnaire or preparatory documents determined, in a domino effect, the delay of the interconnected deliverables.

Some challenges occurred in the collection of the data related to the patients/final beneficiary's perception and expectations on frailty and multimorbidity. Monkey surveys questionnaires were submitted to the EIP-AHA networks, but the response had been fairly low. However, the WL leader (HSCB) had also collected further information using alternative qualitative and quantitative assessment tools in order to collect the requested data from the end users. The same problem occurred with the collection of data on human resources development programmes and tools.

The same effect had also influenced the organization of the two transnational workshops that were postponed in the Gantt chart and respectively took place on M11 and M18.

The deliverable 3.1 Project Monitoring and Evaluation Plan, coordinated by the University of Deusto, was presented with a delay of five months: it was scheduled for M3 and it was submitted to the Agency in M8. The main reasons for the delay was the technical complexity of the report that imply a deep discussion among partners concerning the indicators, evaluation criteria and tools and data flow management included in the M&E plan and indicators Matrix.

In addition, at the beginning of the project the ASSR-RER was undergoing important institutional internal changes that created some delays, especially in the administrative set up in the starting phase of the project.

However, since March 2016 partner have revised the implementation plan and committed successfully to finalize the remaining pending tasks and deliverables that were all submitted between October and November 2016. All the remaining activities and related deliverables have been finalized in time and developed at best.

4. Data collection and analysis

Monitoring project's results was performed periodically during the project implementation (M8, M12, M18, M24, and M30), culminating with a mid-term (M19), and a final evaluation at the end of the project (M34). Partners were responsible to collect data on the activities performed according to the monitoring and evaluation checklist provided by the M&E Leader (University of Deusto-DeustoTech Life).

Data were provided periodically (according to the schedule indicated above), from first task participants to WP Leaders then to M&E Leader. University of Deusto (DeustoTech Life) was responsible for data control, analysis and reporting. For further details on the indicators collected see the Matrix on Indicators and Evaluation Criteria per WP in annex 1.

The sources of information used were: the documents assessed by the project, the reports and deliverables produced, dissemination tools and materials, the EC participant portal and others. The information analysed and reported by the WP leader were periodically shared with PPs for validation.

5. Conclusions

Despite the delays occurred initially, the project succeeded to achieve expected results in terms of extensiveness and quality of the outputs and the outcomes produced.

Annex I - Matrix on Indicators and Evaluation Criteria per WP

WP2 - Indicators and evaluation criteria matrix:

Task	Description of Activities/Deliverables/Milestones	Responsibility - Partner	Completion Date	Indicators			Data Collection Instruments	Evaluation Criteria	M&E Plan review and assessment			
				Process	Output	Outcome			Evaluation: Indicators | Outcomes	Evaluation: Indicators | Outputs and targets	Status (Final)	Link to Deliverable
2.1	Stakeholders analysis	▪ EUREGHA, in collaboration with PP	M3 (July 2015)	Stakeholders mapping tool (database) is fed by both the WP leader and the project partners through different means	Stakeholders database	▪ Stakeholders mapping process and quality: - Ongoing updating process - Careful identification of stakeholders coherent with target and geographical coverage	Stakeholders mapping tool (database)	▪ Achievement of the stakeholder analysis ▪ Quality of stakeholders' mapping (type, geographic distribution) ▪ Adequacy of analysis methods and techniques ▪ Collaboration between partners in the analysis	The database is done Currently the database is formed by 187 entities from European, national and regional level, classified in different categories: Government bodies (82 agents), NGOs, networks and associations (45), EU projects and initiatives (30) and Research Institutes (30). In addition, 104 contacts from Regional and Local Health Authorities from EUREGHA Member regions from across the EU receive the SUNFRAIL newsletters and project information. EUREGHA designed a template to gather the information from partners. The template included the following information to complete: Type of entity, level, organization name, country, contact person, job title, email, website and comments. Partners have contributed to the stakeholder's database by identifying in their region and area of influence the key stakeholders related to Sunfrail's scope.	2. Stakeholders database - Stakeholder mapping database: Yes - In due time according to the project schedule? Yes	Done: The goal is to keep the database updated until the end of the project. Project partners will keep Euregha informed about any update	D2.1

2.3	Dissemination Strategy and Action Plan -Preliminary version (kick off meeting) -Final version (D)	▪ EUREGHA, in collaboration with PP ▪ EUREGHA	M1 (May 2015) M3 (July 2015)	Preparation of Dissemination Strategy Plan	Dissemination Strategy Plan	▪ Dissemination Strategy Plan quality: - DSP is sound and clear, as well as aligned to the SUNFRAIL milestones schedule. - DSP development shared with partners	Discussion among partners during project meetings ▪ Points of Discussion among stakeholders during the workshop	§ Adequacy of dissemination methods and techniques	EUREGHA submitted the Dissemination Plan, which was supposed to be delivered by July 2015 and which was accepted in the participant's portal on 23 October 2015. The techniques used to gather the information (partner's discussion, emails, writing contributions, reports review, etc.) were the proper ones to design and implement the strategy	1. Dissemination Strategy Plan - 1 DSP: Yes - in due time according to the project schedule? No. It was scheduled for July 2015 and it was submitted the October, 23 7. Publications other than expected SUNFRAIL deliverables - Scientific papers, guidelines, news hosted outside the SUNFRAIL ecosystem, etc.: No – N. per type of publications.	Done: The aim is to implement and enrich the strategy along the project organizing and identifying new events and formats to disseminate the project.	D2.1
2.4	Project transnational workshop with PPs, relevant institutions and collaborating stakeholders (D) -identify operational definition of frailty and multimorbidity	▪ RER-ASSR-ASTER ▪ EUREGHA ▪ Collaboration with PP	M 9 (Jan.2016)	▪ Collect necessary evidences ▪ Invite relevant institutions/ stakeholders ▪ Plan for local dissemination events	▪ Shared definition by stakeholders on the operational dimension of frailty and multimorbidity (Health Services and social response to frailty ▪ Plan for local dissemination events	▪ Project transnational workshop quality: ▪ % of attendants/invited stakeholders ▪ Report on the result of the workshop	Discussion among partners during project meetings ▪ Points of Discussion among stakeholders during the workshop ▪ Dissemination material elaborated ▪ Findings of task 4.1.2, 4.2.1 ▪ Report on the results of the workshop	▪ Leadership and coordination aspects ▪ Points of discussion among stakeholders during the event ▪ Instruments and tools for dissemination activities ▪ Adequacy of dissemination methods and techniques ▪ Collaboration of partners in disseminating the project outcomes/puts	The coordinator of the project, RER-ASSR led the action and organized two workshops in 18 months. There have been 2 transnational workshops: Bologna (March 2016) and Naples (October 2016) with the participation of international stakeholders and advisory board members. Number of attendants: Bologna (81 participants) and Naples (54 participants) Dissemination instruments used: specially designed material to promote the Transnational workshops: workshop poster and agenda. General dissemination channels: leaflets, project's website, local dissemination events, articles in partner's websites, LinkedIn group, Twitter account, etc. The methods and techniques are adequate All partner's had been involved in dissemination activities	5. Networking Project events and tools Yes - in due time according to the project schedule? Yes - Transnational workshop Yes, in Bologna (Italy, March 2016) and Naples (Italy, March 2016) (ST: % of attendants/invited stakeholders) - Local dissemination workshops: Yes (given the participation of local stakeholders and the discussions held in the afternoon, the transnational workshop was also a local dissemination event). (ST: % of attendants/invited stakeholders) (ST:% Overall satisfaction on the content/output of the discussion) - Final Conference: No, it is planned for October 2017 (ST: % of attendants/invited stakeholders) - Contact database: Yes	Done: Two transnational workshops have been organised.	D2.1. D2.2 and D2.3

2.5	Dissemination Map and Tools: -Preliminary version (kick off meeting) -Final version (D)	▪ EUREGHA, in collaboration with PP ▪ EUREGHA	M1 (May 2015) M3 (July 2015)	▪ Development and implementation of the dissemination map: -Visual identity and promotional tools -Online and social media channels	▪ Dissemination Map and tools. ▪ Visual identity and promotional tools ▪ Online and social media channels	▪ SUNFRAIL visual identity and promotional tools designed to fit a wide range of purposes. - shared with partners - according to the project progress ▪ Promotional tools end use identified, in general, according to project needs ▪ Online and social media channels use	▪ Target group map ▪ Dissemination tool methods	▪ Adequacy of dissemination methods and techniques	The methods and techniques are the adequate ones to disseminate the project at European level. The dissemination strategy is aligned to different target groups: society, scientific community, students, care givers, doctors, public authorities and other professionals.	1. Dissemination Strategy Plan - 1 DSP: Yes - in due time according to the project schedule? No, it was delayed from April to October 2015 3. Visual identity and promotional tools Y/N - in due time according to the project schedule? Y/N - SUNFRAIL logo 1: Yes - SUNFRAIL brochure 1: Yes - SUNFRAIL ppts template: Yes - SUNFRAIL newsletters - achieved 3 out of 4 (the 4th is expected after SUNFRAIL Final Conference) - SUNFRAIL press kit - at least 1: Yes 4. Online and social media channels establishment Yes - per each product: Yes - in due time according to the project schedule? Yes - SUNFRAIL website: Yes - Sunfrail newsletter: Yes - SUNFRAIL twitter account: Yes - SUNFRAIL LinkedIn account: Yes	Done	D2.1, D2.2 and D2.3

2.6	Local Dissemination workshops: -Planning and organizing local events/worksh ops for information dissemination	▪ EURE GHA, in collab oratio n with PP	M9, M16, M28	Support partners to organize local dissemi nation worksho ps	▪ Develop local dissemi nation material and tools ▪ Invite relevant stakehol ders	▪ local disseminatio n workshops carried out/planned -% of attendants/i nvited stakeholders -satisfaction questionnair es filled - tailored documents produced -event properly publicized	▪ Points of discussion among stakeholders during the workshops and related outcomes	▪ Points of discussion among stakeholders during the event ▪ Instruments and tools for dissemination activities ▪ Adequacy of dissemination methods and techniques	Up to date, none of the foreseen local dissemination workshops has been organised, due to a general preference among partners to showcase results rather than the process. However, SUNFRAIL has been continuously disseminated during a number of events organised by project partners. Examples include: 1) EUREGHA Annual Conference 2015 'Linking Chronic Diseases and Frailty', where SUNFRAIL was presented alongside a number of related EU projects and initiatives on frailty and chronic diseases (EIP on AHA, JA-CHRODIS, Joint Action on Frailty) 2) AOU Federico II organised a workshop in September 2016 'Digital Health and Health Innovation. How to change?' where SUNFRAIL was presented 3) SUNFRAIL was presented during the Geriatric Conference in Katowice, Poland in December 2016 by Medical University of Lodz. 4) Sunfrail Seminar. EIP-AHA and Sunfrail: Preliminary results and Good practices (Brussels, 5 April 2017) 5) SUNFRAIL was presented at the European Parliament, ENVI Committee on 21 November 2017, in the framework of the workshop "Limits and potential of the 3rd Health Programme" The methods and techniques are adequate	5. Networking Project events and tools Yes - in due time according to the project schedule? Yes - Local dissemination workshops: No. (ST: % of attendants/invited stakeholders) (ST:% Overall satisfaction on the content/output of the discussion) 3. Visual identity and promotional tools Yes - in due time according to the project schedule? Yes - SUNFRAIL logo 1: yes - SUNFRAIL brochure 1: yes in English, French and Italian - SUNFRAIL ppts template1: yes - SUNFRAIL newsletters - at least 4: No - SUNFRAIL press kit - at least 1: yes	Done	D2.1

2.7	Project Leaflet and updated versions (M)	▪ EUREGHA, in collaboration with RER-ASSR	M3 (July 2015), M30 (Oct.2017)	▪ Compile information from project reports ▪ Elaborate the graphic part	Updatable leaflet reporting project results	▪ See point 5 of M&E plan (pg 17) – Project Brochure	▪ Project reports Other publications	-n. of events on which it has been distributed -n. leaflet produced/distributed -n. of languages	Leaflets have been distributed in both transnational workshops and during the EUREGHA Annual conference "Linking Chronic Diseases and Frailty" in Brussels in December 2015; also made available when partners presented SUNFRAIL project in other local events, such as the kick-off meeting of the CONSENSO project in Torino in April 2016, organised by Piemonte. 500 SUNFRAIL business cards printed: 250 leaflets in Italian and 500 in English. The leaflet is now also available in French. The leaflets are available for download on the project website. The leaflets are in English, Italian and French		Done	D2.1
2.8	Layman version of the final report (M)	▪ EUREGHA, in collaboration with RER-ASSR	M30 (Oct.2017)	Preparation of layman version of the final report	Final report layman version	Quality of layman version in terms of adherence to dissemination plan guidelines	Project reports from all PPS	▪ Quality of the final report: - Adequacy of dissemination methods and techniques - Collaboration between partners in disseminating the project outcomes/puts	To be evaluated at the end of the project	6. WP reports delivered Yes - Summary report of the Final Conference: No - in due time according to the project schedule? No, it will be done after the final conference - Summary report of dissemination activities: yes - in due time according to the project schedule? Yes - Layman report It will be done at the end of the project	Done	Link to compulsory reports established by Chafea agency

2.9	Final Conference (D)	▪ RER-ASSR/ ASTER ▪ Information-Dissemination: EUREGHA, in collaboration with PP	M30 (Oct.2017)	Organization of final conference: ▪ Collect necessary evidences ▪ Invite relevant institutions/ stakeholders Plan for local dissemination events	Shared findings of experimentation: - exchange of good practices - elements of sustainability and transferability	Quality of the final conference: -% of attendants/invited stakeholders -Report on the result of the workshop	▪ Points of discussion among stakeholders during the workshops and related outcomes Project reports from all PPS ▪ Dissemination material and channels	Quality of the final conference: ▪ Leadership and coordination aspects ▪ Discussion among stakeholders during the event ▪ Quality and impact of dissemination activities ▪ Adequacy of dissemination methods and techniques ▪ Collaboration of partners in disseminating the project outcomes/puts	Dissemination: Given the project extension, instead of a 5th Newsletter, several "news flashes" have been circulated to the SUNFRAIL stakeholder list with project updated and the Final Conference save-the-date. (3 Oct, 17 Nov, 15 Dec and one foreseen for mid-January 2018). A specific section about the Final Conference has been created on the SUNFRAIL website. To be evaluated at the end of the project	5. Networking Project events and tools Yes - in due time according to the project schedule? Yes - Final Conference: No, it is planned for October 2017 (ST: % of attendants/invited stakeholders)	Done	D2.3

WP4 - Indicators and evaluation criteria matrix:

Task	Description of Activities/Deliverables/Milestones	Responsibility - Partner	Completion Date	Indicators			Data Collection Instruments	Evaluation Criteria	M&E Plan review and assessment			
				Process	Output	Outcome			Evaluation: Indicators | Outcomes	Evaluation: Indicators | Outputs and targets	Status (Final)	Link to Deliverable
4.1.2	§ Literature review to identify dimensions of frailty and multimorbity / comorbidity § Identification of dimensions of frailty (from EIP-AHA Montpellier meeting) (D)	§ CHU/Carsat, in collaboration with PP	M2-M6 (June-Oct.2015)	§ Identify a relevant bibliographic research strategy (keywords (frailty [AND] multimorbidity OR comorbidity inclusion/exclusion criteria, sources: (Medline) § Literature review § Send a draft to partners and collect feedback § Complete the document with the feedback § Send the final document to all partners for validation.	§ A report with a summary of the existing definitions of frailty and multimorbidity and related experiences of identification and care § A table with the references used. § AHA questionnaire discussed.	§ Definitions of frailty and multimorbidity classified by domains. § Integrated socio-medical approach formalized. § An operational definition of frailty and multimorbidity shared by stakeholders during the opening transnational workshop.	§ Table for the literature review Diagram to classify the dimensions of frailty and multimorbidity	Comprehensiveness of information collected Number and variety of articles collected - Range of sources of information - Participation of partners to complete the review and analysis (yes/no and nb vs total) (to be decided among partners) § Relevance of the dimensions of frailty and multimorbidity identified - Social and medical sectors explored (yes/no)	CHU with the assistance of Carsat and the collaboration of partners reviewed the international literature related to frailty Screened 3.299 papers, selected 1.379 in phase 1, 2 and 3 Complete with info about the sources All partners had contributed to the review of the literature by providing with information to CHU Frailty was analyzed through different dimensions: Biophysical, psychological and cognitive, social and environmental. Yes social and medical sectors had been explored	1. International literature review on frailty and multimorbidity performed according to the set criteria Standard (ST): ¾ of set inclusion and exclusion criteria fulfilled and agreed	Done	The literature review is included in WP.4.1.2 Literature Review Synthesis Report

4.2.1	§ Inventory and analysis of the existent documentation and tools on AG and RS (good) practices: EIP-AHA Compilation of good practices (AG A1, A3, B3), others § Identification of criteria for the analysis of RS Good Practices on Frailty and Multimorbidity (D)	§ CHU/CARSAT Lodz, Deusto, Campania, Piemonte	M2-M6 (June-Oct.2015)	§ Link with Repository of good practices of the EIP on AHA § Agreement on KPI to apply to the different GPs in order to assess impact	§ Identified criteria/KPI for the assessment of EIP-AHA good practices on frailty and multimorbidity § Map of good practices from EIP-AHA initiative	§ Quality (Relevance, Comprehensiveness and Credibility) of the information collected § An identified minimum set of criteria for the identification of good practices	§ Repository of good practices and other documents from EIP on AHA § Guidelines on the criteria for the assessment of good practices § Sunfrail Deliverables Reports and other project documents § PPs documents	§ Relevance, Comprehensiveness and Credibility of the information -Adherence to set criteria for the identification of good practices - Good practices reflecting the areas of interests -reference to official documents, plans and guidelines)	Before starting the process, CHU/CARSAT defined the criteria and methodology to assess Good Practices CHU/Carsat assessed good practices from the EIP-AHA initiative (A3, B3) in order to validate the criteria identified In total, the consortium has gathered 30 GP. Compulsory: minimum 2 per partner. There are two partners that had not achieved this target: Piemonte has presented 1 GP and Liguria still needs to present 2 GPs The GP are linked to regional plans, policies and guidelines	2. Identified criteria/KPI (Key Performance Indicators) for the assessment of EIP-AHA good practices on frailty and multimorbidity: indicate the KPIs used 3. Map of good practices from EIP-AHA initiative on frailty and multimorbidity ST: at least 80% of EIP-AHA thematic reports assessed ST: identified minimum set of criteria for good practices on frailty and multimorbidity	The Report is finalized: The CE asked to revise the Sunfrail GPs against Chrodis criteria	WP 4.2.1 Reference Site Good Practices report

4.2.2	Assessment of partner's social and health systems: § Development of instruments for data collection and analysis § Elaboration of report (D)	§ RER-ASSR, in collaboration with PP	M3-M7 (July-Nov.2015)	§ A Questionnaire for data collection on RS health and social systems developed and shared § A template for reporting developed and shared	* A report on RS health and social systems developed and shared between PP § A chart mapping different systems elements An outline of Pre-Model developed and adapted tools.	§ Quality (Relevance, Comprehensiveness and Credibility) of the information collected for the report	§ Questionnaire for data collection on RS health and social systems filled by all PPs (excluded WP2 leader) § Sunfrail Deliverables Reports and other project documents § PPs documents	§ Relevance and Comprehensiveness of information collected: - partners answering to the questionnaire (n-vs. total): all PPs -demographic and social background information explored (yes/no) -regulatory aspects (regional and national strategies and laws) described (yes/no) - funding schemes and strategies described (yes/no) -both public and private sectors explored (yes/no) - integrated approaches involving health and social care described (yes/no) - preventative approaches and risk reduction described (yes/no) -both the dimensions of frailty and multi-morbidity addressed (yes/no) § Credibility of sources of information (reference to official documents, plans and guidelines)	The information gathered is relevant for the project and the scientific community All partners answered the questionnaires Total number of questionnaires: 100% (indicate the number) Yes Yes Yes Yes Yes Yes Yes The information provided by partners is reliable and accurate	4. A Report on Health Systems developed and shared between project partners (PPs), incl. a chart mapping different systems element (health and social care) ST: 100% of PPs Health Systems assessed – excluding WP2 leader	A full report was elaborated	

4.2.3	**Develop the Pre-Model** (D)	§ RER-ASSR, Gerontopole, CHU/Carsat, HSCB, Liguria	M8-M12 (Dec. 2015 – April 2016)	Preparation of the pre-model based on the information from all PPs		§ Identified RS Health-Social Services-Good Practices. § Analysis of tools for the assessment of frailty and multimorbidity. § Responsiveness of the Good Practices to patient's/final beneficiaries needs.	§ Sunfrail Deliverables Reports and other project documents § PPs documents	§ Quality of the pre-model: - Relevance, comprehensiveness and credibility of sources of information - Adherence to set criteria -Inclusion of social, health, and educational dimensions from all PPs systems/services	The report done has identified tools to predict frailty and multimorbidity in partner's countries. The information has been gathered with partner's contributions providing data about their local care and health systems. The information included social, health and educational dimensions.	5. Identified methodology and tools for the identification of frailty and multimorbidity (reflecting health and social care): SUNFRAIL Tool to detect frailty, including pathways, has been designed ST: 100 % of PPs - excluding WP2	Done	D4.1
4.2.4	Identifications of tools to assess and manage frailty and multimorbidity and their costs (D)	§ Gerontopole, in collaboration with RER-ASSR, CHU/Carsat, Piemonte; Technical support of Poland and Deusto § RER-ASSR (costs analysis)	M8-M12 (Dec. 2015 – April 2016)	Identification of tools based on the information collected	§ Assessment of tools used by RS for the identification of frailty and multimorbidity by level of care	An identified minimum set of tools for the identification of frailty and care of multimorbidity potentially adoptable within the health and social care sectors	§ Templates for data collection on RS health and social services, including the tools for the identification of frailty § PPs documents	§ Relevance, Comprehensiveness and Credibility) of the information: -Tools reflecting the dimensions of interests (frailty, multi-morbidity), by level of care	Gerontopole, RER and all PPs have designed a tool for the early identification of frailty (Sunfrail tool)	5-Identified methodology and tools for the identification of frailty and multimorbidity (reflecting health and social care) ST: 100% of PPs-excluding WP2	A full report was elaborated	D4.2

4.3.0	Review the model and the tools for the assessment of frailty and multimorbidity (D)	§ RER-ASSR, Gerontopole, HSCB, CHU/Carsat, Liguria, all PPs	May-June 2016 (M13-M14)	Adaptation of the model based on the real data collected throughout survey and taking into account literature search and results of qualitative investigation	A report on the model developed (based on the results of WP4, WP5 and WP7), including the following: -assessment of RS Health-Social Services-Good Practices -the analysis of tools for the assessment of these conditions -responsiveness to patient's/final beneficiaries needs -the assessment of the human resources development programmes and tools	Quality (Relevance, Comprehensiveness and Credibility) of the information collected for the report produced	§ Sunfrail Deliverables Reports and other project documents § PPs documents	-Relevance and Comprehensiveness of the information collected -Credibility of sources of information -Adherence to set criteria for good practices -Good practices and tools reflecting the areas/dimensions of interests	Partner's contribution, literature review and advisory member's contributions has been key tools to review the first model and improve its technical approach	5. Identified methodology and tools for the identification of frailty and multimorbidity (reflecting health and social care): Phases 1 and 2 of the Experimentation Plan has been implemented. The consortium is implementing Phase 3 and the first preliminary data are going to be analyzed in the Steering Committee in Brussels (April, 4 2017) and presented during the dissemination event: Sunfrail Seminar with AHA (ST: 100 % of PPs - excluding WP2)	Done	D4.1
4.3.1	Project transnational workshop to share the model (M)	§ RER-ASSR-ASTER § EUREGHA § Collaboration with PP	July 2016 (M15)	§ Collect necessary evidences § Invite relevant institutions/ stakeholders § Plan for local dissemination events	Transnational workshop	§ The developed Model of Care (mapping of RS Systems, Services and tools) will be shared with relevant institutions and collaborating stakeholders § % of attendants/invited stakeholders § Report on the result of the workshop	§ Sunfrail Deliverables Reports and other project documents § PPs documents	§ Leadership and coordination aspects § Discussion among stakeholders during the event § Quality and impact of dissemination activities § Adequacy of dissemination methods and techniques § Collaboration of partners in disseminating the project outcomes/puts	During the workshop, organized in Naples in October 2016, the consortium shared the pre-model. The preliminary products and results of the experimentation will be presented during the dissemination event organized with AHA in Sunfrail seminar (Brussels, April 5 2017)	There is no indicator linked to this task	Done	Workshop organized in Naples in October 2016

WP5 - Indicators and evaluation criteria matrix:

Task	Description of Activities/Deliverables/Milestones	Responsibility - Partner	Completion Date	Indicators			Data Collection Instruments	Evaluation Criteria	M&E Plan review and assessment			
				Process	Output	Outcome			Evaluation: Indicators | Outcomes	Evaluation: Indicators | Outputs and targets	Status (Final)	Link to Deliverable
5.1	Analysis of the EIP-AHA initiative on patients/beneficiaries empowerment within the A3: § Analysis of the survey on Health literacy of functional capacity decline and frailty (CPME), MISTRAL survey, others § Assess the need for further investigations on patients/beneficiaries	§ CHU/Carsat, HSCB, Lodz Deusto, Gerontopole	M5-M6 (Sept.-Oct. 2015)	§ Collect and classify the initiative in the A3 field § first draft § Contact EIP-AHA network and others § Final draft	Analysis of the EIP-AHA initiative on patients/beneficiaries	§ Quality (relevance, credibility and comprehensiveness) of the information collected	§ EIP-AHA reports/other reports on this subject § Sunfrail Deliverables Reports/other project documents PPs documents	§ Relevance and Comprehensiveness of the information collected -Range of sources of information drawn upon (EIP-AHA, Others)on: - Frailty in community settings - Integrated approaches involving health and social care - Preventative approaches and risk reduction exercise) § Credibility of sources of information guidelines	HSCB analyzed the work done by EIP-AHA within the initiatives on patients and beneficiaries. A monkey survey was then launched through the EIP-AHA to further assess significant experiences. The assessment was also conducted by Sunfrail's project partners - Self management (for e.g. medication, -reference to official documents, plans and	4. Analysis of the EIP-AHA initiative on patients/beneficiaries (ST: 100% of EIP-AHA/other reports assessed) 5. Qualitative investigations on patient's and beneficiaries performed and reported ST: 50% of PPs - excluding WP2 leader	Done	T5.1 The report The Assessment on the EIP and other initiatives on patients and beneficiaries perception and expectations on Frailty and multimorbidity was finalized.

5.2	§ Conduct further investigations (qualitative-FGDs), to assess patients/final beneficiaries perception and expectations on frailty and multimorbidity § Report on patients/beneficiaries perceptions and expectations (D)	§ HSCB, Gerontopole, CHU/Carsat	M5-M8 (Oct. – Dec.2015)	§ Design qualitative Investigations on pts./final beneficiary's § Conduct qualitative investigations § Report on activities performed and findings	§ A Report on qualitative investigations on patient's/beneficiaries performed § Elaborate results	-Assessed need for further investigations on patient's/beneficiaries -Quality of the report on responsiveness of the Good Practices to patient's/final beneficiaries needs	Methods and tools utilized for qualitative investigations (FGD, others)	§ Relevance and Comprehensiveness of the information collected -Range of sources of information drawn upon (EIP-AHA, Others)on: - Frailty in community settings integrated approaches involving health and social care - Preventative approaches and risk reduction exercise) -Credibility of the methods used	HSCB has analyzed patients and final beneficiaries' perception about frailty and multimorbidity. The report also includes patients' expectations and gives indications on the needs for services improvement to meet beneficiaries needs- Self management (for e.g. medication,	5. Qualitative investigations on patient's and beneficiaries performed and reported ST: 50% of PPs - excluding WP2 leader	Done	D5.1

5.3	§ To decide on which aspects and levels § To develop instruments for data collection and analysis § To develop a template for reporting	§ Gerontopole, in collaboration with CHU/Carsat, RER-ASSR and HSCB	M8-M9 (Dec. 2015 – Jan. 2016)	Development of instruments and tools to assess RS service delivery -Data collection on health services and good practices and standards of usual care in primary care and clinical settings	§ Survey of PPs services delivery and good practices on frailty and multimorbidity performed § % of Sunfrail partner with an identified set of good practices on frailty and multimorbidity according to the set criteria § An identified minimum set of tools for the identification of frailty and multimorbidity RS	§ Quality (relevance and comprehensiveness) of the information collected and reported § Nr. of operational elements targeting patient's/final beneficiaries needs within health and social care services (strategies, plans, activities)	§ Template on health and social services, particularly on frailty and multimorbidity developed, and related instruments and care pathways	§ Relevance and Comprehensiveness of the information collected on frailty and multimorbidity through the following aspects: -range of sources of information drawn upon (literature analysis, EIP AHA, etc.) -frailty and multi-morbidity in community settings -preventative approaches and risk reduction § Credibility of sources of information (reference to official documents, plans and guidelines) good practices reflecting the areas of interests (frailty, multi-morbidity) tools identifying the dimensions of interests (frailty, multi-morbidity), by level of care.	Gerontopole with the collaboration of CHU, Carsat, RER-ASSR and HSCB developed 2 templates to gather the information in each Reference Site: one to collect information from decision makers and the second one from professional -integrated approaches involving health and social care	3. An identified minimum set of tools for the identification of frailty and multimorbidity identified by RS ST: at least 2 items per dimension identified by each RS on frailty Items and dimensions* refer to the modality by which the project will assess existent tools for the identification of frailty, that will be based on the establishment of a minimum set of simple and reproducible items (in the biological, psychological and social domains), to be collected by professionals operating at different level of health and social care services.	Done	D5.2 ST: at least 2 tools using administrative or clinical data identified by each RS on multimorbidity

5.4	§ Survey of RS service delivery § Report on RS service delivery (D)	§ Gerontopole, CHU/Carsat	M10-M12 (Feb. 2016 – April 2016)	-Data analysis -Reporting	§ Reports produced on the survey of health and social services and on qualitative investigations § Good practices identified § Reports produced on professional's skills and performance improvement	§ Identified good practices of RS on frailty and multimorbidity with high potential for innovation, and replicability	The survey on health and social services delivery was conducted by each partner, except of WP2 leader § Report produced on PPs services delivery	§ Adherence to criteria set for the collection and presentation of information about health and social services § Adherence to good practice identification criteria § Good practices reflecting areas of interest (frailty, multimorbidity)	Gerontopole has analyzed the 2 questionnaires produced by partner (completed by decision makers and professionals) and produced the report; CHU/Carsat has conducted the assessment of the good practices provided by partner	1. Survey of PPs services delivery and good practices on frailty and multimorbidity performed and reported ST: 100 % of PPs - excluding WP2 leader	Done	D5.2

WP6 - Indicators and evaluation criteria matrix:

Task	Description of Activities/Deliverables/Milestones	Responsibility - Partner	Completion Date	Indicators			Data Collection Instruments	Evaluation Criteria	M&E Plan review and assessment			
				Process	Output	Outcome			Evaluation: Indicators | Outcomes	Evaluation: Indicators | Outputs and targets	Status (Final)	Link to Deliverable
6.1	Identify operational structures for experimentation Identify methods and means for experimentation	HSCB, in collaboration with RER-ASSR, CHU/Carsat, Gerontopole, Liguria	M17 (Sept. 2016)	To collect relevant information with rationale for each item of information	Consolidated description of operational structures for experimentation	Descriptive data eg Beneficiaries target groups, location, profile of pilot beneficiaries Experimentation Activity data	A template to collect relevant information with rationale for each item of information	Relevance and suitability/" best fit" of operational structures for experimentation purposes, identifying any gaps and issues.	Before the experimentation of the model, the consortium has developed two tools: 1) Sunfrail Screening tool with 9 questions to be administered by professionals (nurse, social workers, GP) or unformal caregivers, to identify dimensions of frailty (biophysical, psychological and social domains), with the aim to facilitate the early identification of frailty and of the pathways to prevent and manage this condition within health and social care system. 2) The template Experiment the Model Plan that will gather the information on: Settings, operational structures, experimentation target/beneficiaries, experimentation team, tools and HR implications, data collection and analysis instruments and the schedule.	1. Consolidated description of operational structures for experimentation (beneficiaries, target groups, professionals, location, sustainability and equity) ST: 100% of PPs participating in experimentation	Done	D6.1

6.2	**Experiment the model** Identify Selection of "pieces of the full model" Analysis of strengths and weaknesses of RS practices (GPs) -Develop an operational plan for experimentation Report on Experimentation (D)	HSCB, in collaboration with PP HSCB	M18-M27 (Oct. 2016-July 2017) M27 (July 2017)	Adoption/ adaptation of parts of the good practices (GPs) emerging from the model Assess GP usability and transferability	A report on RS experimentation of good practices on frailty and multimorbidity, including the utilization of tools for the assessment of these conditions Experimented model for the improvement of professional's performance	Quality (comprehensiveness, applicability and replicability), of the information collected for WP6 thematic report: Results from experimentation of the model	A template to collect and report the results of experimentation Sunfrail Deliverables Reports and other project documents PPs documents	Intrinsic merits of the new model (applicability and replicability): - Relevance and usability by staff in different sectors - Understandability and sensitivity to the needs of frail people aged over 65 and their informal or family carers - Potential for inputting into relevant training at different levels - Potential compatibility with extent 'systems' - Adaptability of identified good practices into services of participating countries - Potential for replicability/transferability - Utilization of the tools in relation to the services framework of participating RS - Potential for replicability/transferability	Northern Ireland Please revise if needed	2. Experimented good practices on frailty and multimorbidity 3. Experimented tools for the assessment of these conditions 4. Experimented model for the improvement of professional's performance (ST: 100% of PPs participating in experimentation) 5. A questionnaire for 32 RS -EIP members with criteria of sustainability and replicability of good practices elaborated and filled (ST: at least 50% of RS answered to the questionnaire) 6. Identified criteria/factors for applicability, replicability and sustainability of the model/tools/good practices.	Done	D6.2

6.3	Experiment the tools to assess and manage frailty and multi-morbidity (tool kit)	Gerontopole, RER-ASSR, CHU/Carsat, Piemonte; Poland and Deusto	M18-M27 (Oct. 2016-July 2017)	-Identified tools to be experimented on the identification and management of frailty and multimorbidity	- Experimented tools for the assessment of these conditions	Tools on frailty and multimorbidity with high potential for transferability implemented in new settings Nr. of new operational elements (strategies, plans, activities) adopted by RS as results of the experimentation	Templates for reporting of results of the experimentation (good practices and tools) by RS. Sunfrail Deliverables Reports and other project documents PPs documents	Tools reflecting the areas of interests (frailty, multi-morbidity), by levels of care.	SUNFRAIL Tool has been developed and tested Phase 1 and 2, currently Phase 3 is ongoing in 7 RS. The preliminary results will be assessed during the Steering Committee meeting the 4th of April, 2017	3. Experimented tools for the assessment of these conditions	Done	D6.1, D6.2 and D6.3
6.4	Review and adapt the Model A model of care on frailty and multimorbidity (D)	RER-ASSR-HSCB, Gerontopole, CHU/Carsat, Liguria	M28-M30 (Ago.-Ott.2017)	Development of a frame for data collection All PP will provide inputs resulting from experimentation into a repository of good practices (including data), and related constraints Analysis of information	A report on the analysis of good practices and constraints emerged from experimentation, including elements of transferability of practices and tools into different settings	Identified good practices and tools on frailty and multimorbidity with high potential for transferability implemented in new settings	Frame for data collection Templates for reporting results Sunfrail Deliverables Reports PPs documents	Comprehensiveness of the new model in relation to the dimensions of interests (frailty, multi-morbidity) - frailty and multi-morbidity in community settings - integrated approaches involving health and social care -environmental contexts (housing accessibility, assistive technologies) potential for applicability / replicability of the model and related good practices	SUNFRAIL Tool has been developed and tested Phase 1 and 2, currently Phase 3 is ongoing in 7 RS. The preliminary results will be assessed during the Steering Committee meeting the 4th of April, 2017	3. Experimented tools for the assessment of these conditions	Done	D6.1, D6.2 and D6.3

6.4.1	**Review and adapt the Toolkit** ▯ Deliver a Report on the frailty and multimorbidity predicting tools (at primary, secondary and tertiary care); (D) ▯ Deliver educational tools, data sets, pathways of care, etc. ▯ Analysis of costs of Service provided to frail patients; cost analysis of the tools of the tool kit	▯ Gerontopole, in collaboration with RER-ASSR, CHU/Carsat, Piemonte; Technical support of Poland and Deusto ▯ Gerontopole, CHU, RER-ASSR	M28-M30 (Ago.-Ott.2017)	Toolkit revision and adaptation based on the results of experimentation	▯ A revised tool kit: -frailty and multimorbidity predicting tools. - professional improvement paths and tools -tools for costs analysis ▯	▯ Identified good practices and tools on frailty and multimorbidity with high potential for transferability implemented in new settings	▯ Templates for reporting results ▯ Sunfrail Deliverables Reports ▯ PPs documents	▯ Comprehensiveness of the tools in relation to the dimensions of interests (frailty, multi-morbidity) - frailty and multi-morbidity in community settings - integrated approaches involving health and social care -environmental contexts (housing accessibility, assistive technologies) ▯ potential for applicability / replicability of the tools/toolkit	SUNFRAIL Tool has been developed and tested Phase 1 and 2, currently Phase 3 is ongoing in 7 RS. The preliminary results will be assessed during the Steering Committee meeting the 4th of April 2017. During Phase 1 and 2 there have been some adaptations, corrections and modifications to improve test's accuracy and understability in English and in translations to Spanish, Polish, Italian and French.	3. Experimented tools for the assessment of these conditions	Done	D6.1 and D6.2

6.5	Implementing accompanying measures - Identification of specific laws, new funding schemes, integration of systems and services, dedicated working groups and involvement of main stakeholders) - Deliver a report on sustainability, applicability and transferability of the model (D)	- HSCB, in collaboration with all PP	M17-M30 (Sett.2016-Ott.2017) M30 (Ott.2017)	- Sustainability criteria/factors such as: - Value for Money - Resource requirements - Influencing policy and stakeholders would be developed. - Feedback from EIP members collated and results analyzed.	- A report on sustainability, applicability and transferability of the model/good practices - A questionnaire for EIP members to obtain feedback on replicability, applicability and transferability of the experimentation models (good practices and tools); and critical success factors.	- At least 50% of RS answered to the questionnaire	- Templates for reporting results - Sunfrail Deliverables Reports - PPs documents	- A set of critical success factors on sustainability, applicability replicability and transferability of the model/good practices and tools.	Partners had developed the Sunfrail Tool experimentation protocol, for its validation in selected RS. Deusto has collaborated with Emilia Romagna to the development of the templates to gather the results of Phase 2 and Phase 3. For operational reasons it has been decided to use an online sharepoint developed with the support of Regione Emilia Romagna	5. A questionnaire for 32 RS -EIP members with criteria of sustainability and replicability of good practices and tools elaborated and filled. ST: at least 50% of RS answered to the questionnaire 6. Identified criteria/factors for adaptability, replicability and sustainability of the model, tools and good practices.	Done	D6.3

WP7 - Indicators and evaluation criteria matrix:

Task	Description of Activities/Deliverables/Milestones	Responsibility - Partner	Completion Date	Indicators			Data Collection Instruments	Evaluation Criteria	M&E Plan review and assessment			
				Process	Output	Outcome			Evaluation: Indicators | Outcomes	Evaluation: Indicators | Outputs and targets	Status (Final)	Link to Deliverable
7.1	Assess human resources development programmes and tools: A report on the assessment of the human resources development	Piemonte, in collaboration with PP	M10-M12 (Feb. 2016 – April 2016)	Assess human resources development in cooperation with EIP-AHA Action group B3, AA3.	Completeness and reliability of assessment: quality of literature review and data collection and analysis.	% of completeness and reliability of information collected by questionnaire 4.2.2 (according to i.e. frequency and extent – based on literature synthesis)	Guidelines for literature search and review; Information from questionnaires (4.2.2); Information from AG B3 AA3 and others (EIP-AHA)	Peer review: at least 2 researchers will perform literature review and synthesis; % of completed questionnaires (i.e. 4.2.2 section E6); % of valid responses within completed questions (expected value: >90%; valid response: about 90%) Peer review among project partners	Piemonte has reviewed the literature and the quality of the information gathered in the questionnaires, taking into account also information from EIP-AHA.	1. Literature review conducted, according to set criteria, including the assessment of manpower development process aspects. 2. Assessment of health systems performed, including elements related to the professional and academic education system 3. Peer review: (ST: at least 2 researchers will perform literature review and synthesis) • (ST: % of completed questionnaires-i.e. 4.2.2 section E6) • (ST: % of valid responses within completed questions-expected value: >90%; valid response: about 90%) 3. Peer review conducted among project partners	Done	D7.1

7.2	Synthesis of mapping of good practices	Piemonte, in collaboration with Campania	M3-M12 (July 2015— April 2016	Process study of the good practices	Flow process chart	Identification of critical activities, and of bottlenecks Identification of sets of transferable factors and of contextual factors Gaps identified (and analysed) between standard training models and best/good practices/ draft innovative model	Guidelines for literature search and review; Information from questionnaires (4.2.2); Information from AGB3 AA3 and others (EIP-AHA)	Peer review: at least 2 researchers will perform literature review and synthesis; % of completed questionnaires (i.e. 4.2.2 section E6); % of valid responses within completed questions (expected value: >90%; valid response: about 90%) Peer review among project partners	Piemonte has done the flow process chart to identify critical activities and bottlenecks paying special attention to the gaps between standard training models and best practices or innovative models . Note: Include data with number and % of questionnaires completed	Note: Complete the evaluation	Done	D4.1, D4.2, D5.2 and D7.1

7.3	Definition of healthcare training needs	Piemonte, in collaboration with PP	M6-M13 (Sept. 2015-May 2016.)	Definition of healthcare training needs	Identified necessary elements/features of best/good practices in training programmes	% of correspondence with the needs investigated in the whole (care) model (consistency with findings of WP 4 and 5) # of elements identified useful to frailty (and multimorbidity) identification and management	Report produced after literature, documentation and data synthesis (EIP-AHA documentation analysis; questionnaires responses) Peer review between PP Grids for programmes comparison and analysis	Consistency with the findings of WP 4 and 5: principles of the model developed in WP4 are present in the educational model, while fulfilling requirements of an educational model and addressing identified gaps	Partners involved had provided data and completed the questionnaire	1. Identified necessary elements/features of best/good practices in training programmes (programmes including frailty detection and management and multimorbidity management) (in parallel with the work carried out by 4.2.1, 4.2.4 and after the results of 5.2 and 4.3.0)	Done	D7.1 and WP 4&WP5

7.4	Develop an innovative educational model	Piemonte, Campania	M8-M19 (Dec.2015-Nov.2016)	Development of an innovative educational model	Identification of criteria to classify innovative elements of educ. programmes;	. # of innovative features introduced (additional or change elements with respect to standard training programmes) 2. level of **interaction** between professionals, staff, students and stakeholders, as a feature of the programmes (patients/citizens) ST: high level of interaction between professionals	Questionnaires Peer partners discussions The increased interaction will be measured according to a qualitative scale ST: level of agreement (data collection instruments- pre/post-pilot training test)	* Percentage of relevant involved stakeholders that have received positive feedback from the 7.7 (pilot experimental training) * Disaggregated according to stakeholder category	Before designing the educational model for healthcare staff, Piemonte and Campania had designed a questionnaire to gather information related to training on frailty. The questionnaire 3 has been completed by representatives of health and social care training providers and the questionnaire Training offer for older people care and frailty detection and management in the community has been completed by professionals The first 60 social and healthcare professionals who experimented the innovative multidisciplinary course completed a questionnaire after the training, giving back a very high score for efficacy, appropriateness and potential replicability of the experimental course taken	Identification of criteria to classify innovative elements of educ. programmes. Level of replicability of the training model: changes can occur only if the model is applicable in different contexts (countries, territories, etc.)	Done	D7.1

7.5	Improve knowledge of human resources	Piemonte, in collaboration with PP	M17-M27 (Sept.2016-July 2017)	Improve knowledge and challenge human resources to produce new working methods	Experimented model for the improvement of professional's performance Identified criteria/factors for adaptability, replicability and sustainability of the model/good practices	Quality (comprehensiveness, applicability and replicability), of the information collected	Peer review among PP experts Reports and documentation produced by the project WPs Feedbacks from test/pilot	*Comprehensiveness of the experimented model *The potential for applicability / replicability of the model and related good practices * Experimented good practices and tools reflecting the areas of interests (frailty, multi-morbidity), and levels of care	1. Quality (Relevance, Comprehensiveness, Credibility, Acceptability) of the guidelines; usability of the guidelines 2. # of sources used for information 3. # of stakeholders and experts involved in drafting the guidelines	• Relevance and Comprehensiveness of the guidelines for training of health staff • Credibility of sources of information (reference to official documents, plans and guidelines)	Done	D7.1
7.6	Assess the applicability of the educational model	Piemonte, in collaboration with Campania	M17-M21 (Sept.2016-Jan2017)	Assessment of the applicability of the educational model	Level of replicability of the training model: changes can occur only if the model is applicable in different contexts (countries, territories, etc.)	Applicability of innovative features introduced	Questionnaires Peer partners discussions The increased interaction will be measured according to a qualitative scale ST: level of agreement (data collection instruments- pre/post-pilot training test)	*Percentage of relevant involved stakeholders that have received positive feedback from the 7.7 (pilot experimental training) * Disaggregated according to stakeholder category	1. # of innovative features introduced (additional or change elements with respect to standard training programmes) 2. level of interaction between professionals, staff, students and stakeholders, as a feature of the programmes (patients/citizens) ST: high level of interaction between professionals	Identification of criteria to classify innovative elements of educ. programmes. Level of replicability of the training model: changes can occur only if the model is applicable in different contexts (countries, territories, etc.)	Done	D7.1

7.7	Experimenting the educational model	Piemonte, in collaboration with PP	M22-M27 Feb.2017-July2017)	Experimentation of the educational model	Experimented model for the improvement of professional's performance Identified criteria/factors for adaptability, replicability and sustainability of the model/good practices	Quality (comprehensiveness, applicability and replicability), of the information collected	Peer review among PP experts Reports and documentation produced by the project WPs Feedbacks from test/pilot	* Comprehensiveness of the experimented model *The potential for applicability / replicability of the model and related good practices * Experimented good practices and tools reflecting the areas of interests (frailty, multi-morbidity), and levels of care	1. # of innovative features introduced (additional or change elements with respect to standard training programmes) 2. level of interaction between professionals, staff, students and stakeholders, as a feature of the programmes (patients/citizens) ST: high level of interaction between professionals	Identification of criteria to classify innovative elements of educ. Programmes: Criteria identified were the teaching methods (concept mapping); another innovative and very appreciated feature was the interaction between the speakers/teachers through the presentation of subjects in pairs; the high level of interaction among professionals that occurred during the course experimentation;Level of replicability of the training model: changes can occur only if the model is applicable in different contexts (countries, territories, etc.) applicability was tested through collecting experiences in different experimental contexts (Northern Ireland and Liguria); context and cultural differences were taken into account for replicability	Done	D7.1

7.8	A revised educational model for healthcare staff (D)	Piemonte, in collaboration with Campania	M27-M30 (July 2017-Oct.2017)	Revision of the developed model for healthcare staff training	Experimented model for the improvement of professional's performance () Identified criteria/factors for adaptability, replicability and sustainability of the model/good practices	Quality (comprehensiveness, applicability and replicability), of the information collected	Peer review among PP experts Reports and documentation produced by the project WPs Feedbacks from test/pilot	* Comprehensiveness of the experimented model *The potential for applicability / replicability of the model and related good practices * Experimented good practices and tools reflecting the areas of interests (frailty, multi-morbidity), and levels of care	• Relevance and Comprehensiveness of the guidelines for training of health staff • Credibility of sources of information (reference to official documents, plans and guidelines)	Quality of sources used for information Relevance of stakeholders and experts involved in drafting the guidelines	Done	D7.1
7.9	Guidelines for training of healthcare staff on frailty and multimorbidity (D)	Piemonte, in collaboration with Campania	M27-M30 (July 2017-Oct.2017)	Definition of Guidelines for training of healthcare staff	Guidelines for training of healthcare staff on frailty and multimorbidity	Quality (Relevance, Comprehensiveness, Credibility, Acceptability) of the guidelines; Usability of the guidelines	Peer review among PP experts Reports and documentation produced by the project WPs Feedbacks from test/pilot	* Relevance and Comprehensiveness of the guidelines for training of health staff * Credibility of sources of information (reference to official documents, plans and guidelines) - quality of sources used for information *Relevance of stakeholders and experts involved in drafting the guidelines	• Relevance and Comprehensiveness of the guidelines for training of health staff • Credibility of sources of information (reference to official documents, plans and guidelines)	Quality of sources used for information Relevance of stakeholders and experts involved in drafting the guidelines	Done	D7.1