



**eDESDE-LTC**

*DESCRIPTION AND EVALUATION OF SERVICES AND  
DIRECTORIES IN EUROPE FOR LONG TERM CARE*

**QUALITY ASSESSMENT  
&  
EVALUATION PACKAGE**

*Elisabeth Zeilinger, Barbara Brehmer, Daniela Seyrlehner, M Poole, L  
Salvador-Carulla & Germain Weber, for the eDESDE-LTC Group*

*Executive Agency for Health and Consumers (EAHC)*

*Project Ref. 2007/116*



## QUALITY ASSESSMENT AND EVALUATION PACKAGE

Elisabeth Zeilinger

Barbara Brehmer

Daniela Seyrlehner

Miriam Poole

Luis Salvador-Carulla

Germain Weber

*for the eDESDE-LTC Group*

---

This document should be quoted as follows:

*Zeilinger, E., Brehmer, B. Seyrlehner, D. Poole M., Salvador-Carulla L., and Weber G. for the eDESDE-LTC Group. eDESDE-LTC: Quality Assessment and Evaluation Package [Internet]. Jerez (Spain): PSICOST and Telnet; 2011. Available from: <http://www.edesdeproject.eu>*

---

**Edition:** January 2011

**Edits:** PSICOST

Plaza San Marcos nº 6, 11403, Jerez de la Frontera (Spain)

**Electronic edition and design:** Telnet Consulting S.L.

---

**ISBN:** (requested)





### **eDESDE-LTC Partners**

Asociación Científica PSICOST (Spain), London School of Economics (LSE) (UK), SINTEF Technology and Society (Norway), Catalunya Caixa (Spain), Družbenomedicinski inštitut ZRC SAZU (Slovenia), Public Health Association (PHA) (Bulgaria), University of Vienna (UNIVIE) (Austria), Izobraževalno raziskovalni inštitut Ljubljana (IRIO) (Slovenia)

### **Collaborating Partners**

Dept. of Mental Health Sciences, UCL (UK); ASL-4 Centro Studi e Ricerche (Italy), Dept Research & Development, Division of Mental Health Serv. Akershus University Hospital (Norway), ETEA University of Cordoba (Spain), University of Alacant (Spain), University Politecnica of Barcelona (Spain), OECD – Health Division (France), Ministry of Health. National Center for Public Health Protection (Bulgaria), Catalan Department of Health, DG de Planificació i Avaluació (Spain), Psychiatry Research Unit of Cantabria (WHO collaborating Centre) Univ. Hosp. "Marqués de Valdecilla" (Spain), Fundació Villablanca (Spain), Delegación Municipal de Igualdad y Salud. Ayto Jerez (Equity & Health Department. Municipality) (Spain).

### **Acknowledgements**

The eDESDE-LTC project has been funded by the Executive Agency of Health and Consumer (EAHC) Project Ref. 2007/116



**eDESDE-LTC Group** (*members<sup>1</sup>, collaborating members<sup>2</sup> and main subcontractors<sup>3</sup>*)

José Almenara (Spain) <sup>1</sup>	Teresa Marfull (Spain) <sup>3</sup>
Federico Alonso (Spain) <sup>1</sup>	Tihana Matosevic (UK) <sup>1</sup>
Jordi Balot (Spain) <sup>1</sup>	David McDaid (UK) <sup>1</sup>
Murielle Bendeck (Spain) <sup>3</sup>	Cristina Molina (Spain) <sup>2</sup>
Anne Mette Bjerkan (Norway) <sup>1</sup>	Valerie Moran (France) <sup>2</sup>
Barbara Brehmer (Austria) <sup>1</sup>	Carlos Mur (Spain) <sup>2</sup>
Angel Broshtilov (Bulgaria) <sup>1</sup>	Carmen Omist (Spain) <sup>2</sup>
Maria Dolores Crespo (Spain) <sup>2</sup>	Miriam Poole (Spain) <sup>3</sup>
Mojca Z. Dernovsek (Slovenia) <sup>1</sup>	Manuel Palomar (Spain) <sup>2</sup>
Hristo Dimitrov (Bulgaria) <sup>1</sup>	Rayna Popova (Bulgaria) <sup>1</sup>
Nikolina Djurova (Bulgaria) <sup>1</sup>	Eugeni Rojas (Spain) <sup>1</sup>
Mónica Duaigües (Spain) <sup>1</sup>	Maria Teresa Romá-Ferri (Spain) <sup>2</sup>
Josep Fuste (Spain) <sup>2</sup>	Cristina Romero (Spain) <sup>1</sup>
Ana Fernandez (Spain) <sup>3</sup>	Mencía Ruiz (Spain) <sup>1</sup>
Luis Gaité (Spain) <sup>2</sup>	Torleiff Ruud (Norway) <sup>2</sup>
Carlos García-Alonso (Spain) <sup>2</sup>	Jose Alberto Salinas (Spain) <sup>1</sup>
Juan Carlos García Gutierrez (Spain) <sup>1</sup>	Luis Salvador-Carulla (Spain) <sup>1</sup>
José García-Ibañez (Spain) <sup>2</sup>	Antoni Serrano (Spain) <sup>3</sup>
Juan Luis Gonzalez-Caballero (Spain) <sup>1</sup>	Daniela Seyrlehner (Austria) <sup>1</sup>
Karina Gibert (Spain) <sup>2</sup>	Josep Solans (Spain) <sup>1</sup>
Sonia Johnson (UK) <sup>2</sup>	Lilijana Sprah (Slovenia) <sup>1</sup>
Birgitte Kalseth (Norway) <sup>1</sup>	Giuseppe Tibaldi (Italy) <sup>2</sup>
Martin Knapp (UK) <sup>1</sup>	Jose Luis Vazquez-Barquero (Spain) <sup>2</sup>
Carolina Lagares (Spain) <sup>1</sup>	Britt Venner (Norway) <sup>1</sup>
Paula Llull (Spain) <sup>1</sup>	Germain Weber (Austria) <sup>1</sup>
Rafael Martinez-Leal (Spain) <sup>1</sup>	Elisabeth Zeilinger (Austria) <sup>1</sup>

# CONTENTS

FOREWORD.....	VII
LIST OF MAIN ABBREVIATIONS.....	VIII
LIST OF TABLES AND FIGURES .....	VIII
1. INTRODUCTION.....	1
2. QUALITY ASSESSMENT PLAN.....	1
2.1. PROCESS INDICATORS .....	2
2.2. QUALITY INDICATORS .....	3
3. PROCEDURE .....	4
4. EVALUATION OF THE PROJECT WORKPACKAGES.....	5
4.1. EVALUATION OF PROJECT MANAGEMENT/MEETINGS (WP 1).....	5
4.1.1. <i>Construction of the Evaluation Questionnaire</i> .....	5
4.1.2. <i>Results</i> .....	5
4.2. EVALUATION OF DISSEMINATION (WP2) .....	11
4.3. EVALUATION OF EVALUATION (WP3).....	11
4.4. EVALUATION OF DEVELOPMENT OF THE CODING SYSTEM AND THE INSTRUMENT (WP4).....	11
4.4.1. <i>Country translations</i> .....	11
4.4.2. <i>Ontology analysis</i> .....	19
4.5. EVALUATION OF WEBSITE (WP5).....	19
4.6. EVALUATION OF TRAINING (WP6).....	22
4.6.1. <i>Evaluation of trainers</i> .....	23
4.6.2. <i>Evaluation of trainees</i> .....	24
4.7. EVALUATION OF THE PILOT STUDY (WP7) .....	25
5. QUALITY INDICATORS OF THE eDESDE-LTC PROJECT .....	25
5.1. FEASIBILITY OF THE EDESDE-LTC INSTRUMENT.....	25
5.1.1. <i>Final version of the eDESDE-LTC instrument</i> .....	30

**5.1.2. Summary on the feasibility of eDESDE-LTC.....31**

**5.2. IMPACT ANALYSIS .....32**

**5.2.1. Screening.....33**

**5.2.2. Scoping.....33**

**5.2.3. Appraisal.....35**

**5.3. EQM ANALYSIS .....37**

**5.4 . GEOGRAPHIC AVAILABILITY .....39**

**6. CONCLUSION .....39**

**7. REFERENCES.....40**

**8. ANNEXES.....42**

**8.1. ANNEX I: BATTERY OF EVALUATION INSTRUMENTS .....42**

## FOREWORD

The 'Description and Evaluation of Services and Directories in Europe for Long Term Care' (DESDE-LTC) is an instrument for the standardised description and classification of services for Long-Term Care (LTC) in Europe. DESDE-LTC has been designed to allow national and international comparisons.

The eDESDE-LTC Quality Assessment and Evaluation Package comprises the quality assessment plan and the full evaluation of the project carried out by the University of Vienna. The impact analysis was carried out by PSICOST. This report also incorporates the battery of instruments designed at the University of Vienna for the quality assessment of the eDESDE-LTC project. This package includes instruments for assessing the project's meetings, the dissemination strategy, the toolkit, its webpage and the training system. This evaluation package may be interesting for any international project within the area of social and health service research. The evaluation package is available at <http://www.edesdeproject.eu/training.php><sup>2</sup>.

***Luis Salvador-Carulla***  
***Coordinator of eDESDE-LTC Project***

---

<sup>1</sup> If you want to provide us a feedback on the usability of the eDESDE-LTC system, please click on the link below to complete the online questionnaire (it takes less than 10 minutes):

<http://www.unet.univie.ac.at/~a0305075/umfragen/index.php?sid=21575&newtest=Y&lang=en>

<sup>2</sup> If you want to provide us a feedback on the usability of the eDESDE-LTC system, please click on the link below to complete the online questionnaire (it takes less than 10 minutes):

<http://www.unet.univie.ac.at/~a0305075/umfragen/index.php?sid=21575&newtest=Y&lang=en>

## LIST OF MAIN ABBREVIATIONS

BSIC	Basic Stable Inputs of Care
DESDE	Description and Evaluation of Services and Directories
EAHC	Executive Agency of Health and Consumers
EQM	Evaluation Quality Management
EPCAT	European Psychiatric Care Assessment Team
IRIO	Izobraževalno Raziskovalni Inštitut
LSE	London School of Economics
LTC	Long-Term Care
MTC	Main Types of Care
OECD	Organisation for Economic Co-operation and Development
QAP	Quality Assessment Plan
SHA	Public Health Association
UNIVIE	University of Vienna
WHO	World Health Association

## LIST OF TABLES AND FIGURES

### TABLES

Table 1. Evaluation plan of the eDESDE-LTC project workpackages .....	4
Table 2. Mean ratings of the feasibility of the eDESDE-LTC Instrument .....	28
Table 3 Appraisal of the impact analysis of eDESDE-LTC (*). .....	35
Table 4. Summary of the Evaluation – EQM of the eDESDE-LTC Project .....	38



## **1. INTRODUCTION**

This report summarizes the quality assessment of the eDESDE-LTC action. eDESDE-LTC is aimed at developing an operational system for coding, mapping and comparing services for Long Term Care (LTC) across the European Union. The main aim of the project was to contribute to the improvement of access to relevant sources of information on LTC services and to develop a classification system with a common semantic. This project was developed to facilitate the understanding of care systems and structures between EU member countries and abolish barriers to information for various users (EU GD Health and Consumer Protection, OECD, WHO, national LTC services within their European networking as well as the individual user). Overall the outcomes of the action should contribute to the right of “having access to high-quality healthcare when and where it is needed” by EU citizens.

Within the eDESDE-LTC action eight partners of six EU countries (Bulgaria, United Kingdom, Austria, Norway, Slovenia and Spain) were participating. The University of Vienna, the only Austrian Partner, was responsible for the Work Package Evaluation. During the first year of the project the team members developed a Quality Assessment Plan including all points of evaluation, which was discussed and approved by the project coordination. This final report on the evaluation of the project follows the structure of the Quality Assessment Plan and includes results and further points of discussion.

## **2. QUALITY ASSESSMENT PLAN**

The Quality Assessment Plan introduced shortly to the topics of quality and quality assessment, measurement strategies of the main goals of the eDESDE-LTC outcomes and concluded with a time plan which was incorporated into the general time frame of the project. Quality can be defined as “result of care”, meaning a process characterized by feedback-loops improving a product or a work. In general, the term “quality” refers to the degree of excellence or lack and measuring quality means assessing user’s expectations with respect to an object, product or work. Thus, quality has no specific meaning unless related to a specific function and/or object, product, work or service. Quality is a perceptual, conditional and somewhat subjective attribute.

In eDESDE-LTC, quality was addressed mostly with respect to conformance to requirements (e.g. applicability, acceptability and practicality). However, requirements may not fully represent user expectations. Thus it is suggested to include the aspect of “fitness for use”, with fitness being defined by the user.

When speaking about quality in the context of eDESDE-LTC the consortium is aware of the two-dimensional model of quality: the "must-be quality" and the "attractive quality." With the “must-be quality” being close to the "fitness for use" and the “attractive quality” representing what the user would like to have, but has not yet thought about. This latter aspect goes in line with Drucker’s definition, stating “quality in a product or service is not what the supplier puts in. It is what the user or customer gets out.”

Looking on how quality is viewed by scientific and professional societies, one can conclude that quality is a subjective term and the technical use of the term provides two meanings:

- The characteristics of a product, work or service referring on its ability to satisfy explicit (stated) or implicit (implied) needs;
- A product, work or service free of deficiencies.

In general, during quality assessment an object, product, work or service is evaluated according to its defined aims. Besides assessing an object, product, work or service itself, an analysis of existing analogue objects, products, works and services can be included and discussed comparatively to the object, product, work or service of interest. Also, product quality (the eDESDE-LTC instrument) needs to be distinguished from process quality (focus on management and coordination of the project). Process and quality indicators were defined.

## **2.1. PROCESS INDICATORS**

Five process indicators were registered. Four were related to the project’s objectives whilst the fifth was a formative indicator.

*a. Indicator of objective “1”:* Availability of a paper version of the DESDE-LTC European Classification & Coding System.

b. *Indicator of objective “2”*: Availability of a paper version of the DESDE-LTC Instrument. A paper version of the instrument will be developed. It incorporates four sections: 1) General instructions and glossary, 2) Classification and Coding system, 3) Utilisation, and 4) General characteristics (service listing). The system which incorporates basic descriptors and indicators will be translated and available in 6 European languages: English, Spanish, German, Norwegian, Slovenian, and Bulgarian.

c. *Indicator of objective “3”*: Availability of the webpage eDESDE-LTC: A webpage will be developed which will incorporate the electronic version of the DESDE-LTC instrument.

d. *Indicator of objective “4”*: Availability of the eDESDE-LTC Training Package on semantic interoperability via a standard coding system of services for LTC. The professional training package will be an on-line document available at the eDESDE-LTC project webpage. It will include a general guide to the use of the instrument, FAQ questions and answers, vignettes, reference material and contact address.

e. *Formative evaluation*: Indicators will include Availability of three reports: two interim project reports plus a Usability report. Interim reports include: 1) Review of eDESDE-LTC at year 1 meeting (year 1 project report), at the Mo15. 2) Review of eDESDE-LTC after the Pilot testing and at the final usability report.

## **2.2. QUALITY INDICATORS**

The eDESDE-LTC grant agreement referred to four quality indicators to be applied for quality assessment:

- a. *Feasibility*
- b. *Impact Analysis (see WP2 – Dissemination McDaid et al, 2011)*
- c. *EQM Analysis = Quality assessment plan (QAP) and accomplishment of indicators*
- d. *Geographic availability (see “Evaluation of the translation”)*

### 3. PROCEDURE

The leader of WP3 (UNIVIE) planned and prepared the evaluation (Quality Assessment Plan). A series of evaluation tools were designed according to UNIVIE guidelines by one subcontracted company (Lebenshilfe Austria). The leader of WP3 included all evaluation dates into the general project timetable and reminded partner and project management via email or Skype on upcoming evaluation tasks and deadlines. The Quality Assessment Plan was adapted taking into account the amendment of the project (June,2010).

Initially UNIVIE suggested evaluating the other Work Packages and the main eDESDE-LTC outcomes (eDESDE-LTC standard Classification and Coding System, the Web-Page and the Training). Finally the working plan was adapted to the actual project-processing and the project's amendment. Therefore a new Quality Assessment Plan was created (Table 1).

**Table 1. Evaluation plan of the eDESDE-LTC project workpackages**

Work package	Coordinator	Evaluation	Tool	Conducted by	Comments
WP 1. Project coordination	PSICOST	UNIVIE	<u>EMC</u>	Partners	Evaluation at partner meetings
WP 2. Dissemination of results	LSE	PSICOST & LSE	<u>Impact Analysis</u>	D. McDaid & L Salvador-Carulla	Impact Analysis
WP 4. Development of the coding system and instrument (DESDE-LTC)	PSICOST	UNIVIE	<u>Evaluation of translation</u> - <u>Feasibility:</u> <u>F-Q</u>	Partners Partners, focus-group members and external experts	Reported by partners Filled out by partners, nominal group participants and international experts
WP 5. Website	FCC	UNIVIE	<u>WS-C-Q</u> - <u>Meta-tags</u>	Partners Partners	Implications: 1.) Use results of partner-evaluation for a modification of website.
WP 6. Training package	PSICOST	UNIVIE	<u>Trainer</u> <u>Trainees</u>	Trainer Trainees	Filled out by trainees and trainees
WP 7. Pilot and usability	SINTEF	PSICOST	---	Partners PSICOST & SHA	Technical report
External Evaluation		Univ. Alacant	Ontology Analysis	Collab Partner: T. Roma-Ferri	Qualitative analysis of the formal ontology

A series of evaluation questionnaires have been developed for this Workpackage. The battery of evaluation questionnaires has been included at Annex 1. Specific comments on the development of these questionnaires are made at the evaluation of the different project workpackages.

## **4. EVALUATION OF THE PROJECT WORKPACKAGES**

### **4.1. EVALUATION OF PROJECT MANAGEMENT/MEETINGS (WP 1)**

#### ***4.1.1. Construction of the Evaluation Questionnaire***

UNIVIE prepared an evaluation tool for project partners to evaluate the project meetings and contacts (see Annex I). This Questionnaire includes an evaluation of the Project Management and the coordination of the project, including the organization of the partnership, the communication strategy, the effectiveness of the partnerships communication and the appropriateness of the communication tools. The construction of this questionnaire was made by an external expert, paid by the subcontracting organisation "Lebenshilfe Austria". It should be filled out by partners after meetings.

#### ***4.1.2. Results***

##### **- Quick off Meeting (Vienna, 25-27.09.2008)**

(see Meeting Minutes file)

- Participants: Not from all participating institutions, but from all countries representatives were present.
- Topics of discussion: introduction to project (background, work packages and responsibilities, eDESDE instrument and translational process, nominal groups, Website, training and pilot study etc.), finances and future meetings
- No systematic evaluation of this meeting was conducted, because by then no evaluation strategy existed and the meeting evaluation tool had not been designed.
- Impression of the meeting by UNIVIE:
  - Round of introduction to project partners and their institutions
  - Structured introduction to project background and aims by project management
  - Fruitful discussion on conduction on nominal groups, publication policy

**- 1st Project Meeting (Barcelona, 05-08.03.2009)**

(see Meeting Minutes file)

- Participants: Partners from all participating institutions were present. Also collaborating partners were present. Also, one member of the WHO and one person of the EU Agency for Health and Consumers were participating.
- Topics of discussion: Instrument, dissemination plan, quality assessment plan, nominal groups (preparation for first session), website, training and pilot study
- No systematic evaluation of this meeting was conducted, because by then the meeting evaluation tool had not been designed. At that stage of the project, the Quality Assessment Plan was still discussed within the eDESDE-LTC group.
- Impression of the meeting by UNIVIE:
  - Structured and intense meeting
  - Openness for positive and critical comments, especially in the country specific meetings with coordination (discussion mainly on translation, vignettes and finances)

**- Group Teleconference (08.06.2009):**

- Participants: all partners. The connection was not very good and failed constantly in some countries.
- Topics of discussion: nominal groups (second round), instrument, pilot, finances and next meetings
- No systematic evaluation of this meeting was conducted, because the teleconference failed for technical reasons. It was decided then, that all partner will have individual Skype-conferences with the coordinating project manager (PSICOST).

**- Regular Skype Coordination meetings**

- Topics:
  - Periodic reports and Skype meetings with project management on finances
  - Every now and then Skype meetings on quality assessment with project management
  - Reports on nominal groups via Email or Skype to project management
- Impression of UNIVIE:
  - It was always possible to contact the project management and ask for advice or decisions on different project matters. Project management did not always answer all questions – e.g. some topics in the Quality Assessment Plan could not be

clarified (e.g. who is responsible for dissemination evaluation, training and pilot evaluation) and were therefore not executed by UNIVIE. Apart from communication difficulties concerning responsibilities, communication climate was always friendly and concluding, the working relationship can be described as productive.

- The project manager reported regular meetings/contacts with the other partners.

- **1<sup>st</sup> Dissemination Meeting (Press release 1) (Brussels, 21.06.2009)**

(see Meeting Minutes file)

- Participants:  
Partners from LSE and PSICOST as well as three collaborating partners participated in this dissemination meeting in Brussels, as well as representatives from EU.
- Results:
  - Presentations were of high quality, offering the key information;
  - Topics of discussion included cooperation with the International Journal of Integrated Care, Knowledge transfer in services for Long Term Care in Europe

- **Final project Meeting (Reus, 11-13.11.2010)**

- Participants: A total of eight team members, from the six countries Austria, Bulgaria, Norway, Slovenia, Spain and United Kingdom, participated in the evaluation of the project meeting in Reus.
- A systematic evaluation of this meeting was conducted. The following is a short summary related to a) the conceptual, b) the structural, c) the result, and d) the sustainability evaluation. Please see the attached questionnaire.

**a) Conceptual evaluation**

1) When questioned if the members recognise defined goals in the DESDE project, all eight participants responded positively, however differences could be found in the goals identified. Below is a list of the goals noted by the team-members in relation to the project (in brackets the number of instances the respective goal was mentioned):

- Ageing
- Assessment
- Classification (5)
- Creating a coding system (4)
- Decision making
- Disability

- IT
- Instrument (3)
- Long-Term-Care
- Mental health
- Ontology
- Webpage (2)

2) When questioned if they recognise a defined concept of concerted project steps/activities of the DESDE project, six of the eight participants responded positively, while two agreed partly. Below the list of the key-words noted by participants in relation to the concept (in brackets the number of instances the respective goal was mentioned):

- Adapting training (4)
- Adapting instrument
- Basic
- Coding system
- Description of services
- Evaluating instrument
- Feasibility study
- MTC
- Policy relevance
- Ontology

#### **b) Structural evaluation**

Participants were questioned on the structure to realise activities within the DESDE project. For this report the arithmetic mean was calculated for each assessment of the different categories, whereas a value of 2 denotes the best, and 0 the worst assessment.

The most relevant structures, with arithmetic means between 1,63-2,0 as identified by participants were:

- Identified coordination of the activities (1,88)
- Defined responsibilities (1,75)
- Structured e-mail contacts (1,63)
- Defined resources (1,63)
- Defined project language (1,88)
- Defined behavioural recommendations (2)
- Defined documentation (1,86)



The monitoring structure, with an arithmetic mean of 1,25 was considered less relevant for realizing the DESDE project activities. Furthermore, one participant mentioned dissemination coordination and informatics coordination as important points for realizing the activities within the DESDE project.

### **c) Result evaluation**

At this point of the evaluation, participants were asked if they recognise clear products of the project. Six of eight participants were able to recognize clear products of the project, while two responded that they can partly recognise them. In a second step, participants had to assess (in percentages) to which extent they see finalised products. For each product the arithmetic mean was calculated:

- The instrument itself (80%)
- Translation in all partner languages (67%)
- Workshops for participants (50%)
- Website (60%)

According to these results the participants see the instrument itself as the most finalised product of the project, whereas the workshops for the participants and also the website are considered the least finalised.

When asked about further aspects which are still open, participants mentioned the following:

- Additional feasibility evaluation
- Dissemination (2)
- Coding
- Training package
- Translations
- Workshops (especially in the UK)

### **d) Sustainability evaluation**

Participants were asked to assess the sustainability of the instrument, the translation, the workshops, and the homepage. For this report the arithmetic mean was calculated for each of these four assessments, whereas a value of 3 denotes the best, 1,5 an average, and 0 the worst assessment:

- Instrument (2,63)
- Website (1,88)
- Translation (1,63)
- Workshops (1,57)

According to these values one can identify that participants view the instrument itself as fulfilling the aspect of sustainability best, whereas the sustainability of the website, the translation, and the workshops is considered positive, but lesser than for the instrument itself.

Participants mentioned the following factors positively influencing the sustainability:

- Clear structure of the instrument
- Good content of the project

Participants mentioned the following factors negatively influencing the sustainability:

- Instrument is complicated and requires extensive training
- Sustainability requires training of trainers not just training alone
- Training needs to be as clear as possible and needs to be computerised with easy use
- Workshops and homepage needed to be more developed

- **2<sup>nd</sup> Dissemination Meeting (2<sup>nd</sup> Press Release & final management meeting) (Brussels, 26-27.01.2011)**

o Participants:

Partners from all participating institutions were sent an evaluation form for evaluating the final partners and dissemination meeting in Brussels. Response came from Austria and Spain.

o Results:

**a) Assessment contributions by partners**

- Presentations were of high quality, offering the central information;
- consistent and congruent structure of dissemination programme;
- Substantial and careful scientifically interpretations of the projects achievements in a highly understandable way.
- first results of the study with the pilot in Sophia and Madrid allowed opening an interesting debate of types of services policy in every country.

**b) Assessment of contributions by external experts**

- contributions were of a significant added value to the programme
- Excellent amendment to the projects achievements;
- Outlook of adjacent activities within OECD programmes;

- The contribution of external experts made possible the main objective of dissemination of the meeting.

#### **c) Assessment of the dissemination meeting overall**

- Meeting was very useful
- interesting debates with and feedback from external experts, who were very supportive with respect to future e-Desde-LTC activities
- meeting fulfilled expectation;
- it motivated for pilot application of the instrument in selected European regions

### **4.2. EVALUATION OF DISSEMINATION (WP2)**

The WP2 leader was asked to provide a structure for partners to report their dissemination activities, including a section for qualitative report where every partner could describe if the main target groups were reached by the dissemination activity. Forms were sent by partners via eMail to WP 2 leader for the final Work Package report.

### **4.3. EVALUATION OF EVALUATION (WP3)**

At the project meeting in Barcelona, partners agreed on not doing an evaluation of the evaluation as it was judged unnecessary due to the characteristics of the project. Nevertheless, an evaluation of the feasibility questionnaire was done, outlined in section 5 of this report.

### **4.4. EVALUATION OF DEVELOPMENT OF THE CODING SYSTEM AND THE INSTRUMENT (WP4)**

The evaluation of the eDESDE-LTC instrument and coding system included 1) an assessment of the translation in every language, 2) A feasibility study (see Quality Indicators) and 3) An ontology analysis (external evaluation).

#### ***4.4.1. Country translations***

The construction of the evaluation questionnaire of the translations of eDESDE-LTC was done by an external expert, paid by the subcontracting organisation “Lebenshilfe Austria”.

## Respondents

All partner countries responded, except for the English Partner as the original instrument is provided in English (see also final statement).

Some partners did not stick to the deadlines and provided their reports some time later – a problem that was also due to the time of evaluation (near Christmas, Summer holidays).

## Results and comments by partners:

### ***a.- Translation of first version of the eDESDE-LTC instrument (Nov 2009)***

- **Who performed the translation?**
  - o AUSTRIA: Psychology Students, who were under supervision of project members, who are experienced in scientific translations (German - English). We did not hire professional translators.
  - o NORWAY & BULGARIA: professional translator
  - o SLOVENIA: Colleagues of eDESDE-LTC Team from Slovenia (SRC SASA and IRIO) and 2 external collaborators. Their profession: psychologists and psychiatrists. We did not hire professional translators.
  - o SPAIN: The first translation made by the PSICOST team was revised by a local expert in service research and conflicting terms were identified. This version was checked and approved by the PSICOST nominal group.
- **Maybe, you had colleagues from the DESDE-LTC-Team and professional translators work together on the translation. If so, please describe the cooperation.**
  - o BULGARIA: Yes. While translating some of the terms and passages the translators had hesitations as to their right meaning. This problems were revised and sorted out at the individual coordination meetings with the PSICOST team members.
  - o NORWAY: The translator cooperated with personnel from SINTEF in the translation. SINTEF contributed with some minor changes, and were available for questions regarding e.g. specific words from the translator. The translator did not have any training in health services research, and thus needed some assistance regarding a few specific words (e.g. out patient, community care).
  - o SPAIN: Last version was reviewed by the nominal group including experts in different issues: psychiatrists, service assessment researchers, psychologists,

- geographers. They participated on examples, reviewing key concepts, and reviewing for a comprehensive text.
- Other partners did not use professional translators.
- **In general, did you have the impression, that the translation worked out well or that there were many problems and it took longer, than you thought?** (Please, describe your overall impression briefly).
- AUSTRIA: Yes, it took much longer than expected, because the instruments still contained many errors/missings or misspelling. Small differences were identified in paragraphs that should be identical throughout all documents. Different target groups were addressed in the description of the same codings.
  - BULGARIA: Translators did well and finished the text on time. The language of the original did not cause them many problems.
  - NORWAY: Overall impression was that the translation process was effective and we are satisfied with the end result. No serious problems were encountered during the process.
  - SLOVENIA: The translation took longer than expected. There were some translation problems with adjusting original text to Slovenian terminology especially those which refer to services/facilities/settings. We noticed also in the original text an inconsistent application of these terms. Some parts of original text were not entirely understandable, allowing multiple ways of interpretation.
- **Concerning the problems: please indicate if the following difficulties occurred within the translation process, how they effected your progressing and if you were able to solve them or what additional resources you needed to find a solution? If it is possible, do this by giving specific examples.**
- a. Some words didn't have structural equivalents in our language, especially concerning institutions of the health care system:
- AUSTRIA: the geographic description of the pilot area
  - BULGARIA: Yes; we can mention here services, described in the sub-branch "services providing work, work related activities, etc. Bulgarian system of services is not so much differentiated, as in the questionnaire, but descriptions are quite clear.
  - SLOVENIA: Some institutions or services are not known in Slovenia, and for some we don't have an appropriate Slovenian term (Low provision psychiatric hospitals, Day hospitals for crisis, Hospitals for Brain Injury, Emergency beds

in community primary care). In these cases we used a descriptive translation instead literal.

- b. Some words didn't have semantic equivalents in our language. When we translated them, the connotation was slightly different:
    - AUSTRIA: care; services; outpatient care; ambulant care
    - BULGARIA: Yes, this applies to "key" terms in DESDE questionnaire, service, long term care, facility and Main type of care. We were able to solve semantic complexities with the help of focus groups where consensus was reached. Bulgarian health and social care system does not use the term "residential" applied to services. However the term used in the translation is quite understandable to professional and lay audiences.
    - NORWAY: Conflictig terms identified were: Outpatient care and Community care
    - SLOVENIA: Service terms had different meanings (facility, or type of care, or activity) depending on the context. On the other hand service/facility/setting can be translated by one Slovenian term- "služba". Without additional explanation, use of this term can be misleading.
    - SPAIN: The term 'servicios ambulatorio', similar to community services was used in the Spanish version.
  - c. Some words/phrases were problematic/had a different meaning within our cultural background:
    - SPAIN: The wordings "Service/resource/facility" are used synonymous in English but in Spanish they have different meanings.
  - d. Some translations were difficult because of national legal definitions of institutions, professions etc.:
    - AUSTRIA: legislative order
    - BULGARIA: The social care system does not use the word "disability" in its registers, official documents, etc. It applies the term "reduced capacity for work". Still "disability" is well in use in policy papers, articles and among the general public. Besides, disability is mentioned quite seldom in the instrument.
    - SPAIN: The case of the criteria of tax number of a service is associated to a concept that has not the same sense in Spain.
- **Concerning the problems you just described: How did those interfere with the Coding System of DESDE-LTC?**

- AUSTRIA: the semantic interoperability is very hard to achieve – it was considered that it may not be a realistic goal.
- BULGARIA: The coding system sounds concise and semantically clear in Bulgarian, although, of course it is new to professionals.
- SLOVENIA: The best equivalent translation of English version to preserve the original structure of the Coding System was discussed and selected.
- **Can you give some general advice on solutions to translation problems in DESDE-LTC?**
  - BULGARIA: Wide use of focus groups and individual consultations with professionals, linguists and the lay readers.
  - SLOVENIA:
    - Experts from social / medical care field should work together on translation with professional translators (specialized for social / medical texts)
    - Back-translation would be useful
  - Other partners had no advice.
- **Were the financial resources sufficient for the translation?**
  - BULGARIA: Yes translation from English is still relatively cheap.
  - SLOVENIA: Until now, yes. The final version of instrument will be reviewed by Slovenian-English linguist, so the total amount spent on translation activities will be known after that procedure.
  - Other partners: financial resources are sufficient.
- **Were the time resources sufficient for the translation? AUSTRIA extended the resources. Other partners had sufficient time resources.**
- **Are there problems with the translation that remained unsolved until today? If yes, please indicate.**
  - AUSTRIA: remaining inconveniences in the instruments concerning target populations and between the three documents
  - BULGARIA: Yes, we still need to provide an elegant translation of the definition of Basic Input System. This responsibility lies with the DESDE team.
  - Other partners: no

***b.- Translation of second version of eDESDE-LTC instrument (June 2010)***

Most of the translational procedure was performed by eDESDE-LTC Team members and

the creation of the final version of the instrument exceeded the expectancies by partners. Most problems concerning the translation mentioned by partners during the first evaluation were considered and solved for the second version (e.g. focus on mental health was removed). But some concerns could not be eliminated: key words (e.g. Service, users) have different meanings in the various languages and semantic interoperability seems hard to achieve. Partners suggested back-translation and consults with various experts.

- **Please describe who performed the translation. Did you hire professional translators? If not, who else did the translation?**
  - o AUSTRIA, BULGARIA & NORWAY: Second round of translation was made by eDESDE-team members.
  - o SLOVENIA: Translation, update and correction of DESDE-LTC were performed by participants in DESDE-LTC project (SRC SASA and IRI) and by 2 external collaborators. Nobody of them was a professional translator. Their profession: psychologists, psychiatrists, biochemist.
- **Maybe, you had colleagues from the DESDE-LTC-Team and professional translators work together on the translation. If so, please describe the cooperation.**
  - o BULGARIA: Advice was sought by one professional translator.
  - o NORWAY: *If necessary* external help from our colleagues and collaborating partners were obtained.
  - o SLOVENIA: Cooperation was undertaken mainly by email and phone contact with discussions about appropriate terminology.
- **In general, did you have the impression, that the translation worked out well or that there were many problems and it took longer, than you thought. (Please, describe your overall impression briefly).**
  - o AUSTRIA: The second translation process took again longer than expected – partly because the changes within the document were not highlighted. Positively, the changed document included nearly all adaptations that were mentioned by us and other partners. Also the structure of the branches/tree system seems to be more clearly.
  - o BULGARIA: Generally, it worked out well with minor insignificant problems.



- NORWAY: No specific problems have been recorded other than the ones recorded at earlier in the translating process.
- SLOVENIA: Translation was not so straightforward at all places since we have to adjust English translation to understandable Slovenian language which is commonly in use within social and medical expert fields. Sometimes the meaning of English sentences was also not immediately obvious and was ambiguous. Second translation (update and correction of DESDE-LTC) was easier and faster, because we used a handy English-Slovenian dictionary of the terms, which was built during the first phase of translation in order to ensure uniform Slovenian terminology throughout all stages of preparation of the national version DESDE-LTC.

**Concerning the problems:**

- **Some words didn't have structural equivalents in our language, especially concerning institutions of the health care system:**
  - NORWAY: The Norwegian Care System is a very integrated system, where services for different users/patients (old people, people with mental conditions, home care for cancer patients etc) are organized under the same public entity (and service unit). This can be a challenge when we want to differentiate between services and resources aimed at specific groups.
  - SLOVENIA: Yes, for some words it was difficult to find appropriate equivalents and sometimes we were not sure if the selected words appropriately encapsulated all the meaning of the English language. As we already mentioned in the first evaluation of translation: some institutions or services at the moment do not exist in Slovenia, and for some we don't have an appropriate Slovenian term (Low provision psychiatric hospitals, Day hospitals for crisis, Hospitals for Brain Injury, Emergency beds in community primary care, in these cases we used a descriptive translation instead literal).
- **Some words didn't have semantic equivalents in our language. When we translated them, the connotation was slightly different:**
  - NORWAY: Outpatient care and community care, it was the connotation was slightly different.
  - SLOVENIA: Term "service" can be translated in Slovenian language in several ways: as facility, or type of care, or activity - depending on the context. On the other hand service/facility/setting can be translated by one Slovenian term-"služba". Without additional explanation, use of this term can be misleading.

- **How did those problems interfere with the Coding System of DESDE-LTC?**
  - o AUSTRIA: Again: the semantic interoperability is very hard to achieve - maybe it is not a realistic goal?!
  - o BULGARIA: No interference
  - o NORWAY: Great care was taken to identify the equivalent translation of the English terms to be able to preserve the original meaning in the coding system as well as the structure in the coding system.
  - o SLOVENIA: We tried to find the best equivalent translation of English version to preserve the original structure of the Coding System. It's an open question if the final version will be fully equivalent to the English version, because we have to include to certain terms (words) an additional explanation and description.
- **Can you give some general advice on solutions to translation problems in DESDE-LTC?**
  - o BULGARIA: Seeking expert consultations.
  - o SLOVENIA:
    - Mixed translation group with experts from social / medical care field should work together on translation with professional translators (specialized for social / medical texts);
    - Back-translation would be useful in order to evaluate what is "lost with translation"
- **Were the financial resources sufficient for the translation?**
  - o BULGARIA & SLOVENIA: yes
  - o NORWAY: Our budget for translation covered the expenditures for the first translation made by a professional translator.
- **Were the time resources sufficient for the translation?**
  - o AUSTRIA extended the resources by far!
  - o BULGARIA & NORWAY & SLOVENIA: yes
- **Are there problems with the translation that remained unsolved until today? If yes, please indicate.**
  - o AUSTRIA: Will the coding system and glossary be changed too?

***c.- Translation of third version of eDESDE-LTC instrument***

Three team members, from Austria, Slovenia and Spain, participated in the evaluation of

the 3<sup>rd</sup> translation process. The 3<sup>rd</sup> translation process was seen by the participants as comparable to the first two, if not a little bit easier than the two previous ones. The process enabled making the instrument clearer with regards to terms and expressions which the pilot study and the second session of nominal groups in every country suggested to change. Due to these modifications, a better understanding and a better suitable structure resulted.

In Austria the final translation of the instrument was done by UNIVIE staff. It took longer than expected because not all changes were marked and the whole instrument had to be scanned for changes carefully. Those who worked on the German version of the instrument surely learned a lot on how to analyse care service systems. In Slovenia some remarks were made on the final English version of DESDE instrument, proposing an English lectureship or review by a native speaker (this was revised by D McDaid). In their opinion it would be also advisable to review the final version of instrument regarding the consistent use of some terms like BSIC, service(s), facilities and settings. For example, in Slovenian, terms like service, facility and setting have many meanings and translation options, even they could be translated as “care” in certain contexts. So the use of one term always in the same context is regarded as critical. As a result of this the Slovenia team decided to translate several formulations more in the semantic way. According to the evaluation of the the Slovenian team members, the best way to evaluate a quality of a translation process (regarding all languages) would be the back-translation process.

#### ***4.4.2. Ontology analysis***

At the 2<sup>nd</sup> project meeting in Barcelona, it was decided to run an ontology analysis by an external evaluator, professor Romá-Ferri. Her evaluation is reported at the minutes of the final project-meeting in Reus, where she presented it.

#### **4.5. EVALUATION OF WEBSITE (WP5)**

The construction of the questionnaire for the evaluation of this WP was made by an external expert following the guidelines stated in the Quality Assessment Plan. The expert was paid by the subcontracting organisation “Lebenshilfe Austria”.

Respondents:

Twelve eDESDE team members, at least one partner from each participating answered the questions. Three team members of Austria, Slovenia and Spain did participate in the

evaluation. The English partner did respond to this evaluation tool.

Results:

- Except for one, no one had problems to find the Website (91,7%).
- Eleven persons (91,7%) could find the desired information fast and easily.
- All managed to use the menu navigation fast and easily and found the content intelligible.
- Ten persons (83, 3%) had the impression that the content was clearly arranged, 2 participants answered “partly”.
- Nine persons (75 %) did not use the search function – two stated that (at the time of the evaluation) there was still no search function available and asked for inclusion of this function.
- Eleven persons had the impression that the Website’s content was correct (91, 7%).
- Two persons (16, 7%) could not recognize responsible institutions on the Website, one partly could (8, 3%).
- Four persons (33, 3%) did not look for the legal notice and two could not find it (16,7%).
- Four persons (33, 3%) were unsure whether the information by external authors is presented adequately.
- Five persons (41, 7%) could not find the date of the last update – five could (41, 7%).
- Eleven persons (91, 7%) had the impression that the Website is a useful tool for the eDESDE-LTC project and would recommend it to other projects partners and even to persons, who are currently not involved in the project. One person had the impression that the content is too complex for non-project partners.

Further comments/suggestions by partners to Website managers

- Expand the number of publications
- Include search function
- Include examples of coding and case vignettes
- Include a self-training for users and inform them on their achievement
- Include a legal notice
- Include an easy-to-read description of the project and its aims
- State all partner names in English
- Add short name “IRI Lubljana”

### **Evaluation: Meta-Tags**

At the meeting in Reus partners decided, that a second evaluation of the website will not be necessary. To fulfil the important criteria of retrieval, every partner should provide the website manager with suggestions for meta-tags.

#### Respondents

Five team members of Austria, Bulgaria, Norway, Slovenia and Spain participated in the evaluation of meta-tags. The English partner did not respond to this evaluation tool.

#### Results

There is a list of the most important terms by which the webpage should be found using search-engines:

- Accessibility care
- Care system
- Catchment area
- Catchment area + psychosocial services
- Catchment area + services for the disabled
- Classification
- Coding system frail population
- Day care
- DESDE
- DESDE-LTC
- Description and evaluation of services
- Disability
- eDESDE-LTC
- Elderly
- European comparisons
- Evaluation of health services
- Health-care
- Health-care politics
- Information care
- International-care
- International classification of long-term care Instrument
- Levels of care
- Long term care (3)
- Long term care services (2)
- Main types of care

- Mental health action plans
- Residential, outpatient
- Service evaluation
- Service mapping
- Service utilization
- Service assessment
- Social/health services
- Standardized description and classification
- Standardized description of long-term-care
- Type of care

The list was provided to website manager for further processing.

### **Summary of the evaluation of the webpage**

The Website is seen as a very important tool for dissemination, with intelligible content. The proposed terms by which the webpage should be found using search-engines, were transferred to the website-manager to improve the website. The sustainability of the website should be ensured, even after projects end.

### **4.6. EVALUATION OF TRAINING (WP6)**

Two different instruments addressing two different target groups were designed by UNIVIE: trainers and trainees. Three trainers from Spain and one from Bulgaria with experience in the use of eDESDE-LTC participated in the development and implementation of the training course and in the monitoring of use of the instrument by trainees throughout the demonstration phase. Nine trainees from Spain and Bulgaria with different backgrounds in health service research and management and also different experience in the use of previous instruments (ESMS/DESDE) attended this training.

The course in Spain was organised in collaboration with the Catalan Department of Health (collaborating partner of DESDE-LTC). It consisted on two face-to-face meetings at the Catalan Department of Health in Barcelona (8 hours) and on-line completion of the course. The course in Bulgaria was carried out in a single face-two-face session followed by on-line support.

#### 4.6.1. Evaluation of trainers

##### *Repondents:*

The four trainers who participated in the coordination and training (three from Spain and one from Bulgaria), evaluated their conducted training on the correct use of eDESDE-LTC. The trainers answered to 9 questions concerning the training.

##### *Results:*

- When questioned about the **type of training** they applied, all trainers replied that they conducted a face-to-face training, three of them in combination with online consultations.
- When questioned about if the **type of training conducted was satisfying** to them, two trainers responded positively, while another trainer was partly satisfied. The fourth was not satisfied with the applied training, but indicated that as result of the characteristics of this EU-project it was the most useful type of training.
- Trainers were asked if they consider **face-to-face training** as the **most successful way to explain the coding** of eDESDE-LTC. All trainers agreed.
- When questioned if an **online training** would also be **an adequate way to explain the coding of** eDESDE-LTC, two trainers responded positively, while the other two agreed partly and mentioned that they could imagine online training just as a complementary support for face-to-face training.
- When questioned what they **personally consider as the most successful type of training** for eDESDE-LTC, all trainers agreed that face-to-face would be the most successful type of training. Another suggestion mentioned by one trainer was that experienced trainers familiar with “on the field” implementation of DESDE could discuss and classify at least 10 services together with trainees.
- Asked about the **adequacy of the training materials**, all four trainers responded positively.
- Asked about the **adequacy of the length of training**, just one trainer answered positively, while the remaining three agreed partly. They mentioned that another half day and an additional support via e-mail or skype would be necessary.
- When questioned if it was **necessary to provide further support or assistance to the trainees after the training**, three of the trainers responded with yes, while one agreed partly. Two types of support were mentioned by the trainers: face-to-face discussions, and online and conference contact via e-mail or Skype.

*Further comments:*

- It was suggested on the one hand that computerised algorithms should be developed to make the completion simpler, and on the other hand that the supervision of an experienced eDESDE trainer would be helpful.

#### **4.6.2. Evaluation of trainees**

*Respondents:*

A total of nine trainees, seven from Spain and two from Bulgaria, were asked to evaluate the DESDE-LTC training they participated. For this purpose, each trainee completed a questionnaire covering 10 questions, as described below.

*Results:*

- When questioned about the **adequacy of the design of the training** (use of theoretical input, exercises, discussion, etc.), eight of the nine trainees responded positively, while one agreed partly to this. This trainee assessed the training as too short and suggested conducting more exercises.
- The **length of the training** was rated by six participants as adequate, two were partly satisfied, and one assessed the length as inadequate. Trainees suggested two to three additional sessions focusing solely on exercises.
- Asked about the **adequacy of the training materials**, all of the nine trainees responded positively.
- When questioned if they were **satisfied with the teaching-skills of the trainers**, eight trainees responded positively, while one was partly satisfied.
- When questioned if they felt **well informed about the eDESDE Instrument after the training**, eight trainees responded positively and one agreed partly.
- Concerning the question if they **felt able to use the eDESDE Instrument independently** after the training, seven trainees answered positively, one agreed partly. One trainee did not believe to be in the position to use eDESDE independently. It was furthermore mentioned that the first use should be supervised and that more exercises should be offered.
- When questioned if the participants felt able **to explain to other people how to use the eDESDE-instrument** after the training, half of the trainees responded positively while the other half agreed partly.



- Six of the seven trainees assessed **every topic as sufficiently treated** in the training, whereas three agreed partly hereto.
- When questioned if the **training met their expectations**, seven trainees responded positively and two agreed partly, without providing additional comments.

*Further comments:*

No one mentioned further comments.

#### **4.7. EVALUATION OF THE PILOT STUDY (WP7)**

A qualitative report on the pilot study (description of course, content, materials, etc.) was planned in the Quality Assessment, but this evaluation was not conducted as the final report of the Pilot study was completed at the end of the study due to the need to revise the codes in Sofia after the final project meeting in Reus (Spain).

### **5. QUALITY INDICATORS OF THE eDESDE-LTC PROJECT**

#### **5.1. FEASIBILITY OF THE EDESDE-LTC INSTRUMENT**

Based on previous analysis of feasibility made by members of the consortium (Salvador-Carulla et al, 2006; Perry et al, 2010), and in the context of the master thesis of Mag. Daniela Seyrlehner a feasibility questionnaire was designed and used for the feasibility study. The thesis was approved by Germain Weber at UNIVIE (Faculty of Psychology, Institute for Clinical, Biological and Differential Psychology) with the best mark at the 14.11.2011. The designed questionnaire was provided online to project partners and nominal group members. For her thesis Ms Seyrlehner recruited the first 21 participants, now the evaluation was done with total 54 long-term-care experts.

As the feasibility questionnaire was the most important evaluation tool, it was assessed of its usefulness concerning three aspects:

- **Analysis of reliability:** With a cronbach' alpha > 0,7 all domains showed good internal consistency.
- **The amount of unclear questions:** The questionnaire seems to be a very understandable evaluation tool, since only three questions concerning the feasibility-constructs *Applicability*, *Acceptability* and *Practicality*, were not clear to three persons. These questions were:

- Do you see the usefulness of applying individual sections independently?
- Do you think the quantity of specific terms used in the instrument is appropriate?
- Do you consider the time required to analyse the data appropriate?

Some few other questions were not understandable just for single persons.

- o **Missing aspect of the questionnaire:** None of the participants missed basic domains for measuring feasibility in this survey.

Apart from eDESDE-LTC Partners and participants at the nominal groups, external experts were invited to participate in this feasibility evaluation. A list from Spain should illustrate the process of recruitment:

- o **External experts**

- o **-- With experience on ESMS:**

- Thomas Becker (Germany) (HE SENT IT TO A co-worker: Carolin Losert Univ Ulm)
- Christian Wahlbeck (Finland)
- Sami Pirkola (Finland)
- Katarzina Klinger-Prot (Poland)
- Helena Medeiros (UK)
- Alain Lessage (Canadá)
- Francesco Amaddeo (Italy)
- Heinz Katschnig (Austria)

- o **-- With experience in ESMS Who actually used DESDE:**

- Sandra Saldivia (Chile)
- Pamela Grandon (Chile)

- o **MEMBERS OF THE EPCAT TEAM (developers of ESMS at the DESDE Collaborating partners group)**

- Sonia Johnson (UK)
- Torleif Ruud (Norway)
- Giuseppe Tibaldi (Italy)

- o **Other members of EPCAT who participated in ESMS studies**

- Thomas Kallert (Germany)
- Peter Nawka (Slovakia)
- Serena Zucchi (Italy)
- Elena Scala (Italy)
- L. Pincia (Italy)
  
- **MEMBERS OF THE PSICOST ASSOCIATION, RATERS and NOMINAL GROUPS (Spain)**
  - Rafael Martinez-Leal
  - Cristina Romero
  - Luis Salvador-Carulla
  - Miriam Poole
  - Mencía Ruiz
  - Ana Fernandez
  - Teresa Marfull
  - José Almenara
  - Juan Cabases
  - Vicente Madoz
  - Berta Moreno
  - Francisco Torres
  - Josep Maria Haro
  - Jose Luis Ayuso
  - Federico Alonso
  - Carlos Garcia-Alonso
  - Susana Ochoa
  - Juan carlos Garcia-Gutierrez
  - Alicia Rodriguez
  - Pedro Enrique Muñoz
  - Alfredo Martinez
  
- **OFFICERS OF AUTONOMOUS COMMUNITIES WHO HAVE PARTICIPATED IN ASSESSMENT WITH eDESDE-LTC:**
  - MD Crespo (Madrid)
  - Carlos Mur (Madrid)
  - Luis Gaité (Cantabria)

- Jose Luis Vazquez-Barquero (Cantabria)

Respondents:

*Actually 54 experts from the partner countries but also external experts participated at the feasibility evaluation (N= 54):*

- o Spain: 15
- o Slovenia: 10
- o Austria: 8
- o Bulgaria: 8
- o Norway: 6
- o United Kingdom: 3
- o Other Country (Europe): 2
- o Non-Europe (Chile): 2

Construction of the questionnaire

Based on the feasibility-theories of Andrews (1994) and Slade et. al (1999) the feasibility questionnaire was conducted. The end-version of the evaluation tool, was made up of four feasibility-constructs:

- o Applicability
- o Acceptability
- o Practicality
- o Relevance

For creating the questionnaire a 5-point rating scale was used, while 1 means the best and 5 the lowest rating . The participants had also the possibility to give further comments to each question, or giving the answer “the question is unclear to me” or “no answer”.

Results

DESDE-LTC fulfilled the criteria of feasibility in all four factors, with arithmetic means lower than 2.5.

**Table 2. Mean ratings of the feasibility of the eDESDE-LTC Instrument**

<b>Arithmetic mean</b>	
Applicability	2.1
Acceptability	2.3
Practicality	2.4
<b>Relevance</b>	<b>1.7</b>

“Relevance” is not only seen as the construct fulfilling the criteria of feasibility best, but is also considered by survey participants as the most important construct for the assessment of the feasibility of DESDE- LTC.

- Applicability:
  - **Data** obtained are rated **very useful for further processing** (e.g. health care, providing LTC)
  - As a result of the complexity of the systems in LTC: =>
  - Expert knowledge considered an important precondition for use
  - Difficult to obtain the required information for applying the instrument
  
- Acceptability:
  - **DESDE-LTC => is assessed as a user-friendly instrument**
  - The handling of the instrument is not comprehensible from the beginning
  - Many specific terms
  - Language not easily to understand without special knowledge
  - => **more practical examples**
  
- Practicality:
  - DESDE-LTC is rated very **useful in relation to the time and effort**
  - As a result of the complexity of the systems in LTC:
    - Coding and analyses of data quite complex
    - Expert knowledge is pre-condition for applying DESDE-LTC
  
- Relevance:
  - => the **best fulfilled** and **most important rated** feasibility-factor
  - Clear objective recognizable
  - Almost all aims (semantic interoperability, mapping, classification) are achievable, apart from => evaluation of quality
  - Missing quality indicators
  
- **Previous application** has an **influence** on the assessment of feasibility. Every feasibility-dimension was **rated better** from participants with DESDE experience. Especially a significant influence of previous experience concerning the assessment of **acceptability** and **practicality** was identified.
- Significant differences in the assessment between **ALL** countries concerning **Acceptability, Practicality** and **Relevance** could be found. Further significant differences in the assessment of feasibility between:

- **Spain-Austria** => Applicability, Practicality
- **Spain-Norway** => Acceptability, Practicality, Relevance
- **Norway-Slovenia** => Acceptability, Relevance were detected.

### ***5.1.1. Final version of the eDESDE-LTC instrument***

Respondents:

Five team members of Austria, Bulgaria, Norway, Slovenia and Spain did participate in the evaluation of the final version of the DESDE-LTC instrument. The following is a short summary of the most important points mentioned by the participants concerning the achieved aims and weak points of the instrument.

Results:

The final version of the DESDE-LTC instrument, compared to the beta version, is much easier understandable and applicable. Most of the major goals have been achieved, notably obtaining an instrument which i) enables international and interregional comparisons in standardized manner, and ii) enables mapping of all long-term-care services, allowing for detecting gaps or oversupply of services. However, the evaluation of the quality of services could not yet be achieved through DESDE-LTC, and would require modifications to the instrument. One possibility would be to add quality indicators to DESDE or to develop an own instrument for quality evaluation.

As a result of the complexity of long-term-care systems, the access to information needed for the correct use of DESDE as well as the coding are seen as very complex and difficult. Concerning access to information needed for DESDE, not all services can provide reliable data, as several services do not yet have statistics at that level. Furthermore, information about the services should be clearer arranged. In many other cases, especially facilities from the private sector are not very cooperative when it comes to providing data, since many of them are funded based on their capacity and not in respect to actual occupancy. All these points would need to be addressed so the use of the coding becomes more understandable.

Another point which has been mentioned is the application of the DESDE-LTC. The application of the instrument requires a well trained person, which should be also very well

acquainted with overall organization and characteristics of LTC services in the particular region, to assure that obtained data are reliable and accurate. It would be useful to improve the methodology to further improve the user-friendliness.

Finally, some countries are still at the beginning of developing the concept of long term care, and even in questions relating to legislation or insurances there may be an absence of consensus between different actors engaged in the field of LTC. Furthermore, some definitions of LTC and terminology applied in the final DESDE-LTC instrument do not fit well in the systems of LTC as seen by some of the stakeholders. Thus, the future version of DESDE-LTC could be updated with more practical examples, norms and definitions of LTC accepted in all countries at that time, in order to make the instrument more understandable to stakeholders from both the social and medical sector.

Apart from these points, which should be still considered in the future, DESDE is seen as an instrument of great practical value for the process of planning of services for people with disabilities, both mental health and physical disorders, in need of long term care. The map, made with DESDE, can provide instant visualization of the existent and the lacking service resources in a certain administrative or geographical region. Thus, people unspecialized in the fields of public health, or public social work, but with decision making power (such as state and municipal officials) can quickly familiarize themselves with the situation. Furthermore DESDE could be used as an excellent training exercise and training tool. For example, trainees in psychiatry, in psychosocial rehabilitation, social work, etc. could learn how to orientate themselves in the system of services in the areas of their activities.

### ***5.1.2. Summary on the feasibility of eDESDE-LTC***

The feasibility of DESDE-LTC is seen as fulfilled for all four constructs, "relevance" being the construct fulfilling the criteria of feasibility best. "Relevance" is not only seen as the construct fulfilling the criteria of feasibility best, but is also considered by survey participants the most important construct for the assessment of the feasibility of DESDE- LTC. Based on the country specific assessments of feasibility of the instrument, it can be noted that Spanish participants rated the highest, while Norwegian participants rated lowest. Furthermore, significant differences were identified between when comparing the assessments from Austria and Bulgaria, and Austria and Spain respectively. Additionally, previous experience applying the instrument influenced survey participant's assessment of feasibility, particularly

with regards to the construct “acceptability”, where a positive influence was noted. Building upon the results of the survey, it can be said that the instrument enables on the one hand an international standardized description, and on the other hand a mapping of all long-term-care services, which allows for detecting gaps or oversupply of services.

DESDE-LTC is seen as a classification-instrument with high innovative potential, which enables: a) an international standardized description, b) a mapping of all long-term-care services, which allows for detecting gaps or oversupply of services, c) improving the international communication and semantic interoperability by using the service-codes, d) the exchange of information very well.

#### Possibilities of further improvement:

The evaluation of the quality of services could not yet be achieved through DESDE-LTC, and would require modifications of the instrument (for example: adding quality indicators).

As a result of the complexity of long-term-care systems:

- the access to information needed for the correct use of DESDE is difficult
- the coding is very complex and difficult
- expert knowledge is a pre-condition for applying the instrument.
- A development of a computerised version using standard algorithms
- A better link with other instruments in health service research (e.g. quality assessment instruments)

## **5.2. IMPACT ANALYSIS**

Impact analysis has followed the recommendations made for this type of analysis in Europe (EUROSTAT, 2003; European Union High level group on Health Services and Medical Care, 2004), based in a previous approach developed to assess health interventions (Parry and Stevens, 2001). Due to the time frame of the study the first three phases of the impact analysis process have been carried out by the PSICOST group in cooperation with M Poole.

- *Screening*: Review of available instruments and literature on the topic with a focus on European Union
- *Scoping*: Identification of scope at European, National, Regional and Local level at



every participating country: A listing of key stakeholders in every country will be performed. Identification of impacts on the care system at every level of eDESDE-LTC (Listing)

- *Appraisal:* of the classification, instrument, webpage and training package using the mapping developed at the Scoping phase (Best to lowest / 5-point likert). A descriptive analysis is provided on three main areas: 1) Care policy (awareness, practice, services and governance) at the four levels (Europe, National, Regional and Local) 2) Information systems at the four levels (Europe, National, Regional and Local), and 3) Key stakeholders.

### **5.2.1. Screening**

The availability of instruments for the international assessment of territorial availability and use of services for Long Term Care was carried out by PSICOST in cooperation with LSE. Available instruments comprising international studies were mainly designed for assessing activities, utilisation and quality of individual services, but did not allowed international comparisons of small or large health areas and mostly relied on the names of services at local level to classify them without providing alternatives for improving semantic interoperability. Examples are care utilisation instruments such as the Client Service Receipt Inventory (CSRI) (Chisholm et al, 2000), or the Resident Assessment Instrument-Mental Health (RAI-MH) (inter-rater reliability and convergent validity) (Hirdes et al, 2002).

Apart from the original instruments previously developed for the assessment of mental health services (European Service Mapping Schedule – ESMS) (Johnson and Kuhlman, 2000; Salvador-Carulla et al, 2000) and its adaptation for the assessment of services for persons with disabilities (DESDE) (Salvador-Carulla et al, 2006), no instrument was identified with the objectives and characteristics of eDESDE-LTC. This was also checked with key experts working on the new classification of functions of care and health services at the OECD (V Moran and G Monaco) and at WHO (P Hernandez); and it has been acknowledged at the Pre-Edited Version of the System of Health Accounts Version 2.0 (OECD, WHO and EUROSTAT, 2011).

### **5.2.2. Scoping**

The identification of key stakeholders was made at PSICOST. A series of files were compiled. These files have not been included in the report due to data protection. More information is available from PSICOST. The list included:

- **List of ESMS/DESDE Experts:** This excel file incorporated all researchers who have used ESMS/DESDE or who contacted any of the original EPCAT members for further information, or published in related areas until 2009. This excel file listed 483 experts from 61 countries (all European countries and all world regions).
- **List of Participants at the Bridging Conference**, Barcelona, 2009. This excel included 82 participants at the International Bridging conference who attended any of the events related to the project. The bridging conference was funded by EAHC and it was co-organised by LSC, PSICOST and Catalunya Caixa and all members of the eDESDE-LTC consortium participated in it. The eDESDE-LTC was first presented at this conference.
- **List of experts and stakeholders contacted for eDESDE-LTC.** This dataset gathered all experts and stakeholders which were contacted during the duration of the project either face-to-face or by email in relation to the eDESDE-LTC. This list included 163 experts and stakeholders from the main European and international health organisations, 23 Countries from Europe (Austria, Belgium, Czech Republic, France, Finland, Germany, Hungary, Italy, Netherlands, Norway, Poland, Rumania, Slovenia, Spain, Sweden, Switzerland, UK) and elsewhere (Canada, Chile, Israel, USA).
- **Other organisation listings not directly related to DESDE-LTC**
  - International: ENMESH. This list comprises 583 researchers and planners in mental health epidemiology and policy from most European countries.
  - National (Spain)
    - SESPAS. This umbrella organisation includes major research and professional organisations in epidemiology, public health, health economics and management. SESPAS does not facilitate the database but distributes information to their associated partners via Support Serveis.
    - Spanish listing of Chronic care. This listing includes attendants to the Congress of Chronic Care which is directly related to LTC.

### 5.2.3. Appraisal

The appraisal of the goals of a health policy related project is difficult to assess during the duration of the time-span of the project. First, the actual appraisal should be assessed after the completion of the project. Second it is not clear to what extent the achievements made are related to the project itself, to previous work or to collateral factors. The activities and the contacts made by the consortium are listed in the Dissemination report (McDaid et al, 2011). Indicators of impact have not been developed to assess instruments in the public health area. Awareness has been assessed by level of direct contacts and participation in eDESDE-LTC related activities of policy makers and planners. **Table 3** provides an appraisal of the impact analysis by the coordination partner PSICOST.

**Table 3 Appraisal of the impact analysis of eDESDE-LTC (\*)**

<b>IMPACT ANALYSIS INDICATORS</b>	<b>International</b>	<b>National</b>	<b>Regional</b>	<b>Local</b>
<b>Policy</b>				
Awareness	1	1	1	3
Practical	2	1	1	3
Services & Governance	4	4	4	4
<b>Information Systems</b>				
Awareness	3	2	2	4
Practical	5	2	2	5
Services & Governance	5	5	5	5
<b>Stakeholders</b>				
Awareness	1	1	1	3
Practical	2	2	2	4
Services & Governance	4	3	3	5

(\*) Likert scale 1: high to 5: Absent

**a.- Care policy** (awareness, practice, services and governance)

- **Europe (International):** The level of awareness indicated by direct contacts and participation in eDESDE-LTC activities by policy makers and planners has been mainly described at the dissemination report (McDaid et al, 2011). Decision makers and planners from the key international organisations have been contacted and have participated in eDESDE-LTC related international conference as well in eDESDE-LTC meetings. These officers at WHO-Geneva (B. Ustun, N. Kostancek, P Hernandez), WHO-Europe (C Wahlbeck), OECD (V Moran, F Colombo), European Observatory (D. McDaid). The participation of several members of the consortium (members and collaborating members) in key international institutions has played a major role in rising awareness on the eDESDE-LTC system at international care policy level. A major practical output of this awareness strategy has been the incorporation of the eDESDE reference to the pre-edited version of the new System of Health Accounts (v2.0) edited by OECD, WHO and EUROSTAT (OECD et al, 2011; p77). The interest shown by key umbrella organisations such as EASPD or MHE in the system is also a key practical output of this project.

The incorporation of eDESDE-LTC instrument in the 7<sup>th</sup> framework project REFINEMENT (2011-2013) may have large implications for the sustainability of the system. Its improvement, for its dissemination and eventually for its use in services as well as for governance.

The eDESDE-LTC has also been used to describe and code mental health service provision and utilisation in Chile, following prior use of ESMS (Salvador-Carulla et al, 2008).

- **National:** Although contacts with national social and health planners have been made by all partners, main activities were recorded in Spain, Bulgaria and Slovenia (see dissemination: McDaid et al, 2011). Whilst the awareness raised in Bulgaria and Slovenia did not developed into practical implementation, the results in Spain have been outstanding, particularly in the mental health and the disability sectors. The previous instrument (DESDE) was used for coding the services at the Spanish Listing of Disability Services made by the General Directorate of persons with Disabilities at the Spanish Ministry of Health, Social policy and Equity. In 2010 eDESDE-LTC was

adopted as the reference system for mapping and coding mental health services by the National Strategy on Mental Health (Spanish Ministry of Health, Social policy and Equity) and it has been used for coding MH services in 8 Autonomous Communities or regions in Spain (to be completed in 2011).

- **Regional:** Again main awareness and practical impact has been reached in Spain and in the mental health sector. The eDESDE-LTC instrument and its coding system has been used to describe the Mental Health system in the three regional agencies which participated as collaborating partners in the eDESDE-LTC project: Cantabria (Vazquez-Barquero et al, 2010), Catalonia and Madrid (to be released next June 2011). Navarra has requested further information for implementation of this system in 2011.
- **Local:** There has been an increase of awareness at local level in the municipality of Madrid which participated in the pilot study. A similar impact is expected in Sofia when the final results of the pilot study are published. Two other Spanish municipalities have participated in this project; one as collaborating partner (Jerez, Spain) and other one hosted a project meeting (Reus, Spain). However the impact in this two territories have been scarce.

b.- **Information systems:** contacts with international information systems have been listed at the dissemination report. No impact was expected due to the need of long periods of time to introduce reforms in these systems. However DESDE is already implemented at the national registry of services for disabilities in Spain, and eDESDE has been considered in the Spanish registry of mental health services.

c.- **Key stakeholders.** Contacts and awareness of stakeholders have been reported at the dissemination report. It is expected that the awareness of experts and stakeholders will raise after publication of the eDESDE-LTC reports, scheduled presentations at congresses during 2011 and scientific and public policy publications.

### 5.3. EQM ANALYSIS

The EQM analysis was made taking into account previous information on Feasibility and Impact. This analysis was related to the accomplishment of the project objectives in relation to the defined key outcomes. All the objectives have been completed.

**Table 4. Summary of the Evaluation – EQM of the eDESDE-LTC Project**

INDICATORS	DESCRIPTION	OUTCOME	COMMENTS	REFERENCES (*)
<b>Process</b>				
a. Objective 1	Availability of paper versions of DESDE-LTC European Classification & Coding System	Completed	It uses a decimal classification system	Romero, C., Salvador-Carulla, L., Poole, M., Roma-Ferri M. for the eDESDE-LTC Group. eDESDE-LTC: Classification and Coding System [Internet]. Jerez (Spain): PSICOST and Telnet; 2011. Available from: <a href="http://www.edesdeproject.eu">http://www.edesdeproject.eu</a>
b. Objective 2	Availability of a paper version of the DESDE-LTC Instrument.	Completed	It incorporates four sections and it is available in 6 European languages: English, Spanish, German, Norwegian, Slovenian, and Bulgarian. The evaluation of the translation was also performed in every country	Salvador-Carulla, L., Romero, C., Poole, M., for the eDESDE-LTC Group. eDESDE-LTC: Classification and Coding System [Internet]. Jerez (Spain): PSICOST and Telnet; 2011. Available from: <a href="http://www.edesdeproject.eu">http://www.edesdeproject.eu</a>
c. Objective 3	Availability of the webpage eDESDE-LTC	Completed	It includes the electronic version of the DESDE-LTC instrument	<a href="http://www.edesdeproject.eu">http://www.edesdeproject.eu</a>
d. Objective 4	Availability of the training package	Completed	It includes a general guide to the use of the instrument, FAQ questions and answers, vignettes, reference material and contact address.	Romero et al. eDESDE-LTC Training Package [Internet]. Jerez (Spain): PSICOST and Telnet; 2011. <a href="http://www.edesdeproject.eu/training.php">http://www.edesdeproject.eu/training.php</a>
e. Formative evaluation	Availability of three reports	Completed	It includes 1) Review of eDESDE-LTC at year 1 meeting (year 1 project report), 2) Review of eDESDE-LTC after the Pilot testing and at the 3) final project report.	1) was delivered at month 15 to EAHC
<b>Quality</b>				
a. Feasibility	Applicability, Acceptability & Practicality	Completed	It has incorporated a fourth domain of feasibility: Relevance. A five-point likert scale was used: 1 best to 5 lowest rating	- Salvador-Carulla et al. for the eDESDE-LTC Group. eDESDE-LTC: Dissemination and communication [Internet]. Jerez (Spain): PSICOST and Telnet; 2011
b. Impact analysis	Screening, scoping and appraisal	Completed	Review of available instruments. Uses likert scale	
c. EQM analysis	Quality Assessment Plan	Completed		Zeilinger et al: Quality Assessment and Evaluation Package [Internet]. Jerez (Spain): PSICOST and Telnet; 2011.
d. Geographical availability	Instrument availability	Completed	The instrument is available in 6 countries (see objective 2)	<a href="http://www.edesdeproject.eu">http://www.edesdeproject.eu</a>

(\*) Zeilinger et al: *Quality Assessment and Evaluation Package* [Internet]. Jerez (Spain): PSICOST and Telnet; 2011.

#### **5.4. GEOGRAPHIC AVAILABILITY**

The final version DESDE-LTC instrument and its coding system are available in 6 EU+EFTA-EEA countries: Austria, Bulgaria, Norway Slovenia, Spain, and the UK .

#### **6. CONCLUSION**

The process and quality indicators have been summarised in evaluation of translation, website, and the instrument itself, were conducted and also the training was evaluated, both for trainers and trainees. The most promising task of UNIVIE was the feasibility assessment of the DESDE-LTC coding tool. The most important product of this project, the eDESDE-LTC instrument was evaluated as very useful and promising, even if further modification needs to be done. Further products, like the website and the training material were rated as very important for the project, the dissemination and the application of the instrument itself. Impact and EQM analysis produced good results. The project and its partnership fulfilled the promised tasks of the project in a high quality standard.

## 7. REFERENCES

- Andrews G, Peters L, Tesson, M. Measurement of consumer outcome in mental health: A report to the National Mental Health Information Strategy Committee. Sydney: Clinical Research Unit for Anxiety Disorders, 1994.
- Chisholm D, Knapp MR, Knudsen HC, Amaddeo F, Gaite L, van Wijngaarden Client Socio-Demographic and Service Receipt Inventory--European Version: development of an instrument for international research. EPSILON Study 5. European Psychiatric Services: Inputs Linked to Outcome Domains and Needs. Br J Psychiatry Suppl. 2000;(39):s28-33.
- EUROSTAT: Feasibility Study –Comparable Statistics in the Area of Care of Dependent Adults in the EU. Luxembourg: Office for Official Publications of the European Communities, 2003.
- European Union High level group on health services and medical care- Report. Brussels, 2004
- Hirdes JP, Smith TF, Rabinowitz T, Yamauchi K, Pérez E, Telegdi NC, Prendergast P, Morris JN, Ikegami N, Phillips CD, Fries BE; Resident Assessment Instrument-Mental Health Group. The Resident Assessment Instrument-Mental Health (RAI-MH): inter-rater reliability and convergent validity. J Behav Health Serv Res. 2002;29(4):419-32.
- Johnson S, Kuhlmann R and the EPCAT Group. The European Service Mapping Schedule (ESMS): development of an instrument for the description and classification of mental health services. Acta Psychiatr Scand 2000; 102 (Suppl 405): 14-23.
- Organisation for Economic Co-operation and Development (OECD), World Health Organization (WHO) and EUROSTAT ( European Commission). Pre-Edited Version. A System of Health Accounts Version 2.0. Paris: OECD, WHO and EUROSTAT, 2011  
<http://www.oecd.org/dataoecd/27/51/47406956.pdf>



- Parry J, Stevens A. Prospective health impact assessment: pitfalls, problems, and possible ways forward. *BMJ*. 2001; 323(7322):1177-82
- Perry J, Linehan C, Kerr M, Salvador-Carulla L, Zeilinger E, Weber G, Walsh P, van Schrojenstein Lantman-de-Valk H, Haveman M, Azema B, Buono S, Căra AC, Germanavicius A, Van Hove G, Määttä T, Berger DM, Tossebro J. The P15 – a multinational assessment battery for collecting data on health indicators relevant to adults with intellectual disabilities. *J Intellect Disabil Res*. 2010;;54(11):981-91.
- Salvador-Carulla L, Gonzalez-Caballero JL. Assessment instruments in mental health: description and metric properties. In *Mental Health Outcome Measures* (3rd Edition). G
- Salvador-Carulla L, Gonzalez-Caballero JL, Ruiz M, et al. for the eDESDE-LTC Group. eDESDE-LTC: Dissemination and communication [Internet]. Jerez (Spain): PSICOST and Telnet; 2011.
- Salvador-Carulla L, Poole M, González-Caballero JL, Romero C, Salinas JA, Lagares-Franco CM for RIRAG/PSICOST Group and DESDE Expert Panel. Usefulness of an instrument for the standard description and comparison of services for disabilities based on a mental healthcare assessment model (DESDE). *Acta Psychiatr Scand* 2006; 111(Suppl. 432): 19-28.
- Seyrlehner D. Does the DESDE-LTC instrument fulfill the different aspects of feasibility? Germain Weber (Dir). Thesis UNIVIE (Faculty of Psychology, Institute for Clinical, Biological and Differential Psychology) (approved. 15.11.2010).
- Vazquez-Barquero JL, Gaité L, Salvador-Carulla L, Salinas JA (eds). *Atlas de Salud Mental de Cantabria*. Santander: Consejería de Sanidad, 2010.

## 8. ANNEXES

### 8.1. ANNEX I: BATTERY OF EVALUATION INSTRUMENTS

This Annex comprises the quality assessment instruments of the eDESDE-LTC action. eDESDE-LTC aimed at developing an operational system for coding, mapping and comparing services for Long Term Care (LTC) across the European Union. The main aim of the project was to contribute to the improvement of access to relevant sources of information on LTC services and to develop a classification system with a common semantic. This project was developed to facilitate the understanding of care systems and structures between EU member countries and abolish barriers to information for various users (EU GD Health and Consumer Protection, OECD, WHO, national LTC services within their European networking as well as the individual user). Overall the outcomes of the action should contribute to the right of “having access to high-quality healthcare when and where it is needed” by EU citizens. Within the eDESDE-LTC action eight partners of six EU countries (Bulgaria, United Kingdom, Austria, Norway, Slovenia and Spain) were participating. The University of Vienna was responsible for the Work Package Evaluation. During the first year of the project the team members developed a Quality Assessment Plan including all points of evaluation, which was discussed and approved by the project coordination. **Table AI-1** provides a list of the questionnaires used for the evaluation of the eDESDE-LTC project.

**Table AI-1. Questionnaires for eDESDE-LTC evaluation**

<b>Name</b>	<b>WP</b>	<b>Aim</b>
Project meetings *	WP1	Evaluation of Project Management and the coordination of the project, including the organization of the partnership.
Evaluation of the dissemination meeting	WP2	Assessing quality and impact of the dissemination meeting
Translation	WP4	Assessing quality and problems in relation to the translation process of the instrument
Usability of the DESDE-LTC instrument	WP4	Assessing the feasibility of the instrument
Homepage	WP5	Assessing quality and impact of the webpage, including suggestions for improvement.
Evaluation of the webpage and the instrument	WP5 & WP4	Gathering meta-tags for improving the findability of the webpage and assessing a final statement on the translation process.
Training for trainers	WP6	Assessing the quality of the training by trainers
Training for trainees	WP6	Assessing the quality of the training by trainees

\*This tool was designed by Dr. Manfred Pretis from the Social Innovative Network (S.I.N.N.) in Graz, Austria and adapted for use in the eDESDE-LTC project.

## EVALUATION OF PROJECT MEETINGS

---

To fill in the questionnaire, click on the interactive fields  and activate the corresponding field them by choosing "active"

### 1) Conceptual evaluation

yes partly no

1a At the moment, do you recognize **defined goals** of our project?     
If yes, please indicate key-words:

1b At the moment, do you recognize a **defined concept** of concerted project steps/activities of our project     
If yes, please indicate key-words:

If no, please explain:

### 2) Structural evaluation

2a Please describe the **structure** to realize the activities within our project: (please choose the relevant categories)

Identified coordination of the activities	<input type="checkbox"/> yes	<input type="checkbox"/> partly	<input type="checkbox"/> no
Defined responsibilities	<input type="checkbox"/> yes	<input type="checkbox"/> partly	<input type="checkbox"/> no
structured e-mail contacts	<input type="checkbox"/> yes	<input type="checkbox"/> partly	<input type="checkbox"/> no
defined resources (budget, time)	<input type="checkbox"/> yes	<input type="checkbox"/> partly	<input type="checkbox"/> no
defined project language	<input type="checkbox"/> yes	<input type="checkbox"/> partly	<input type="checkbox"/> no
defined behavioural recommendations, norms, e.g. respect, gender sensitivity... within the partnership	<input type="checkbox"/> yes	<input type="checkbox"/> partly	<input type="checkbox"/> no
defined documentation	<input type="checkbox"/> yes	<input type="checkbox"/> partly	<input type="checkbox"/> no
defined monitoring structure	<input type="checkbox"/> yes	<input type="checkbox"/> partly	<input type="checkbox"/> no

others, please specify:

### 3) Result evaluation

Yes partly no

3a At the moment, do you recognize **clear products** of our project DESDE-LTC

To **which extent** do you see finalised products (indicate %)

%

1. The instrument itself

2. Translation in all partner languages

3. Workshops for participants

#### 4. Website

Which aspects are still open for you?

#### 4) Sustainability evaluation

4a How do you assess sustainability of:

1. the instrument
2. the translation
3. the workshops
4. the website

4b Why?

High ++	+	-	Low --
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **EVALUATION OF THE DISSEMINATION STRATEGY**

---

**Please comment and provide your input to the questions below relating to the dissemination meeting:**

**a.) How do you assess the contribution of the participating partners?**

**b.) How do you assess the contribution of the external experts?**

**c.) How do you assess the dissemination meeting overall?**

## EVALUATION OF THE TOOLKIT TRANSLATION

---

In the following evaluation we would like you to focus on the translation process within DESDE-LTC and any problems that occurred therein. As this process was performed differently in the partner institutions, all the questions are open and you are very welcome to point out additional problems or suggest solutions that worked especially for you and your institution.

1. Please describe who performed the translation.  
Did you hire professional translators? If not, who else did the translation?
2. Maybe, you had colleagues from the DESDE-LTC-Team and professional translators work together on the translation. If so, please describe the cooperation.
3. In general, did you have the impression, that the translation worked out well or that there were many problems and it took longer, than you thought. (Please, describe your overall impression briefly).
4. Concerning the problems: please indicate if the following difficulties occurred within the translation process, how they effected your progressing and if you were able to solve them or what additional resources you needed to find a solution? If it is possible, do this by giving specific examples.
  - a. Some words didn't have structural equivalents in our language, especially concerning institutions of the health care system:
  - b. Some words didn't have semantic equivalents in our language. When we translated them, the connotation was slightly different
  - c. Some words/phrases were problematic/had a different meaning within our cultural background:
  - d. Some translations were difficult because of national legal definitions of institutions, professions etc.:

- e. We had problems concerning the political correctness and/or gender sensitivity:
  - f. We had problems, that have not been mentioned so far:
- 
5. Concerning the problems you just described: How did those interfere with the Coding System of DESDE-LTC?
  6. In question 4 we already asked about specific problems and solution. Can you give some general advice on solutions to translation problems in DESDE-LTC?
  7. Were the financial resources sufficient for the translation?
  8. Were the time resources sufficient for the translation?
  9. Are there problems with the translation that remained unsolved until today? If yes, please indicate.
  10. Any other comments or suggestions?

USABILITY



eDESDE-LTC

# DESDE-LTC

## ***DESCRIPTION AND EVALUATION OF SERVICES AND DIRECTORIES IN EUROPE FOR LONG TERM CARE***

### **EVALUATION STUDY: USABILITY OF THE DESDE-LTC INSTRUMENT**

*Daniela Seyrlehner, Germain Weber, Elizabeth Zeilinger and Barbara Bremer, for the Edesde-LTC Group*

*Executive Agency for Health and Consumers (EAHC)  
Project Ref. 2007/116*

[www.edesdeproject.eu](http://www.edesdeproject.eu)





The aim of this survey is to collect data on the usability of the DESDE-LTC Instrument in order to assess its adequacy for its use in practice. This survey is built up around questions to four feasibility constructs: acceptability, applicability, practicality and relevance.

*This evaluation study is conducted in the context of the Master Thesis of Ms. Daniela Seyrlehner, University of Vienna, Faculty of Psychology, Institute for Clinical, Biological and Differential Psychology,.*

Please go through all questions and answer by stating what your personal opinion is. If you wish to add further comments in response to any question, please write in the textfield. Every question is obligatory. Should you wish not to answer to a specific question, please click “no answer”.

For any possible questions related to this questionnaire, please contact Ms. Daniela Seyrlehner:

[a0305075@unet.univie.ac.at](mailto:a0305075@unet.univie.ac.at).

Filling out this questionnaire will not take more than 10 minutes.

Thank you in advance for your support!

## A. Sociodemographic Questions

A.2	Country in which you work with the DESDE-LTC instrument Spain	Spain Austria Bulgaria Slovenia United Kingdom Norway
A.3	Sex	Male/female
A.4	Educational background	High School graduation(qualification for university entrance) Higher education (not university level, e.g. academy) University level: bachelor's degree University level: master's degree Doctorates's degree/ PhD Other (please write in the textbox on the right)
A.5	Current profession	

A.6	Do you have experience with other instruments for standardized description and classification in the field of mental health? (e.g. DSM-IV, ICD-10, ESMS,...)	Yes  No
-----	--	---------------

**Please go through the questions below and answer by stating your personal opinion. Thank you!**

<b>B. APPLICABILITY</b> <b>This section assesses the usability of the obtained data of DESDE-LTC</b>
---

B.1	In your opinion, is the data obtained when applying the instrument useful?	Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all The question is not clear to me <input type="checkbox"/> No answer Further comments:
B.2	In your opinion, is the data obtained useful for further processing? If so, please state in which subject areas in the comment field below	Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all The question is not clear to me <input type="checkbox"/> No answer Further comments:

B.3	From your point of view, does the instrument cover important dimensions?	<p>Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all</p> <p>The question is not clear to me <input type="checkbox"/></p> <p>No answer</p> <p>Further comments:</p>
B.4	From your point of view, is it possible to apply individual sections independently?	<p>Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all</p> <p>The question is not clear to me <input type="checkbox"/></p> <p>No answer</p> <p>Further comments:</p>
B.5	Do you see the usefulness of applying individual sections independently?	<p>Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all</p> <p>The question is not clear to me <input type="checkbox"/></p> <p>No answer</p> <p>Further comments:</p>
B.6	In your opinion, is it necessary to have expert knowledge to apply the instrument?	<p>Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all</p> <p>The question is not clear to me <input type="checkbox"/></p> <p>No answer</p> <p>Further comments:</p>

B.7	In your opinion, is it easy to obtain the information required to apply the instrument?	Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all The question is not clear to me <input type="checkbox"/> No answer Further comments:
-----	---	--

**C. ACCEPTABILITY**  
**Easiness with which a user or professional can use the instrument**  
**(user-friendliness)**

C.1	Is the language used in the instrument understandable to you?	Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all The question is not clear to me <input type="checkbox"/> No answer Further comments:
C.2	Do you think the quantity of specific terms used in the instrument is appropriate?	Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all The question is not clear to me <input type="checkbox"/> No answer Further comments:
C.3	From your point of view, are the instructions understandable to you?	Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all The question is not clear to me <input type="checkbox"/> No answer Further comments:

C.4	Do you consider the formal design of the instrument as well arranged?	Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all The question is not clear to me <input type="checkbox"/> No answer Further comments:
C.5	In your opinion, are the instructions sufficient?	Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all The question is not clear to me <input type="checkbox"/> No answer Further comments:
C.6	Do you observe a loss of motivation while applying the instrument?	Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all The question is not clear to me <input type="checkbox"/> No answer Further comments:
C.7	From your point of view, is the handling of the instrument comprehensible from the beginning?	Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all The question is not clear to me <input type="checkbox"/> No answer Further comments:

--	--	--

**D. PRACTICALITY**  
**Degree to which the instrument can be applied in practice and the level of training required to use the instrument**

D.1	Do you consider the time to apply the instrument as adequate?	Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all The question is not clear to me <input type="checkbox"/> No answer Further comments:
D.2	In your opinion, is the time required to instruct users before applying the instrument appropriate?	Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all The question is not clear to me <input type="checkbox"/> No answer Further comments:
D.3	From your point of view, is the complexity of coding appropriate?	Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all The question is not clear to me <input type="checkbox"/> No answer Further comments:

D.4	Do you consider the time required to analyse the data appropriate?	<p>Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all</p> <p>The question is not clear to me <input type="checkbox"/></p> <p>No answer</p> <p>Further comments:</p>
D.5	From your point of view, is the instrument useful in relation to the time and efforts employed?	<p>Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all</p> <p>The question is not clear to me <input type="checkbox"/></p> <p>No answer</p> <p>Further comments:</p>



**E.RELEVANCE****Elaborates the usefulness of the instrument**

E.1	From your point of view, is the objective of the instrument evident?	Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all The question is not clear to me <input type="checkbox"/> No answer Further comments:
E.2	In your opinion, are all sections of the instrument important?	Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all The question is not clear to me <input type="checkbox"/> No answer Further comments:
E.3	Do you consider some sections dispensable? If so, which sections?	Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all The question is not clear to me <input type="checkbox"/> No answer Further comments:
E.4	From your point of view, does the instrument serve to allow for a standardised description of services in the field of long-term care?	Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all The question is not clear to me <input type="checkbox"/>

		No answer Further comments:
E.5	From your point of view, does the instrument serve to evaluate the services in the field of long-term care?	Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all The question is not clear to me <input type="checkbox"/> No answer Further comments:
E.6	From your point of view, does the instrument serve to map the services in the field of long-term care?	Yes, a lot <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 no, not at all The question is not clear to me <input type="checkbox"/> No answer Further comments:

## F. FINAL COMMENTS

F.1. Please grade the dimensions of feasibility according to your judgment of their importance  
(1=most important, 4=least important)

Applicability:

Acceptability:

Practicality:

Relevance:

F.2. Are there any basic domains for measuring feasibility missing in this survey?  
If so please write in the textfield

yes

no

the question is not clear to me

no answer

## EVALUATION OF THE WEBPAGE / HOMEPAGE

---

To fill in the questionnaire, click on the interactive fields  and activate the corresponding field them by choosing "active"

### 1) Findability

- |   | The URL was known            | By web search engine            |                             |
|---|------------------------------|---------------------------------|-----------------------------|
| 1a How did you find our website?                      | <input type="checkbox"/>     | <input type="checkbox"/>        |                             |
| 1a If you used WSE, please indicate keywords:         |                              |                                 |                             |
| 1c Were you able to find the webpage fast and easily? | <input type="checkbox"/> yes | <input type="checkbox"/> Partly | <input type="checkbox"/> no |

### 2) Usability

- |   |                              |                                 |                             |
|---|------------------------------|---------------------------------|-----------------------------|
| 2a Were you able to find the desired information fast and easily? | <input type="checkbox"/> yes | <input type="checkbox"/> partly | <input type="checkbox"/> no |
| 2b Were you able to use the menu navigation fast and easily?      | <input type="checkbox"/> yes | <input type="checkbox"/> partly | <input type="checkbox"/> no |
| 2c Did you have the impression of a clearly arranged content?     | <input type="checkbox"/> yes | <input type="checkbox"/> partly | <input type="checkbox"/> no |
| 2d Was the content intelligible for you?                          | <input type="checkbox"/> yes | <input type="checkbox"/> partly | <input type="checkbox"/> no |

### 3) Search function

- |   |                              |                                 |                             |
|---|------------------------------|---------------------------------|-----------------------------|
| 3a Did you use the search function?             | <input type="checkbox"/> yes | <input type="checkbox"/> no     |                             |
| 3b If yes: Did you receive the desired results? | <input type="checkbox"/> yes | <input type="checkbox"/> partly | <input type="checkbox"/> no |

### 4) Accessibility

- |   |                              |                                 |                                 |
|---|------------------------------|---------------------------------|---------------------------------|
| 4a Do you suffer from amblyopia or colour blindness?  | <input type="checkbox"/> yes | <input type="checkbox"/> no     |                                 |
| 4b Do you suffer from any other physical disability, which aggravates your usage of websites? | <input type="checkbox"/> yes | <input type="checkbox"/> no     |                                 |
| You may explain this further, if you wish:  |                              |                                 |                                 |
| 4c If you require additional equipment to read online: Was our website intermateable with it? | <input type="checkbox"/> yes | <input type="checkbox"/> partly | <input type="checkbox"/> partly |
| If no, please explain:  |                              |                                 |                                 |

### 5) Technical quality

- |  |                              |                                 |                             |
|--|------------------------------|---------------------------------|-----------------------------|
| 5a Did you have the impression of all elements on the website being represented correctly? | <input type="checkbox"/> yes | <input type="checkbox"/> partly | <input type="checkbox"/> no |
| 5b Did the Website load fast enough?   | <input type="checkbox"/> yes | <input type="checkbox"/> partly | <input type="checkbox"/> no |

If no, do you think, that is due to our website or to technical problems?

## 6) References and editorial information

6a Did you recognize the author/responsible institution(s) of the website immediately?

yes  partly  no  don't know

6b Were you able to find the legal notice fast and easily?

yes  partly  no  don't know

6c Did you have the impression of information from external authors being adequately labelled?

yes  partly  no  don't know

6d Were you able to find the date of the last update fast and easily?

yes  partly  no  don't know

## 7) Concerning DESDE-LTC:

7a Do you think that this website is a useful tool of our project DESDE-LTC?

yes  partly  no

You may explain this, if you wish:

7b Would you recommend this website to others, who are already involved in DESDE-LTC?

yes  no

If no, please explain:

7c Would you recommend this website to others, who are *not* yet involved in DESDE-LTC?

yes  no

If no, please explain:

7d If you have any suggestions to improve or supplement this website, please indicate:

## EVALUATION OF THE WEBPAGE AND THE INSTRUMENT

---

1.) Please indicate some Meta-Tags for the webpage. These are terms by which the webpage should be found using search-engines.

2.) Please indicate a short statement concerning the final Edesde-instrument. What could be achieved? What needs to be done?

## EVALUATION OF THE TRAINING PACKAGE: I- TRAINING FOR TRAINERS

---

To fill in the questionnaire, click on the interactive fields  and activate the corresponding field them by choosing "active"

1 Which type of training did you apply? (face to face, online,...) :

2

Was the type of the training you chose to conduct satisfying to you?

yes  partly  no

If no, please explain:

3

Do you consider face-to-face training as the most successful way to explain the coding of Edesde-LTC?

yes  partly  no

If no, please explain:

4

Do you think an online training is also an adequate way to explain the coding of Edesde-LTC?

yes  partly  no

If no, please explain:

5

In your personal opinion, what would you consider as the most successful type of training for DESDE-LTC?

6

Were the training materials you used adequate?

yes  partly  no

If no, please explain:

7

Was the length of the training adequate?

yes  partly  no

If no, please explain:

8

After the training, was it necessary to provide further support or assistance to the trainees?

yes  partly  no

If yes, what kind of support: :

9

If you have any further comments, please indicate in the field below:

## EVALUATION OF THE TRAINING PACKAGE: II- TRAINING FOR TRAINERS

---

To fill in the questionnaire, click on the interactive fields  and activate the corresponding field them by choosing “active”

- 1 Was the design (use of theoretical input, exercises, discussion,...) of the training adequate?  
 yes  Partly  no  
If no, please explain:
- 2 Was the length of the training adequate?  
 yes  Partly  no  
If no, please explain:
- 3 Were the training materials adequate?  
 yes  Partly  no  
If no, please explain:
- 4 Were you satisfied with the teaching-skills of the trainers?  
 yes  Partly  no  
If no, please explain:
- 5 After the training, do you feel well informed about the eDESDE Instrument?  
 yes  Partly  no  
If no, please explain:
- 6 After the training, do you feel able to use the eDESDE Instrument independently?  
 yes  Partly  no  
If no, please explain:
- 7 After the training, do you feel able to explain to other people how to use the eDESDE-instrument?  
 yes  Partly  no  
If no, please explain:
- 8 Was every topic treated sufficiently?  
 yes  Partly  no  
If no, please explain:
- 9 Did the training meet your expectations?  
 yes  Partly  no  
If no, please explain:
- 10 If you have any further comments, please indicate in the field below:

