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SI4CARE

Social Innovation for integrated health CARE of ageing population in ADRION regions

DT2.5.2 – Pilot evaluation methodology and survey – Transnational evaluation report on pilot actions implementation

T2: Social Innovation in Healthcare services: tools and pilots for best cases in action

Activity T2.5: Pilot Evaluation & validation of the Social Innovation decision Support System

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1 Introduction and methodology

Through Activity T2.4 Pilot actions each project partner had to develop and implement SI4CARE pilots in selected sites focusing on strategic areas – Telemedicine/homecare and Mobility/accessibility to healthcare facilities. The partners had to select a segment of the integrated healthcare model and combine one or more existing tools identified as the best practice in Activity T2.1 Social Innovation in Healthcare system: EU best practices, services, and tools for SI4CARE actions are based on the challenges and needs.

The implementation of the pilots was divided into three phases:

- **Preparatory phase**

In the preparatory phase, the project partners' focus was on designing the pilot concept and the requirements in order to deal with specific technical issues, i.e.:

- new technologies have not been incorporated successfully into the health services;
- technological solutions are not available to the patients, and patients have difficulty using those solutions due to low digital literacy or the lack of access to technology;
- lack of knowledge and application of information technologies to enable cognitive and physical activities;
- care homes offer non-personalized care in closed units and often do not use non-pharmacological care before pharmacological treatment;
- given that the measurement equipment can be expensive, there is a need to choose proper technological solutions that are cost-effective and are in line with the elderly daily activities c
- the lack of data concerning health care services due to the decentralized health care system).

Beside this, SI4CARE partners worked on the stakeholders' analysis and identified the actors to involve in the implementation of the pilot. Furthermore, they had to plan specific activities and purchase the ICT equipment and the required permissions/authorizations. In addition, the partners dealt with the financial aspects of the pilot implementation, including negotiations with potential contractors and the preparation of technical specifications and documentation.

- **Implementation and monitoring phase**

During this phase, the implementation of the pilot began, including the installation of the ICT equipment and solutions, testing, validation, service start-up, and operations. Responsible partners monitored the implementation and progress of the pilot, while local stakeholders were also included in the pilot. In addition, the pilot was directed at providing insights to the project partner responsible for the Transnational Strategy and action plans focused on policy issues and problems in the areas of health and social care for the elderly population.

- **Closure phase**

In this phase, the project partners had to create the final documents with the results from the pilots, the lessons learnt, and recommendations for service continuation and replication.

In total, 13 pilot actions have been developed and implemented and the table below contains a list of the pilots.

Table 1. List of pilots (Source: Transnational Strategy)

PP	Pilot
PP01	Accessibility to Integrated Long-Term Care Facilities Renovation of the interior and exterior spaces for dementia to encourage activities
PP02	HeartMan - Mobile Application for Self-management of Heart Failure Individualized training based on biomechanical measurements
PP03	Access to public social services by Telemedicine & Mobility optimization
PP04/PP05	Nursing by monitoring - the institutionalization of timely reaction to services
PP06	Access to public health services
PP07	Outpatient clinic carried out exclusively online Online physical activity programs for dementia Self-assessment of driving behavior as a predictor to safe driving for the elderly
PP08	Encouraging the use of ICT solutions among the elderly
PP09	ICT solutions for monitoring the health of patients after returning home
PP10	Access to public social services by Telemedicin, monitoring and support for the elderly

In total, 10 pilot actions were in Telemedicine/homecare area and three in Mobility/accessibility to healthcare facilities area.

Based on lessons learnt from the pilot actions in the Mobility/accessibility to healthcare facilities, these are the conclusions:

- the absence of long-term care services in rural areas
- the lack of strategies supporting active ageing for the elderly population in the remote areas
- the lack of data communication and transfer between counties and health and social care institutions in some regions
- access to healthcare facilities could be improved if the elderly drivers would be supported through training and education focused on safe driving and raising their driving capacity confidence.

Based on the lessons learnt from the pilot actions in the Telemedicine/homecare area, these are the conclusions:

- although telemedicine has many benefits to improve the health and social care for the elderly, it has not been widely implemented in the region
- designing a digital tool that is feature-rich and usable for people with poor digital literacy is challenging
- the elderly showed initial distrust toward digital solutions
- the elderly had difficulties with the use of the technological equipment, but the prior training reduced the obstacles in participating in the pilot actions

- training in small groups showed to be more efficient than one on one training
- medical organizations are mostly not motivated to participate in similar activities as there are no short-term benefits, as well as the lack of skills in the usage of digital solutions in everyday practice
- remote physical training proved to be successful – the participants stated it improved their physical and emotional condition
- for the patients with cognitive disorders renovation of the spaces in care homes was challenging but it allowed them to be more active, while telemedicine improved especially non-pharmacological treatments.

Activity T2.5 refers to the evaluation of the pilots and each project partner had to assess the effectiveness & impact of its own pilot action in the local, regional, and national context. The SI-DSS and the Pilot evaluation survey were used as the main assessment tools that provided insight into the pilots' impact.

1. SI-DSS

The Social Innovation Decision Support System (SI-DSS) is an information system that provides an integrated healthcare service model and support in the decision-making and management process of service providers. It was developed through Activity T2.2 Social Innovation Decision Support System (SI-DSS) development and it is an easy-to-use instrument for service providers that can be used for service optimization across the region and a collaborative tool for integrated healthcare, while it provides the users with personalized, coordinated and integrated care. The data collected through the following activities have been integrated into the SI-DSS – Status Quo, Challenges, Best practices, Wish list, Pilot actions, and Final report.

The results of the pilot evaluations are integrated into SI-DSS for the transnational model validation and provide direct feedback to the service providers in the management of service delivery and to Living Lab's members involved in WPT2 for further research and development of tools/instruments within the transnational collaboration.

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Regarding the pilot actions, the SI-DSS provides a short description of the pilot, associated wish, and assessment. The assessment is based on several questionnaires (Pilot action, Pilot monitoring – stakeholder, Pilot monitoring – elderly population) with a series of graphs that support the user in choosing the action to take. It includes a Timeline graph in which is possible to view all the assessments carried out and organized by type of questionnaire. The date of the evaluation is shown on the X axis and the severity index is represented on the Y axis. The Severity Index chart represents the severity profile of the assessed subject. The higher the value, the worse the results referring to the ICF[1] qualifiers. The Compliance with Severity Index is used to understand the contribution of each individual ICF code selected in the assessment. It is useful for highlighting the most problematic areas related to the Severity Index. The Evaluated ICF Codes graph represents a list of all selected and evaluated ICF codes.

2. Pilot evaluation methodology and survey

PP03 and PP06 were in charge of Deliverable T2.5.1 Pilot evaluation methodology and survey, where they developed a common methodology for the pilot actions evaluation

[1] The International Classification of Functioning, Disability and Health (ICF) is a multidimensional model allowing the description of multiple continuous domains of functioning.

and a customized survey template that was administered to project partners and network participants (regional focus groups and living lab). PP03 was responsible for qualitative analysis (the information on the overall picture of the pilots), while PP06 was responsible for quantitative analysis (general KPIs examined through the survey). Once finalized, the developed document was delivered to PP07 for review in order to ensure the consistency of the methodology with the Status Quo. The key objectives were to determine whether the Pilots improved the service delivery and patients' quality of life; whether they are cost-effective; and whether they have a positive impact on society and can be expected to reduce disparities among different regions within the ADRION area.

The project partners had to translate the survey into local languages and administer it to targeted groups during Activity T3.5.2 *National/Regional Workshops for the improvement of healthcare service in the context of reference*. Finally, the PPs had to create a report on the conducted survey/s in English. In total, 130 participants responded to the survey and the conclusion is that each pilot phase has been carried out successfully and that the pilot contributed to the improvement of the health and social care services for the elderly population.

The survey was divided into three parts – the first was focused on evaluating the Preparatory phase, the second on the Implementation and monitoring phase, and the third on the Closure phase. The respondents had to evaluate the statement on a rating scale from 1 to 5 (1 – completely disagree, 2 – disagree, 3 – neither agree nor disagree, 4 – agree, 5 – completely agree) or to select among the offered aspects of the pilot they agree the most with. The first part of the survey asked about the planning of the pilot and activities (organization, involved professionals and their expertise, level of communication) and the impact on the other phases. The second part was focused on the activities and participants (stakeholders and their expertise, activities, and alignment with the participants and their skills, use of innovative tools, motivation and obstacles, communication) and impact on the participants. The third part asked about the contribution of the pilot to the SI4CARE project and the possibilities for developing new activities based on the pilot action.

Deliverable T2.5.2 Transnational evaluation report on pilot actions implementation includes evaluation results, the assessment tools, and SPI/KPIs selected in DT2.5.1. The main objective of this document is to determine the impact on the target groups, including users and society and is based on the previously mentioned reports. Two specific annexes of the report evaluating and recommending ways to implement successful pilots in other contexts and regions, thus ensuring their sustainability, are attached to the document.

Based on the pilot actions, the following recommendations could improve the areas and ensure the sustainability of the project:

1. **Mobility/accessibility to healthcare facilities**

- **Establish long-term care services in rural areas:** To address the absence of long-term care services in rural areas, it is important to allocate resources and invest in the development of healthcare facilities in these regions. This can include setting up outpatient clinics or mobile healthcare units to provide basic medical services to the elderly population.
- **Develop strategies for active ageing in remote areas:** Create and implement strategies that promote active ageing in remote areas. This can involve organizing community programs, social activities, and fitness initiatives tailored to the needs and preferences of the elderly population. Encourage partnerships with local organizations, community centers, and senior citizen associations to ensure the sustainability of these initiatives.

- **Improve data communication and transfer:** Enhance data communication and transfer between counties and health and social care institutions in regions where this is lacking. Implement standardized electronic health record systems that allow seamless sharing of patient information across different healthcare facilities. This will improve coordination, facilitate timely interventions, and enhance the overall quality of care for the elderly.
- **Support and educate elderly drivers:** Develop training and education programs focused on safe driving and increasing the confidence and capacity of elderly drivers. These programs can include refresher courses on traffic rules, defensive driving techniques, and awareness of age-related changes that may impact driving ability. Additionally, explore partnerships with local driving schools, community centers, and organizations to provide accessible and affordable driver education programs.
- **Enhance transportation options:** Improve transportation options for the elderly population in remote areas. This can involve establishing or expanding public transportation services specifically designed for older adults, such as accessible buses or vans with trained drivers. Additionally, consider implementing programs for volunteer-based transportation services where community members can assist elderly individuals in reaching healthcare facilities.
- **Foster collaboration and partnerships:** Foster collaboration between project partners, health and social care institutions, local government authorities, community organizations, and relevant stakeholders. By working together, it will be possible to pool resources, share best practices, and create sustainable networks that address the mobility and accessibility challenges faced by the elderly population.

2. Telemedicine/homecare

- **Promote telemedicine awareness and education:** Develop comprehensive awareness campaigns and educational programs to inform the elderly population, their families, and caregivers about the benefits of telemedicine. Address the initial distrust towards digital solutions by highlighting the convenience, safety, and positive outcomes of telemedicine in improving health and social care for the elderly.
- **Design user-friendly digital tools:** Invest in the development of user-friendly digital tools that are specifically designed for people with poor digital literacy. Ensure that the interfaces are intuitive, with clear instructions and minimal technical complexities. Collaborate with user experience (UX) designers and conduct usability testing with elderly individuals to identify and address usability challenges.
- **Provide prior training:** Offer comprehensive training programs for elderly individuals on how to use the technological equipment required for telemedicine. Prior training has been shown to reduce obstacles and increase participation. Training should be conducted in small groups, as it has been found to be more efficient than one-on-one training, allowing for peer learning, support, and interaction.
- **Incentivize medical organizations:** Work on incentivizing medical organizations to participate in telemedicine initiatives. Highlight the long-term benefits of telemedicine, such as increased efficiency, reduced healthcare costs, and improved patient outcomes. Offer support and resources to healthcare providers to overcome barriers related to the usage of digital solutions in their everyday practice, including training sessions and technical assistance.

- **Facilitate remote physical training:** Continue to offer remote physical training options for elderly individuals. Remote physical training has been successful in improving the physical and emotional well-being of participants. Collaborate with fitness professionals, therapists, and trainers to design tailored remote exercise programs that cater to the specific needs and limitations of the elderly population.
- **Renovate spaces in care homes:** Address the challenges faced by patients with cognitive disorders in care homes by renovating the spaces to promote activity and engagement. Create sensory-rich environments, implement dementia-friendly design principles, and provide interactive and stimulating elements. This will enhance the well-being and quality of life for residents while complementing the benefits of telemedicine, particularly in non-pharmacological treatments.
- **Foster partnerships and collaborations:** Foster partnerships and collaborations with technology companies, healthcare providers, academic institutions, and relevant stakeholders to jointly develop and implement telemedicine solutions. By working together, it is possible to leverage expertise, resources, and innovative technologies, ensuring the long-term sustainability and scalability of telemedicine initiatives.

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Social Innovation for integrated health CARE of ageing population in ADRION

DT2.5.2 – Pilot evaluation methodology and survey – Pilot report »Accessibility to Integrated Long-Term Care Facilities«

T2: Social Innovation in Healthcare services: tools and pilots for best cases in action

Activity T2.5: Pilot Evaluation & validation of the Social Innovation decision Support System

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1. Introduction

The Pilot Evaluation Methodology and Survey Report provide an overview of the results of the survey conducted among the stakeholders of PP01 University of Ljubljana. The survey was created in a Google form and provided to the stakeholders on 24 and 25 March 2023 via email as a link as well as in hard copy. However, 8 stakeholders provided us with the responses only in printed form, so we filled in the forms ourselves.

The main objective of the survey was to collect data for the quantitative analysis part of the pilot evaluation against the broadly defined Key Performance Indicators. The survey is divided into three parts focusing on the monitoring and evaluation of each phase of the pilot (preparation phase, implementation, monitoring phase and completion phase) and providing data on the extent to which the set objectives were achieved. This data will serve as a source of information for the Social Innovation Decision Support System, which will provide the best ICT tools, applications, procedures, and protocols to address the needs of older people.

2. Survey analysis

2.1. Preparatory phase

In the Preparatory phase, the partners had to design the pilot concept and the requirements for its technical issues, as well as plan specific activities and purchase the ICT equipment and the required permissions/authorizations. Also, they dealt with the financial aspects of the pilot implementation, including negotiations with potential contractors and the preparation of technical specifications and documentation.

Planning of pilot and activities

All 8 responses noted that the pilot preparation was well-planned and organized (100%), that professionals involved in the preparation of the pilot had the necessary expertise and insight into the real needs of the elderly population (100%), and that the level of communication during the preparation of the pilot was at an adequate level (100%).

The respondents consider the following aspects of this phase to have been well implemented: organizing the team of stakeholders to be involved (87.5%), defining KPIs for monitoring the pilot and the methods of measuring them during the second phase (75%), planning specific pilot activities, such as preparation and installation of ICT equipment, creating a mobile application and/or platforms, development of the questionnaires, tests and/or training programs, definition of potential solutions, researching and reviewing the best practice examples, data collection (62.5%), and pilot concept design (50%). The following chart 1 presents data on the aspects that respondents consider having been well implemented.

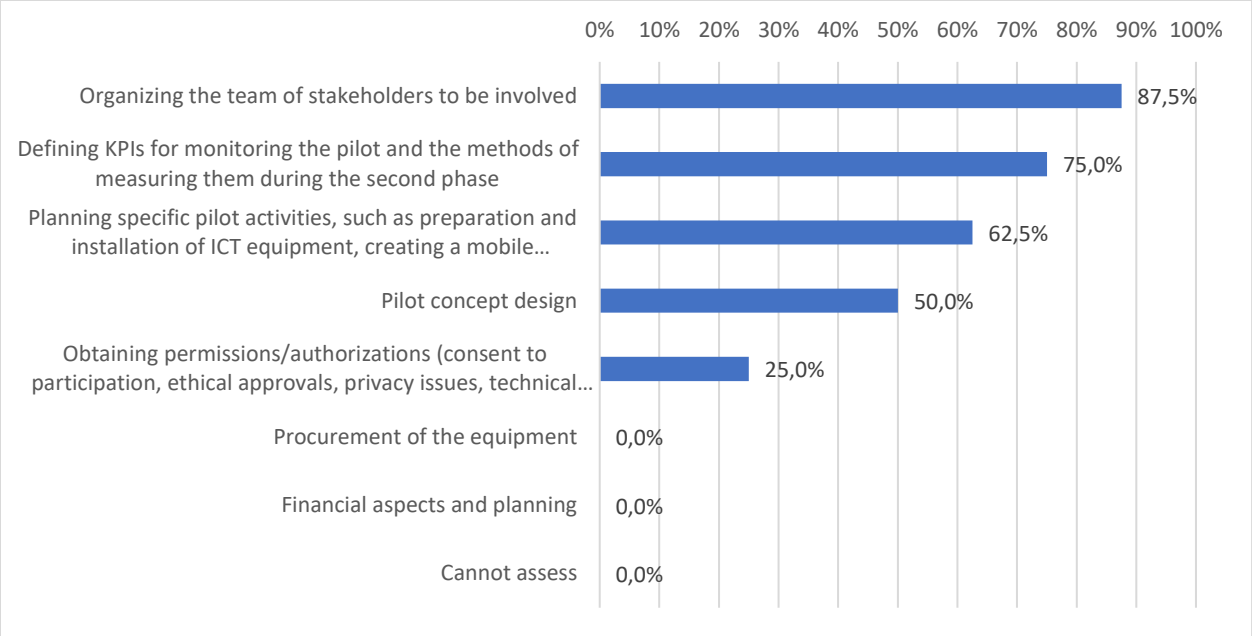

Chart 1: Aspects of the pilot to be well implemented (Source: Pilot evaluation methodology and survey)

No specific problems were highlighted by stakeholders for the preparatory phase (100%); in the footnotes they wrote: "Everything was great. We have no comments. We have not detected any problems, except for the very complex DSS system. All the parts of the project we have been involved in have been excellently designed. Everything was right. We were happy with everything. Everything was superbly executed. My compliments to the contractors. A great job has been done. Everything was great. More projects like this." The following chart 2 shows the respondents' answers to the problems.

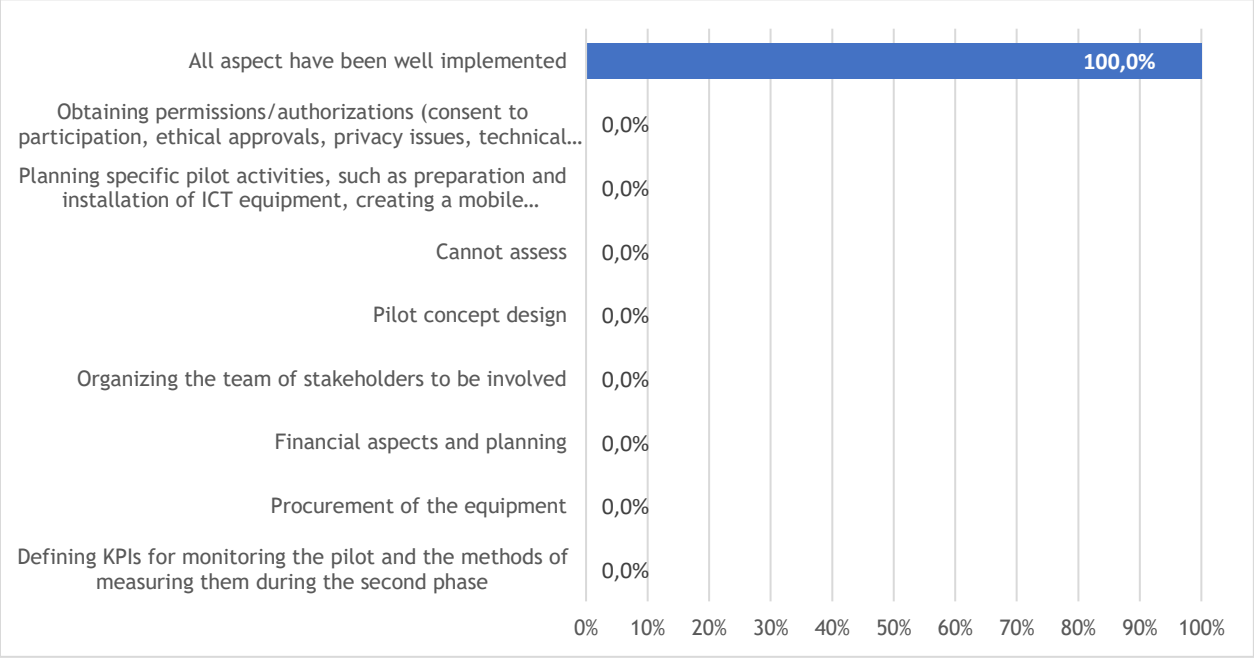

Chart 2: Aspects of the pilot that have gone with difficulties (Source: Pilot evaluation methodology and survey)

Impact

All 8 stakeholders (100%) agreed that activities in the preparatory phase enabled the successful implementation of the pilot.

2.2. Implementation and monitoring phase

During this phase, the implementation of the pilot began, including the installation of the ICT equipment and solutions, testing, validation, service start-up, and operations. Responsible partners monitored the implementation and progress of the pilot, while local stakeholders were also included in the pilot. In addition, the pilot was directed at providing insights to the project partner responsible for the Transnational Strategy and action plans focused on policy issues and problems in the areas of health and social care for the elderly population.

Activities and participants

All 8 stakeholders (100%) agreed that the selected stakeholders had the expertise to implement the pilot, and that the activities were designed to match all the participants and their skills).

They reported also what suited participants the most: 50% said that it was joint work of the participants in implementing and monitoring the pilots, 37.5% that it was inclusion of the elderly in activities, and 12.5% of them that it was use of innovative tools; see chart 3 below.

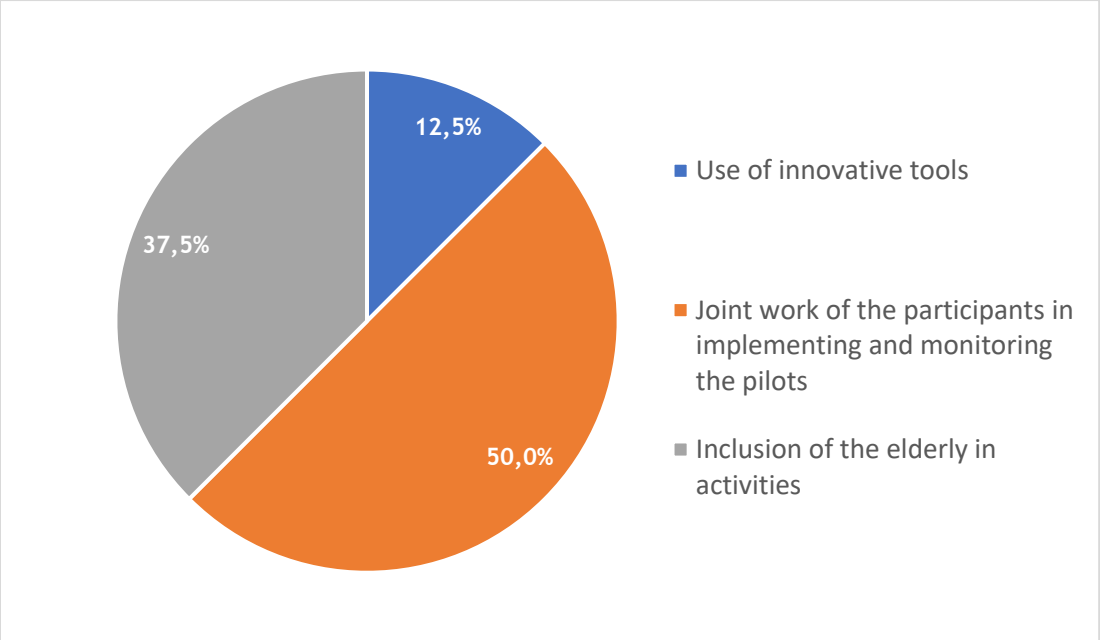

Chart 3: The part of the activities that suited participants the most (Source: Pilot evaluation methodology and survey)

All 8 stakeholders also completely agreed that pilot action used and combined innovative tools, methods, and approaches (100%), and that the participants were motivated to participate in the pilot activities (100%). 87,5% stakeholders completely disagreed and 12,5% disagreed that the participants encountered obstacles in participating in the pilot activities.

For the implementation and monitoring phase, all 8 stakeholders also completely agreed that the participants successfully overcame obstacles they encountered during the implementation phase (100%), that the participants were satisfied with the implementation and participation in the pilot activities (100%), that the level of communication between the participants of the pilot was at an appropriate level (100%), that the level of communication between the participants of the pilot enabled its smooth implementation (100%), that the progress was closely and timely monitored by coordinating partners (100%), and that the defined KPIs for the pilot implementation enabled successful monitoring of the pilot's progress (100%).

Impact

All 8 responses noted that designed activities took into account the real needs of the elderly population (100%), that participants were satisfied with their participation in the pilot activities (100%), that the pilot reached the target number of participants (100%), that the pilot contributed to the improvement of health and medical services and/or the quality of life of the elderly population (100%), that the invested funds enabled the smooth implementation of the pilot (100%), and that the pilot justified the funds invested in its implementation, i.e., the pilot was cost-effective (100%).

Regarding the SI-DSS system, 87,5% stakeholders completely agreed and 12,5% neither agreed nor disagreed that the pilot results were applicable for implementation in the SI-DSS system. With the claim that, based on the data obtained from the pilot, the SI-DSS system will enable the improvement of health and social services for the elderly population 50% stakeholders neither agreed nor disagreed, 25% of them disagreed, but 25% of them completely agreed. 2 stakeholders that disagreed with the previous claim noted that SI-DSS is too complicated for users. Other 6 stakeholders thought that the SI-DSS system could improve the health services for the elderly population because the data were obtained based on testing activities in a real environment and with the elderly.

2.3. Closure phase

In the closure phase the stakeholders evaluated the impact of the pilot project activities on the SI4CARE project and the specific problems of the elderly in the ADRION region, as well as the impact on the further development of activities and services aimed at improving the lives of the elderly population. So, in the closure phase, the partners had to compile the final documents with the pilot results, the lessons learnt and recommendations for service continuation.

All 8 respondents completely agreed that the pilot contributed to improving the strategic areas towards which it was focused – Telemedicine and homecare and Mobility and accessibility of healthcare facilities (100%), that the pilot contributed to addressing the identified challenges (100%), and that the pilot contributed to the achievement of the SI4CARE project objectives (100%). As the area that they consider to be most influenced by the pilot, 87.5% of them selected improvement of health and social services and/or the quality of life, and the rest of 12.5% of them addressing identified challenges.

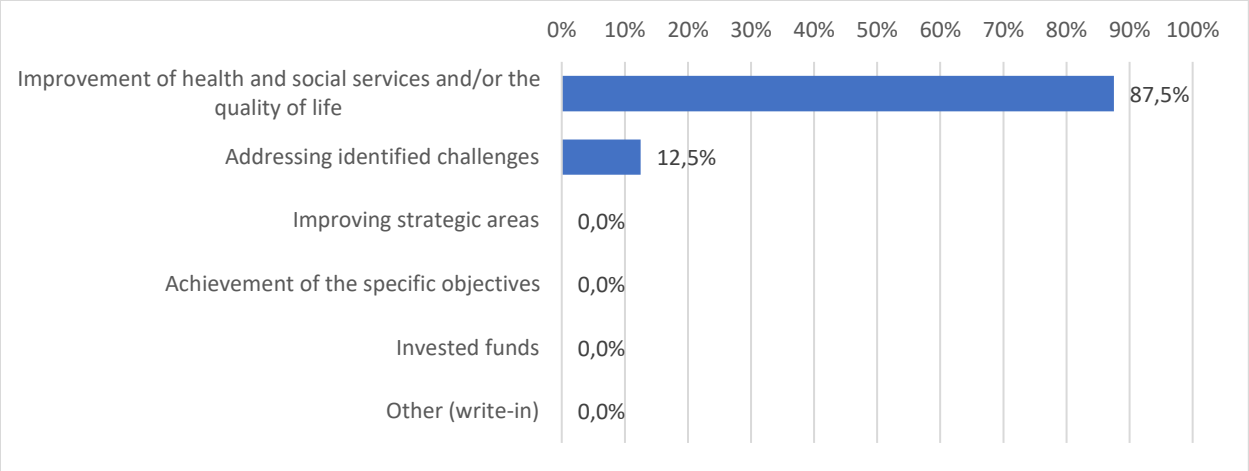

Chart 4: The area to be most influenced by the pilot (Source: Pilot evaluation methodology and survey)

All 8 stakeholders also completely agreed that the pilot "PP01 - Accessibility to Integrated Long-Term Care Facilities" had the potential to reduce the disparities within the ADRION region.

The stakeholders also answered on the question about the areas that had been developed and implemented through pilots and their possibilities to contribute most to improve the lives of the elderly population. Most of them (62.5%) share the opinion that this is online outpatient clinic. Half of respondents (50%) think that the online map with data on providers of formal (health and social care) and informal services (education, culture, recreation, socialization) can contribute most to improving the lives of the elderly population. 37.5% responses declared ICT systems and equipment that monitor different health parameters as contribution that can the most improve the lives of the elderly population. 25% of stakeholders share the opinion that these are online physical training adapted to the elderly population, database for registration, creation, and supervision of health services offered to the elderly population, and mobile applications; see chart 5.

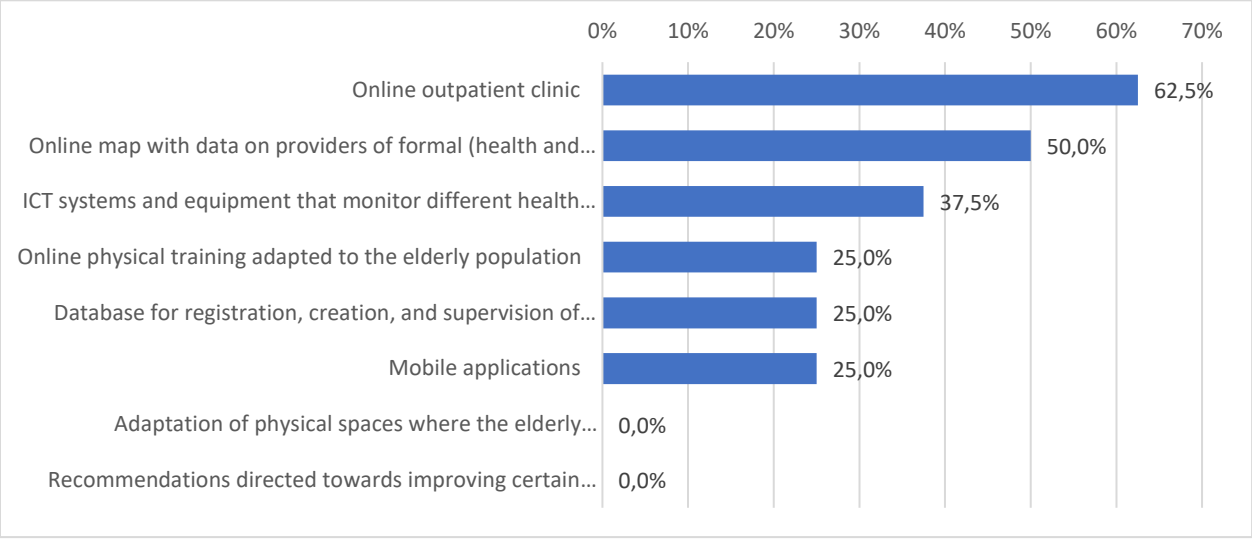

Chart 5: The areas that had been developed and implemented through pilots and their possibilities to contribute most to improve the lives of the elderly population (Source: Pilot evaluation methodology and survey)

All 8 stakeholders also completely agreed that the pilot project has the potential to be implemented on a wider and systemic level of health and social care for the elderly population (100%), and that the pilot project can become the starting point for the development of new activities focused on the improvement of the quality of life of the elderly population (100%). They selected and examples how the pilot project could be upgraded: 57.1% of them selected More training for participants in the use of innovative tools and ICT devices, Work in smaller groups, and More activities in which participants will exchange experiences, and 14.3% of respondents selected Develop new methods of increasing the motivation to use ICT among the elderly population and Reduce the administration; see chart 6.

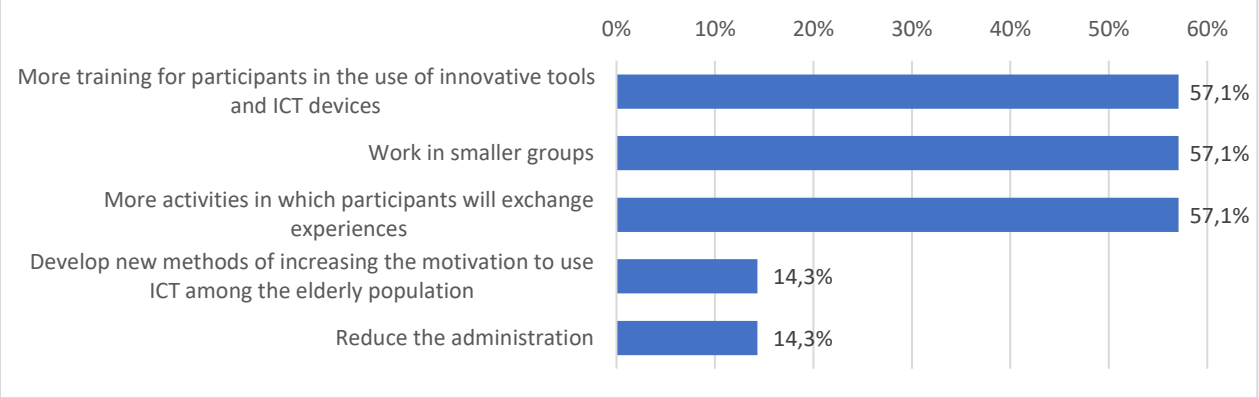

Chart 6: How the pilot project could be upgraded (Source: Pilot evaluation methodology and survey)

Finally, all 8 stakeholders completely agreed that the pilot project has the potential to solve identified social problems connected with the growing share of the aging population (100%). For the following aspects, respondents stated that could contribute to the aforementioned: insight for policymakers on how to improve the health and social care for the elderly population based on the data tested in a real environment (50%), insight into enhancing the connection of the elderly population with the community (25%), provision of insight into how the elderly population reacts to ICT devices (12.5%), provision of the recommendations on how to improve certain areas of the elderly population life (12.5%). The following chart 7 presents how the pilot could contribute to solving identified problems connected with the growing share of the ageing population.

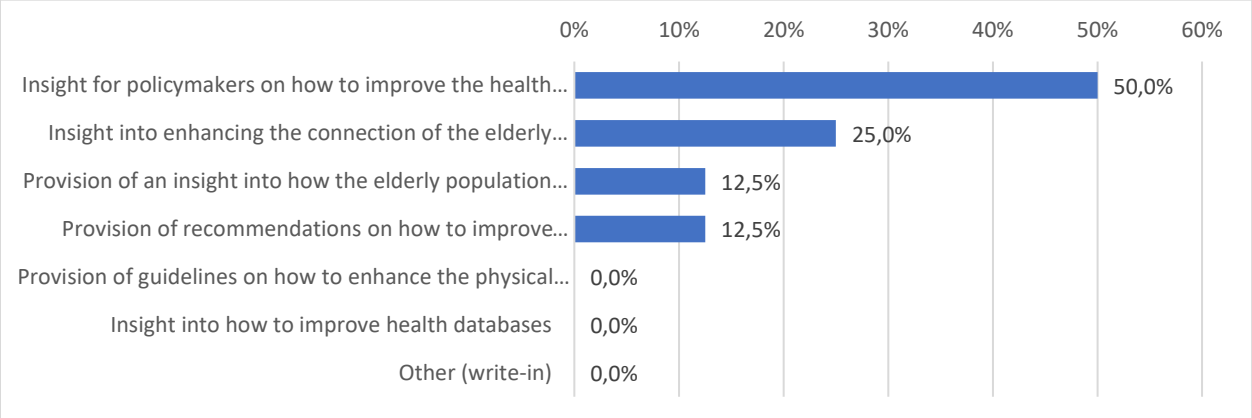

Chart 7: The potential of the pilot project to solve the identified problems connected with the ageing population (Source: Pilot evaluation methodology and survey)

3. Conclusion

Insight into the survey results shows that each pilot phase was carried out successfully. Based on the data provided on the PP01 pilot project "Accessibility to Integrated Long-Term Care Facilities", the following conclusions can be drawn:

- the activities and communication during the preparatory phase enabled the successful implementation of the pilot project,
- the activities and innovative tools, methods and approaches took into account the participants' abilities and motivated them to participate,
- the participants successfully overcame the obstacles they encountered during the implementation of the pilot project and were mostly satisfied to be involved in the activities,
- the pilot project contributed to the improvement of health and social services and quality of life,
- the results of the pilot project and the SI-DSS have the potential to further improve health and social care for the older population,
- the pilot project was in line with the SI4CARE strategic areas, identified challenges and objectives and has the potential to reduce the identified problems of the older population in the ADRION region.

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DT2.5.2 – Pilot evaluation methodology and survey – Pilot report »HeartMan«

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1. Introduction

The Pilot Evaluation Methodology and Survey Report provides an overview of the survey results conducted among the stakeholders involved in the pilot of the HeartMan application for self-management of heart failure conducted by PP02 Jožef Stefan Institute. The survey was created in Google forms and shared with the stakeholders by email at the end of April 2023. The number of stakeholders involved in the pilot was limited, and not all of them had a complete picture of the pilot, so only three responses were collected.

The survey's main objective was to collect data for the quantitative part of the pilot evaluation through the generally defined key performance indicators. The survey is divided into three parts, focusing on monitoring and evaluating each of the pilot phases (Preparatory phase, Implementation and monitoring phase, and Closure phase) and providing data to what extent the set objectives have been achieved. These data will serve as a source of information for the Social Innovation Decision Support System (SI-DSS), providing the best ICT tools, applications, procedures, and protocols to respond to older people's needs.

2. Survey analysis

2.1. Preparatory phase

In the preparatory phase, we had to plan the adaptation of the HeartMan application to the pilot, and organise a clinical study for the implementation phase.

Overall, the stakeholders somewhat agreed that the preparation was well planned and organised (average rating 3 on a scale of 1 to 5), and their opinion of how the preparatory phase enabled the implementation of the pilot was even worse (2.7). This was due to difficulties both with adapting the application on time (because of the tardiness of the contractor), and finding an organisation with access to appropriate patients for the clinical study (because health professionals are busy, and because it is complicated for hospitals to provide offers for their services such as are required by Interreg ADRION rules). The expertise of the professionals involved was good (4.7) and the communication was adequate (3.7).

Figure 1 shows how many stakeholders judged individual preparatory activities to be executed well or badly. It should be noted that some stakeholders could not judge some of them because they were not involved. Defining KPIs and obtaining permissions was best, and this indeed went smoothly once a willing clinical stakeholder was found. Planning specific pilot activities, which involved adapting the application to the pilot, was the biggest issue.

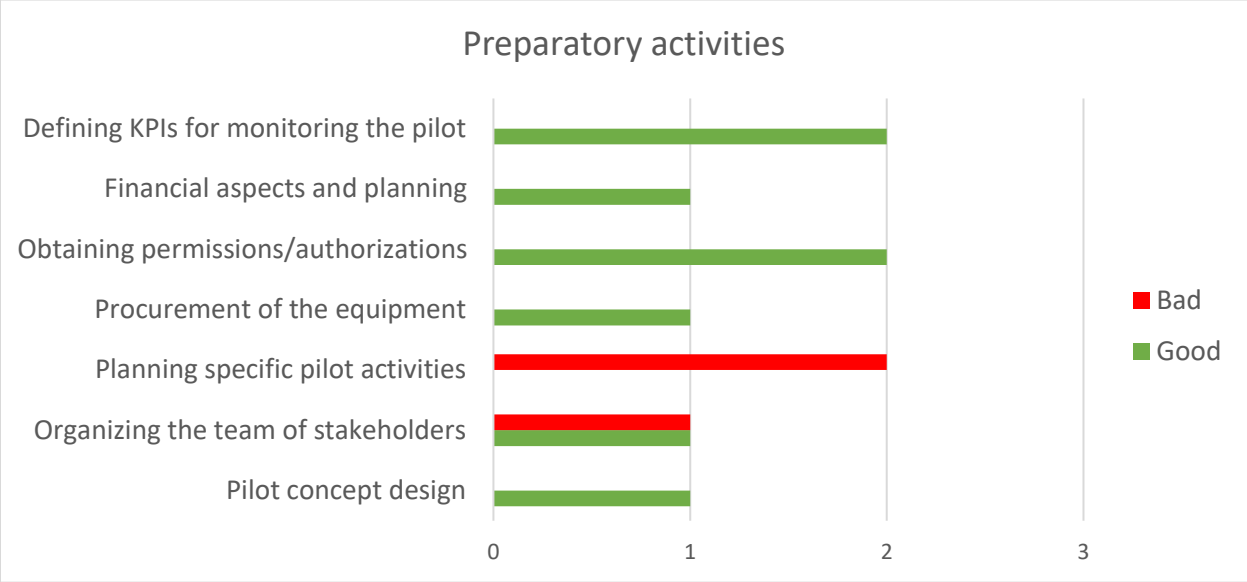

Figure 1: Pilot preparatory activities judged well or badly executed by the stakeholders.

2.2. Implementation and monitoring phase

During this phase, the adaptation of the HeartMan application was finalised, and heart-failure patients tested the result. Their ability to manage the disease, and their physical and mental health were monitored.

Like in the preparatory phase, the stakeholders' expertise was good (4.7) and the pilot activities were appropriate for the participants (3.7). The tools, methods and approaches used were considered innovative (4), and all the stakeholders responding to the questionnaire selected innovative tools as the best part of the pilot.

The stakeholders somewhat agreed that the participants were motivated (3). They encountered some difficulties (3.5), specifically with installation of equipment and/or ICT tools, and technical issues during testing and validation. They overcame these relatively successfully (3.5). Overall the participants were reasonably satisfied (3.5) and the communication was adequate (3.5). The monitoring of the progress was good (4).

The KPIs designed for monitoring the pilot were excellent (5) and the pilot achieved the objective of contributing to the improvement of health and quality of life of older people (4). The funding was completely sufficient (5) and the pilot was deemed quite cost-effective (4).

The stakeholders were technical (for the adaptation of the HeartMan application) and clinical (for the clinical study), and so the SI-DSS was not appropriate for them. Consequently, they did not use it and could not provide useful responses to the questions concerning it.

2.3. Closure phase

In this phase, we compiled the lessons learnt from the pilot, and reflected on its impacts and implications for the policies planned by SI4CARE.

While the stakeholders noticed a number of problems in the previous phases, they were quite satisfied with regards to this one. The judged that the pilots contributed to the strategic areas of telemedicine and homecare well and contributed to the identified challenges (both 4). The one stakeholder who was willing to judge how it contributed to SI4CARE objectives (the others were not sufficiently familiar with SI4CARE as a whole) thought it did this excellently (5). The most important areas influenced by the pilot was improvement of health and social services and/or the quality of life. The stakeholders opined about most important pilot area as seen in Figure 2 (they interpreted this to be meant for all the SI4CARE pilots), perhaps under the influence of the pilot in which they were involved.

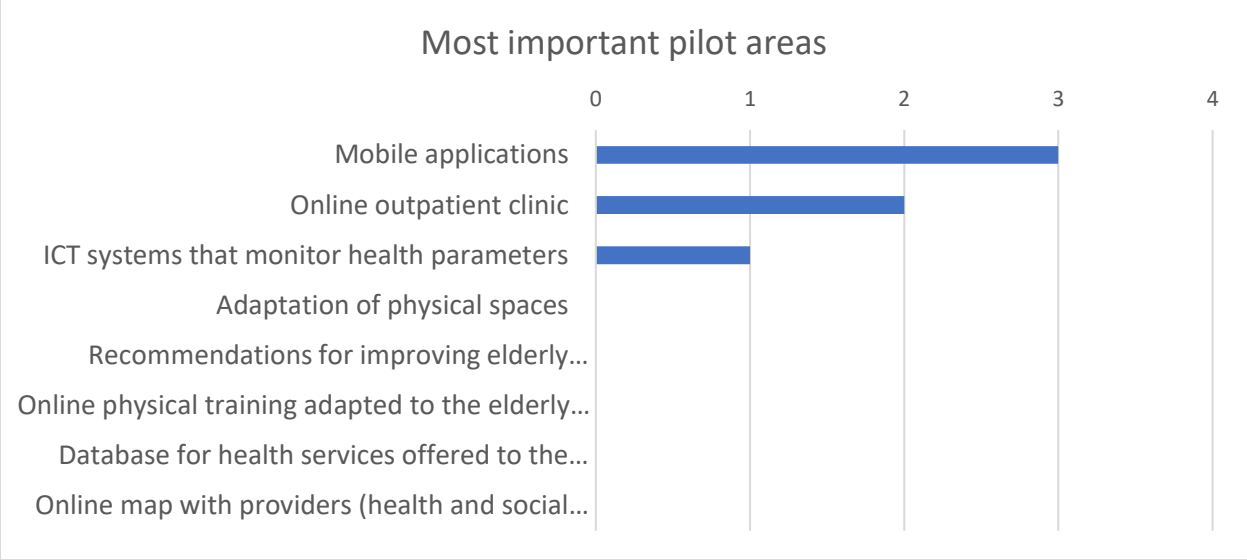

Figure 2: Most important pilot areas for the quality of life of older people.

The stakeholders agreed that the HeartMan pilot has the potential to reduce disparities within the ADRION region, that it has the potential to be implemented more broadly (both 4), that it can solve social problems connected with the growing share of the aging population (4.3), and that it can definitely become the starting point for new developments for the improvement of

quality of life of older people (5). The main ways in which it will contribute to solving social problems are shown in Figure 3.

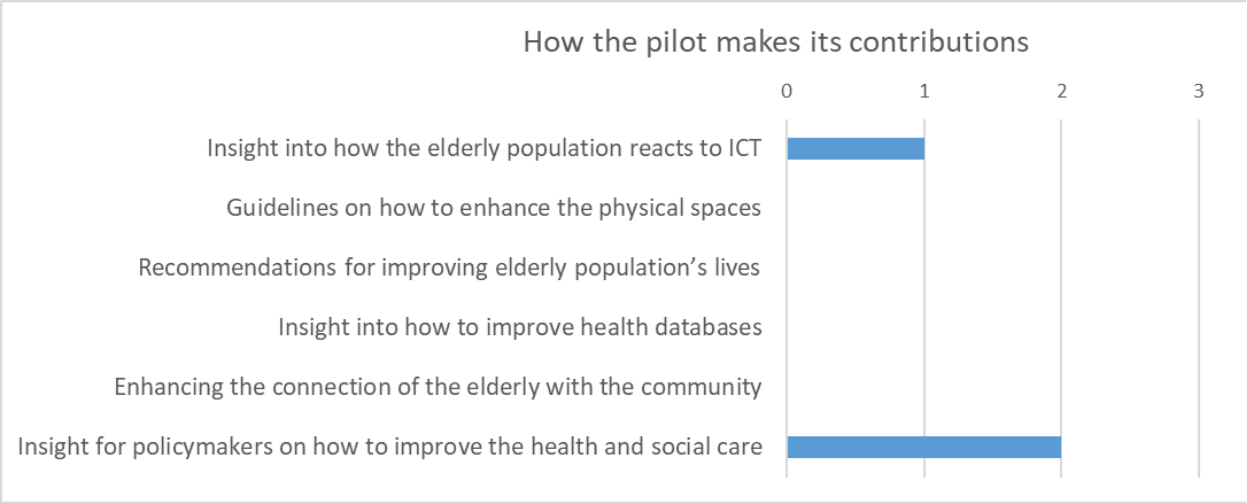

Figure 3: The main ways in which the pilot will contribute to solving social problems.

3. Conclusion

The survey results show that there while the pilot experienced some problems in the preparatory phase, the implementation, monitoring and closure phase have been quite successful. More specifically, the following conclusions can be drawn:

- The stakeholders' general feedback on the planning and execution of the preparatory phase was not very good. While the questionnaire did not capture the reasons for this, we can report that it was because the contractor adapting the HeartMan application was slow, and finding a hospital willing to participate was challenging since they are all busy and do not want the administrative hassle caused by participating in the project. Once these problems were resolved, the rest of the preparation went well.
- The implementation and monitoring phase received better feedback. There were minor issues with the participants' motivation and some technical problems (mostly due to poor digital literacy of the patients). The piloted solution was considered innovative, though, and the monitoring was good.
- We mostly received very good feedback on the closure phase. The pilot exemplified a good practice that achieves objectives of the SI4CARE project and is generally in the interest of patients and other stakeholders. While there were problems in the previous phases, the purpose of a pilot is in fact to experience them and learn from them, so that they can be avoided or overcome in a large-scale implementation. In the close phase, the stakeholders realised that this was what happened.

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Social Innovation for integrated health CARE of ageing population in ADRION

DT2.5.2 – Pilot evaluation methodology and survey – Pilot report »Biomehanical

T2: Social Innovation in Healthcare services: tools and pilots for best cases in action

Activity T2.5: Pilot Evaluation & validation of the Social Innovation decision Support System

Document	Pilot evaluations report »Biomehanical«
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1. Introduction

The Pilot Evaluation Methodology and Survey Report provide an overview of the results of the survey conducted among the stakeholders of PP02 Jožef Stefan Institute. The survey was created in a Google form and provided to the stakeholders on 22 and 23 March 2023 via email. 6 stakeholders provided responses.

The main objective of the survey was to collect data for the quantitative analysis part of the pilot evaluation against the broadly defined Key Performance Indicators. The survey is divided into three parts focusing on the monitoring and evaluation of each phase of the pilot (preparation phase, implementation, monitoring phase and completion phase) and providing data on the extent to which the set objectives were achieved. This data will serve as a source of information for the Social Innovation Decision Support System, which will provide the best ICT tools, applications, procedures, and protocols to address the needs of older people.

2. Survey analysis

2.1. Preparatory phase

In the Preparatory phase, the partners had to design the pilot concept and the requirements for its technical issues, as well as plan specific activities and purchase the ICT equipment and the required permissions/authorizations. Also, they dealt with the financial aspects of the pilot implementation, including negotiations with potential contractors and the preparation of technical specifications and documentation.

Planning of pilot and activities

Responders agree that the pilot preparation was well-planned and organized (average vote 4.80/5), that professionals involved in the preparation of the pilot had the necessary expertise and insight into the real needs of the elderly population (5.00/5), and that the level of communication during the preparation of the pilot was at an adequate level (4.60/5).

The respondents highlighted the following aspects of this phase to have been especially well implemented:

1. Organizing the team of stakeholders to be involved (80%)
2. Pilot concept design (80%)
3. Defining KPIs for monitoring the pilot and the methods of measuring them during the second phase (60%)
4. Planning specific pilot activities, such as preparation and installation of ICT equipment, creating a mobile application and/or platforms, development of the questionnaires, tests and/or training programs, definition of potential solutions, researching and reviewing the best practice examples, data collection (40%)

The following aspects could have been improved:

1. Procurement of the equipment (30%)
2. Defining KPIs for monitoring the pilot and the methods of measuring them during the second phase (30%)
3. Obtaining permissions/authorizations (consent to participation, ethical approvals, privacy issues, technical equipment used), considering the related social aspects and the stakeholders involved (30%)

4. Organizing the team of stakeholders to be involved (16.7%)

Stakeholders agree (4.80/5) that activities in the preparatory phase enabled the successful implementation of the pilot.

2.2. Implementation and monitoring phase

During this phase, the implementation of the pilot began, including the installation of the ICT equipment and solutions, testing, validation, service start-up, and operations. Responsible partners monitored the implementation and progress of the pilot, while local stakeholders were also included in the pilot. In addition, the pilot was directed at providing insights to the project partner responsible for the Transnational Strategy and action plans focused on policy issues and problems in the areas of health and social care for the elderly population.

Activities and participants

Respondents mostly agreed (3.80/5) that the selected stakeholders had the expertise to implement the pilot, and that the activities were designed to match all the participants and their skills (4.65/5).

They reported also what suited participants the most:

1. Inclusion of the elderly in activities (66.7%)
2. Joint work of the participants in implementing and monitoring the pilots (16.7%)
3. Use of innovative tools (16.7%)

6 stakeholders also agreed that pilot action used and combined innovative tools, methods, and approaches (4.40/5), and that the participants were motivated to participate in the pilot activities (4.80/5). Stakeholders mostly disagreed that the participants encountered obstacles in participating in the pilot activities (2.20/5). 2 stakeholders mentioned that problems encountered were related to use of ICT equipment.

For the implementation and monitoring phase, stakeholders also agreed that the participants successfully overcame obstacles they encountered during the implementation phase (4.67/5), that the participants were satisfied with the implementation and participation in the pilot activities (4.83/5), that the level of communication between the participants of the pilot was at an appropriate level (4.67/5), that the level of communication between the participants of the pilot enabled its smooth implementation (4.67/5), that the progress was closely and timely monitored by coordinating partners (4.83/5), and that the defined KPIs for the pilot implementation enabled successful monitoring of the pilot's progress (4.80/5).

Impact

All 6 responses noted that designed activities took into account the real needs of the elderly population (5.00/5) and that participants were satisfied with their participation in the pilot activities (5.00/5). Predominant agreement is also found about the pilot reaching the target number of participants (4.17/5), contributing to the improvement of health and medical services and/or the quality of life of the elderly population (4.83/5), that the invested funds enabled the smooth implementation of the pilot (4.20/5), that the pilot justified the funds invested in its implementation, i.e., the pilot was cost-effective (4.60/5), and that the pilot results were applicable for implementation in the SI-DSS system (3.80/5). Regarding the DSS, the participants highlighted the following options as those that could improve the health services for the elderly population:

1. The SI-DSS enables different stakeholders and policymakers involved in health and social care to access the data and get insight into the results (80%)
2. The data were obtained based on testing activities in a real environment and with the elderly (20%)

2.3. Closure phase

In the closure phase the stakeholders evaluated the impact of the pilot project activities on the SI4CARE project and the specific problems of the elderly in the ADRION region, as well as the impact on the further development of activities and services aimed at improving the lives of the elderly population. So, in the closure phase, the partners had to compile the final documents with the pilot results, the lessons learnt and recommendations for service continuation.

Respondents agreed that the pilot contributed to improving the strategic areas towards which it was focused – Telemedicine and homecare and Mobility and accessibility of healthcare facilities (4.50/5), that the pilot contributed to addressing the identified challenges (4.67/5), and that the pilot contributed to the achievement of the SI4CARE project objectives (4.67/5). As the area that they consider to be most influenced by the pilot, all highlighted "Improvement of health and social services and/or the quality of life".

Stakeholders agreed (4.00/5) that the pilot "PP02 - Individualized training based on biomechanical measurements" had the potential to reduce the disparities within the ADRION region.

The stakeholders also answered on the question about the areas that had been developed and implemented through pilots and their possibilities to contribute most to improve the lives of the elderly population:

1. Recommendations directed towards improving certain areas of the elderly population's lives (50%)
2. ICT systems and equipment that monitor different health parameters (30%)
3. Adaptation of physical spaces where the elderly population reside (30%)
4. Online physical training adapted to the elderly population (30%)
5. Online map with data on providers of formal (health and social care) and informal services (education, culture, recreation, socialization) (16.7%)

Stakeholders mostly agreed that the pilot project has the potential to be implemented on a wider and systemic level of health and social care for the elderly population (4.33/5), and completely agree that the pilot project can become the starting point for the development of new activities focused on the improvement of the quality of life of the elderly population (5.00/5). They selected and examples how the pilot project could be upgraded:

1. Develop guidelines to increase the motivation of different stakeholders to get involved (50%)
2. More training for participants in the use of innovative tools and ICT devices (50%)
3. Develop new methods of increasing the motivation to use ICT among the elderly population (33.3%)
4. Work in smaller groups (33.3%)
5. More activities in which participants will exchange experiences (33.3%)

Finally, stakeholders agreed the pilot project has the potential to solve identified social problems connected with the growing share of the aging population (3.83/5). For the following aspects, respondents stated that could contribute to the aforementioned:

1. Provision of recommendations on how to improve certain areas of the elderly population's life (66.7%)
2. Insight for policymakers on how to improve the health and social care for the elderly population based on the data tested in the real environment (16.7%)
3. Provision of an insight into how the elderly population reacts to ICT devices (16.7%)

3. Conclusion

Insight into the survey results shows that each pilot phase was carried out successfully. The data provided on the PP03 pilot project "Individualized training based on biomechanical measurements", indicate a high degree of consensus among stakeholders in several areas related to the pilot preparation and implementation:

- Pilot preparation: The professionals involved in the preparation of the pilot had the necessary expertise and insight into the real needs of the elderly population. The level of communication during the preparation of the pilot was at an adequate level.
- Pilot implementation: The pilot action used and combined innovative tools, methods, and approaches. The participants were motivated to participate in the pilot activities, and the level of communication between them was at an appropriate level. The progress was closely and timely monitored by coordinating partners, and the defined KPIs for the pilot implementation enabled successful monitoring of the pilot's progress.
- Participant satisfaction: The participants were satisfied with their participation in the pilot activities. Designed activities took into account the real needs of the elderly population.
- Pilot impact: The pilot contributed to the improvement of health and medical services and/or the quality of life of the elderly population. The pilot contributed to addressing the identified challenges and achieving the SI4CARE project objectives.
- Potential for wider implementation: The pilot has the potential to be implemented on a wider and systemic level of health and social care for the elderly population. The pilot can become the starting point for the development of new activities focused on the improvement of the quality of life of the elderly population.

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Social Innovation for integrated health CARE of ageing population in ADRION

DT2.5.2 – Pilot evaluation methodology and survey – Pilot report » Access to public social services by TM & Mobility optimization «

T2: Social Innovation in Healthcare services: tools and pilots for best cases in action

Activity T2.5: Pilot Evaluation & validation of the Social Innovation decision Support System

Document	Pilot evaluations report »Access to services by TM & mobility optimization«
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1. Introduction

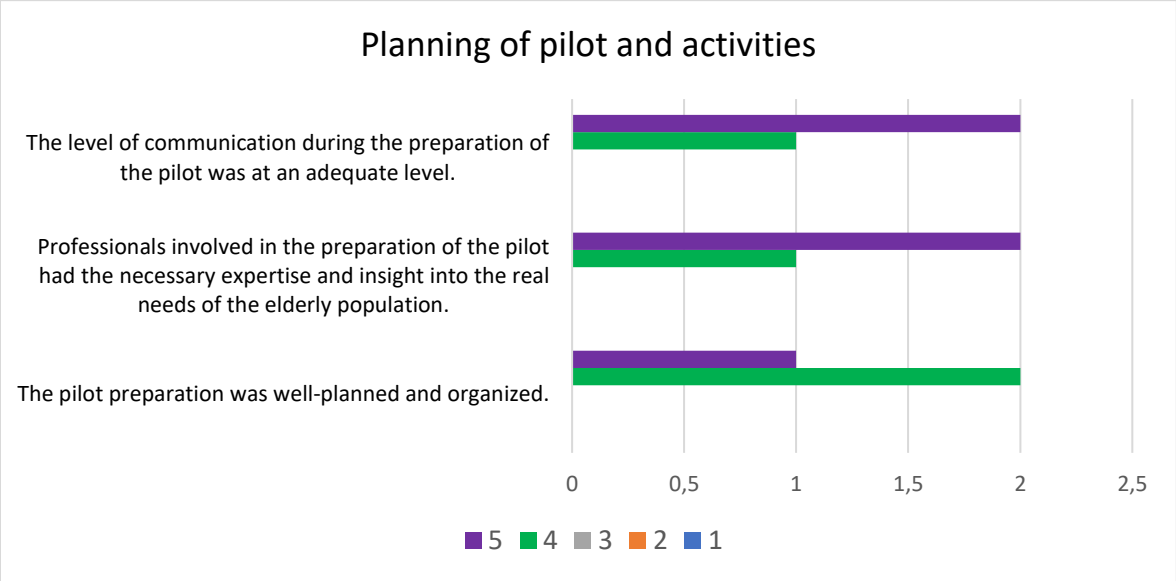
The Pilot Evaluation Methodology and Survey Report provides an overview of the survey results conducted by PP03 Municipality of Miglierina stakeholders. The survey was created on Google forms and shared with stakeholders during the First and Second SI4CARE Regional Public Events, held on May 3rd and 9th, 2023. A total of 3 stakeholders responded to the survey.
The survey's main objective was to collect data for a quantitative and qualitative analysis of the pilot evaluation through defined Key performance indicators. The survey was divided into three parts: Preparatory phase, Implementation & monitoring phase, and Closure phase. For the questions which required to evaluate the statement, the rating scale went from 1 to 5, where:
1 – completely disagree
2 – disagree
3 – neither agree nor disagree
4 – agree
5 – completely agree.

The data collected served as a source of information for the Social Innovation Decision Support System (SI-DSS), for the provision of an integrated healthcare of the elderly, better services and e-health technologies, responsive of specific regional challenges and settings, as well as useful information for policymakers to evaluate the optimal allocation of local/regional/national investment funds, and research efforts for the improvement of elderly care.

2. Survey analysis

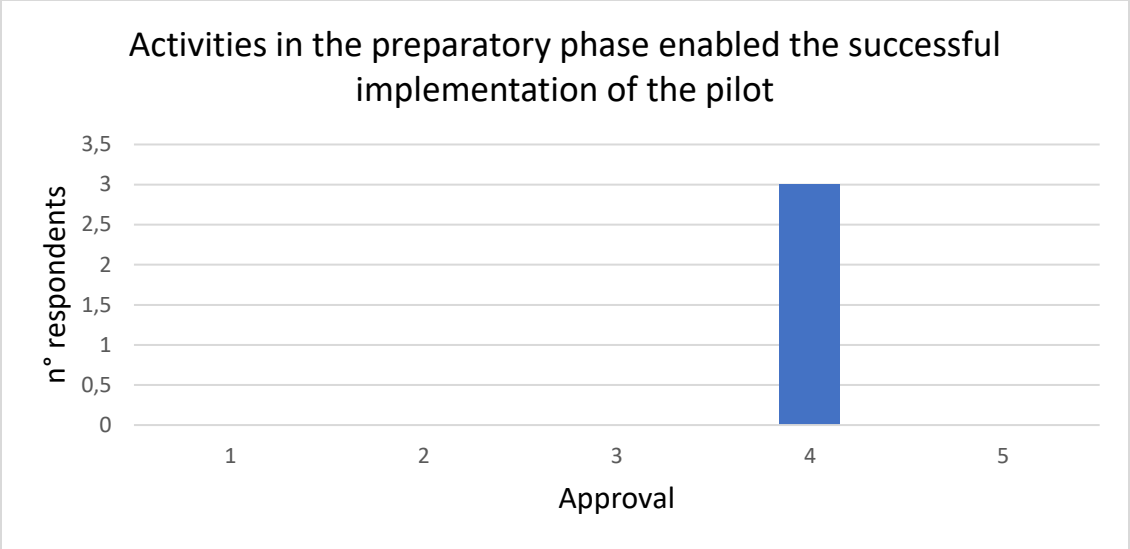
2.1. Preparatory phase

In the preparatory phase, the partners' focus was on designing the pilot concept and the requirements for its technical issues, as well as gathering the team of stakeholders that would have been involved in the implementation of the pilot. Furthermore, they had to plan specific activities, purchase the ICT equipment and obtain the required permissions/authorizations.
Lastly, the partners dealt with the financial aspects of the pilot implementation, including negotiations with potential contractors and the preparation of technical specifications and documentation.
All respondents agreed that the Preparatory phase was successful, given the well-planned pilot preparation, the adequate communication among the participants and the expertise and insight of involved professionals assessing the real needs of the elderly population.



Graph 1: Planning of pilot and activities

Two-thirds of the respondents also praised the way that consent to participation, ethical approvals, privacy issues and technical equipment were managed in relation to permission and authorizations tasks.
On the contrary, the pilot concept design, the organization of the team of stakeholders to be involved and the pilot activities planned were equally considered as difficult and incomplete during this preparatory phase. The following aspects were considered to be improved: preparation and installation of ICT equipment; creation of mobile applications and/or platforms; development of the questionnaires, tests and/or training programs; researching and reviewing the best practice examples; data collection.
The following graph represents how good level of activities in the Preparatory phase enabled a successful pilot implementation.

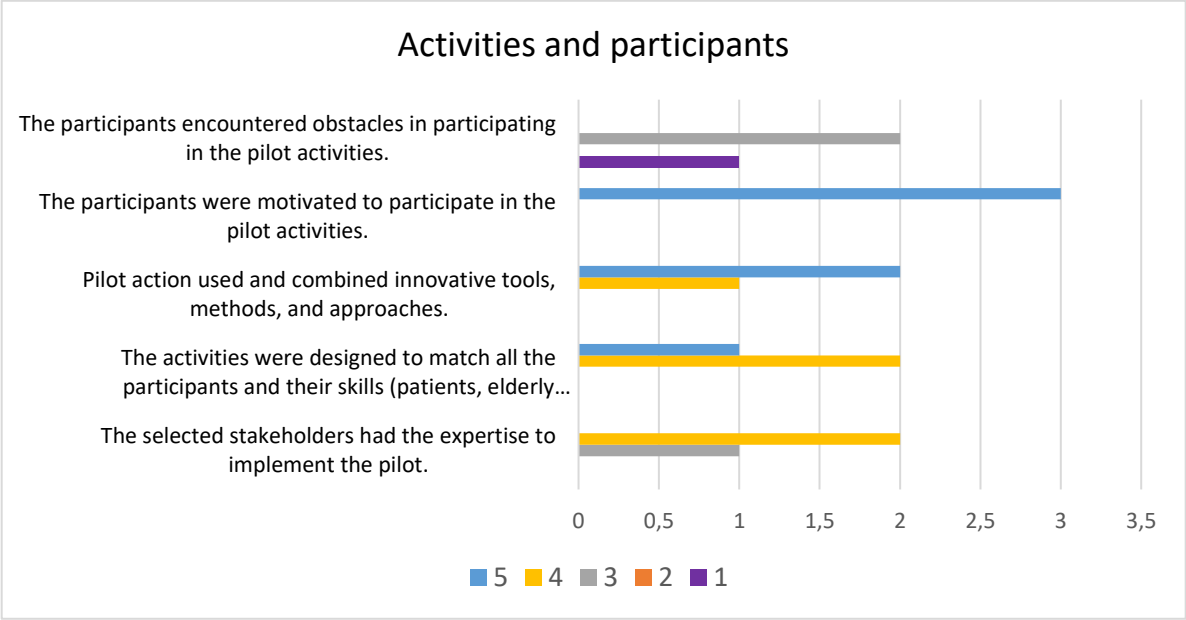


Graph 2: Pilot's activities and implementation

2.2. Implementation and monitoring phase

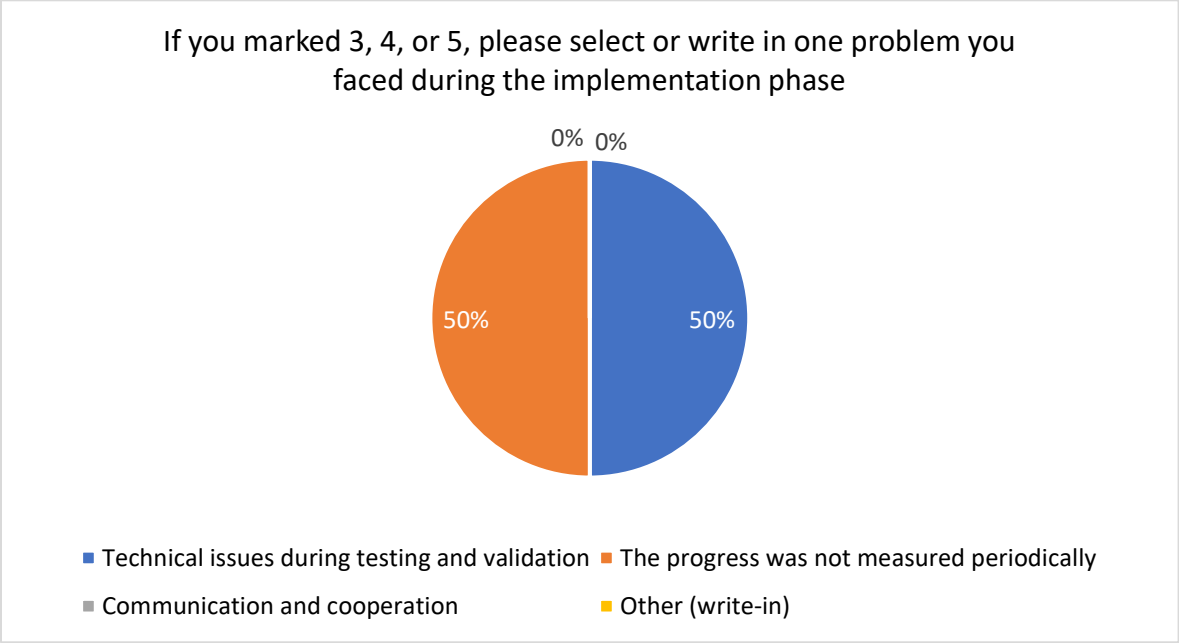
During this phase the implementation of the pilot began, including the installation and testing of the ICT equipment and solutions. Responsible partners monitored the implementation and progress of the pilot, while local stakeholders were also included in the pilot. In addition, the pilot was directed at providing insights to the project partner responsible for the Transnational Strategy and Action Plans, which focused on policy issues and problems in the areas of health and social care for the elderly population.

Overall, participation in the pilot activities was considered highly motivating, although more than 60% encountered obstacles since not all partners had previous expertise in the matter.



Graph 3: Activities and participants

When asked to specify the nature of the obstacles, half of the respondents indicated the technical issues arisen during the testing and validation phase, while the other half pointed the lack of proper measurement:

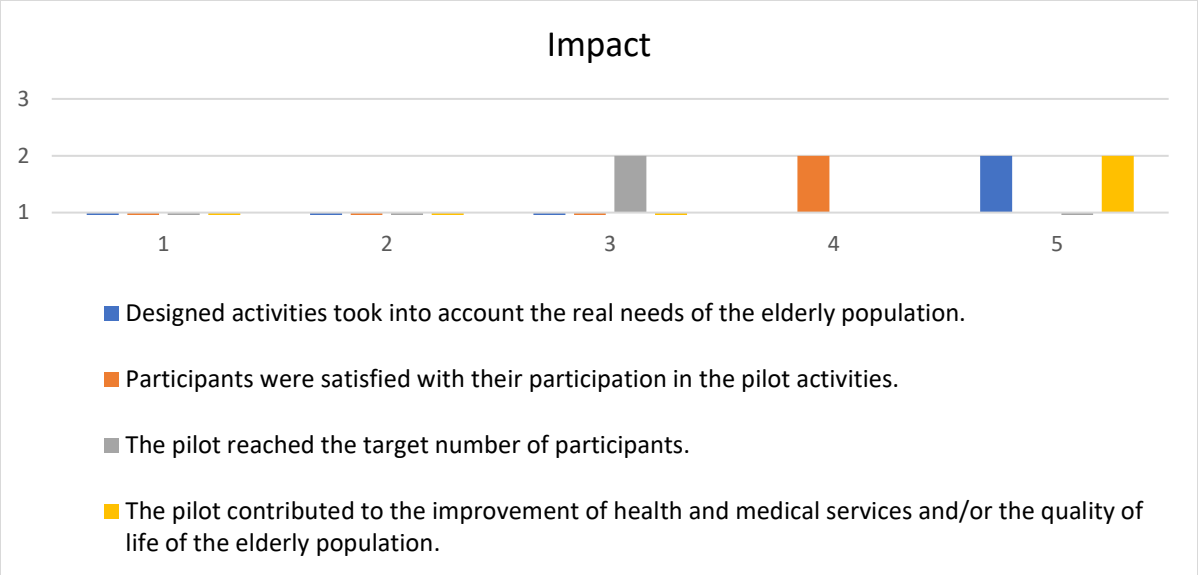


Graph 4: Problems faced during the Implementation phase

For what concerned the part of activities participants found suiting them the most, they made good use of innovative tools (33%) and benefitted from mutual cooperation (33%) as well as the engagement of the elderly population in the implementation and monitoring of the pilots (33%).

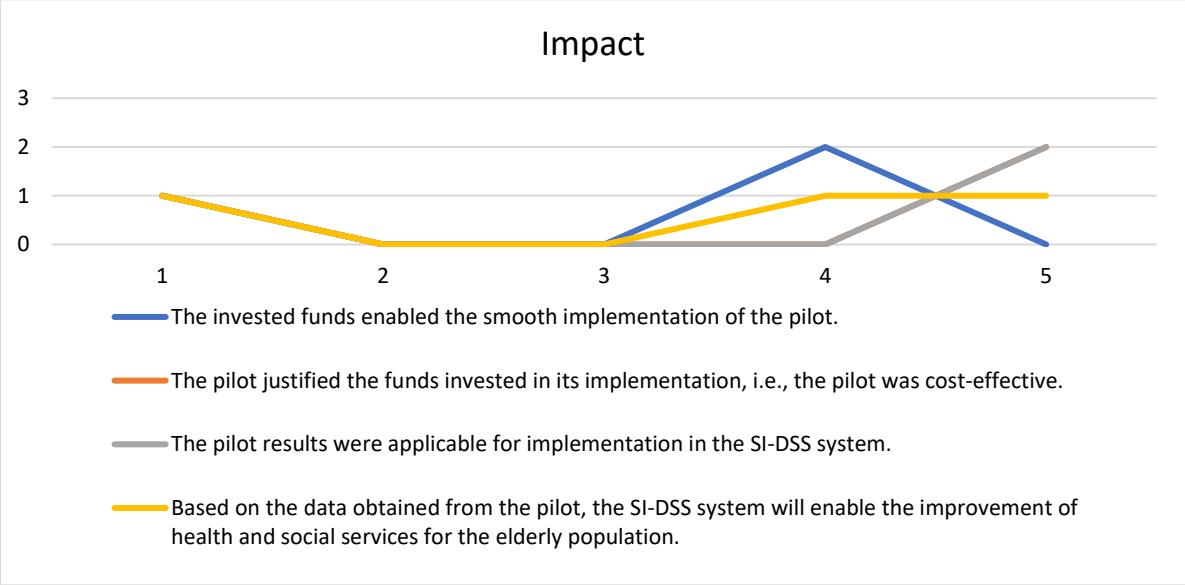
The totality assessed the participants successfully overcame obstacles, while two respondents out of three (66%) agreed that participants were satisfied with the pilot activities and that communication during this phase was marked as appropriate and enabled the smooth implementation of the activities. A negative note was the progress not timely monitored by coordinating partners, although defined Key performance indicators (KPI) mitigated the effects.

Respondents agreed that the designed activities took into account the real needs of the elderly population and contributed to the improvement of health and medical services and quality of life. On the other hand, two-thirds of them neither agreed nor disagreed whether the pilot reached the target number.



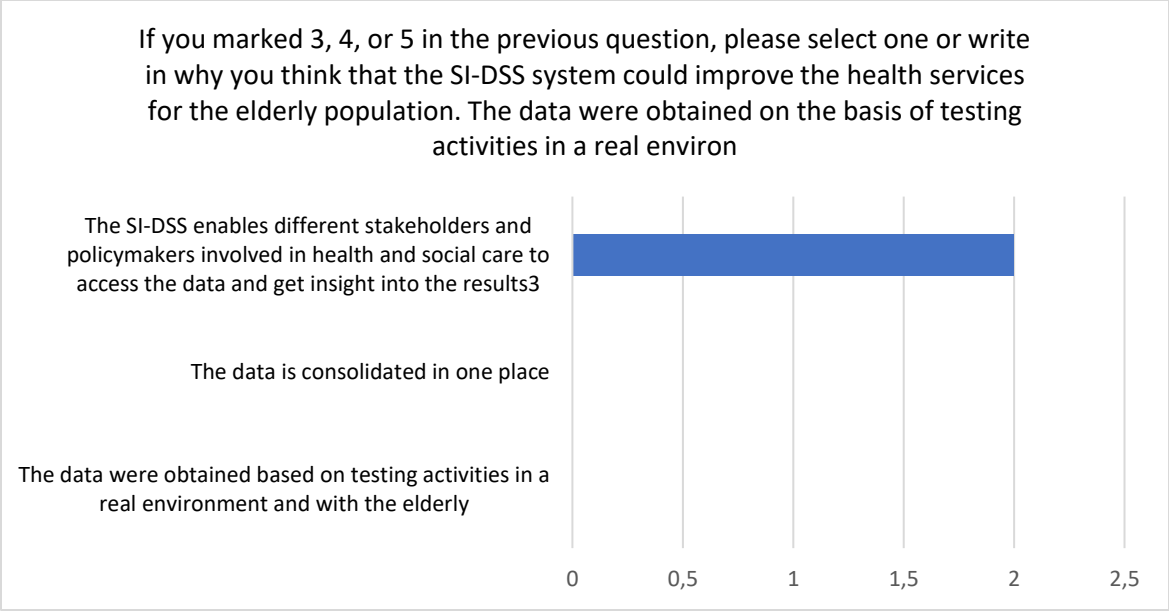
Graph 5: Participation and impact of pilot activities

The majority of respondents considered that invested funds enabled the smooth, cost-effective implementation of the pilot. It was also agreed that the pilot results were applicable for the implementation of the Social Innovation Decision Support System (SI-DSS): almost 70% of respondents stated that the SI-DSS can contribute to the improvement of health and social services for the elderly population, mostly because it enables different stakeholders and policymakers, involved in health and social care, to access the data and get insight into the results.



Graph 6: Impact of the funds invested in pilots and SI-DSS system.

The graph below represents a view of the SI-DSS and the contribution to the improvement of health services for the elderly population.

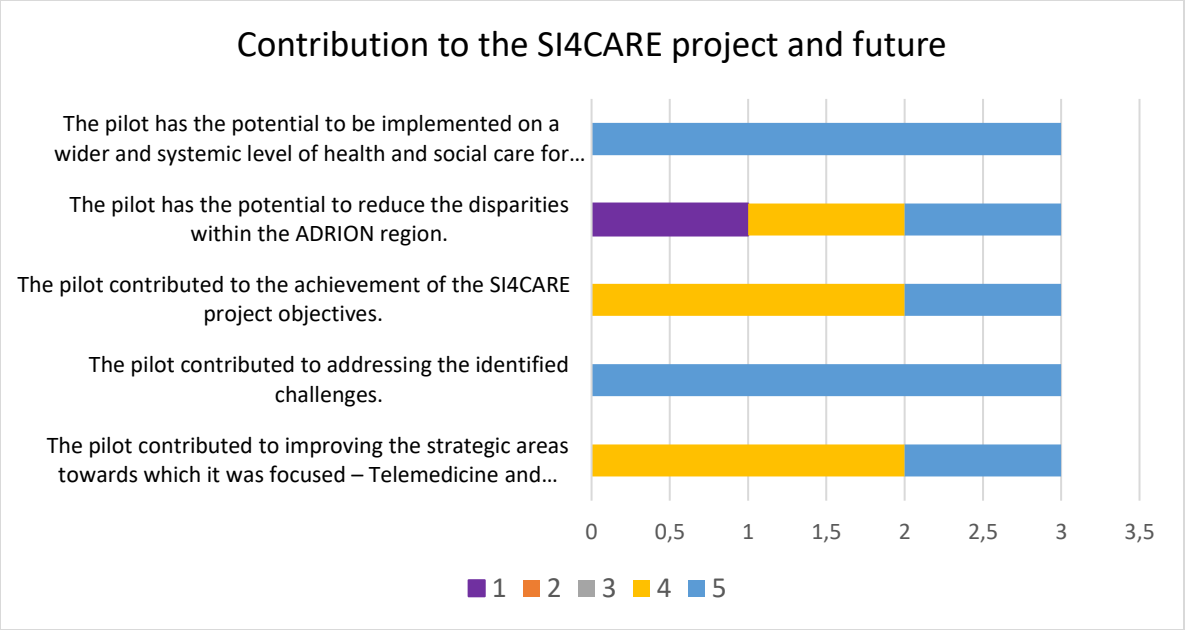


Graph 7: SI-DSS and the contribution to the improvement of healthcare services for the elderly population

2.3. Closure phase

This part of the survey was directed at evaluating the impact of pilot activities on the SI4CARE project and the specific problems of the elderly in the ADRION region, emphasizing how pilot further development can improve the lives of the elderly population. Partners filled in the final documents with the results from the pilots, the lessons learnt, and recommendations for service continuation and replication.

Respondents unanimously assessed that the pilot contributed to addressing the identified challenges and had the potential to be implemented on a wider and systemic level of health and social care for the elderly population. Most of the respondents agreed on different levels that the project's objectives have been achieved thanks to the pilot implementation, specifically when it comes to telemedicine and homecare and accessibility to healthcare facilities. A minority (33%) is skeptical about the potential to reduce disparities in the ADRION region.

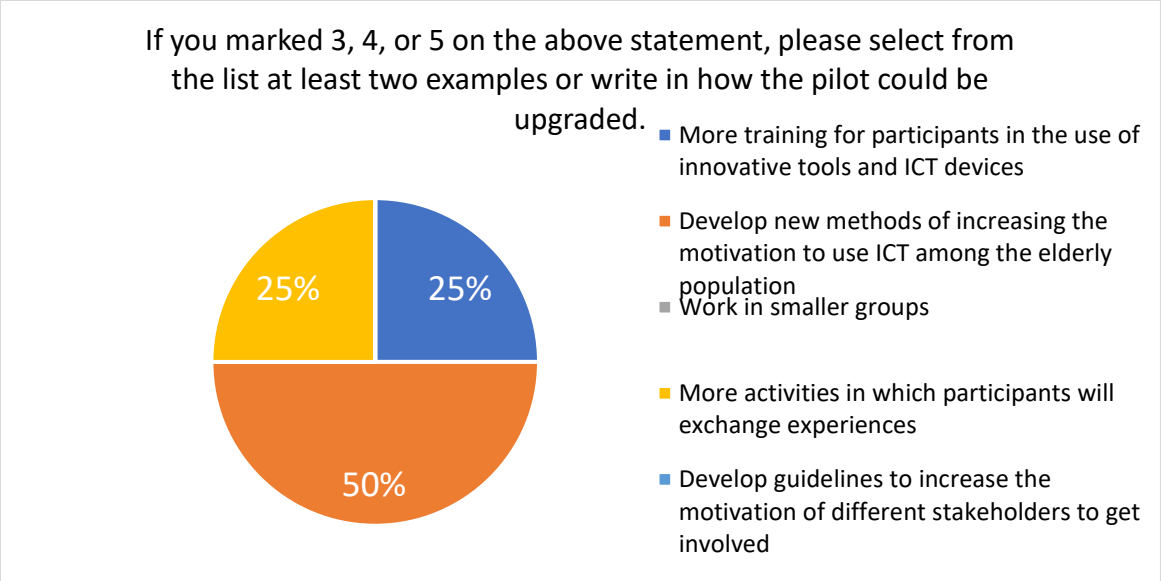


Graph 8: Contribution to the SI4CARE project and future

The survey proved that the improvement of health and social services and the quality of life was crucial for the project and influenced the pilot structure; whereas, among the areas that have been developed through pilot activities, the respondents considered the following as the most appropriate to improve the elderly population's quality of life:

- Online outpatient clinic (66,7%)
- ICT systems and equipment that monitor different health parameters (33,3%)
- Adaptation of physical spaces where the elderly population reside (33,3%)
- Mobile applications (33,3%)
- Recommendations directed towards improving certain areas of the elderly population's lives (33,3%)

Moreover, two-thirds of the respondents agreed that the pilot has the potential to foster new activities focused on the improvement of the quality of life of the elderly population.
The graph below shows some suggested factors for the pilot upgrade:



Graph 9: Suggestions for the upgrade of the pilot

The most voted ones were: development of new methods of increasing the motivation to use ICT among the elderly population (50%); more activities in which the participants will exchange experiences (25%) and more training for participants to use innovative tools and ICT devices (25%).

Finally, respondents agreed that the pilot has the potential to solve identified social problems connected with the growing share of the ageing population, for example by providing guidelines on how to enhance physical spaces in which the elderly population reside (66,7%) or giving insights for policymakers on how to improve the health and social care for the elderly population based on the data tested in the real environment (33,3%).

3. Conclusions

The results of the survey, based on the provided data of PP03 pilots, showed that each pilot phase has been effectively carried out. Additional conclusions can be drawn:

- The preparatory phase of the pilot was successful in terms of well-planned preparation, effective communication, and the expertise of professionals in understanding the real needs of the elderly population. However, there were areas that needed improvement, such as the design of the pilot concept, organization of the stakeholder team, and planning of pilot activities.
- While participation was motivating, some obstacles were faced, particularly related to technical issues during testing and validation and a lack of measurement. Innovative tools, mutual cooperation, and engagement of the elderly population were appreciated aspects of the pilot.
- The designed activities were deemed to address the real needs of the elderly population and contribute to the improvement of health and medical services and their quality of life. The pilot was seen as cost-effective and applicable for implementing the Social

Innovation Decision Support System (SI-DSS), which could benefit stakeholders and policymakers in accessing data and gaining insights.

- In the closure phase, the pilot was evaluated positively, with potential for wider implementation and to solve social problems related to the aging population.
- The pilot activities focused on telemedicine, homecare and healthcare accessibility. Suggestions for improvement included developing motivation for ICT use, facilitating experience exchange and providing more training.

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Social Innovation for integrated health CARE of ageing population in ADRION

DT2.5.2 – Pilot evaluation methodology and survey

Pilot »Nursing by monitoring«

T2: Social Innovation in Healthcare services: tools and pilots for best cases in action

Activity T2.5: Pilot Evaluation & validation of the Social Innovation decision Support System

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1. Introduction

The Pilot Evaluation Methodology and Survey Report provide an overview of the survey results conducted among PP04 University of Split School of Medicine and PP05 Teaching Institute for Public Health Split-Dalmatia County stakeholders. The survey was created in Google forms and shared with stakeholders during the First and Second Regional Workshop for Healthcare Improvement held on February 27th and 28th, 2023. A total of 13 stakeholders responded to the survey.

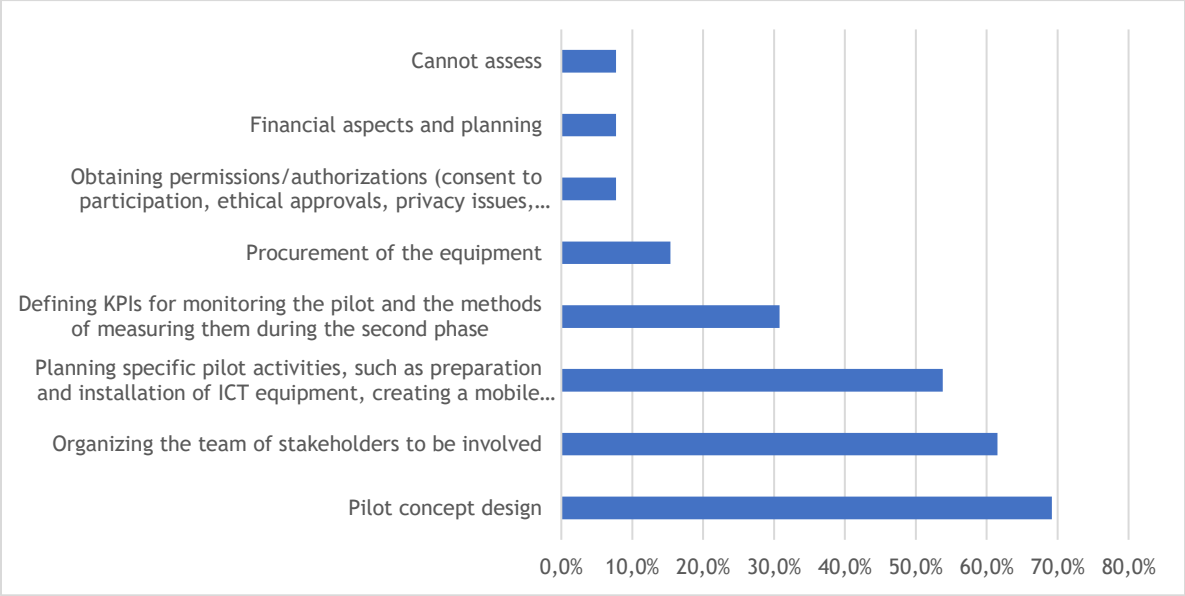
The survey's main objective was to collect data for the quantitative analysis part of the pilot evaluation through the generally defined Key performance indicators. The survey is divided into three parts, focusing on monitoring and evaluating each of the pilot phases (Preparatory phase, Implementation, monitoring phase, and Closure phase) and providing data to what extent the set objectives have been achieved. These data will serve as a source of information for the Social Innovation Decision Support System, providing the best ICT tools, applications, procedures, and protocols to respond to elderly needs.

2. Survey analysis

2.1. Preparatory phase

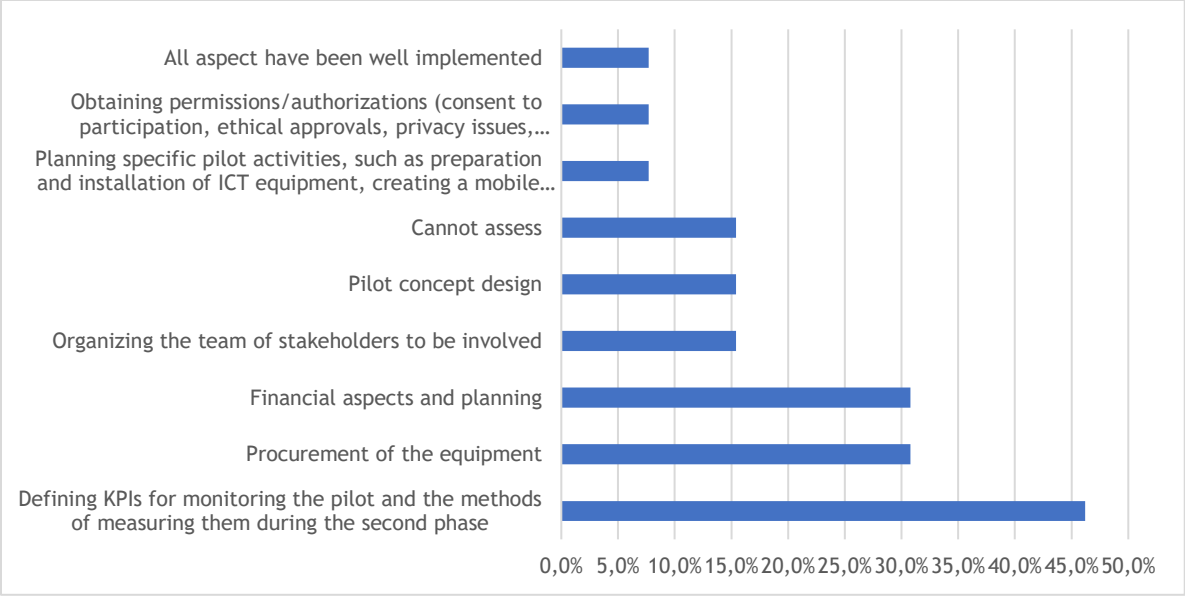
In the Preparatory phase, the partners had to design the pilot concept and the requirements for its technical issues, as well as plan specific activities and purchase the ICT equipment and the required permissions/authorizations. Also, they dealt with the financial aspects of the pilot implementation, including negotiations with potential contractors and the preparation of technical specifications and documentation.

Almost all respondents agreed that the Preparatory phase was successful – more than 90% stated the pilot preparation was well-planned and organized and that the communication among the participants was at an adequate level. In terms of the involved professionals, six respondents (46.2%) completely agreed and four stakeholders (30.8%) agreed they had the necessary expertise and insight into the real needs of the elderly population, while three of them (23.1%) nor agree nor disagree. The respondents consider the following aspects of this phase to have been well implemented – pilot concept design (69.2%), organizing the team of stakeholders to be involved (61.5%), and planning specific pilot activities (53.8%). The following graph presents data on the aspects that respondents consider to have been well implemented.



Graph 1: Aspects of the pilot to be well implemented (Source: Pilot evaluation methodology and survey)

On the other hand, defining KPIs for monitoring the pilots and the methods of measuring them during the second phase (46.2%), procurement of the equipment (30.8%), and financial aspect and planning (30.8%) have been singled out to have gone with difficulties. Finally, more than 80% of respondents stated that the activities in the Preparatory phase enabled the successful pilot implementation. The following graph presents data on the aspects the respondents have singled out to have gone with difficulties.



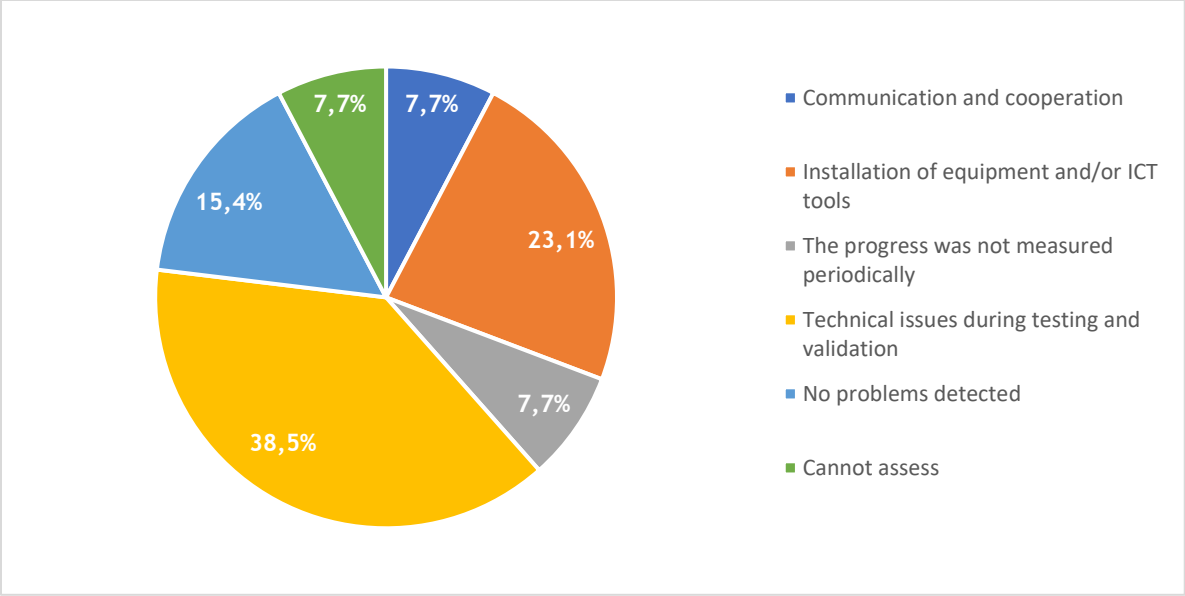
Graph 2: Aspects of the pilot that have gone with difficulties (Source: Pilot evaluation methodology and survey)

The majority of respondents agreed and completely agreed (38.5% for each category) that the pilot activities were in line with participants' skills, where they consider joint work of the participants (46.2%) and inclusion of the elderly in activities (38.5%) to be the most successful. Also, 38.5% of respondents completely agreed and 46.2% agreed that pilot action used and combined innovative tools, methods, and approaches.

2.2. Implementation and monitoring phase

During this phase, the implementation of the pilot began. Responsible partners monitored the implementation and the progress, while local stakeholders were also included.

Considering participants' motivation to participate in the pilot activities, more than 60% agreed they were motivated, 30.8% neither agree nor disagree, and 7.7% disagreed. More than half of the respondents said the participants encountered obstacles during the Implementation phase, mostly with technical issues during testing and validation (38.5%) and installation of equipment and/or ICT tools (23.1%). The graph below presents view on the problems faced during the implementation phase.

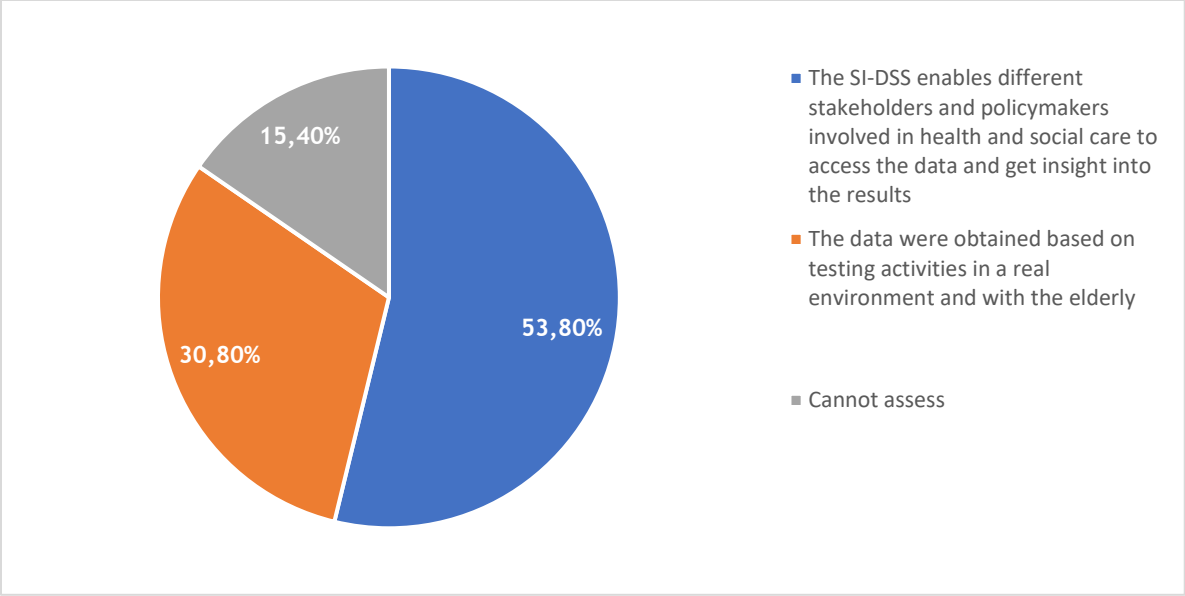


Graph 3: Problems faced during the Implementation phase (Source: Pilot evaluation methodology and survey)

More than 70% assessed the participants successfully overcame obstacles, while 23.1% neither agree nor disagree. Three respondents (23.1%) completely agreed and six (46.2%) agreed that participants were satisfied with the pilot activities, three of them (23.1) neither agreed nor disagreed and one (7.7%) disagreed with the statement. The communication during this phase was marked as appropriate and it enabled the smooth implementation of the activities. More than 70% of respondents consider that the progress was closely and timely monitored and that the defined Key performance indicators (KPI) contributed to monitoring the progress.

Almost 80% of respondents agreed that the designed activities took into account the real needs of the elderly population and that pilot reached the target number. More than 60% of respondents agreed that the pilot contributed to the improvement of health and medical services and/or the quality of life of the elderly population. On the other hand, 38.5% of them neither agreed nor disagreed with the statement and selected the following factors that contributed to the reduced impact of the pilot on the health and social care services and the quality of life – the pilot activities did not take into account the real needs of the elderly population, the pilot activities were too complicated for the participants and the lack of participants motivation.

The majority of respondents consider that invested funds enabled the smooth implementation of the pilot and that the pilot was cost-effective. Also, 23.1% of them completely agreed and 53.8% agreed that the pilot results are applicable for implementation in the Social Innovation Decision Support System (SI-DSS). Almost 70% of respondents stated that the SI-DSS can contribute to the improvement of health and social services for the elderly population, mostly because the data were obtained based on testing in a real environment and with the elderly, and the data are consolidated in one place. The graph below presents a view of the SI-DSSS and the contribution to improvement of health services for the elderly population.



Graph 4: SI-DSS and the contribution to the improvement of healthcare services for the elderly population (Source: Pilot evaluation methodology and survey)

2.3. Closure phase

In this phase, the partners had to compile the final documents with the pilot results, the lessons learnt and recommendations for service continuation.

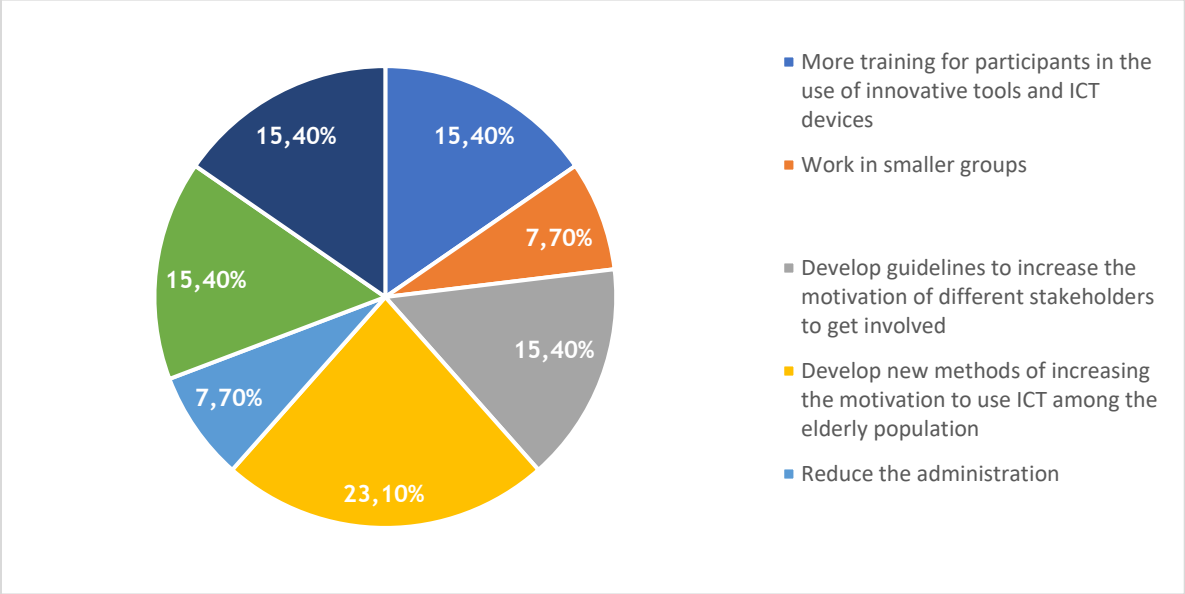
More than 80% of respondents consider the pilot contributed to improving the SI4CARE strategic areas, identified challenges of the health and social care services for the elderly, and the overall project objectives. Most of the respondents (69.3%) believe the pilot has the potential to reduce the disparities within the ADRION region, while 30.8% neither agreed nor disagreed with the statement.

Among the areas that have been developed through pilot activities, the respondents consider the following as the most appropriate to improve the elderly population's quality of life:

- ICT systems and equipment that monitor different health parameters (23.1%)
- Database for registration, creation and supervision of health services offered to the elderly population (23.1%)
- Adaptation of physical spaces where the elderly population reside (15.4%)
- Mobile applications (7.7%)
- Online outpatient clinic (7.7%)
- Recommendations directed towards improving certain areas of the elderly population's lives (7.7%)
- Unable to assess (7.7%).

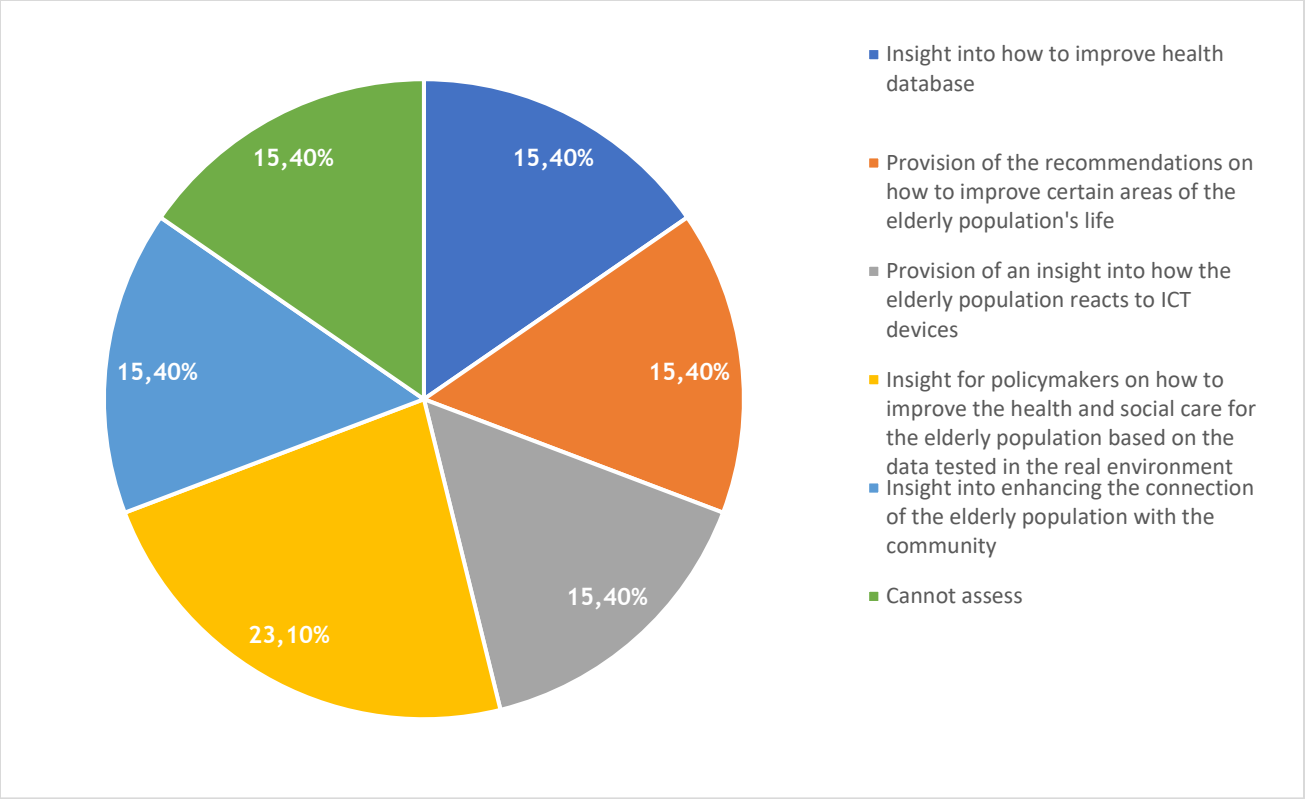
Furthermore, 23.1% of respondents completely agreed and 69.2% agreed that the pilot has the potential to be implemented on a wider and systemic level of health and social care for the elderly population, while only 7.7% neither agreed nor disagreed. Among the factors that could upgrade the pilot, the following got the most votes – develop new methods of increasing the

motivation to use ICT among the elderly population (23.1%), more activities in which the participants will exchange experiences (15.4%), more training for participants to use innovative tools and ICT devices (15.4%), develop guidelines to increase the motivation of different stakeholders to get involved (15.4%). The following graph presents examples of how the pilot could be upgraded.



Graph 5: Suggestions for the upgrade of the pilot (Source: Pilot evaluation and methodology)

Finally, 23.1% of respondents completely agreed and 61.5% agreed the pilot has the potential to solve identified social problems connected with the growing share of the ageing population. For the following aspects, respondents stated that could contribute to the aforementioned – insight for policymakers on how to improve the health and social care for the elderly population based on the data tested in a real environment (23.1%), insight into enhancing the connection of the elderly population with the community (15.4%), insight into how to improve health database (15.4%), provision of insight into how the elderly population reacts to ICT devices (15.4%), provision of the recommendations on how to improve certain areas of the elderly population life (15.4%). Two of the respondents stated they cannot assess the potential of the pilot in solving identified problems. The following graph presents how the pilot could contribute to solving identified problems connected with the growing share of the ageing population.



Graph 6: The potential of the pilot to solve the identified problems connected with the ageing population (Source: Pilot evaluation methodology and survey)

3. Conclusion

Insight into the survey results showcases that each pilot phase has been successfully carried out. Based on the provided data on PP04 and PP05 pilots, the following conclusions can be drawn:

- the activities and communication during the preparation activities enabled the successful pilot implementation
- activities and innovative tools, methods, and approaches took into account participants' skills and motivated them to participate
- the participants successfully overcame obstacles they encountered during the pilot implementation and were mostly satisfied with being involved in the activities
- the pilot contributed to the improvement of health and social services and the quality of life
- the pilot results and the SI-DSS have the potential to further enhance the health and social care for the elderly population
- the pilot was in line and contributed to the SI4CARE strategic areas, identified challenges and objectives, and has the potential to reduce the identified problems of the elderly population within the ADRION region.

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Social Innovation for integrated health CARE of ageing population in ADRION

DT2.5.2 – Pilot evaluation methodology and survey – Pilot report »Access to public health services «

T2: Social Innovation in Healthcare services: tools and pilots for best cases in action

Activity T2.5: Pilot Evaluation & validation of the Social Innovation decision Support System

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1. Introduction

The Pilot Evaluation Methodology and Survey Report provide an overview of the survey results conducted among PP06 Health Insurance and Reinsurance Institute of Federation of Bosnia and Herzegovina stakeholders. The survey was created in Google Forms and shared with stakeholders during the First and Second Regional Workshop for Healthcare Improvement held on April 26th and May 16th, 2023. A total of 9 stakeholders responded to the survey.

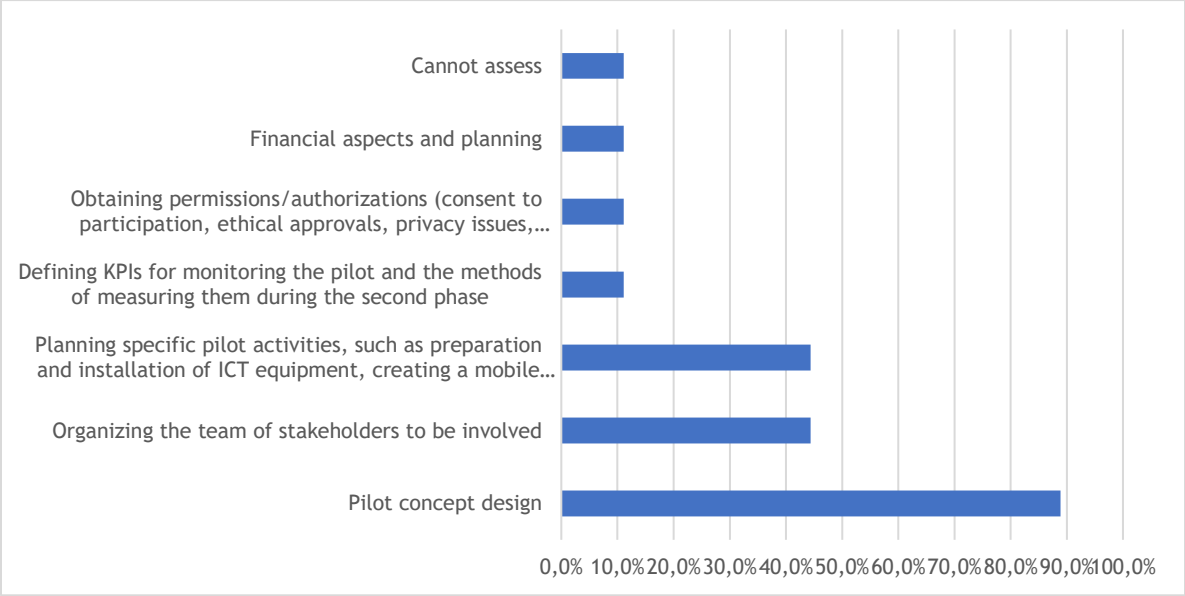
The survey's main objective was to collect data for the quantitative analysis part of the pilot evaluation through the generally defined Key performance indicators. The survey is divided into three parts, focusing on monitoring and evaluating each of the pilot phases (Preparatory phase, Implementation, monitoring phase, and Closure phase) and providing data to what extent the set objectives have been achieved. These data will serve as a source of information for the Social Innovation Decision Support System, providing the best ICT tools, applications, procedures, and protocols to respond to elderly needs.

2. Survey analysis

2.1. Preparatory phase

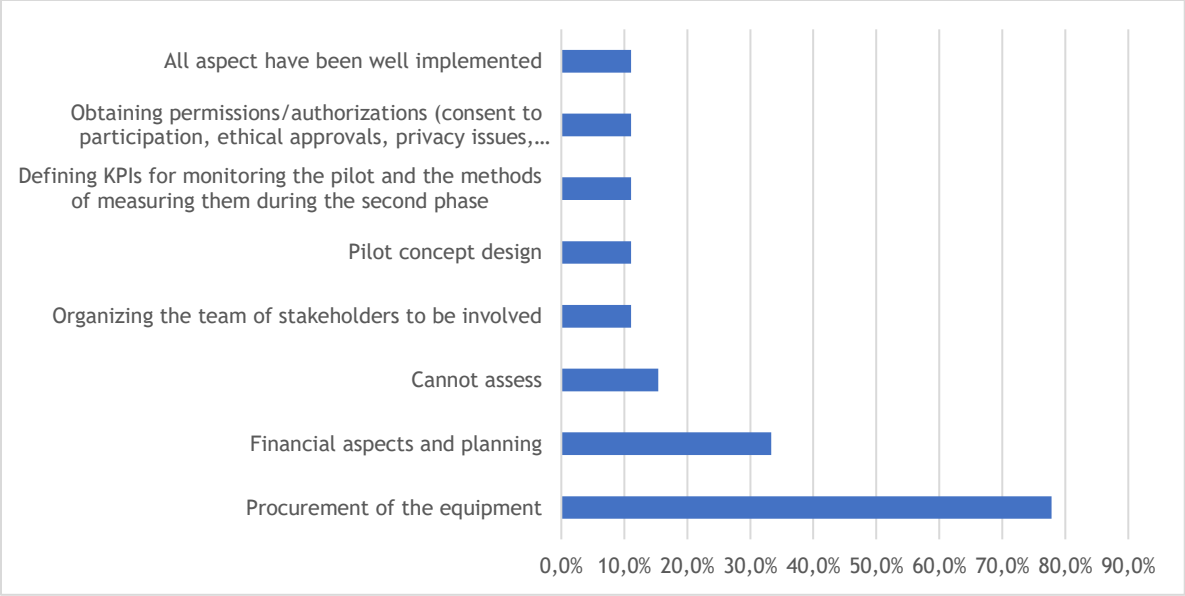
In the Preparatory phase, the partners had to design the pilot concept and the requirements for its technical issues, as well as plan specific activities and purchase the ICT equipment and the required permissions/authorizations. Also, they dealt with the financial aspects of the pilot implementation, including negotiations with potential contractors and the preparation of technical specifications and documentation.

Almost 67% of the respondents agreed and 33.3 % completely agreed that the Preparatory phase was well-planned and organized, as well as that the communication was at an adequate level. Over 90% of them agreed that the professionals involved in the pilot preparation had the necessary competencies and insight into the real needs of the elderly population, while only 11% neither agreed nor disagreed. As the aspects of this phase that have been well implemented, the respondents singled out pilot concept design (88.9%), organised the team of stakeholders to be involved (44.4%), and planned specific pilot activities (44.4%). The following graph represents the data on the pilot aspects that the respondents considered to have been well implemented.



Graph 1: Aspects of the pilot to be well implemented (Source: Pilot evaluation methodology and survey)

On the other hand, procurement of the equipment (77.8%) and financial aspects and planning (33.3%) were rated as the weakest aspects of the Preparatory phase. The respondents agreed (55.6%) or completely agreed (44.4%) that the activities in the Preparatory phase enabled the successful implementation of the pilot. The data of the pilot aspects that have not been well implemented are presented in the following graph.



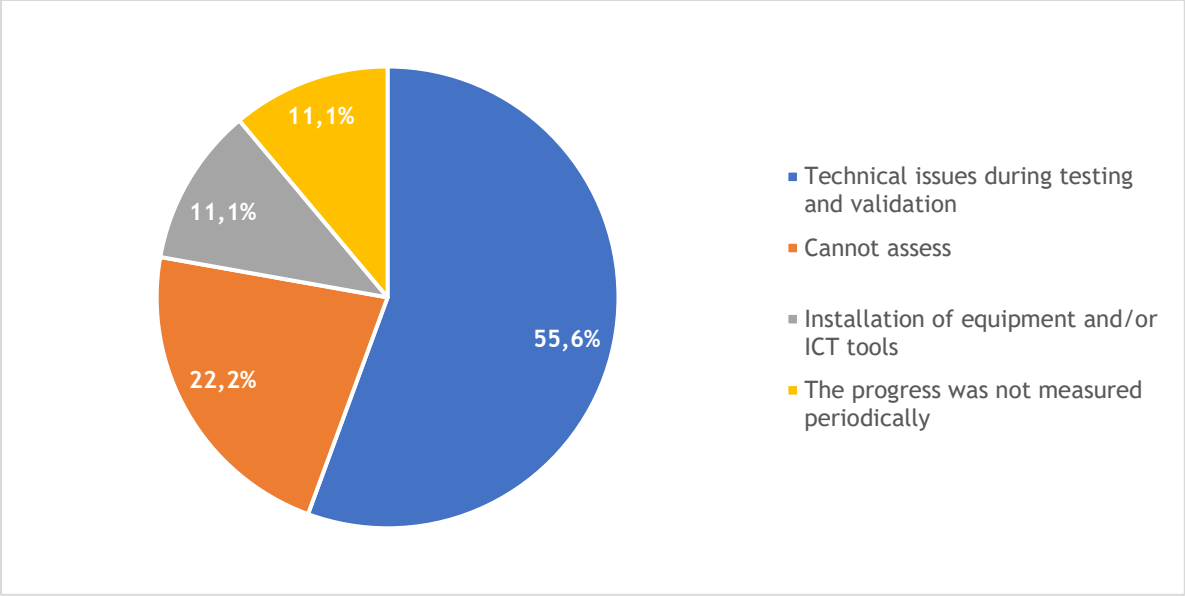
Graph 2: Aspects of the pilot that have gone with difficulties (Source: Pilot evaluation methodology and survey)

2.2. Implementation and monitoring phase

During this phase, the implementation of the pilot began. Responsible partners monitored the implementation and the progress, while local stakeholders were also included.

According to the survey, the selected stakeholders had the necessary expertise to implement the pilot, as almost 90% of the respondents agreed or completely agreed. In terms of the activities, both 44.4% agreed or completely agreed that they were designed in accordance with all the participants and their skills, while only 11.1% neither agreed nor disagreed. More than half of the respondents singled out the use of innovative tools as part of the activities that suited participants the most, 33.3% considered the joint work of the participants and 11.1% of them the inclusion of the elderly in the activities. Due to the previously mentioned, 55.6% of the respondents agreed and 33.3% completely agreed that the participants were motivated to participate in the pilot activities and only 11.1% neither agreed nor disagreed, as well as almost 90% of them agreed that the participants were satisfied with their involvement in the pilot activities.

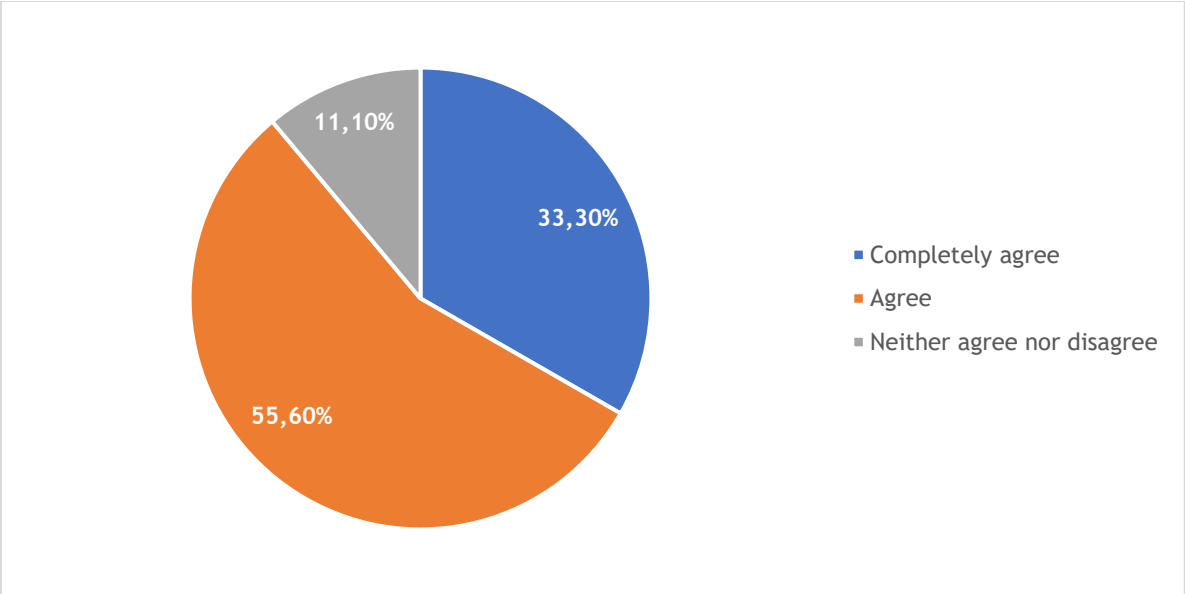
Technical issues during testing and validating were selected as the most problematic area of the Implementation and monitoring phase. The graph below visualizes the view on the problems faced during this phase.



Graph 3: Problems faced during the Implementation phase (Source: Pilot evaluation methodology and survey)

In terms of the pilot's contribution to the improvement of health and medical services, 55.6% of the respondents completely agreed, while 44.4% agreed with the statement. The data show that over 66% of the respondents consider that the invested funds enabled the smooth implementation of the pilot and 33.3% neither agreed nor disagreed. The majority of the respondents agreed that the pilot justified the invested funds, while only 11% neither agreed nor disagreed.

The respondents mostly agree that the pilot results are applicable for implementation in the SI-DSS and almost 90% of them assessed that the SI-DSS could improve health and social services for the elderly population. These data are presented in the following graph.



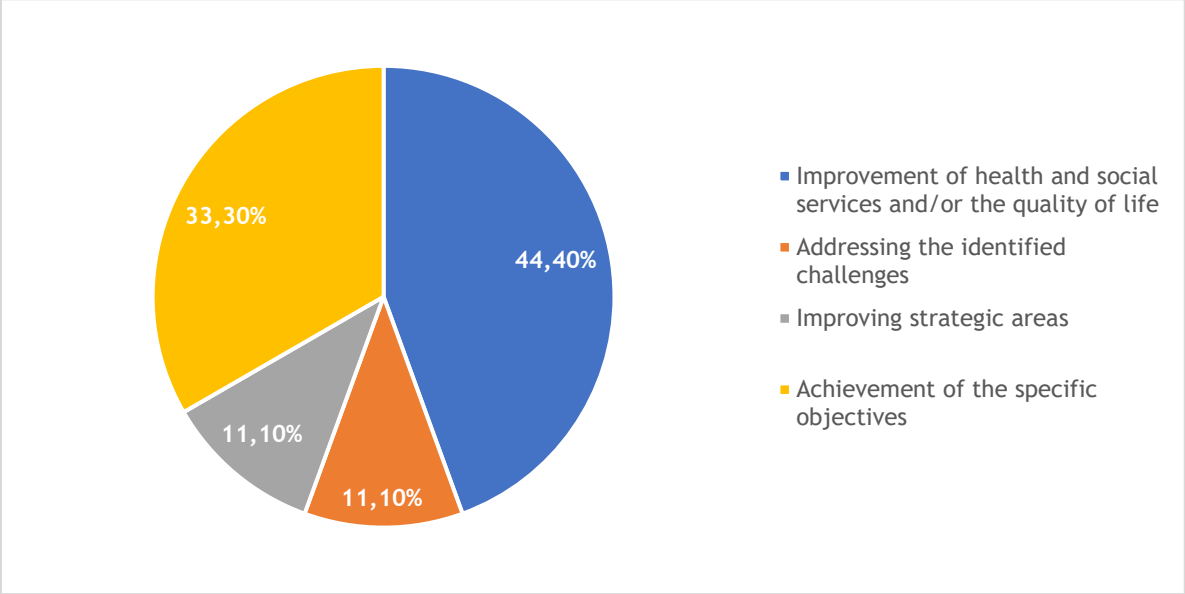
Graph 4. Respondents' view on the SI-DSS contribution to the improvement of health and social services for the elderly population (Source: Pilot evaluation methodology and survey)

As a potential problem of the contribution of the SI-DSS to the improvement of health and social services for the elderly population, 77.8% of the respondents singled out the lack of interest of end users for the SI-DSS and 22.2% of them stated that it is too complicated for users.

2.3. Closure phase

In this phase, the partners had to compile the final documents with the pilot results, the lessons learnt, and recommendations for service continuation.

All the respondents agreed or completely agreed that the pilot contributed to improving the SI4CARE strategic areas, over 75% agreed it contributed to addressing the identified challenges and over 85% agreed that it contributed to the achievement of the project objectives. The following graph presents their opinion on the areas most influenced by the pilot.



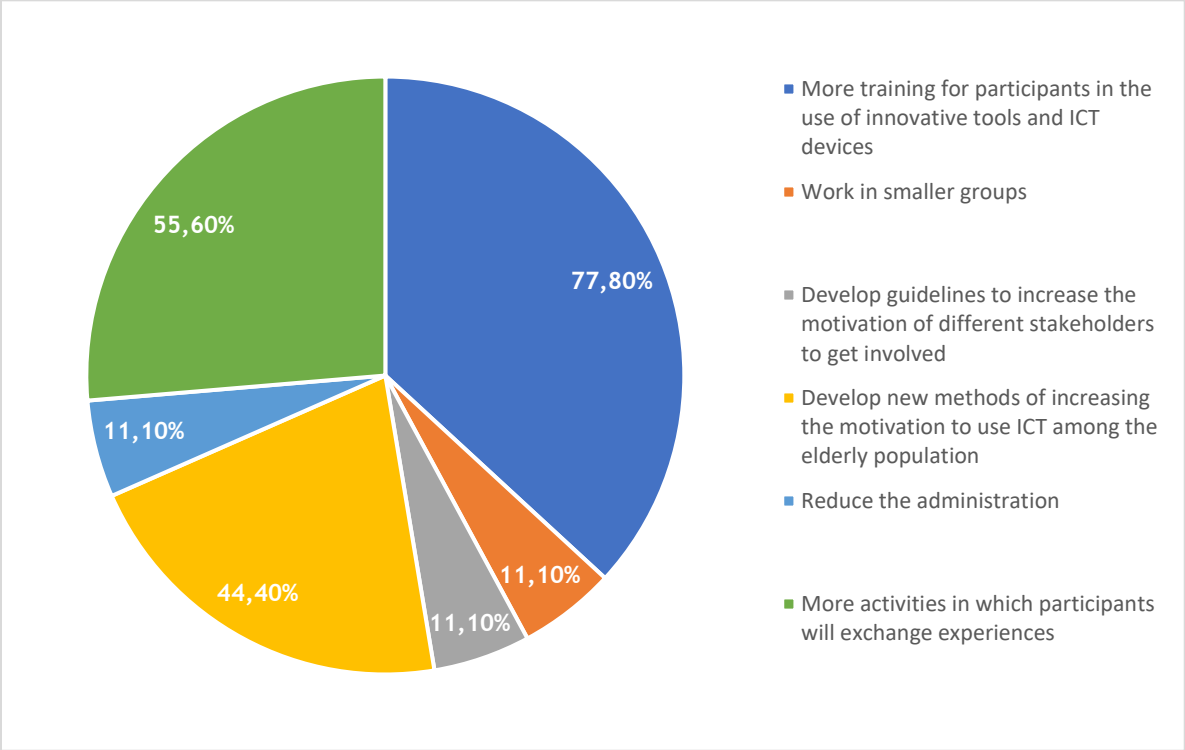
Graph 5. View on areas the respondents consider to be most influenced by the pilot (Source: Pilot evaluation methodology and survey)

Over 85% of the respondents stated that the pilot has the potential to reduce the disparities within the ADRION region and each of them agreed or completely agreed that it could be implemented on a wider and systematic level of health and social care for the elderly population. Among the areas that have been developed through pilot activities, the respondents consider the following as the most appropriate to improve the elderly population's quality of life:

- ICT systems and equipment that monitor different health parameters (55.6%)
- Online outpatient clinic (44.4%)
- Database for registration, creation and supervision of health services offered to the elderly population (33.3%)
- Recommendations directed towards improving certain areas of the elderly population's lives (22.2%)
- Adaptation of physical spaces where the elderly population reside (11.1%)

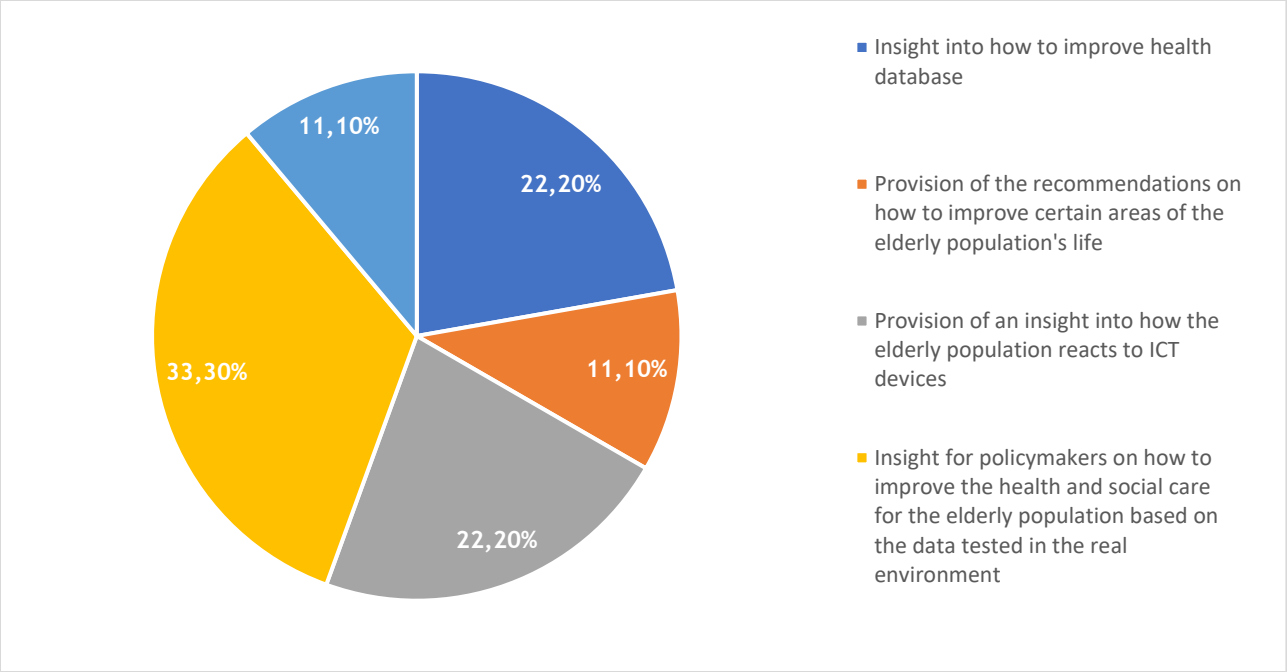
- Mobile applications (11.1%)
- Online physical training adapted to the elderly population (11.1%).

Also, 66.7% of the respondents agreed and 33.3% completely agreed that the pilot could become the starting point for developing new activities focused on improving the elderly population's quality of life. Most of them consider that more training for participants in the use of innovative tools and ICT devices and more activities in which participants will exchange experience would upgrade the pilot. The graph below presents the views on how the pilot could be upgraded.



Graph 6: Suggestions for the upgrade of the pilot (Source: Pilot evaluation methodology and survey)

Finally, 55.6% of the respondents agreed, 33.3% completely agreed and 11.1% neither agreed nor disagreed that the pilot has the potential to solve identified social problems connected with the growing share of the ageing population. They consider providing insight to policymakers on how to improve the health and social care for the elderly population based on the data tested in the real environment as the pilot aspect that has the biggest potential in reducing elderly problems. The following graph presents their view on how the pilot could contribute to solving the aforementioned.



Graph 7: The potential of the pilot to solve the identified problems connected with the ageing population (Source: Pilot evaluation methodology and survey)

3. Conclusion

Insight into the survey results showcases that each pilot phase has been successfully carried out. Based on the provided data on the PP06 pilot, the following conclusions can be drawn:

- in the preparation of the pilot, the involved stakeholders had the necessary skills and expertise
- pilot concept design, organizing the team of stakeholders to be involved, and planning specific activities were singled out as the aspects that have been well implemented in the Preparatory phase
- procurement of the equipment and financial aspects and planning was assessed as the aspects that have not been well implemented
- the activities and communication during the preparation activities enabled the successful pilot implementation
- activities and innovative tools, methods, and approaches took into account participants' skills and motivated them to participate
- the pilot was cost-effective
- the pilot contributed to the improvement of health and social services and the quality of life
- ICT systems and equipment that monitor different health parameters, online outpatient clinics, and databases for registration, creation, and supervision of health services offered to the elderly population were assessed as the areas that can contribute the most to improving the elderly population's life
- the pilot results and the SI-DSS have the potential to further enhance the health and social care for the elderly population
- the pilot was in line and contributed to the SI4CARE strategic areas, identified challenges and objectives, and has the potential to reduce the identified problems of the elderly population within the ADRION region.

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Social Innovation for integrated health CARE of ageing population in ADRION

DT2.5.2 – Pilot evaluation methodology and survey – Pilot report »Outpatient clinic carried out online«

T2: Social Innovation in Healthcare services: tools and pilots for best cases in action

Activity T2.5: Pilot Evaluation & validation of the Social Innovation decision Support System

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1. Introduction

The Pilot Evaluation Methodology and Survey Report provide an overview of the survey results conducted by PP07 National and Kapodistrian Univercity of Athens. The survey was created in Google forms and shared with stakeholders during the First and Second Regional Workshop for Healthcare Improvement held on March 12th and 17th, 2023. A total of 10 stakeholders responded to the survey.

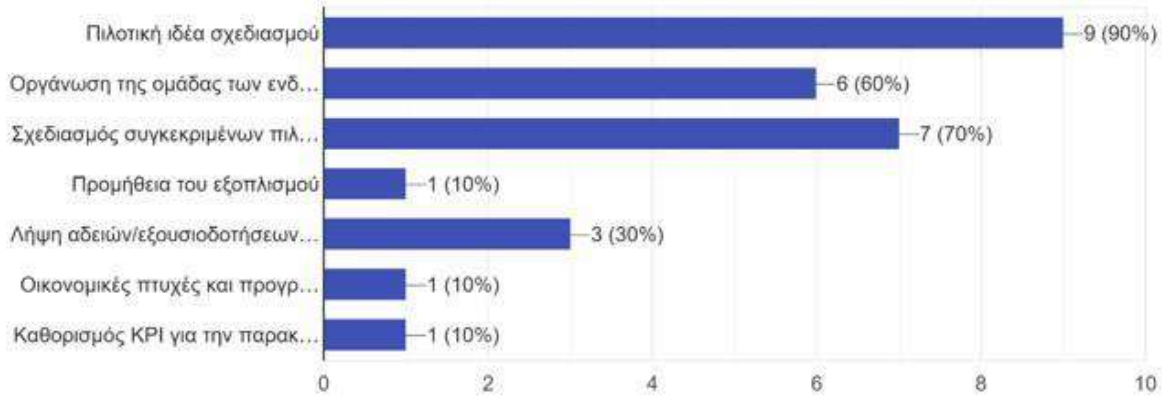
The survey's main objective was to collect data for the quantitative analysis part of the pilot evaluation through the generally defined Key performance indicators. The survey is divided into three parts, focusing on monitoring and evaluating each of the pilot phases (Preparatory phase, Implementation, monitoring phase, and Closure phase) and providing data to what extent the set objectives have been achieved. These data will serve as a source of information for the Social Innovation Decision Support System, providing the best ICT tools, applications, procedures, and protocols to respond to elderly needs.

2. Survey analysis

2.1. Preparatory phase

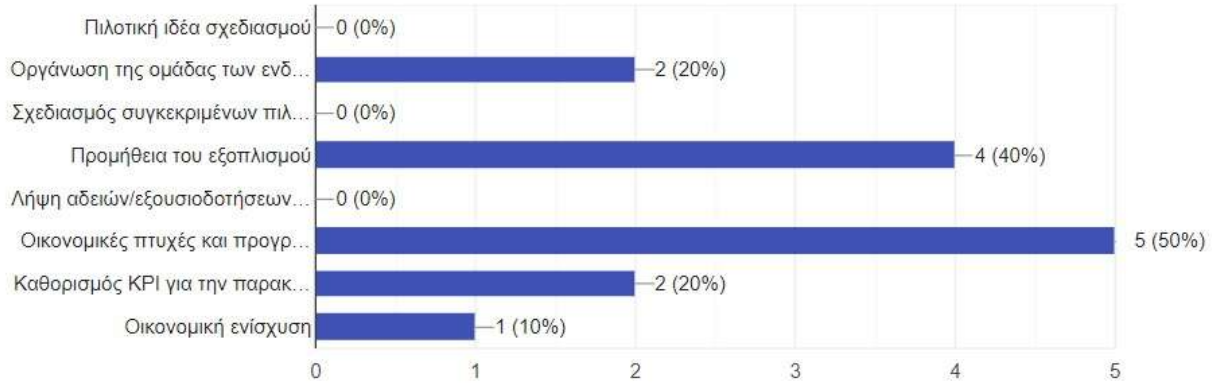
In the Preparatory phase, the partners had to design the pilot concept and the requirements for its technical issues, as well as plan specific activities and purchase the ICT equipment and the required permissions/authorizations. Also, they dealt with the financial aspects of the pilot implementation, including negotiations with potential contractors and the preparation of technical specifications and documentation.

Almost all respondents agreed that the Preparatory phase was successful – all the participants stated the pilot preparation was well-planned and organized, the professionals had the necessary expertise and insight into the real needs of the elderly population and that the communication among the participants was at an adequate level. The respondents consider the following aspects of this phase to have been well implemented – pilot concept design (90%), and planning specific pilot activities (70%), organizing the team of stakeholders to be involved (60%). The following graph presents data on the aspects that respondents consider to have been well implemented.



Graph 1: Aspects of the pilot to be well implemented (Source: Pilot evaluation methodology and survey)

On the other hand, financial aspect and planning (50%), procurement of the equipment (40%), organized the team of Stakeholders to be involved (20%), defining KPIs for monitoring the pilot and the methods of measuring them during the second phase (20%) have been singled out to have gone with difficulties. Finally, all the participants stated that the activities in the Preparatory phase enabled the successful pilot implementation. The following graph presents data on the aspects the respondents have singled out to have gone with difficulties.



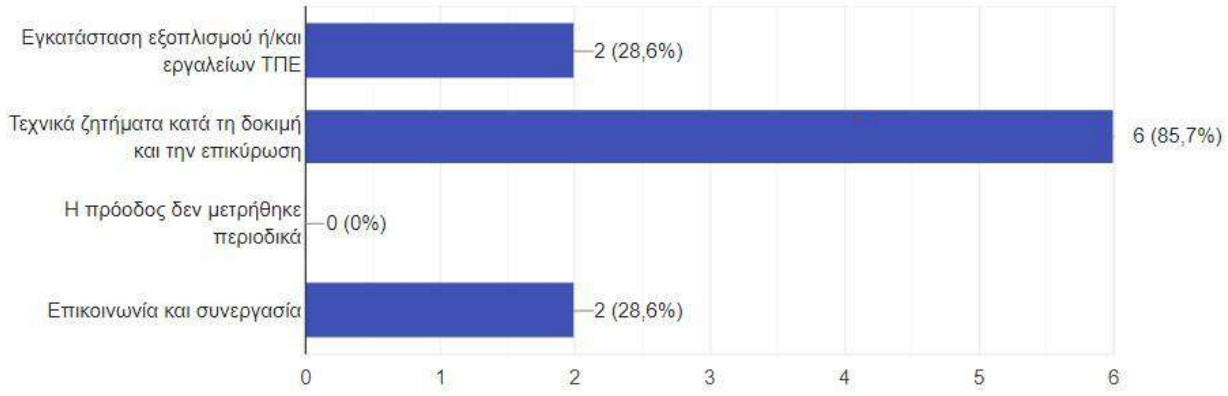
Graph 2: Aspects of the pilot that have gone with difficulties (Source: Pilot evaluation methodology and survey)

2.2. Implementation and monitoring phase

During this phase, the implementation of the pilot began. Responsible partners monitored the implementation and the progress, while local stakeholders were also included.

Considering the expertise of the SHs to implement the pilot, all respondents agreed that this requirement was adequate and that the activities were designed to match all the participants and their skills.

Considering participants' motivation to participate in the pilot activities, more than 40% agreed they were highly motivated while 60% agreed that they were also motivated. Thirty percent of the respondents said the participants encountered obstacles during the Implementation phase, mostly with technical issues during testing and validation (85,7%), and installation of equipment and/or ICT tools (28,6%) and communication and cooperation (28,6%). The graph below presents view on the problems faced during the implementation phase.



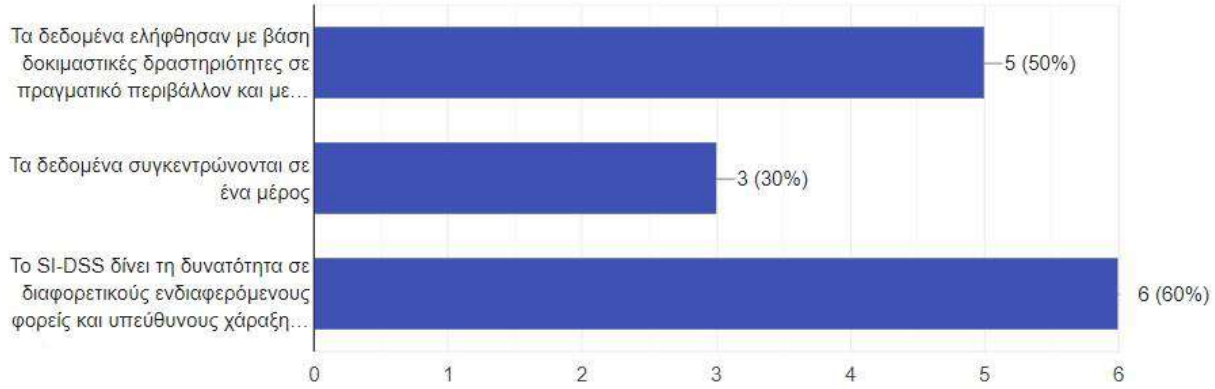
Graph 3: Problems faced during the Implementation phase (Source: Pilot evaluation methodology and survey)

More than 80% assessed the participants successfully overcame obstacles. Five respondents (50%) completely agreed and five (50%) agreed that participants were satisfied with the pilot activities. The communication during this phase was marked as appropriate and it enabled the smooth implementation of the activities. More than 60% of respondents consider that the

progress was closely and timely monitored and that the defined Key performance indicators (KPI) contributed to monitoring the progress.

All the respondents agreed that the designed activities took into account the real needs of the elderly population and that participants were satisfied with their participation in the pilot activities. More than 60% stated that the pilot reached the target number. More than 60% of respondents agreed that the pilot contributed to the improvement of health and medical services and/or the quality of life of the elderly population.

The majority of respondents consider that invested funds enabled the smooth implementation of the pilot and that the pilot was cost-effective. Also, 50% of them completely agreed, 40% agreed, and 10% neither agree nor disagree that the pilot results are applicable for implementation in the Social Innovation Decision Support System (SI-DSS). Almost 60% of respondents stated that the SI-DSS can contribute to the improvement of health and social services for the elderly population, mostly because the SI-DSS enables different stakeholders and policymakers involved in health and social care to access the data and get insight into the results. The graph below presents a view of the SI-DSSS and the contribution to improvement of health services for the elderly population.



Graph 4: SI-DSS and the contribution to the improvement of healthcare services for the elderly population (Source: Pilot evaluation methodology and survey)

2.3. Closure phase

In this phase, the partners had to compile the final documents with the pilot results, the lessons learnt and recommendations for service continuation.

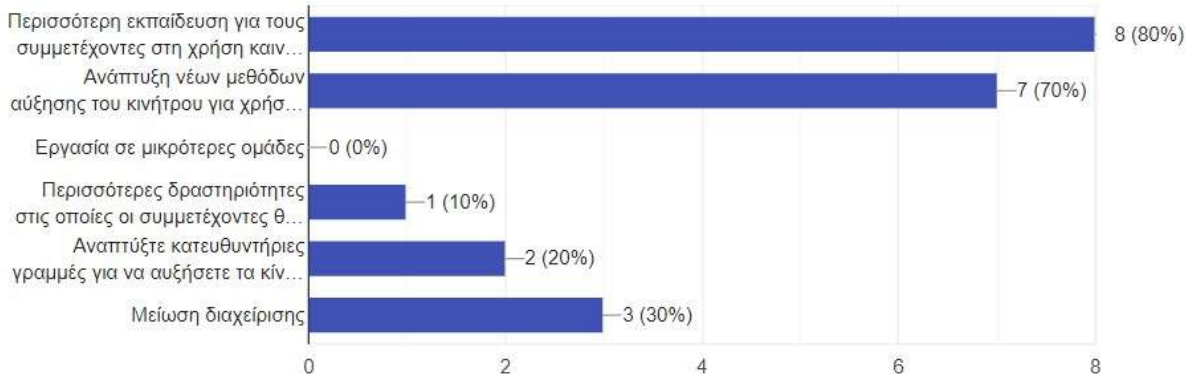
All of respondents consider the pilot contributed to improving the SI4CARE strategic areas, identified challenges of the health and social care services for the elderly, and the overall project objectives. Furthermore, all of the respondents believe the pilot has the potential to reduce the disparities within the ADRION region

Among the areas that have been developed through pilot activities, the respondents consider the following as the most appropriate to improve the elderly population's quality of life:

- Online outpatient clinic (90%)
- ICT systems and equipment that monitor different health parameters (40%)
- Adaptation of physical spaces where the elderly population reside (20%)

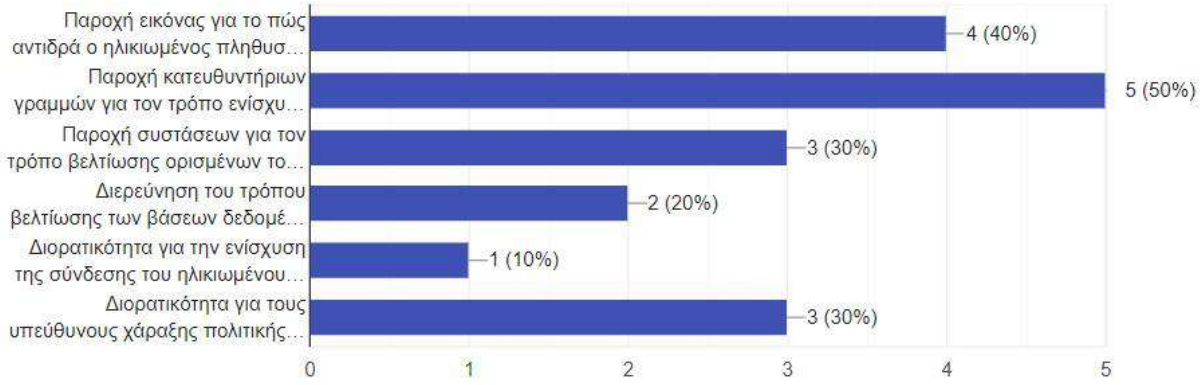
- Online physical training adapted to the elderly population (20%)
- Recommendations directed towards improving certain areas of the elderly population's lives (10%)
- Mobile applications (10%)

Furthermore, 60% of respondents completely agreed and 40% agreed that the pilot has the potential to be implemented on a wider and systemic level of health and social care for the elderly population. Among the factors that could upgrade the pilot, the following got the most votes – more training for participants to use innovative tools and ICT devices (80%), develop new methods of increasing the motivation to use ICT among the elderly population (70%), and reduce the administration (30%) The following graph presents examples of how the pilot could be upgraded.



Graph 5: Suggestions for the upgrade of the pilot (Source: Pilot evaluation and methodology)

Finally, 40% of respondents completely agreed and 60% agreed the pilot has the potential to solve identified social problems connected with the growing share of the ageing population. For the following aspects, respondents stated that could contribute to the aforementioned – provision of guidelines on how to enhance the physical spaces in which the elderly population reside (50%), provision of insight into how the elderly population reacts to ICT devices (40%), provision of the recommendations on how to improve certain areas of the elderly population life (30%), insight for policymakers on how to improve the health and social care for the elderly population based on the data tested in a real environment (30%), insight into how to improve health database (20%).The following graph presents how the pilot could contribute to solving identified problems connected with the growing share of the ageing population.



Graph 6: The potential of the pilot to solve the identified problems connected with the ageing population (Source: Pilot evaluation methodology and survey)

3. Conclusion

Insight into the survey results showcases that each pilot phase has been successfully carried out. Based on the provided data on PP07 pilots, the following conclusions can be drawn:

- the activities and communication during the preparation activities enabled the successful pilot implementation
- activities and innovative tools, methods, and approaches took into account participants' skills and motivated them to participate
- the participants successfully overcame obstacles they encountered during the pilot implementation and were mostly satisfied with being involved in the activities
- the pilot contributed to the improvement of health and social services and the quality of life
- the pilot results and the SI-DSS have the potential to further enhance the health and social care for the elderly population
- the pilot was in line and contributed to the SI4CARE strategic areas, identified challenges and objectives, and has the potential to reduce the identified problems of the elderly population within the ADRION region.

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Social Innovation for integrated health CARE of ageing population in ADRION

DT2.5.2 – Pilot evaluation methodology and survey – Pilot report »Online physical activity programs for dementia«

T2: Social Innovation in Healthcare services: tools and pilots for best cases in action

Activity T2.5: Pilot Evaluation & validation of the Social Innovation decision Support System

Document	Pilot evaluations report »Online physical activity programs for dementia«
Status	Final
Version	1.2
Issue Date	30/4/2023

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1. Introduction

The Pilot Evaluation Methodology and Survey Report provide an overview of the survey results conducted by PP07 National and Kapodistrian Univercity of Athens. The survey was created in Google forms and shared with stakeholders during the First and Second Regional Workshop for Healthcare Improvement held on March 12th and 17th, 2023. A total of 9 stakeholders responded to the survey.

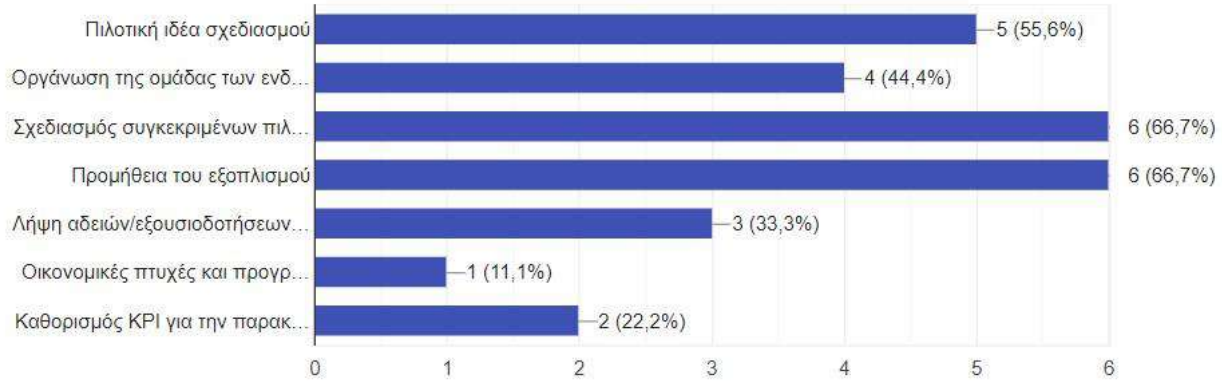
The survey's main objective was to collect data for the quantitative analysis part of the pilot evaluation through the generally defined Key performance indicators. The survey is divided into three parts, focusing on monitoring and evaluating each of the pilot phases (Preparatory phase, Implementation, monitoring phase, and Closure phase) and providing data to what extent the set objectives have been achieved. These data will serve as a source of information for the Social Innovation Decision Support System, providing the best ICT tools, applications, procedures, and protocols to respond to elderly needs.

2. Survey analysis

2.1. Preparatory phase

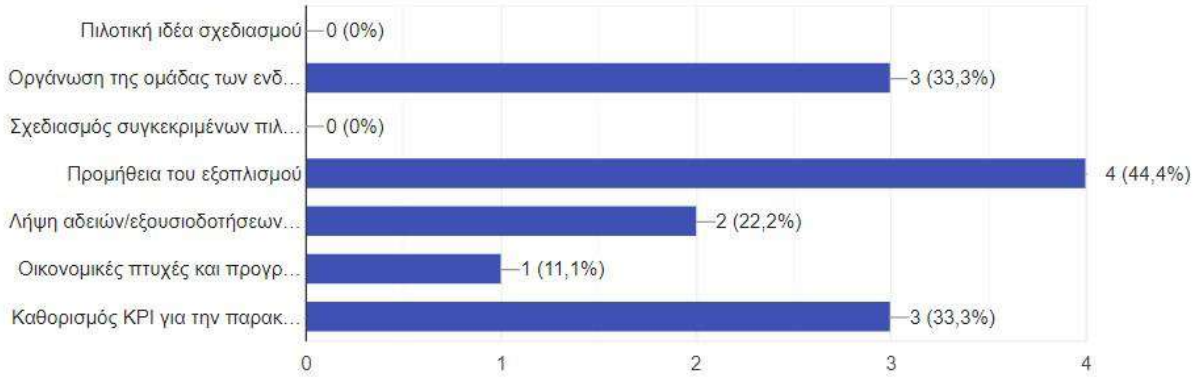
In the Preparatory phase, the partners had to design the pilot concept and the requirements for its technical issues, as well as plan specific activities and purchase the ICT equipment and the required permissions/authorizations. Also, they dealt with the financial aspects of the pilot implementation, including negotiations with potential contractors and the preparation of technical specifications and documentation.

Almost all respondents agreed that the Preparatory phase was successful – all the participants stated the pilot preparation was well-planned and organized, the professionals had the necessary expertise and insight into the real needs of the elderly population and that the communication among the participants was at an adequate level. The respondents consider the following aspects of this phase to have been well implemented – planning specific pilot activities (66,7%), procurement of the equipment (66,7%), pilot concept design (55,6%) and organizing the team of stakeholders to be involved (44,4%). The following graph presents data on the aspects that respondents consider to have been well implemented.



Graph 1: Aspects of the pilot to be well implemented (Source: Pilot evaluation methodology and survey)

On the other hand, procurement of the equipment (44,4%), organized the team of Stakeholders to be involved (33,3%), defining KPIs for monitoring the pilot and the methods of measuring them during the second phase (33,3%) and obtaining permissions/authorizations (consent to participation, ethical approvals, privacy issues, technical equipment used), considering the related social aspects and the stakeholders (22,2%) have been singled out to have gone with difficulties. Finally, all the participants stated that the activities in the Preparatory phase enabled the successful pilot implementation. The following graph presents data on the aspects the respondents have singled out to have gone with difficulties.



Graph 2: Aspects of the pilot that have gone with difficulties (Source: Pilot evaluation methodology and survey)

2.2. Implementation and monitoring phase

During this phase, the implementation of the pilot began. Responsible partners monitored the implementation and the progress, while local stakeholders were also included.

Considering the expertise of the SHs to implement the pilot, all respondents agreed that this requirement was adequate and that the activities were designed to match all the participants and their skills.

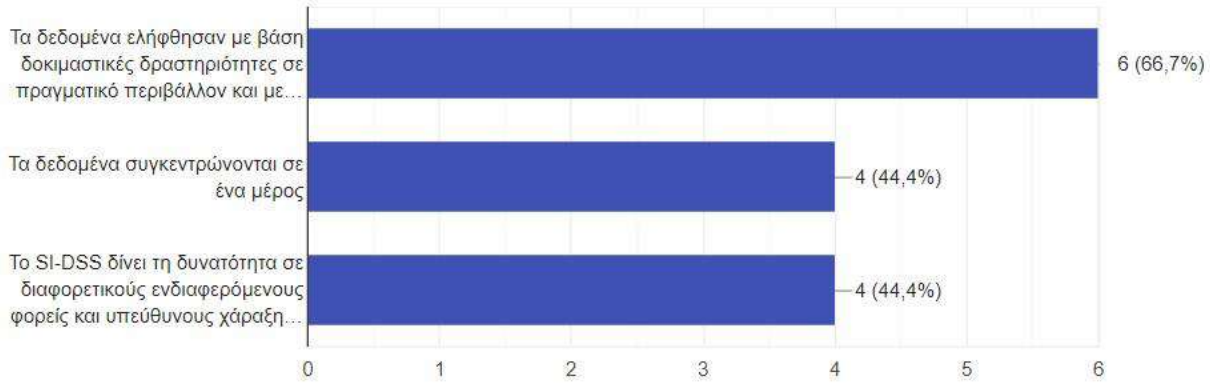
Considering participants' motivation to participate in the pilot activities, more than 55,6% agreed they were highly motivated while 44,4% agreed that they were also motivated. Sixty-point seven percent of the respondents said the participants encountered obstacles during the Implementation phase, mostly with installation of equipment and/or ICT tools (50%), technical issues during testing and validation (50%), and communication and cooperation (37,5%). The graph below presents view on the problems faced during the implementation phase.

Graph 3: Problems faced during the Implementation phase (Source: Pilot evaluation methodology and survey)

All the participants assessed that the obstacles overcame successfully. Four respondents (44,4%) completely agreed and five (55.6%) agreed that participants were satisfied with the pilot activities. The communication during this phase was marked as appropriate and it enabled the smooth implementation of the activities. More than 40% of respondents consider that the progress was closely and timely monitored and that the defined Key performance indicators (KPI) contributed to monitoring the progress.

All the respondents agreed that the designed activities took into account the real needs of the elderly population and that participants were satisfied with their participation in the pilot activities. More than 70% stated that the pilot reached the target number. More than 90% of respondents agreed that the pilot contributed to the improvement of health and medical services and/or the quality of life of the elderly population.

The majority of respondents consider that invested funds enabled the smooth implementation of the pilot and that the pilot was cost-effective. Also, 88,9% agreed, and 11,1% neither agree nor disagree that the pilot results are applicable for implementation in the Social Innovation Decision Support System (SI-DSS). Almost 88,9% of respondents stated that the SI-DSS can contribute to the improvement of health and social services for the elderly population, mostly because the data were obtained based on testing activities in a real environment and with the elderly. The graph below presents a view of the SI-DSSS and the contribution to improvement of health services for the elderly population.



Graph 4: SI-DSS and the contribution to the improvement of healthcare services for the elderly population (Source: Pilot evaluation methodology and survey)

2.3. Closure phase

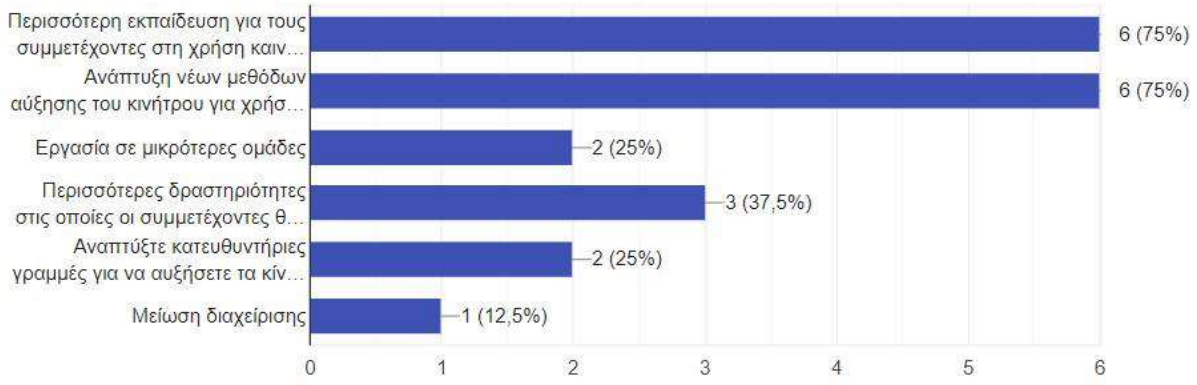
In this phase, the partners had to compile the final documents with the pilot results, the lessons learnt and recommendations for service continuation.

All of respondents consider the pilot contributed to improving the SI4CARE strategic areas, identified challenges of the health and social care services for the elderly, and the overall project objectives. Furthermore, all of the respondents believe the pilot has the potential to reduce the disparities within the ADRION region.

Among the areas that have been developed through pilot activities, the respondents consider the following as the most appropriate to improve the elderly population's quality of life:

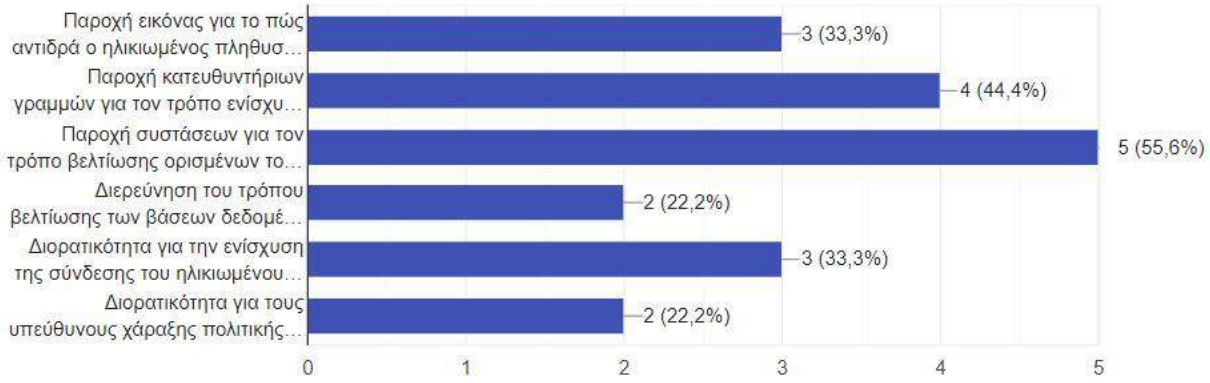
- Online physical training adapted to the elderly population (88,9%)
- Recommendations directed towards improving certain areas of the elderly population's lives (44,4%)
- Online outpatient clinic (33,3%)
- Adaptation of physical spaces where the elderly population reside (33.3%)
- ICT systems and equipment that monitor different health parameters (11.1%)

Furthermore, 44,4% of respondents completely agreed and 55,6% agreed that the pilot has the potential to be implemented on a wider and systemic level of health and social care for the elderly population. Among the factors that could upgrade the pilot, the following got the most votes – more training for participants to use innovative tools and ICT devices (75%), develop new methods of increasing the motivation to use ICT among the elderly population (75%), ,more activities in which participants will exchange experiences (37,5%), work in smaller groups (25%) and develop guidelines to increase the motivation of different stakeholders to get involved (25%).The following graph presents examples of how the pilot could be upgraded.



Graph 5: Suggestions for the upgrade of the pilot (Source: Pilot evaluation and methodology)

Finally, 66,7% of respondents completely agreed and 33,3% agreed the pilot has the potential to solve identified social problems connected with the growing share of the ageing population. For the following aspects, respondents stated that could contribute to the aforementioned – provision of the recommendations on how to improve certain areas of the elderly population life (55,6%), provision of guidelines on how to enhance the physical spaces in which the elderly population reside (44,4%), provision of insight into how the elderly population reacts to ICT devices (33,3%), insight into enhancing the connection of the elderly population with the community (33,3%), insight into how to improve health database (22,2%), insight for policymakers on how to improve the health and social care for the elderly population based on the data tested in a real environment (22,2%). The following graph presents how the pilot could contribute to solving identified problems connected with the growing share of the ageing population.



Graph 6: The potential of the pilot to solve the identified problems connected with the ageing population (Source: Pilot evaluation methodology and survey)

3. Conclusion

Insight into the survey results showcases that each pilot phase has been successfully carried out. Based on the provided data on PP07 pilots, the following conclusions can be drawn:

- the activities and communication during the preparation activities enabled the successful pilot implementation
- activities and innovative tools, methods, and approaches took into account participants' skills and motivated them to participate
- the participants successfully overcame obstacles they encountered during the pilot implementation and were mostly satisfied with being involved in the activities
- the pilot contributed to the improvement of health and social services and the quality of life
- the pilot results and the SI-DSS have the potential to further enhance the health and social care for the elderly population
- the pilot was in line and contributed to the SI4CARE strategic areas, identified challenges and objectives, and has the potential to reduce the identified problems of the elderly population within the ADRION region.

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Social Innovation for integrated health CARE of ageing population in ADRION

DT2.5.2 – Pilot evaluation methodology and survey

Pilot »Access to services by TM & mobility optimization«

T2: Social Innovation in Healthcare services: tools and pilots for best cases in action

Activity T2.5: Pilot Evaluation & validation of the Social Innovation decision Support System

Document	Pilot evaluations report »Access to services by TM & mobility optimization«
Status	Final
Version	1
Issue Date	30/4/2023

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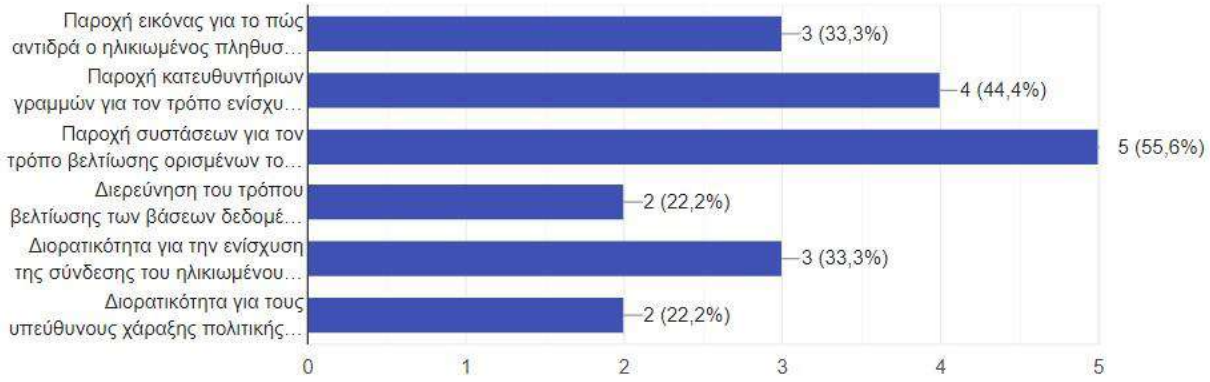
The survey's main objective was to collect data for the quantitative analysis part of the pilot evaluation through the generally defined Key performance indicators. The survey is divided into three parts, focusing on monitoring and evaluating each of the pilot phases (Preparatory phase, Implementation, monitoring phase, and Closure phase) and providing data to what extent the set objectives have been achieved. These data will serve as a source of information for the Social Innovation Decision Support System, providing the best ICT tools, applications, procedures, and protocols to respond to elderly needs.

2. Survey analysis

2.1. Preparatory phase

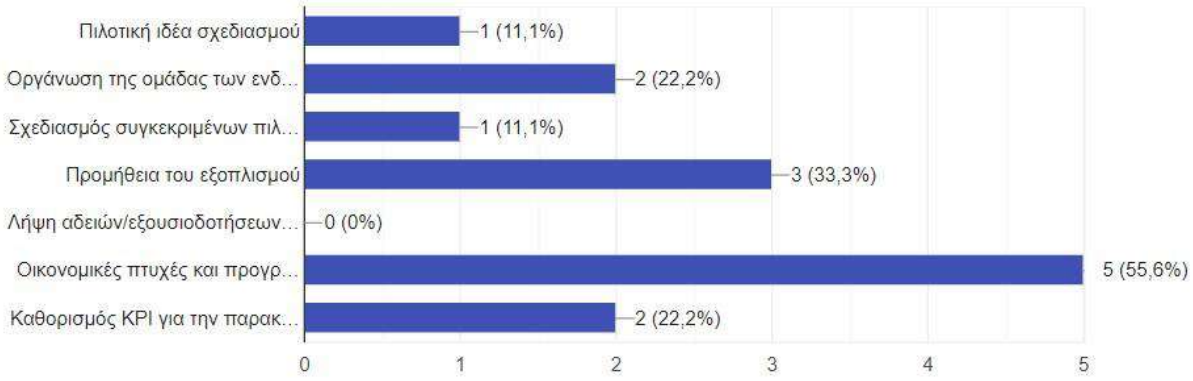
In the Preparatory phase, the partners had to design the pilot concept and the requirements for its technical issues, as well as plan specific activities and purchase the ICT equipment and the required permissions/authorizations. Also, they dealt with the financial aspects of the pilot implementation, including negotiations with potential contractors and the preparation of technical specifications and documentation.

Almost all respondents agreed that the Preparatory phase was successful – all the participants stated the pilot preparation was well-planned and organized, the professionals had the necessary expertise and insight into the real needs of the elderly population and that the communication among the participants was at an adequate level. The respondents consider the following aspects of this phase to have been well implemented – pilot concept design (55,6%), organizing the team of stakeholders to be involved (55,6%), planning specific pilot activities (44,4%), procurement of the equipment (33,3%). The following graph presents data on the aspects that respondents consider having been well implemented.



Graph 1: Aspects of the pilot to be well implemented (Source: Pilot evaluation methodology and survey)

On the other hand, financial aspects and planning (55,6%), procurement of the equipment (33,3%), organized the team of Stakeholders to be involved (22,2%), defining KPIs for monitoring the pilot and the methods of measuring them during the second phase (22,2%) have been singled out to have gone with difficulties. Finally, all the participants stated that the activities in the Preparatory phase enabled the successful pilot implementation. The following graph presents data on the aspects the respondents have singled out to have gone with difficulties.



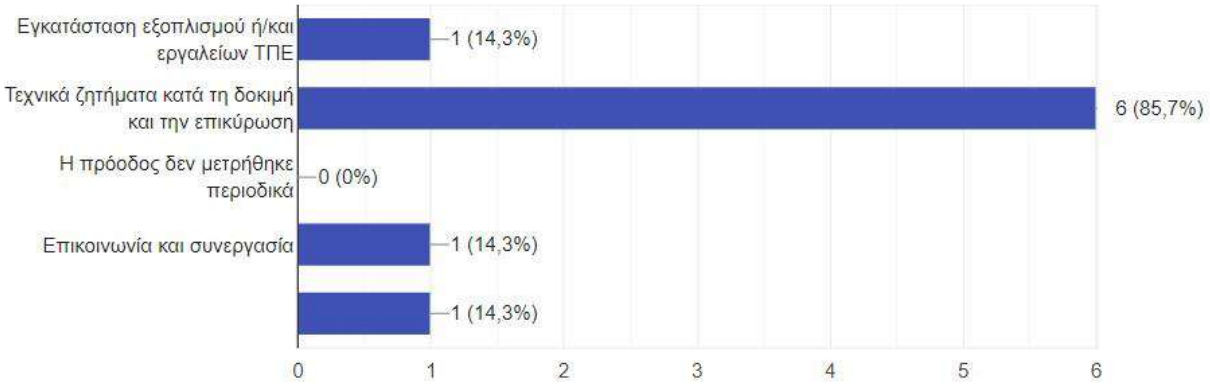
Graph 2: Aspects of the pilot that have gone with difficulties (Source: Pilot evaluation methodology and survey)

2.2. Implementation and monitoring phase

During this phase, the implementation of the pilot began. Responsible partners monitored the implementation and the progress, while local stakeholders were also included.

Considering the expertise of the SHs to implement the pilot, all respondents agreed that this requirement was adequate and that the activities were designed to match all the participants and their skills.

Considering participants' motivation to participate in the pilot activities, more than 11,1% agreed they were highly motivated while 88,9% agreed that they were also motivated. Fifty-five-point five percent of the respondents said the participants encountered obstacles during the Implementation phase, mostly with technical issues during testing and validation (85,7%), installation of equipment and/or ICT tools (14,3%), and communication and cooperation (14,3%). The graph below presents view on the problems faced during the implementation phase.



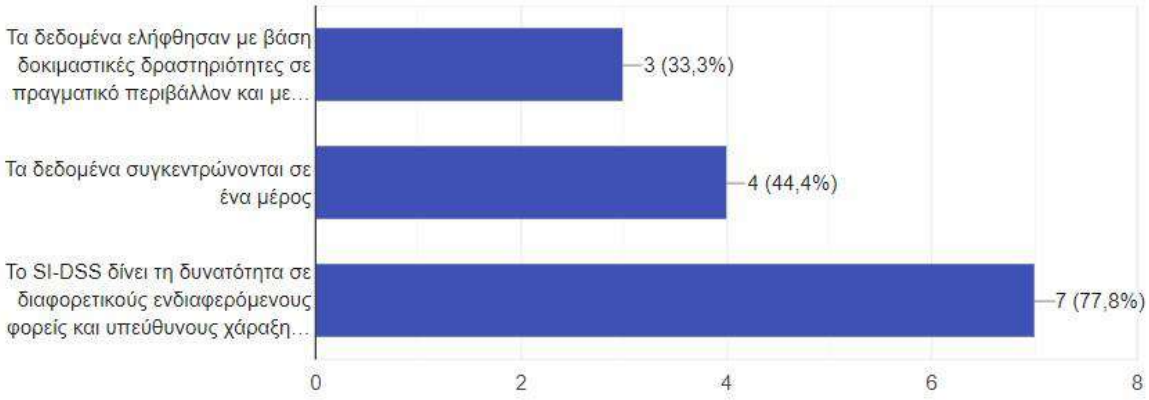
Graph 3: Problems faced during the Implementation phase (Source: Pilot evaluation methodology and survey)

All the participants assessed that the obstacles overcame successfully. One respondent (11,1%) completely agreed and eight (88,9%) agreed that participants were satisfied with the pilot activities. The communication during this phase was marked as appropriate and it enabled the smooth implementation of the activities. More than 60% of respondents consider that the

progress was closely and timely monitored and that the defined Key performance indicators (KPI) contributed to monitoring the progress.

All the respondents agreed that the designed activities took into account the real needs of the elderly population and that participants were satisfied with their participation in the pilot activities. More than 80% stated that the pilot reached the target number. More than 90% of respondents agreed that the pilot contributed to the improvement of health and medical services and/or the quality of life of the elderly population.

The majority of respondents consider that invested funds enabled the smooth implementation of the pilot and that the pilot was cost-effective. Also, 22,2% completely agreed and 77,8% agreed, that the pilot results are applicable for implementation in the Social Innovation Decision Support System (SI-DSS). Almost 70% of respondents stated that the SI-DSS can contribute to the improvement of health and social services for the elderly population, mostly because the SI-DSS enables different stakeholders and policymakers involved in health and social care to access the data and get insight into the results. The graph below presents a view of the SI-DSSS and the contribution to improvement of health services for the elderly population.



Graph 4: SI-DSS and the contribution to the improvement of healthcare services for the elderly population (Source: Pilot evaluation methodology and survey)

2.3. Closure phase

In this phase, the partners had to compile the final documents with the pilot results, the lessons learnt and recommendations for service continuation.

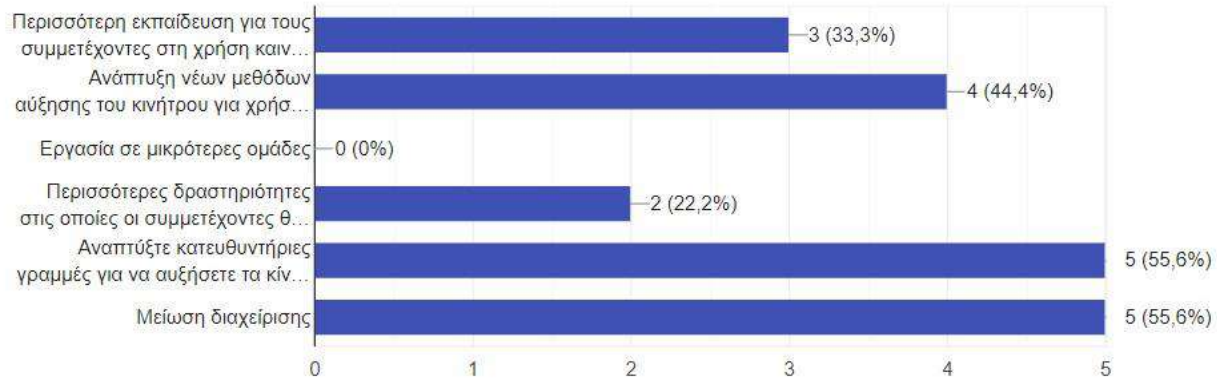
All of respondents consider the pilot contributed to improving the SI4CARE strategic areas, identified challenges of the health and social care services for the elderly, and the overall project objectives. Furthermore, all of the respondents believe the pilot has the potential to reduce the disparities within the ADRION region.

Among the areas that have been developed through pilot activities, the respondents consider the following as the most appropriate to improve the elderly population's quality of life:

- Recommendations directed towards improving certain areas of the elderly population's lives (77,8%)
- ICT systems and equipment that monitor different health parameters (33,3%)
- Online physical training adapted to the elderly population (11,1%)

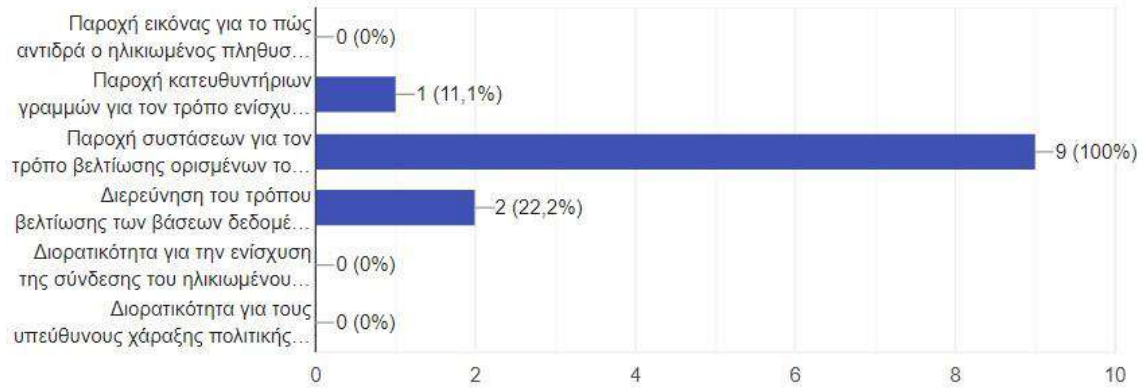
- Online outpatient clinic (11,1%)
- Mobile applications (11,1%)
- Online physical training adapted to the elderly population (11,1%)
- Database for registration, creation, and supervision of health services offered to the elderly population (11,1%)
- Online map with data on providers of formal (health and social care) and informal services (education, culture, recreation, socialization) (11,1%)

Furthermore, 22,2% of respondents completely agreed and 77,8% agreed that the pilot has the potential to be implemented on a wider and systemic level of health and social care for the elderly population. Among the factors that could upgrade the pilot, the following got the most votes – develop guidelines to increase the motivation of different stakeholders to get involved (55,6%), reduce the administration (55,6%), develop new methods of increasing the motivation to use ICT among the elderly population (44,4%), more training for participants to use innovative tools and ICT devices (33,3%) and more activities in which participants will exchange experiences (22,2%).The following graph presents examples of how the pilot could be upgraded.



Graph 5: Suggestions for the upgrade of the pilot (Source: Pilot evaluation and methodology)

Finally, 22,2% of respondents completely agreed and 77,8% agreed the pilot has the potential to solve identified social problems connected with the growing share of the ageing population. For the following aspects, respondents stated that could contribute to the aforementioned – provision of the recommendations on how to improve certain areas of the elderly population life (100%), insight into how to improve health database (22,2%), provision of guidelines on how to enhance the physical spaces in which the elderly population reside (11,1%).The following graph presents how the pilot could contribute to solving identified problems connected with the growing share of the ageing population.



Graph 6: The potential of the pilot to solve the identified problems connected with the ageing population (Source: Pilot evaluation methodology and survey)

3. Conclusion

Insight into the survey results showcases that each pilot phase has been successfully carried out. Based on the provided data on PP07 pilots, the following conclusions can be drawn:

- the activities and communication during the preparation activities enabled the successful pilot implementation
- activities and innovative tools, methods, and approaches took into account participants' skills and motivated them to participate
- the participants successfully overcame obstacles they encountered during the pilot implementation and were mostly satisfied with being involved in the activities
- the pilot contributed to the improvement of health and social services and the quality of life
- the pilot results and the SI-DSS have the potential to further enhance the health and social care for the elderly population
- the pilot was in line and contributed to the SI4CARE strategic areas, identified challenges and objectives, and has the potential to reduce the identified problems of the elderly population within the ADRION region.

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Social Innovation for integrated health CARE of ageing population in ADRION

DT2.5.2 – Pilot evaluation methodology and survey – Pilot report

»Use of ICT solutions«

T2: Social Innovation in Healthcare services: tools and pilots for best cases in action

Activity T2.5: Pilot Evaluation & validation of the Social Innovation decision Support System

Document	Pilot evaluations report »Use of ICT solutions«
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1. Introduction

The Pilot Evaluation Methodology and Survey Report provide an overview of the survey results conducted among PP08 Health Center Tivat stakeholders. The survey was created in Google form and shared with stakeholders during the First and Second Regional Workshop for Healthcare Improvement held on February 27th and 28th, 2023. A total of 6 stakeholders responded to the survey.

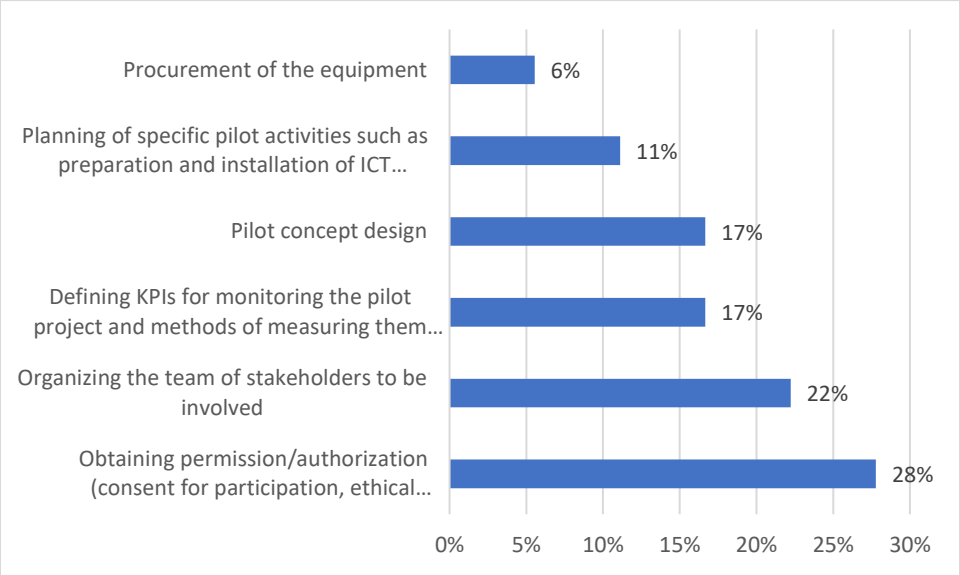
The survey's main objective was to collect data for the quantitative analysis part of the pilot evaluation through the generally defined Key performance indicators. The survey is divided into three parts, focusing on monitoring and evaluating each of the pilot phases (Preparatory phase, Implementation, monitoring phase, and Closure phase) and providing data to what extent the set objectives have been achieved. These data will serve as a source of information for the Social Innovation Decision Support System, providing the best ICT tools, applications, procedures, and protocols to respond to elderly needs.

2. Survey analysis

2.1. Preparatory phase

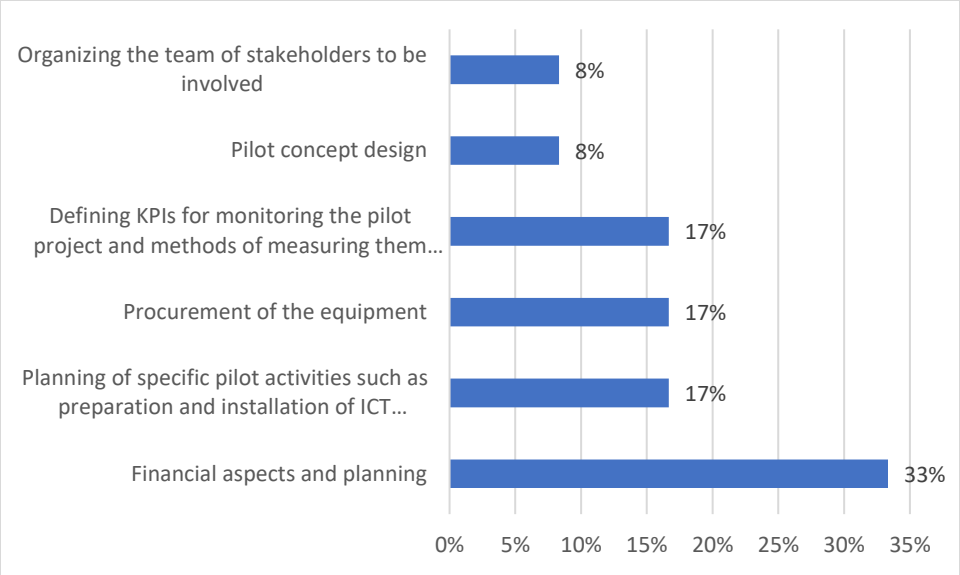
In the Preparatory phase, the partners had to design the pilot concept and the requirements for its technical issues, as well as plan specific activities and purchase the ICT equipment and the required permissions/authorizations. Also, they dealt with the financial aspects of the pilot implementation, including negotiations with potential contractors and the preparation of technical specifications and documentation.

Almost all respondents agreed that the Preparatory phase was successful – more than 90% stated the pilot preparation was well-planned and organized and that the communication among the participants was at an adequate level. In terms of the involved professionals, four respondents (66,7%) completely agreed and two stakeholders (33,3%) agreed they had the necessary expertise and insight into the real needs of the elderly population. The respondents consider the following aspects of this phase to have been well implemented: pilot concept design (50,0%), organizing the team of stakeholders to be involved (66,7%), and planning specific pilot activities (33,3%). The following graph presents data on the aspects that respondents consider to have been well implemented.



Graph 1: Aspects of the pilot to be well implemented (Source: Pilot evaluation methodology and survey)

On the other hand, financial aspects and planning (66,7%), procurement of the equipment (33,3%), and planning specific pilot activities such as preparation and installation of ICT equipment etc. (33,3%) have been singled out to have gone with difficulties. Finally, more than 90% of respondents stated that the activities in the Preparatory phase enabled the successful pilot implementation. The following graph presents data on the aspects the respondents have singled out to have gone with difficulties.



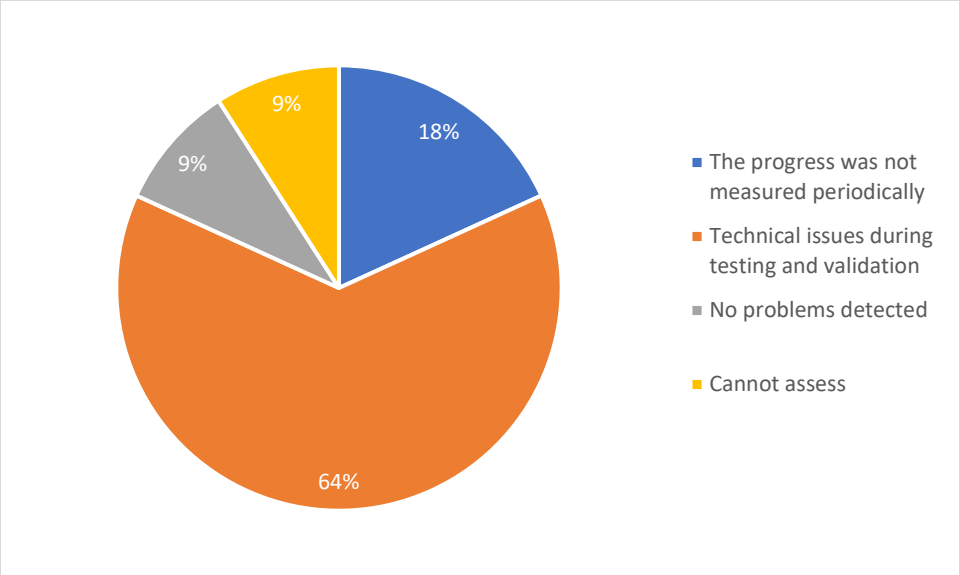
Graph 2: Aspects of the pilot that have gone with difficulties (Source: Pilot evaluation methodology and survey)

The majority of respondents agreed (66,7% for each category) and completely agreed (33,3%) that the pilot activities were in line with participants' skills, where they consider joint work of the participants (80,0%) and inclusion of the elderly in activities (66,7%) to be the most successful. Also, 33,3% of respondents completely agreed, 50,0% agreed and 16,7% while one of them (16,7%) nor agree nor disagree that pilot action used and combined innovative tools, methods, and approaches.

2.2. Implementation and monitoring phase

During this phase, the implementation of the pilot began. Responsible partners monitored the implementation and the progress, while local stakeholders were also included.

Considering participants' motivation to participate in the pilot activities, 50,0% agreed they were highly motivated while other 50,0% were motivated. 83,3% of participants agreed or not agreed they have encountered obstacles during the Implementation phase, mostly with technical issues during testing and validation (64,0%). The graph below presents view on the problems faced during the implementation phase.

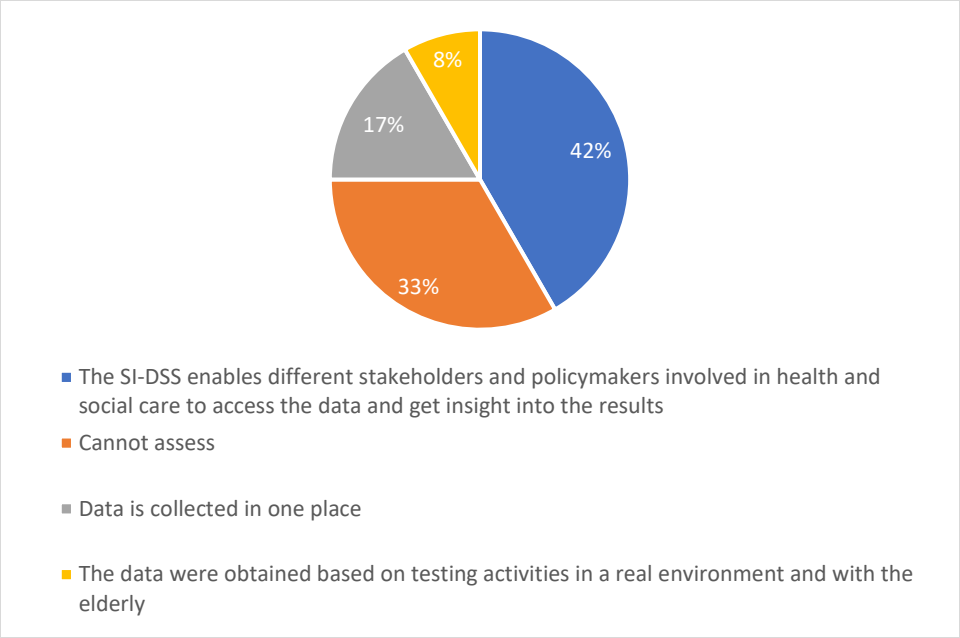


Graph 3: Problems faced during the Implementation phase (Source: Pilot evaluation methodology and survey)

83,3% assessed the participants successfully overcame obstacles, while 16,7% neither agree nor disagree. Four respondents (66,7%) completely agreed and two (16,7%) completely agreed that participants were satisfied with the pilot activities. The communication during this phase was marked as completely appropriate and it enabled the smooth implementation of the activities. All of respondents consider that the progress was closely and timely monitored and that the defined Key performance indicators (KPI) contributed to monitoring the progress (66,7% and 33,3%).

66,7% of respondents agreed that the designed activities took into account the real needs of the elderly population and that pilot reached the target number while 33,3% completely agreed with this statement. All participants agreed (50,0%) or completely agreed (50,0%) that the pilot contributed to the improvement of health and medical services and/or the quality of life of the elderly population.

All of respondents consider that invested funds enabled the smooth implementation of the pilot and that the pilot was cost-effective. Also, 33,3% of them completely agreed and 66,7% agreed that the pilot results are applicable for implementation in the Social Innovation Decision Support System (SI-DSS). Same results were about question if the SI-DSS can contribute to the improvement of health and social services for the elderly population, mostly because the data were obtained based on testing in a real environment and with the elderly, and the data are consolidated in one place. The graph below presents a view of the SI-DSSS and the contribution to improvement of health services for the elderly population.



Graph 4: SI-DSS and the contribution to the improvement of healthcare services for the elderly population (Source: Pilot evaluation methodology and survey)

2.3. Closure phase

In this phase, the partners had to compile the final documents with the pilot results, the lessons learnt and recommendations for service continuation.

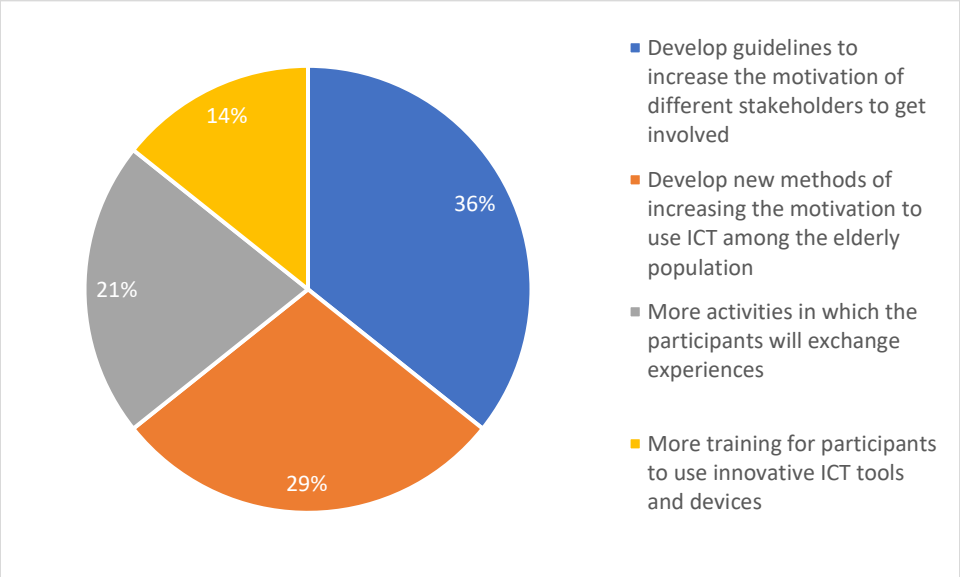
All of respondents agreed or completely agreed and consider the pilot contributed to improving the SI4CARE strategic areas, identified challenges of the health and social care services for the elderly, and the overall project objectives. Most of the respondents (66.7%) strongly believe the pilot has the potential to reduce the disparities within the ADRION region, while 33.3% just believe in same.

Among the areas that have been developed through pilot activities, the respondents consider the following as the most appropriate to improve the elderly population's quality of life:

- ICT systems and equipment that monitor different health parameters (66,7%)
- Database for registration, creation and supervision of health services offered to the elderly population (33,3%)
- Online outpatient clinic (33,3%)
- Mobile applications (16,7%)
- Online outpatient clinic (16,7%)

Furthermore, 66,7% of respondents completely agreed and 33,3% agreed that the pilot has the potential to be implemented on a wider and systemic level of health and social care for the elderly population. Among the factors that could upgrade the pilot, the following got the most votes: develop guidelines to increase the motivation of different stakeholders to get involved (83,3%), develop new methods of increasing the motivation to use ICT among the elderly population (66,7%), more activities in which the participants will exchange experiences (50,0%) and more training for participants to use innovative tools and ICT devices (33,3%).

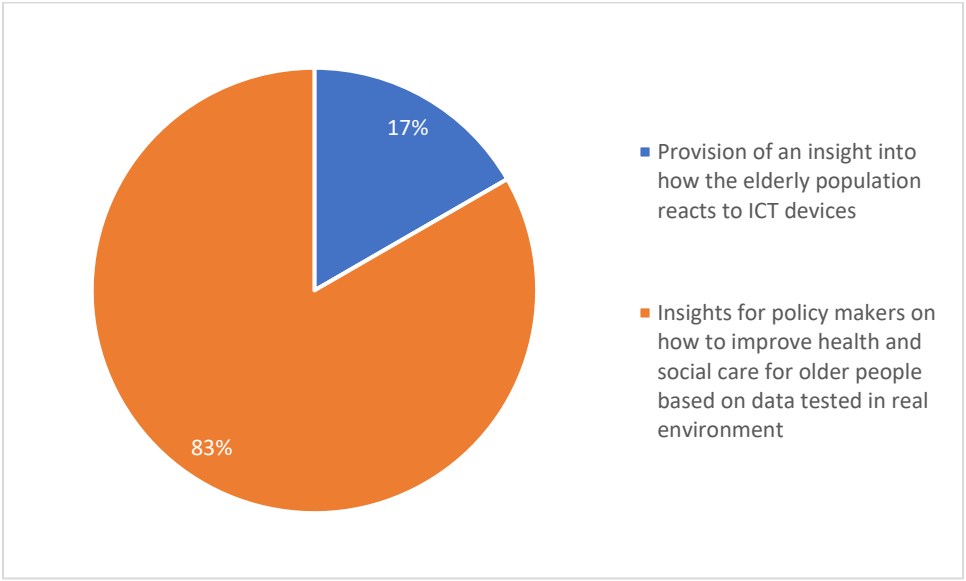
The following graph presents examples of how the pilot could be upgraded.



Graph 5: Suggestions for the upgrade of the pilot (Source: Pilot evaluation and methodology)

Finally, 16,7% of respondents completely agreed and 66,7% agreed the pilot has the potential to solve identified social problems connected with the growing share of the ageing population while another 16,7% nor agreed or disagreed with statement. For the following aspects, respondents stated that could contribute to the aforementioned – insight for policymakers on how to improve the health and social care for the elderly population based on the data tested in a real environment (83,7%) and provision of insight into how the elderly population reacts to ICT devices (16,7%).

The following graph presents how the pilot could contribute to solving identified problems connected with the growing share of the ageing population.



Graph 6: The potential of the pilot to solve the identified problems connected with the ageing population (Source: Pilot evaluation methodology and survey)

3. Conclusion

Insight into the survey results showcases that each pilot phase has been successfully carried out. Based on the provided data on PP08 pilots, the following conclusions can be drawn:

- the activities and communication during the preparation activities enabled the successful pilot implementation
- activities and innovative tools, methods, and approaches took into account participants' skills and motivated them to participate
- the participants successfully overcame obstacles they encountered during the pilot implementation and were mostly satisfied with being involved in the activities
- the pilot contributed to the improvement of health and social services and the quality of life
- the pilot results and the SI-DSS have the potential to further enhance the health and social care for the elderly population
- the pilot was in line and contributed to the SI4CARE strategic areas, identified challenges and objectives, and has the potential to reduce the identified problems of the elderly population within the ADRION region.

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Social Innovation for integrated health CARE of ageing population in ADRION

DT2.5.2 – Pilot evaluation methodology and survey – Pilot report »Access to public social services by TM monitoring and support for elderly«

T2: Social Innovation in Healthcare services: tools and pilots for best cases in action

Activity T2.5: Pilot Evaluation & validation of the Social Innovation decision Support System

Document	Pilot evaluations report »TM monitoring and support for elderly«
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1. Introduction

The “Click for Life” Project is an innovative pilot initiative of the Regional Authority of Central Macedonia that supports independent and safe living of the elderly with the use of ICT technological devices in their everyday life and their own home. Specifically, the “Click for Life” Project consists of the operation of a 24hr/7d telephone support call centre for 3000 seniors in the Region of Central Macedonia, living alone, chronically ill (people with depression, instability, mobility problems, diabetes, Alzheimer's, heart problems, respiratory problems, etc.), of low income, with the use of monitoring, panic button, drop detection devices. It is considered as the 1st project of digital tele-care support of the elderly at regional scale in Greece.

The Project implementation period is from April 2020 until December 2023 and the Project funding source is the CM Regional Operational Program 2014-20 (ESF through NSRF for Greece).

Through ADRION SI4CARE project, PP10 (RDFCM) selected as a PILOT ACTION to REVIEW, EVALUATE & REDESIGN the “Click for Life” project, by means of interviews with involved staff and beneficiaries, analysis of project data and reviewing of other partners’ similar case studies / good practices.

The objective of the evaluation of the “Click for Life” Project is to determine its level of achievements, impact and reveal areas that may need improvement, concerning its continuation for the next programming period - “Click for Life 2”: proposed Action of the SI4CARE PP10 CM Regional Action Plan for Social Innovation in LTC for the elderly.

2. Survey analysis

2.1. Preparatory phase

In the Preparatory phase PP10 team had consultation meetings with the project administration and management teams of "Click for Life" Project, in order to acquire full knowledge of the project insights, progress and data, to agree on project evaluation objectives, evaluation model and related issues and also to agree on project future development, through the proposed SI4CARE PP10 CM Regional Action Plan for Social Innovation in LTC for the elderly.

The agreed evaluation model of "Click for Life" Project consists of the following framework:

A. Overall Usefulness and Impact Assessment

A.1 Review – Assessment of statistical data retrieved from the Click for Life Project Management System:

- Number & profile of project beneficiaries / end - users (age, health issues, economic status, living conditions) – Beneficiaries' selection criteria assessment
- Geographical distribution of project beneficiaries / end – users (Regional Units / Municipalities)
- Number of incidents occurred from Project start date until today – type of incidents / statistics (general calls, emergency calls, psychological support calls, falling detection, GPS detection, emergency calls – incidents feedback)

A.2 Questions to care givers / family members of project beneficiaries / users:

1) How much does the project provide safety, protection and improvement of the quality of beneficiaries' life?

2) How easy are the procedures for applying for project participation?

B. Beneficiary / End - User Evaluation

B.1 Perceived usefulness

1) How much does the project make me feel less stress and give me more control over the activities/tasks in my daily life?

2) How much does the project help me be more active (i.e., participate in more activities).

3) How much does the project give me help to reduce my demand for care from my carers?

B.2 Perceived satisfaction

1) How easy were the instructions explained to me regarding the use of the project appliances / services?

2) How much comfort do I feel when using the project appliances / services?

3) How much satisfied I am with the communication with the project telephone center?

4) Overall, how much satisfied I am with the project?

C. Other stakeholders' perception - suggestions (health professionals, health emergency units, social service officers)

Comments / suggestions on the following issues:

1) Improvement of coordination issues between project Call Centre and other stakeholders

2) Additional appliances and services to be included in the project

3) Expansion of project beneficiaries' participation criteria

2.2. Implementation and monitoring phase

During this phase, the evaluation of the "Click for Life" Project began. Project administration and management team members and other stakeholders (Social Welfare & Services Departments of the CM Regional Authority and Municipalities of CM Region) answered a series of questions, based on the five main criteria for selecting beneficiaries (age, health problems, income, solitary living and place of residence), in order to assess how the different types of devices that were provided through the project meet the special needs of people belonging to different socially vulnerable groups.

Individual and social profiles of beneficiaries (age, physical condition, social environment), degree of social extroversion and dependence on third parties, assessment of knowledge/relationship/use of social structures and services, and other factors are reflected in elements studied by the Project's call center experts in order to provide the beneficiaries with the most comprehensive personalized service possible.

The evaluation of knowledge, relationships, and use of health units and services, as well as statistics on system use (number of calls, reasons for calling, degree of acceptance of the system, and so on), are based on data collected since the Call Center's operational start.

A first approach to selecting the right devices based on a personalized approach is:

- Home monitoring devices with panic buttons were provided to people who live alone or who cannot be adequately supported by the person living with them or to people with chronic diseases and disabilities.
- Home monitoring devices with drop detection and panic button were provided to people with chronic health problems that make them unable to self-care and/or people with diseases that increase the risk of falling, or people who appear to have a high rate of falls (such as will be recorded from the beneficiary's history).
- People with dementia who are at risk of being lost away from home were provided with out-of-home monitoring and tracking devices. The cognitive

status of individuals will be assessed based on the beneficiary's history. If this was not enough, it was done with a personal or telephone interview by the health professional of the project management team.

Health problems and chronic diseases have emerged as the most crucial factor for the safe and autonomous living of the elderly. It is recalled that in the hierarchy of factors, lower values indicate a higher position in the hierarchy and, consequently, a greater degree of importance. As shown in *Figure 1*, health problems and chronic diseases received the lowest score (i.e. most crucial), followed by solitary living, advanced aging, living in remote areas outside urban areas and, finally, low income criterion.

The level of education, solidarity, social services for the care at home of the elderly, the family and social environment of the elderly and the existence of a caregiver, the health status of the caregiver, the living space of the elderly, the income and the existence specific health problems (such as depression) were reported by participants as factors affecting the safe and autonomous living of the elderly.

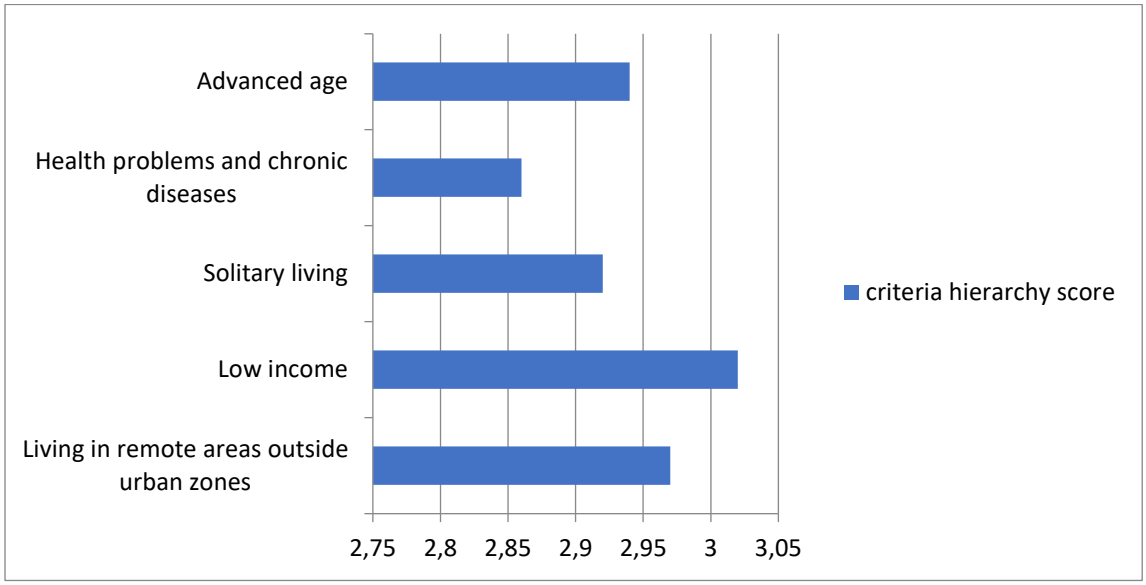

Figure 1 - Hierarchy of selection criteria

As shown in *Figure 2*, participants gave more weight to the home monitor device with panic button and the home monitor with drop detection and panic button for the elderly over 75 years. In the case of the device for location monitoring and out of home tracking, the need was not clearly associated with a specific age group as the responses of the participants were almost shared, with the majority focusing on the elderly aged 70 and over.

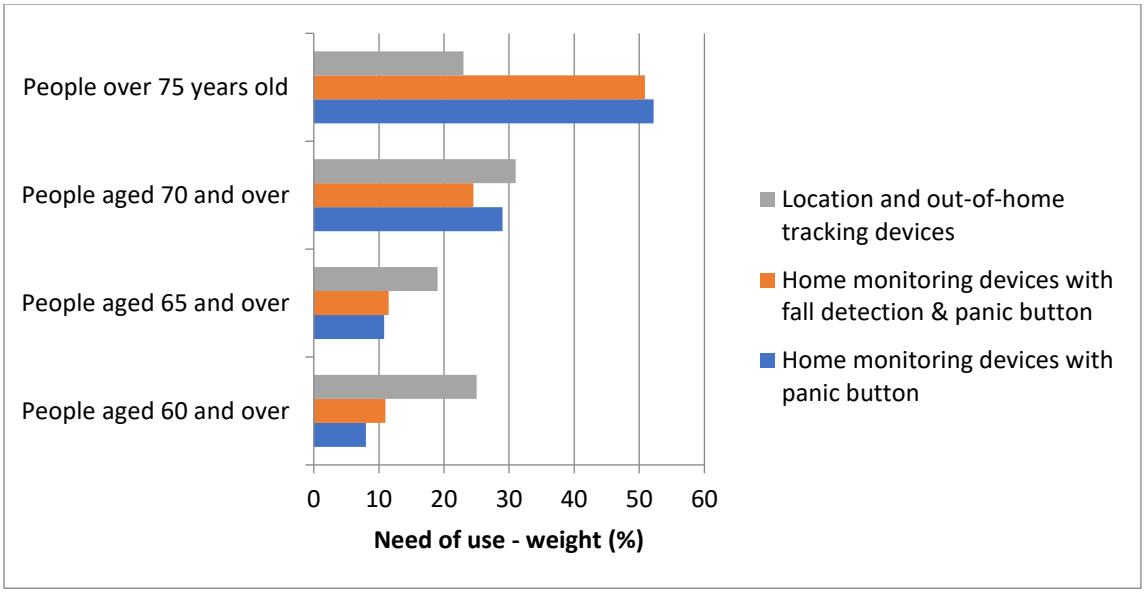

Figure 2 - Need of use of each device type per age group

Mobility problems, myocardial infarction, cardiovascular problems and stroke emerged as health problems that make it necessary to administer home monitoring device with panic button in elderly patients. In particular, the use of the home monitoring device with fall detection was considered more important for the elderly with mobility problems, while the use of the monitoring and locating device outside the home for the elderly suffering from neurological diseases / dementia or depression (*Figure 3*).

Sensory, vision, respiratory problems, neurological diseases (such as epilepsy), psychiatric illnesses (eg, schizophrenia), obesity, vertigo, diabetes and hypoglycemia, as well as post-operative patient problems were reported by participants as health problems necessitating the provision of the Click for Life project support.

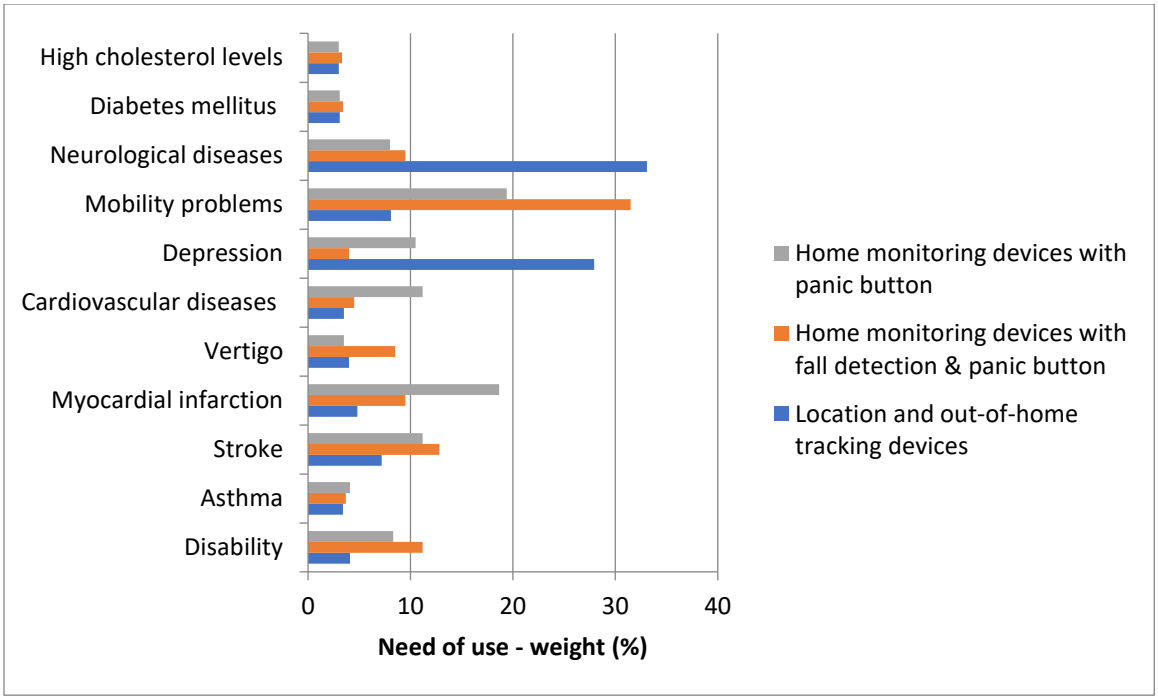

Figure 3 – Need of use of each device type per health problem / chronic disease

As shown in *Figure 4*, seniors living alone and seniors living with a person with health problems are the two most vulnerable groups in need of more support, regardless of device type. It is recalled that in the hierarchy of the elderly groups, the lower values indicate a higher position in the hierarchy and consequently a higher degree of necessity for the provision of the Click for Life project support.

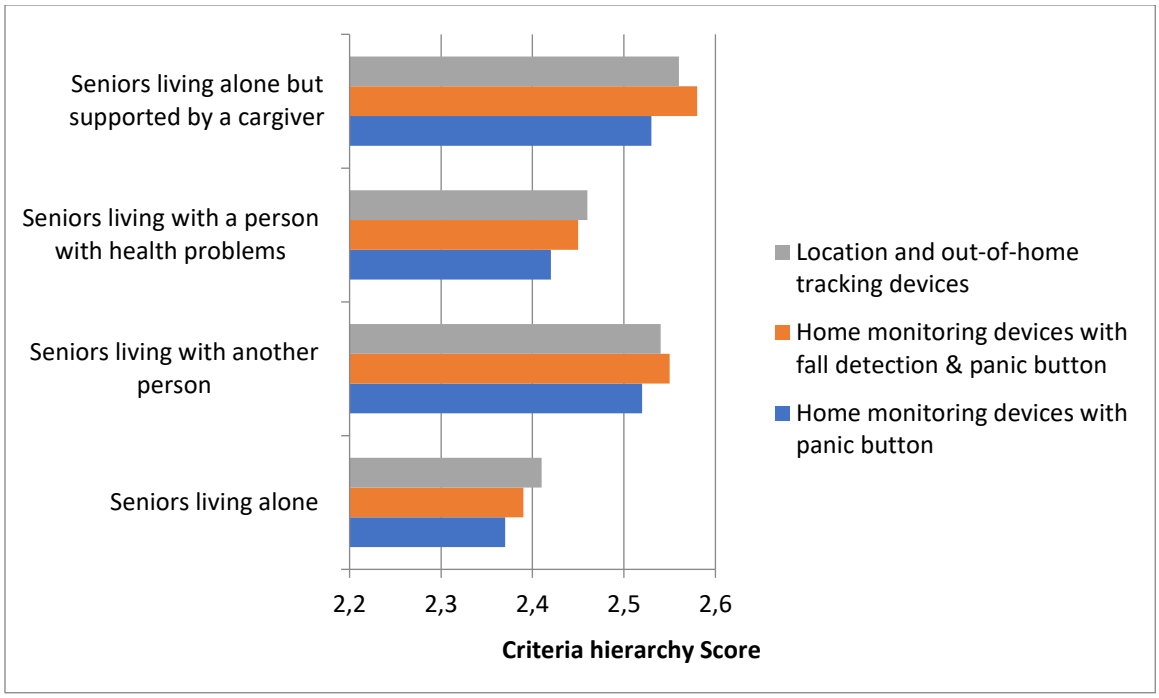

Figure 4 - Need of use of each device type per family-social support environment

The majority of participants considered that it is important to provide all the devices the Project to low-income seniors. The percentage of agreement in the provision of the service based on income criteria exceeded 70% for all cases of devices.

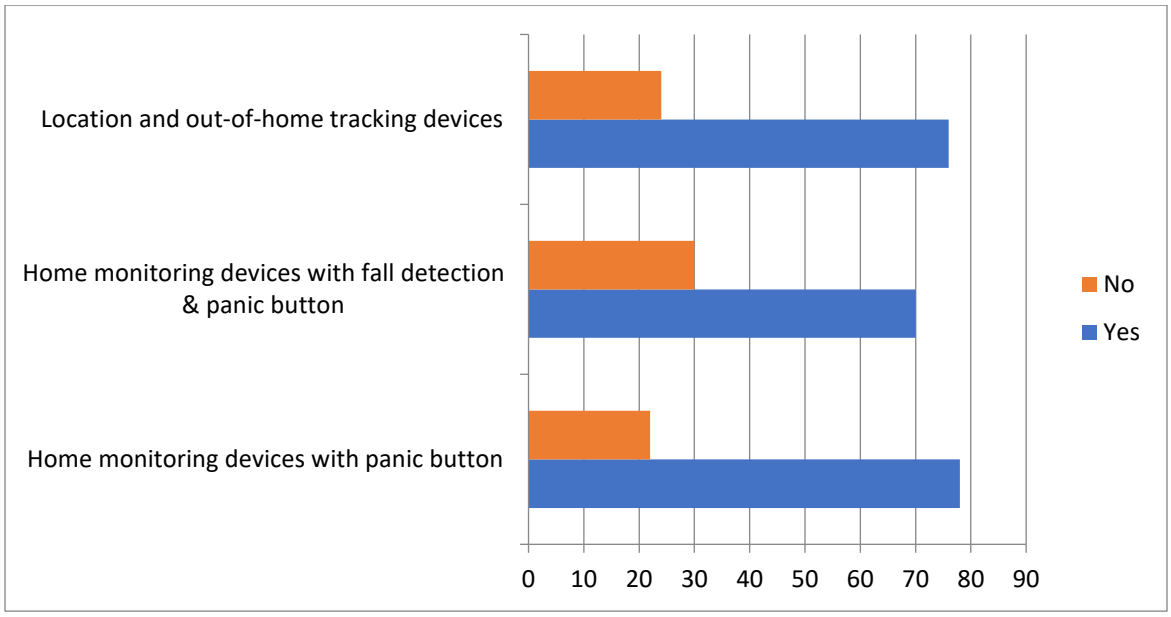

Figure 5 - Importance of use of each device type based on income criteria

Regarding the importance of Click for Life project devices for the elderly living in remote areas, as shown in *Figure 6*, the score for each of the three devices types on the 5-point rating scale exceeded the value of 4 and therefore the project for this category of elderly is characterized as "very" critical for their healthy and safe living.

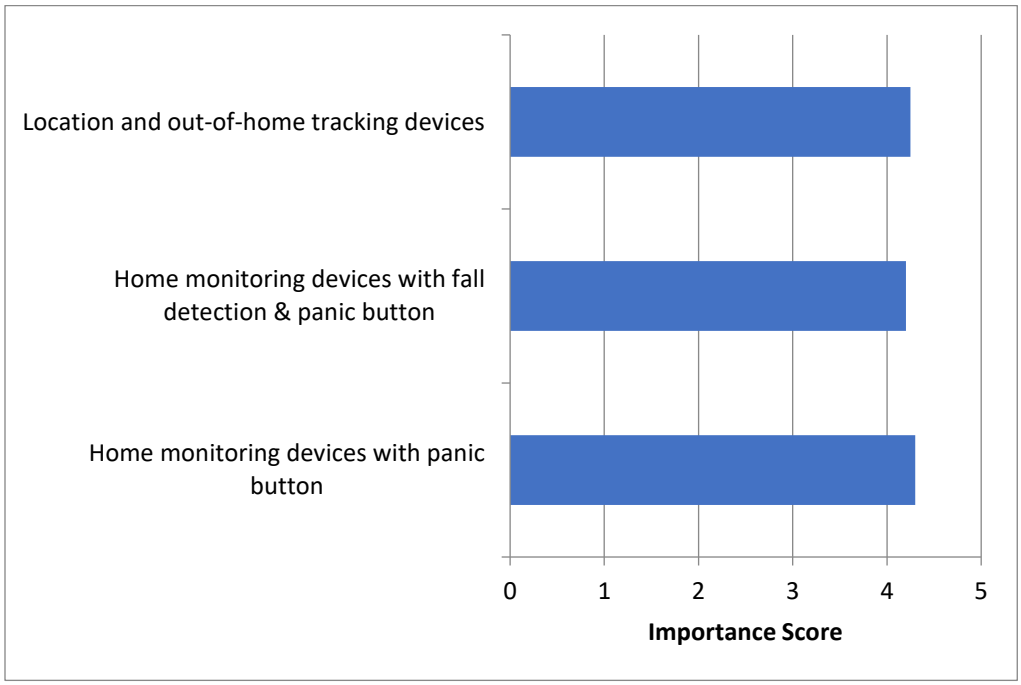

Figure 6- Importance of use of each device type for the elderly living in remote areas

During the end of the Click for Life project evaluation process (Nov 2023), the distribution profile of the project beneficiaries according to age categories, is as following:

Age (years)	Project beneficiaries	
60-64	74	2,5%
65-69	180	6,0%
70-74	284	9,5%
75-79	501	16,7%
80-84	865	28,8%
85-89	746	24,9%
90-94	303	10,1%
95-99	44	1,5%
100-104	3	0,1%
Total	**3000**	100,0%

One third of the Project beneficiaries (~1000 out of 3000 seniors) live in **Thessaloniki Urban Area**, the capital of CM Region and the most populated urban centre (45% of the total population of CM Region). Therefore, we can conclude that Click for Life project has focused - in a satisfying proportion - **on seniors living in semi-urban, rural and remote areas**, with more accessibility problems and inadequate facilities and services for LTC.

From the start of the project 58,269 calls / incidents have been recorded. *Figure 7* shows the distribution of these calls / incidents according to their type:

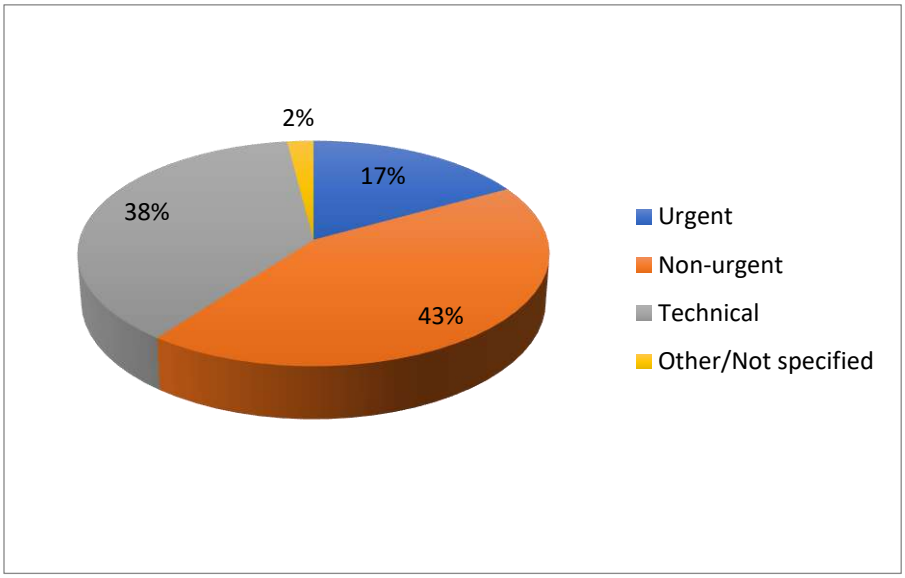

Figure 7 - Click for Life number of Calls / Incidents

In order to confront the urgent calls / incidents, there was a need for the Click for Life Project Call Centre to contact Emergency Units / Services, in addition to the next of kin, care giver or neighbour of the beneficiary. The distribution and categories of these calls / contacts are shown in the following table:

Emergency Services	Number of calls / day hours			
	06:00-14:00	14:00-22:00	22:00-06:00	Total
Police 100	28	17	8	53
Fire Dept112	4	4	2	10
Ambulance 166	157	107	80	344
Civil Protection199	1	1		2
Total	**190**	**129**	**90**	**409**

The above statistics show in the clearest way the absolute necessity of the Click for Life Project, which not only gives the feeling of security to lonely seniors, but it has saved lives in several cases.

Summary of the results of the Click for Life Project evaluation:

- From the review of the statistics data of the incidents / calls and the consultations / interviews with care givers and family members of the beneficiaries, we conclude that the project Click for Life provides safety, protection and improvement of the quality of lonely seniors' life, to the highest degree.

- From the interviews of a sample of beneficiaries we conclude that the project was very useful, since it made them feel less stress and gave them more control over the activities/tasks in their daily life. The result of this support was the fact that the beneficiaries were capable to participate in more activities and need less care from other persons.

- From the interviews of a sample of beneficiaries we conclude that the use of the project appliances / services and their communication with the project telephone centre, are at a sufficient rate.

2.3. Closure phase

Following the evaluation of the Click for Life Project and the consultations with the operators of the Project Call Centre, other professionals involved in the project implementation, as well as with the executives of the Public Health and Social Welfare Department of RCM, we identified the following problems - critical issues and the corresponding suggestions, in order to improve the efficiency of the project – regarding its continuation as Click for Life 2 for the new programming period.

Problems / Critical issues identified from the ongoing evaluation of the pilot project	Suggestions for improvement the pilot project (new Click for Life 2)
Confrontation with urgent health issues, with limitation of essential daily activities, with social issues of other family members, with extreme poverty living, with inappropriate housing, etc. All these require systematic coordination of the Click for Life Telephone Center with the relevant public services units, health professionals, NGOs.	• Coordination with doctors health care workers • Coordination with the National Emergency Center – Regional Units • Coordination with Social Care Services Units of Municipalities, Church and NGOs – complementarity and synergy with care programs and projects for seniors, such as the Help at Home program • Coordination with NGOs and other public services dealing with specific social issues, such as domestic violence, drugs, psychosomatic disorders, extreme poverty, etc.
Project sustainability. Click for Life project is co-funded	• **CM Regional Authority should continue the operation of the Project after 2023 ensuring the its funding, through own funds or through the new CM ROP 2021 -**

by the current Regional Operational Program for CM 2014-2020 until 2023.	**2027** • Consultation with Ministry of Health and the Unified Social Security Fund (EFKA) regarding the integration of the Project's services with the services provided by the National Organization for the Provision of Health Services (EOPYY)
Additional features of the project devices / services	• Drugs and medical exams notification • Vital signs / monitoring • Appliances in combination with smoke detector, door detector • Adoption of new monitoring services for seniors with dementia • Mental exercise • Home assistant / Homecare services
Population coverage Click for Life project currently runs as a pilot project with a capacity of 3000 beneficiaries.	• Inclusion of larger group of beneficiaries (5000), through broader eligibility criteria and increasing project's budget. • Inclusion of younger ages with mobility problems or other disabilities.
Sensitive personal data management / monitoring procedures	• Compliance with GDPR directives