EVALUATING SHEET

for the evaluation of good practices submitted under the EFOP 1.8.0. - VEKOP 17 project

I. THE SUBMITTED DOCUMENT

Title:	
Time of arrival:	
Name of contact person:	
E-mail of contact person:	
Phone number of contact person:	

II. THE SUITABILITY OF THE SUBMITTED DOCUMENT FOR FURTHER DEVELOPMENT

Criteria	**Evaluation**	
The submitted document deals with patient safety.	Yes	No
The submitted document is good practice.	Yes	No
The good practice has been in practice for at least six months.	Yes	No
At least 75% of the questions have been answered.	Yes	No
The submitted document meets the formal requirements.	Yes	No
Other (additional criteria which, if not fulfilled, do not allow the further development of the submitted document, e.g. conflict with legislation)	Yes	No

The submitted document is suitable for further development: YES NO

Reasons for negative answers:

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III. THE LEVEL OF IMPROVEMENT

1. **In which forms of care can the good practice be used?**

A) Any form of care except inpatient and outpatient care.

B) Outpatient care, which includes good practices for cooperation between outpatient care and other forms of care (except inpatient care).
C) In-patient care, which includes good practice on the interaction between in-patient care and other forms of care.

2. How does the good practice affect the subject of the methodologies to be taught?

A) The topic of the good practice does not affect the topics identified for methodology development within the project. (The topics of methodology development within the project and their planned teaching methods will be sent to the evaluators.)
B) The topic of good practice overlaps partially or completely with a topic for which methodological development is being carried out within the project and which the consortium partners intend to teach in the form of e-learning material.
C) The topic of good practice overlaps, partially or completely, with a topic for which the project is developing a methodology and which the consortium partners intend to teach through training courses.

3. To what extent does the good practice provide new knowledge for future users?

A) The good practice is expected to contain little new knowledge for the users.
B) The good practice is likely to contain a medium amount of new knowledge for the users.
C) The good practice is likely to contain a significant amount of new knowledge for the users.

4. To what extent is a change of mindset likely to be required to implement the good practice?

A) The good practice is expected to require little change of mindset on the part of the users.
B) The good practice is likely to require a medium level of change of mindset on the part of the users.
C) The good practice is likely to require a significant change of mindset on the part of the users.

5. What level of organisation is the implementation likely to require?

A) The implementation of the good practice is expected to require a low level of organisation on the part of the users.
B) The implementation of the good practice is likely to require a medium level of organisation on the part of the users.
C) The implementation of the good practice is likely to require a significant amount of organisational effort on the part of the users.

6. What level of documentation changes are likely to be required for implementation?

A) The implementation of the good practice is expected to require little documentation change on the part of the users.

B) The implementation of the good practice is likely to require a medium level of documentation change by the users.
C) The implementation of the good practice is likely to require a significant documentation change by the users.

7. If good practice requires tools or devices, to what extent do you need training in the correct use of the them?

A) The good practice does not require tools/devices or training in the correct use of the tools/devices to be used.
B) The correct use of the tools/devices to be used can be easily learnt from an instruction manual or a description.
C) The correct use of the tools/devices to be used requires skill-level instruction and training.

8. How difficult is it for implementers to introduce the good practice and how complex is the process?

A) The implementation of the good practice is not expected to pose significant difficulties; the implementation process is simple.
B) The expected difficulties in implementing the good practice and the planning and implementation process can be learned from written instructions, advice and experience.
C) The expected difficulties in implementing the good practice and the planning and implementation process require personal consultations.

9. What level of resistance can be expected for the given good practice?

A) No significant opposition to the introduction of the good practice is expected.
B) The expected level of resistance to the introduction of the good practice is moderate (in terms of number of resistors and depth of resistance) and is expected to be easily manageable.
C) The introduction of the good practice is likely to result in significant resistance (large number of resistors involved and/or large depth of resistance), which will require personal consultation, training and discussion.

10. How important is sharing experiences for the implementation of the good practice?

A) The implementation of the good practice requires little or no sharing of experiences on the implementation and maintenance of the good practice.
B) The implementation of the good practice requires a medium level of sharing of experiences on the implementation and maintenance of the good practice, which can be ensured by providing written material.
C) The implementation of the good practice requires a significant degree of sharing of experience on the implementation and maintenance of the good practice, which requires personal consultation, training and discussion.

11. How difficult is it to monitor and evaluate the application of the good practice?

A) Monitoring and evaluation of the good practice is relatively simple, does not require the learning of methodologies (e.g. clinical audit, interviewing, data collection, observations, indicator training, etc.) and data analysis and evaluation is easy to implement.
B) Monitoring and evaluation of the application of the good practice requires the acquisition of new or specific knowledge, but can be done independently by providing pre-defined, established methodologies, templates, etc.
C) Monitoring and evaluation of the application of the good practice requires the acquisition of new or specific knowledge and skills, which can only be developed and transferred in the context of personal consultations, training courses.

12. What is the range of staff involved in the application?

A) The range of people involved in the application is limited to one or a small number of jobs or one or a small number of departments.
B) The range of people involved in the application covers several jobs or several departments or their coordinated operation.
C) The range of people involved in the application covers many and varied jobs or a large number of departments or their coordinated operation.

13. How measurable is the use of the good practice? (process indicators)

A) The actual application of the good practice is easy to monitor, it does not require any specific tools or methods.
B) The actual application of the good practice requires systematic follow-up, but its implementation can be achieved through written aids and descriptions.
C) The actual application of the good practice requires the transfer of knowledge and skills that can be acquired primarily through personal training.

14. How measurable is the impact of the good practice on patient safety? (outcome indicators)

A) Demonstrating the effectiveness of the good practice is straightforward, the relationship between the good practice and a reduction in adverse events or effectiveness/efficacy is clear, there are no other influencing factors, but this includes good practices where it does not seem possible to demonstrate effectiveness and therefore it is not expected to be detected or monitored.
B) The effectiveness of the good practice can be measured, but guidelines, templates and samples are needed.
C) The effectiveness of the good practice can be measured, but its correct implementation requires the acquisition of skills that can be achieved through personal training.

15. What level of evidence underpins the good practice?

A) There is no known evidence behind the good practice, its effectiveness is based on assumptions.
B) There are data and results on the effectiveness of the good practice, but they are not yet at the evidence level (e.g. results from studies from the place of application)
C) The good practice is evidence-based.

16. How significant a patient safety problem does the good practice address and how much improvement can it be expected?

A) The good practice will result in few and/or small improvements in care.
B) The good practice will lead to a broader and/or moderate improvement in care.
C) The good practice is likely to produce widespread and/or large improvements in care.

17. How variable is the care process/system covered by the good practice?

A) The operation of the process or system covered by the good practice does not vary significantly between different providers.
B) The process or system covered by the good practice varies to a moderate extent between different providers.
C) The process or system covered by the good practice differs significantly between providers, with a high degree of variability.

18. How convincing and objective are the results achieved?

A) There are only general conclusions and assumptions about the results of the good practice.
B) The good practice has specific results, but the methodology behind them is not known, i.e. their validity is not fully known.
C) The results of the good practice are concrete, conclusive, possibly with benchmark materials available, the validity is higher.

19. How widely can the good practice be used? (Institutions, departments, patient groups)

A) The good practice is only applicable in a narrow area of care and/or the population concerned is narrow.
B) The good practice can be applied in more areas of care (geographically or in more departments) and/or the range of stakeholders is wider.
C) The good practice can be applied in a wide area of care (geographically or in more departments) and/or the range of stakeholders is wide.

20. How cost-effective can the good practice be in the short to medium term (3 years)?

A) The good practice is not known or expected to be cost-effective.
B) The good practice is likely to increase cost-effectiveness in the short to medium term.

C) The good practice is likely to increase cost-effectiveness significantly in the short to medium term.

21. How much can the good practice lead to a reduction in workload for staff?

A) The good practice is not known or expected to reduce the workload of staff.
B) The good practice is likely to reduce the workload of staff.
C) The good practice is likely to significantly reduce the workload of staff.

22. How long can you expect to notice the positive effects of good practice?

A) It is expected that the positive effects of the good practice will be difficult to detect or will only be detected in the long term.
B) It is expected that the positive effects of the good practice will be observed within six months to one year.
C) The beneficial effects of good practice are likely to be observed within six months.

23. How demanding is the good practice in terms of material resources?

A) The good practice is specifically device demanding and/or maintenance costs have to be taken into account.
B) The good practice requires a small number of tools/devices and/or the maintenance costs are not significant.
C) The good practice does not require additional tools/devices.

24. How HR demanding is the good practice?

A) Running the good practice requires additional staff (at least one part-time or full-time employee).
B) The good practice does not have a significant HR demand after the design/implementation period.
C) The good practice does not require additional human resources.

25. How long does it take to introduce the good practice?

A) It takes a considerable amount of time (annual level) to introduce the good practice.
B) The introduction of the good practice can be achieved within six months.
C) It can be implemented in less than half a year.

26. How much extra burden can good practice place on the patient or staff?

A) The good practice, although effective, is a significant additional burden for patients and/or staff.
B) The good practice, although effective, is a moderate additional burden for patients and/or staff.

C) The good practice, although effective, does not require or imposes little additional burden on patients and/or staff.

27. To what extent is BELLA* standard affected by good practice?

A) The good practice does not affect any BELLA standard.
B) The subject of the good practice may be related to a BELLA standard or standards.
C) The good practice can be directly linked to a BELLA standard or standards.

/*BELLA is the Hungarian accreditation system for healthcare institute/

28. How clear and easy to follow is the wording of the good practice submitted?

A) The submitted good practice is difficult to understand and follow.
B) Some parts of the good practice submitted are not easy to understand and follow in their entirety.
C) The submitted good practice is easy to understand and follow.

Proposed level of improvement of the submitted good practice: CATALOGUE
E-LEARNING
TRAINING

Additional comments by the evaluator on the good practice and evaluation:

Key words suggested by the evaluator:

Date of evaluation:

Name of evaluator: