# **ALCOVE EVALUATION**



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Method, tools and analysis are developed in the WP3 Report: ALCOVE Evaluation –www.alcove-project.eu



## **BACKGROUND & OBJECTIVES**

The evaluation of the ALCOVE Joint Action consists of an in-house systematic internal appraisal of the quality of ALCOVE's outputs and effects. The entire evaluation process is based on a regular and continuous use of evaluation tools. The evaluation focuses on supporting each Work Package's activities – providing a prospective audit function and overall assessment as well as verification and thorough feedback processes. So that the evaluation can meet its specific objectives, it strives to answer the following questions:

- Was the implementation of the ALCOVE Joint Action (JA) complete and timely, and according to the approved Work Plan?
- Has ALCOVE achieved its proposed objectives?
- What were the emerging problems; were they solved appropriately?
- What are ALCOVE's outcomes and impact; have the dissemination objectives been achieved?
- Have good practices for the reduction of inappropriate antipsychotics use in dementia been sufficiently promoted?

## **METHOD**

The entire evaluation process starts with a self-evaluation as performed by each Work Package Leader. On a periodic basis, each Work Package Leader monitor whether its milestones have been met and they maintain vigilance over emerging difficulties. Then, a synthesis of work progress and emerging issues for the entire project is generated by the Evaluation Work Package. This synthesis is then discussed within the ALCOVE Executive Board and any comments are taken into consideration.

### **INDICATORS**

Indicators are expressed in percentage form based on each Work Package's milestones to be achieved. Each milestone has been broken down into several main tasks. Timing indicators (i.e. indicators for the timely achievement of milestones or completion of deliverables) are constructed in accordance with the work plans of the work packages. These serve to map out the Project's progress towards the achievement of objectives, milestones and deliverables. They are quantified as percentages of work finished at specific points in time throughout the JA period. Timing indicators are agreed upon by the Executive Board. In the quantification of indicator progress it has proven important to take into account that several activities are "on-going" tasks in nature. For these activities to be defined as having been fulfilled, it was deemed necessary that they be sustained up until the point where the task's objective was met.

### **DIRECT COMMUNICATION TOOLS**

Personal communication among Executive Board members has been crucial for assuring progress on the Project milestones, tasks and deliverables. The communication of results and feedback on project progress has been accomplished through continuous open e-mail exchange. Executive Board conference calls have been conducted on a regular basis (at least once per month). Their informal structure has facilitated communication between the Work Package Leaders on on-going work and making common decisions on 'hot' issues. Each conference call was monitored in detail and subsequent to each call the minutes were distributed to all Executive Board members. These minutes represent an important tool for evaluating the JA. Dedicated conference calls on specific topics between involved Work Package Leaders have been organised according to emerging needs.

### **ALCOVE STEERING COMMITTEES & EXECUTIVE BOARD MEETINGS**

On average, face-to-face ALCOVE Executive Board meetings have been organised every six months and a Steering Committee with all ALCOVE associated and collaborative partners every year. They have represented an opportunity to extensively report on each Work Package's achieved progress. During these ALCOVE meetings, awareness of ALCOVE's activities has been increased through presentations of its work to representatives from the European Commission and other important dementia networks at the national and European levels in attendance.

### **COORDINATION REPORTS**

Every two months, each Work Package Leader has filled in a coordination report. The section headings of the report include actions achieved, actions in progress, actions planned; activities completed for other work package, warnings, significant events for dissemination, and key persons contacted. In the coordination report, Work Package Leaders describe activities completed during



the particular reporting period, comment on their expectations for future progress and how they have handled any issues which might have arisen while performing their activities. The project's progress is measured by milestones, tasks and achieved objectives.

## **ALCOVE PROGRESS MONITORING SHEETS**

The monitoring sheet includes the indicators for each Work Package arranged in the form of a monitoring table which provides a visual aid that illustrates quantification of project process (see examples in Figures 1, 2). Process indicators and inputs are included along with the components of the workflow, as measured by the milestones and deliverables, and make up the activities which are quantified on a regular basis. The Evaluation Work Package takes this data and calculates the percentage of achieved progress for individual activities based on the information gleaned from the bi-monthly coordination reports and direct communication tools as described above. The progress monitoring sheets are then shared with the Work Package Leader along with a detailed explanation of the quantification procedure.

										WP 2											
INDICATORS [process - inputs] %																					
100	100 90 80 70 60 50 40 30 20 10										10	20	30	40	50	60	70	80	90	100	
	VP LEADERS/ASSOCIATED PARTNERS' PARTICIPATION - 1st SC										L0G0 (TASK 1,1) FOR M1										
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											D1: 2Y ALCOVE PLAN FOR COMMUNICATION & TOOLS										
	VALIDATION OF COMMUNICATION VORK PLAN BY VPL																				
										MONTH 5	TARGET	& STAKEH	IOLDERS	(TASK 1,6	)FOR M1	AND M3	(TASK 3,1	)			
										Aug 2011	PLACE &	& DATE FO	R FINAL	EVENT (T/	(SK 3,2) F	OR MS					
										MONTH 6 Sep 2011	PRESS RELEASE (TASK 1,5) FOR M1										

#### Figure 1. Example 1: Work Package 2 (WP2) monitoring sheet Months 1 - 6

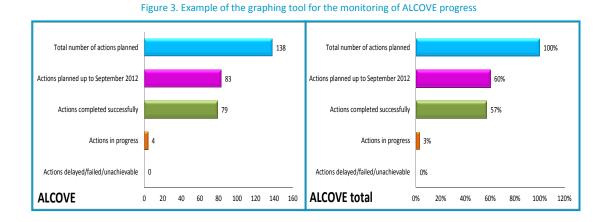
#### Figure 2. Example 2: Work Package 5 (WP5) monitoring sheet between Months 11 - 16

										WP 5											
	INDICATORS [process - inputs] %										WORKFLOW [main steps - milestones - deliverabl %										
100	90	80	70 60 50 40 30 20 10 10 20 30 40 50 60 70											80	90	100					
	WP PARTNERS' PARTICIPATION - DEDICATED WORKSHOP - 2nd SC										ENGLISH FRENCH ASSESSMENT FOR M1 TASK 1,3 D3: INTERMEDIARY FINANCIAL REPORT										
										March 2012	D3: INTERMEDIARY TECHNICAL REPORT										
		VAL	IDATION	OF MET	HODOL	DGY STI	EP 2 BY	WP. PAP	RTNERS	MONTH 13 April 2012	DRAFT FOR M1										
										MONTH 14 May 2012 MONTH 15 June 2012											
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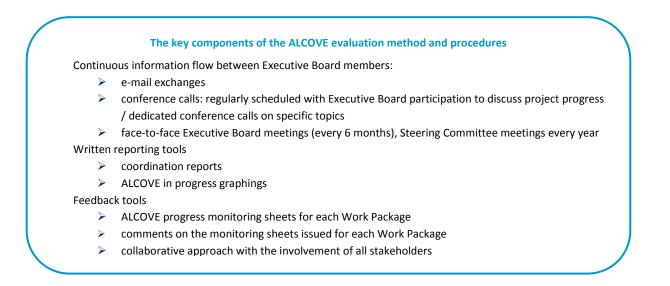
## ALCOVE IN PROGRESS GRAPHING TOOLS

The quantification of each ALCOVE Work Package's activities is summarised in a graph and includes the categories of planned • activities, finished activities and activities in progress (Figure 3). This graphing tool was designed to help Work Package Leaders visualise the progression of their work. Once the synthesis is finalised by the Executive Board, it is released as a report to all Partners on the website.



Description of feedback processes for monitoring and evaluation: As established in the ALCOVE Collaborative method, bimonthly coordination reports are a regular tool for assessing individual Work Packages' progress towards work plan completion. These are filled out by the Work Packages and the information contained therein is used to prepare progress monitoring sheets with a quantisation of the reported work. Planned activities are compared against activities which have actually been completed. Each Work Package Leader then has the opportunity to communicate any explanations, comments, or questions that it might have. This feedback procedure serves to approve the quantification of work completed before final release of the data in the ALCOVE progress report.

### **KEY POINTS OF THE ALCOVE EVALUATION METHOD**





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## **RESULTS**

In answering the questions proposed for the ALCOVE Evaluation Work Package, we can conclude that regular quantitation of project progress has confirmed that ALCOVE has been proceeding in accordance with the proposed time schedule. However, the most important question that the Evaluation Work Package faces concerns the ALCOVE Joint Action's outcomes and impact. Specifically, will ALCOVE be successful in disseminating the project's achievements, in particular the promotion of recommendations for good practices for the reduction of inappropriate antipsychotics use in dementia?

## **OUTCOME & IMPACT**

Because of the nature of the ALCOVE Project and its recommendations being shared at the end of the two-year period, it will not be possible for the Evaluation Work Package to assess the project's final impact. This being said, the project was disseminated all thoughout its duration and this will serve to support continuous dissemination after the termination of the project. Several important tools were designed to achieve this preliminary dissemination objective:

- Communication on the project and progress made: newsletters were sent out to more than 4,000 key people in the field; a scientific article was published in a peer-reviewed journal; an ALCOVE poster was disseminated at several scientific events and ALCOVE presentations were made at key dementia events (see Chapter ALCOVE Dissemination p. 90).
- A Final Event with key actors in the field of dementia from over 20 EU Member States; including stakeholders, political figures, decision-makers, people living with dementia and family organisations, and citizens (see Chapter ALCOVE Dissemination p. 90).
- Contact was made with the stakeholders of the main European networks dedicated to dementia and principles for internetwork collaboration were established.
- Creation of the ALCOVE Toolbox, which includes recommendations and methodologies which target the reduction of antipsychotic use that have been identified and implemented in other projects. This Toolbox is geared towards patients, their carers, health professionals and managers, as well as decision-makers (see Chapter ALCOVE Toolbox p.84).
- The ALCOVE Toolbox is to be presented at the Final Event and is discussed in greater detail in this ALCOVE Synthesis Report
  which will be distributed to the main stakeholders. The Toolbox will be posted on the ALCOVE website and will remain there
  for dissemination purposes after the official closing of the project.
- ALCOVE is participating in the European Innovation Partnership for Active and Healthy Ageing initiative and will disseminate its conclusions via this forum (see Chapter ALCOVE Dissemination p.90).

#### ALCOVE IN EXTERNAL DIALOGUE & COLLABORATION

ALCOVE established contacts with the major European networks on dementia, namely Alzheimer Europe, EU Joint Programme -Neurodegenerative Disease Research, European Alzheimer Disease Consortium and European Innovation Partnership for Active and Healthy Ageing. Further contacts were made for the dissemination of ALCOVE with the World Health Organization, the European Commission and with national stakeholders working in the fields addressed by ALCOVE's core questions regarding prevalence, diagnosis, care models, legal aspects of dementia and antipsychotics' limitation.

## CONCLUSIONS

The ALCOVE Joint Action has entered its final phase as it moves toward accomplishing the milestones and objectives as articulated in the initial project proposal and contract. Over the course of the collaborative work carried out by the Partners from 19 different European countries which make up ALCOVE, important tools and procedures for the evaluation and dissemination of ALCOVE's work were created. These have supported ALCOVE's goal of having a large impact in sharing its achievements for improving health policy in dementia. Additionally, the ALCOVE Toolbox is an information-exchange platform which includes tools and feedback which will facilitate benchmarking and the implementation of dementia health policy actions, including antipsychotic risk prevention.

## REFERENCES

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