



D4.1 Knowledge Hub

WP 4 - Knowledge Management Hub



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Executive Summary

Deliverable 4.1 is the online Knowledge Management Hub available online at: https://scirocco-exchange-tool.inf.ed.ac.uk/en_gb/

The development of the Hub was driven by a fact that there is an increasing demand for personalised assistance and support to increase the capacity of European regions to implement and scale up integrated care. The local environments have very different starting points, or levels of maturity. As such, health and care authorities all seek different levels of assets and support to strengthen their capacity to prepare their local conditions for the transition to integrated care and/or improvement of their existing system design.

The SCIROCCO Exchange Knowledge Management Hub was developed and tested in order to help regions, countries and organisations:

- To assess level of maturity needed in a health and social care system for the adoption and scaling-up of integrated care.
- To access the readily available assets/evidence on integrated care tailored to the local needs and maturity.
- To access personalised knowledge transfer support to learn about existing assets/evidence on integrated care.
- To access tailored improvement support to embed the learning about the existing assets/evidence on integrated care into local context and requirements.

Ultimately, the SCIROCCO Exchange Knowledge Management Hub was applied in 9 SCIROCCO Exchange regions and countries; Basque Country, Flanders region, Belgium; Lithuania; Optimedis, Germany; Poland; Puglia, Italy; Scotland, United Kingdom; Slovakia and Slovenia. In addition, over 40 other regions and organisations in Europe and beyond tested the Knowledge Management Hub and informed its refinement and improvement. The Hub is available in 11 languages: Dutch, English, Estonian, French, German, Italian, Lithuanian, Polish, Spanish, Slovak and Slovenian.

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1 Introduction

The SCIROCCO Exchange project aims to support the readiness and capacity of health and social care authorities for the adoption and scaling-up of integrated care. The main objective of the capacity-building support is to facilitate access to tailored, evidence-based assets on integrated care and thus support personalised knowledge transfer and improvement planning. For this purpose, [Knowledge Management Hub was developed as a main integrator and facilitator the personalised capacity-building support.](#)

Within this framework, WP4 Knowledge Management Hub, had three main objectives:

- To [develop a sustainable knowledge management hub](#) that will enable effective knowledge sharing to support capacity and improvement planning towards integrated care that enables reuse of assets to ensure scale up through sharing of practice.
- [Integrate existing capacity-building assets and evidence](#) on integrated care with the SCIROCCO Exchange knowledge management hub.
- [Facilitate the building of the SCIROCCO Exchange “community”](#) in order to encourage stakeholders to exchange their experience and expertise and mobilise their resources towards the achievement of the adoption and scaling-up of integrated care.
- [Advise and support healthcare authorities in how to use the SCIROCCO Exchange knowledge hub](#) to access personalised evidence, knowledge, and capacity-building support in integrated care.

To this end, the following tasks were performed in WP4:

- Knowledge Management Hub v.0: Supporting maturity assessment.
- Knowledge Management Hub v1: Integration of capacity-building assets.
- Knowledge Management Hub v2: Supporting personalised knowledge transfer
- Knowledge Management Hub v3: Supporting improvement planning
- Guidance on the use of SCIROCCO Exchange Knowledge Management Hub

The outcomes of this WP served as the basis for the integration of identified capacity-building assets (WP6), design of personalised knowledge transfer and capacity-building support (WP7) and development of Improvement Plans (WP8)

This document details the four iterations of Knowledge Management Hub, its functionalities and use in real-life settings.

2 Registering, setting up your Profile and Logging In

On first accessing the Knowledge Management Hub at: https://scirocco-exchange-tool.inf.ed.ac.uk/en_gb/ the user is automatically taken to the login page as illustrated in Figure 1: Login/Register Page. If the user has already an account, entering the username and password allows the Hub to identify the user and give the user access to the rest of the platform. If the user does not have an account yet, he/she needs to click on “Register” which will take the user to the registration page illustrated in Error! Reference source not found.. This page requests some personal, professional and contact details that are used to set up a profile for you on the tool. Subsequently entering a username (or the email specified in the profile) and corresponding password enables login to the Hub. The data in profiles and gathered during the use of Hub are stored securely and are not used for any other purpose than the provision of the services of the Hub.

SCIROCCO Exchange Knowledge Management Hub

HOME **LOGIN/REGISTER**

Login/Register

Username or E-mail

Password

Keep me signed in

[Forgot your password?](#)

Figure 1: Login/Register Page

Registration

First Name

Last Name

Institution

Health System

Country

Sector(s) ?

- Health
- Social Care
- Voluntary
- Other(s)

Role(s) ?

- Health Professional
- Care Professional
- Health ICT
- Management
- Sponsor
- Health Administrator
- Care Administrator
- Regulator
- Academic
- Other(s)

Position ?

Phone Number

Email (used as username)

Password

Confirm Password

Language of Choice

Figure 2: Login/Register Page

3 Supporting maturity assessment

The objective of this task was to develop the initial version of the SCIROCCO Exchange Knowledge Management Hub by building on the existing tested and validated SCIROCCO online self-assessment tool for integrated care¹. This task was undertaken in collaboration with University of Valencia as WP3 Evaluation as an instrumental partner in defining what operational data the Hub should collect during operation in order to inform the evaluation process. In this stage there was also discussion of minor modifications to the SCIROCCO online self-assessment tool (in particular the content of the dimensions eHealth services and Standardisation/Simplification). These were included as new dimensions of Digital Infrastructure and Process Coordination into the new SCIROCCO Exchange self-assessment tool. Some of the objectives of this task needed to be redefined. The following bullets describe what was carried out:

- Re-implementation of the Tool to consider the overall process including the consensus reaching process and the formation of the team to undertake the consensus making process. This was caused mainly due to the fact that the teams undertaking the assessments became much bigger as well as the size and scope of the assessments in SCIROCCO Exchange health and social care authorities.
- The specification of this sub-task did not sufficiently anticipate the felt need for privacy and protection of assessments. In consultation with project participants a notion of ownership of assessments was developed and a fine control mechanism for the sharing of assessments across individuals and groups. This meant the originators of a consensus (or individual) assessment had a clear view of who has access to their assessment, and they can withdraw access if this is deemed necessary.
- Improved support for the localisation of the Tool into a particular language and health and social care settings. There was a supportive functionality developed where a native speaker of the language of the system could control the language used by the Tool. This built on the experience from the SCIROCCO project where it became clear that the translation of the language used in the tool needed to be translated by people who were familiar with the context of its use.
- Scaling the representation of the consensus diagram. The “overlay” representation chosen to visualise the individual assessments within a consensus meeting had limits of scale. Once there were more than five individual assessments the representation became unworkable. Some time was spent to experiment with different representations and finally implemented the “blob” representation for large consensus groups. In this we used different sizes of “blob” on a dimension to represent the proportion of individual assessments that chose the point on the dimension scale. This meant the consensus approach could be extended to much larger groups.
- The extent to which the Tool would be adopted in different domains and by external health users was not fully anticipated. This led to demand for the creation of an “empty”

¹ <https://www.scirocco-project.eu/scirocco-tool/>

tool that made no assumptions about the interpretation of the meaning of the dimensions and permitted the translation of the tool and the consensus approach to other domains.

SCIROCCO Exchange Knowledge Management Hub



Other assessments

Create new assessment type

Demand-Driven Innovation healthcare system assessments



Digital neighbourhood healthcare system assessments



AHA Reference Site - life-course approach to active and healthy ageing healthcare system assessments



Projecten België NL healthcare system assessments

Projects Belgique FR healthcare system assessments

Create/update new type of assessment

Questions marked with * are compulsory.

Subject of the assessment*:	<input type="text"/>
Assessment type name*:	<input type="text"/>
Introductory text for assessment type's landing page:	<input type="text"/>
Instructions for filling in a private assessment of this type:	<input type="text"/>
Instructions for filling in a consensus assessment of this type:	<input type="text"/>
Project name:	<input type="text"/>
Language of the assessment type*:	en_GB ▾

Figure 3: SCIROCCO Exchange framework for the development on an online self-assessment tool

In sum, the initial version of the Hub had the following functionality:

- The capacity to store maturity assessments of healthcare systems (WP5). These are quite complex structures that are useful in giving advice on how to identify and use the capacity-building assets stored in the Knowledge Management Hub (WP6).
- The ability to use assessment outcomes to search the other assessments in the Hub in order to identify potential partner healthcare systems facing similar issues or by being better developed in some particular dimensions of SCIROCCO Exchange Maturity Model for Integrated Care.
- The initial version of the Hub incorporated a notification and digesting feature so participating healthcare systems could be notified of events they consider to be interesting together with digests of change in the Knowledge Management Hub that were relevant to the health system.

The Figure below illustrates the support of the maturity assessment process by SCIROCCO Exchange Knowledge Management Hub and its self-assessment tool for integrated care in a number of steps:

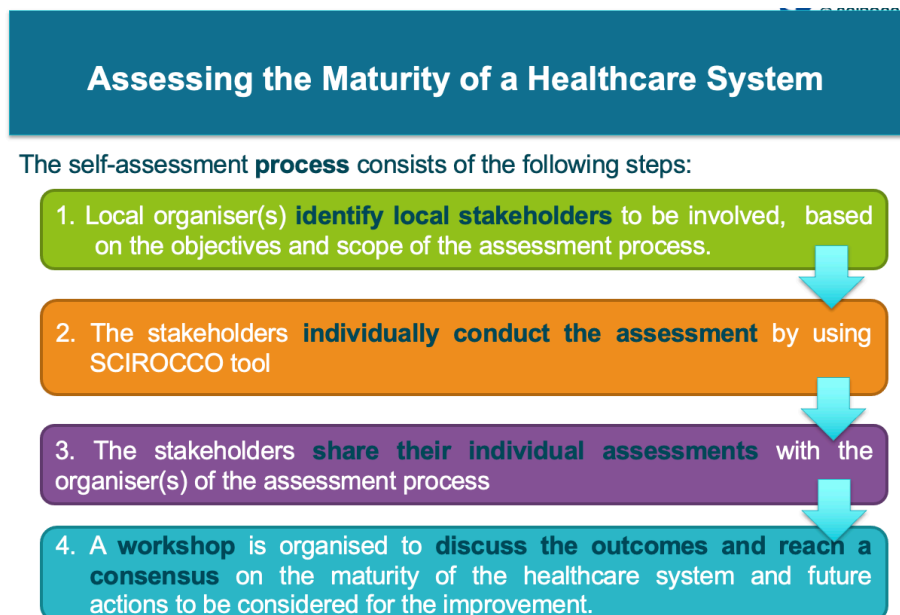


Figure 4: SCIROCCO Exchange methodology for maturity assessment

Step 1: A Multidisciplinary Team

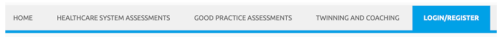
Integrated care is designed and deployed by the multidisciplinary teams. As such, it is important to capture the diversity of perspectives in the assessment process. The following should be taken into account:

- **Discipline** – decision-maker, healthcare professional, IT specialist, regulators, payers, users group, innovation agencies
- **Sector** – health care, social care, housing and voluntary sector.
- **Position in organisation** – seniority, front-line, back-office.



Step 2: Performing an Individual Assessment Registration

Scirocco Self-Assessment Tool for Integrated Care



Login/Register

Choose your language!

Username or E-mail

Password

Keep me signed in

[Forgot your password?](#)

Step 2: Performing an Individual Assessment

Assessment Description*

Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12

12. Capacity Building **1**

0- Integrated care services are not considered for capacity building

1- Some approaches to capacity building for integrated care services are in place

2- Cooperation on capacity building for integrated care is growing across the region

3- Learning about integrated care and change management is in place but not widely implemented

4- Systematic learning about integrated care and change management is widely implemented; knowledge is shared, skills retained and there is a lower turnover of experienced staff

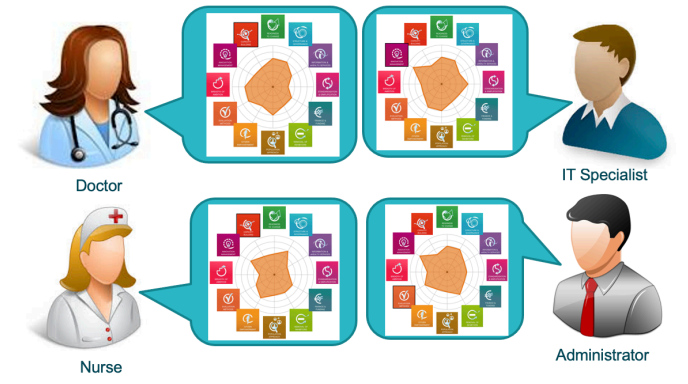
5- A "person-centred learning healthcare system" involving reflection and continuous improvement is in place

If someone asked you to justify your rating here what would you say (please provide a few short sentences):

Test



Step 2: Performing an Individual Assessment



Step 2: Sharing of Individual Assessment

Maturity Assessment

Your assessment was successfully saved

What would you like to do next?

- Continue editing
- Keep as private assessment, close
- Share assessment with individual users, close
- Share assessment with all Scirocco Exchange partners, close
- WARNING: This will share this assessment with up to 40 users
- Make the assessment public (for all users to view only)

Submit

Assessment name: APavScotlandTest

Assessment	Description
Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12	
1. Readiness to Change	
<input type="radio"/> 0- No acknowledgement of compelling need to change	
<input type="radio"/> 1- Compelling need is recognised, but no clear vision or strategic plan	
<input checked="" type="radio"/> 2- Dialogue and consensus-building underway; plan being developed	
<input type="radio"/> 3- Vision or plan embedded in policy; leaders and champions emerging	
<input type="radio"/> 4- Leadership, vision and plan clear to the general public; pressure for change	

Step 3: Data Collection and Data Analysis Composite diagrams

Work assessments	Public assessments
PRIVATE HEALTHCARE SYSTEM ASSESSMENTS	
<input checked="" type="checkbox"/> APavLithuaniaTest	
<input checked="" type="checkbox"/> APavScotlandTest	



Step 3: Data Collection and Data Analysis

Composite diagrams

Assessment Comparison

Legend

[APavLibhuaniaTest](#) saved by andreapavlickova@nhs.net 2019-10-10 23:52:28

[APavScotlandTest](#) saved by andreapavlickova@nhs.net 2019-10-10 23:42:00

Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12

1. Readiness to Change 1

0- No acknowledgement of compelling need to change

1- Compelling need is recognised, but no clear vision or strategic plan

2- Dialogue and consensus-building underway; plan being developed

3- Vision or plan embedded in policy; leaders and champions emerging

4- Leadership, vision and plan clear to the general public; pressure for change

5- Political consensus; public support; visible stakeholder engagement

If someone asked you to justify your rating here what would you say (please provide a few short sentences):

test

Testing



Step 4: Negotiating and Reaching Consensus

Yes, but getting the devices to interoperate is a nightmare!

We are all using HL7 FHIR

This will all be resolved soon, as we are joining an international standards group for devices

Step 4: Negotiating and Reaching Consensus

Decisions

Assessment Description

Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12

1. Readiness to Change 1

0- No acknowledgement of compelling need to change

1- Compelling need is recognised, but no clear vision or strategic plan

2- Dialogue and consensus-building underway; plan being developed

3- Vision or plan embedded in policy; leaders and champions emerging

4- Leadership, vision and plan clear to the general public; pressure for change

5- Political consensus; public support; visible stakeholder engagement

If someone asked you to justify your rating here what would you say (please provide a few short sentences):

test

Testing

Testing

Question 1

Mark 'Readiness to Change' as your number one priority



4 Integration of capacity building assets for integrated care

The objective of this task was to integrate the identified capacity-building assets for integrated care (WP6) and develop the functionality of automatic navigation of regions seeking the support to personalised capacity-building assets. This would then inform the design of knowledge transfer and improvement planning activities. The main functionality of this version of the Hub extended the v0 of Knowledge Management Hub by:

- **Extending the scope of the search** across all the existing capacity building assets to identify those assets that have potential impact to improve the dimensions and measures of SCIROCCO Exchange tool for integrated care.

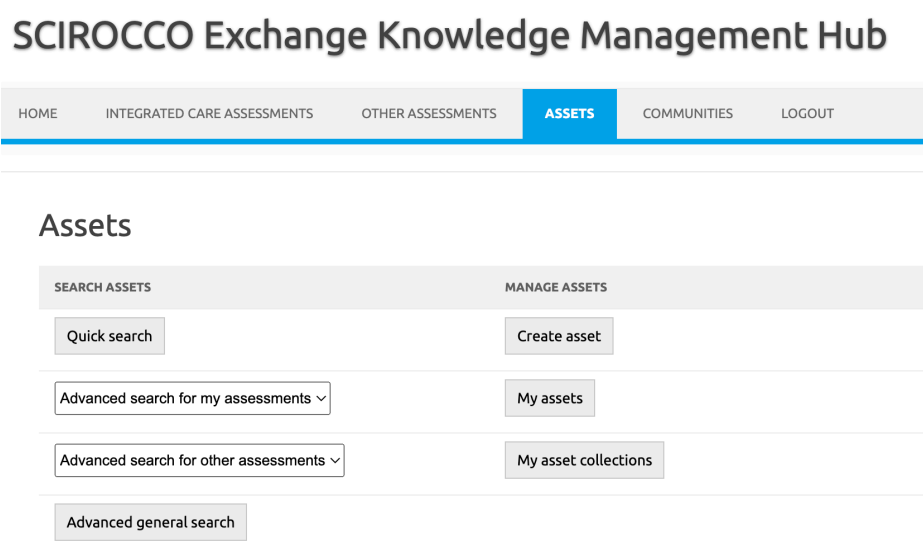


Figure 5: SCIROCCO Exchange Knowledge Management Hub - Search functionality

- **Developing smart filtering** to tailor the identified capacity-building assets to specific characteristics and needs of the healthcare system searching for support through the Knowledge Management Hub. As part of this the potential of Machine Learning was investigating to improve the filtering process over time. A figure below provides a view of the basic interface to the search facility. This facility included some relevance filtering relative to a particular assessment which helps focus the search on assets that are relevant to a particular assessment. As illustrated in the Figure below, quick search functionality incorporates filtering by explicit use of the spider diagram and maturity assessment outcomes. The position of the blue blobs on the dimensions indicates search of assets that are linked to improving readiness for integrated care to a level above that indicated by the blobs. The search results indicate the assets that satisfy this requirement. This facility uses the spider diagram resulting from an assessment to shape the search for assets. This use of the spider diagram means the recovered assets are seen as directly related to the dimensions of concern for health system related to the assessment diagram.

Assets quick search

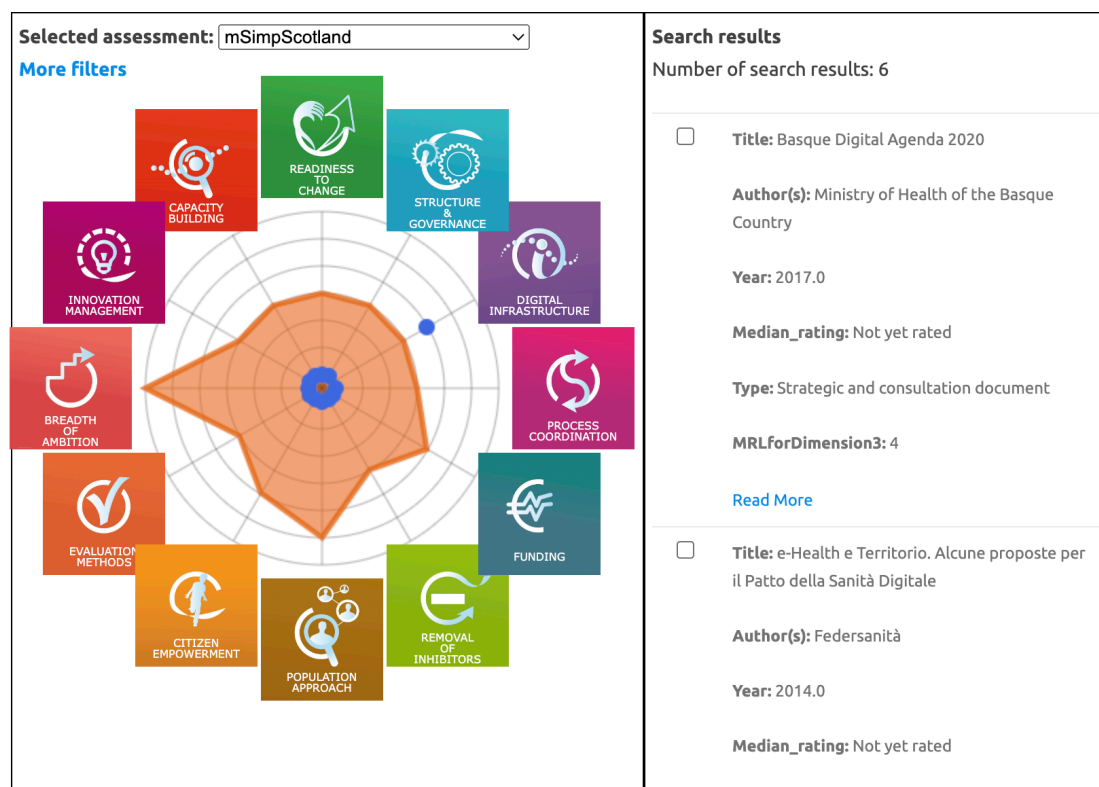


Figure 6: SCIROCCO Exchange Knowledge Management Hub - Search functionality

- Accommodating the capacity building assets involved a major extension of the knowledge infrastructure underpinning the Knowledge Management Hub. The decision was taken that the representation of the capacity building assets should not be fixed because there might need to be future development to account for changes in the way assets were used and the addition of extra information associated with the assets. To allow this flexibility it was decided to represent the assets in the Resource Description Framework (RDF²) that provided a flexible and expressive means of representing knowledge assets. Selected implementation vehicle was the Apache Jena framework³. This was widely used and provides a stable basis going forward. For the individual bullet points:

² <https://www.w3.org/RDF/>

³ https://www.w3.org/2001/sw/wiki/Apache_Jena

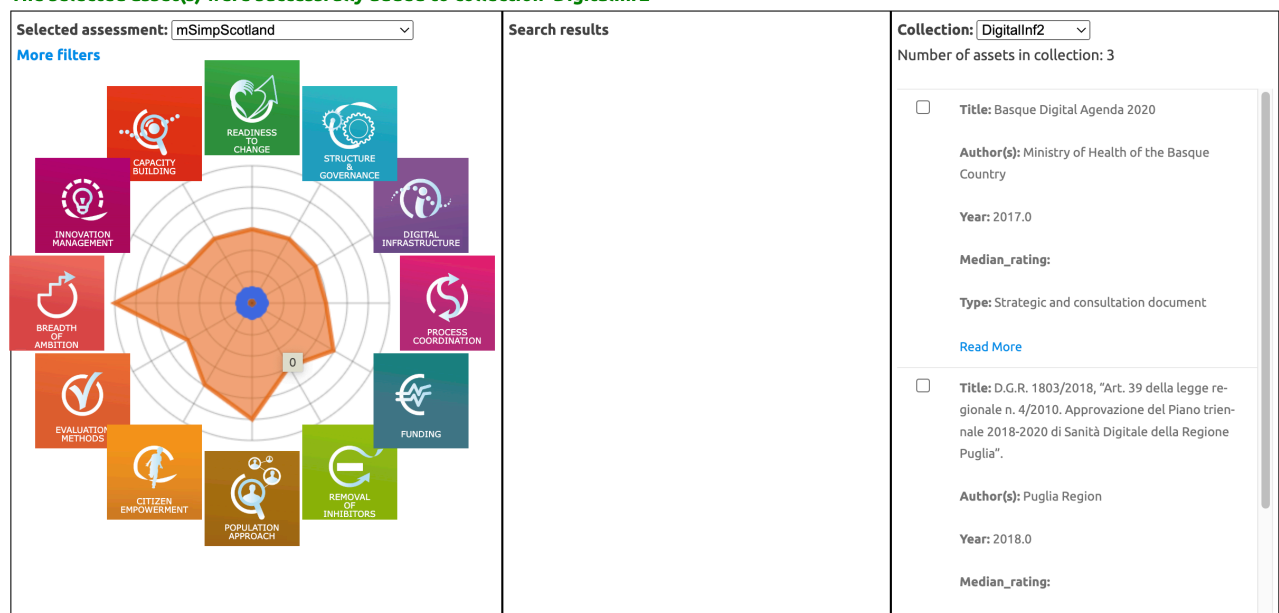
5 Supporting personalised knowledge transfer

This task involved close collaboration with WP7 (Knowledge Transfer) to ensure that the Knowledge Management Hub will support the design and implementation of personalised knowledge transfer between SCIROCCO Exchange regions by facilitating their access to tailored knowledge on the capacity-building assets. The adaptation of these assets to the region’s local environments was facilitated by the SCIROCCO Exchange online self-assessment tool.

The interaction with WP7 was hampered by delays in the implementation of key Knowledge Management Hub components. There were issues around the bulk upload of the capacity building assets that took time to resolve. Ensuring the quality and completeness of the individual asset references certainly delayed access to the capacity building assets needed fully to carry out WP7’s tasks. In addition, the filtering and collection building functionality also experienced some delay. Some of this delay was attributable to COVID-19 and some to the demands of routine support for the SCIROCCO Exchange self-assessment tools and their adaptation to their local context. As a result, the SCIROCCO Exchange Knowledge Management Hub now operates in 11 languages and the support needs of the participating health systems took some effort away from development activity.

The filtering afforded by the search approach linked to the assessment allowed personalisation of the asset collection to the context of use. In addition to this “smart” search, there was the capacity to create specific collections of assets. These collections are linked to the assessment of a particular health system and there are additional tools that add value to collections by providing the ability to “curate” the collection. They became the subject of knowledge transfer and improvement planning activities.

The selected asset(s) were successfully added to collection ‘DigitalInf2’



The screenshot displays the search functionality of the SCIROCCO Exchange Knowledge Management Hub. It is divided into three main sections:

- Left Panel:** A radar chart titled "Selected assessment: mSimpScotland" with "More filters" below it. The chart has 12 axes representing different asset categories: CAPACITY BUILDING, READINESS TO CHANGE, STRUCTURE & GOVERNANCE, DIGITAL INFRASTRUCTURE, PROCESS COORDINATION, FUNDING, REMOVAL OF INHIBITORS, POPULATION APPROACH, CITIZEN EMPOWERMENT, EVALUATION METHODS, BREADTH OF AMBITION, and INNOVATION MANAGEMENT. A blue dot is plotted on the chart, and a value of "0" is shown near the center.
- Middle Panel:** A section titled "Search results" which is currently empty.
- Right Panel:** A collection details panel for "Collection: DigitalInf2" showing "Number of assets in collection: 3". It lists two assets:
 - Asset 1:**
 - Title: Basque Digital Agenda 2020
 - Author(s): Ministry of Health of the Basque Country
 - Year: 2017.0
 - Median_rating:
 - Type: Strategic and consultation document
 - Read More
 - Asset 2:**
 - Title: D.G.R. 1803/2018, "Art. 39 della legge regionale n. 4/2010. Approvazione del Piano triennale 2018-2020 di Sanità Digitale della Regione Puglia".
 - Author(s): Puglia Region
 - Year: 2018.0
 - Median_rating:

Figure 7: SCIROCCO Exchange Knowledge Management Hub - Search functionality

6 Supporting improvement planning towards a community curated sustainable tool

This task involved collaboration with WP8 (Improvement Programme) to provide support for Improvement Planning facilitated by the Knowledge Management Hub. The goal of this version of the Hub was to focus on how to exploit knowledge about maturity requirements of capacity-building assets for integrated care to ensure improvement plans pay appropriate attention to actions that would improve the context to ensure improvement actions can flourish.

This was the most challenging task under WP4. The challenge derived from three main areas:

- The maturity of the different health care system differed markedly from most to least mature, and this was reflected in the approach to improvement planning. Some of the participating health and social care delivery organisations had well developed improvement planning while others had no whole system approach to improvement planning.
- Across healthcare systems of roughly similar levels of maturity in improvement planning the emphasis and approaches differed significantly. There was a different of emphasis, some taking the approach oriented to optimising a particular service through the adoption of new technologies and practices while others had a more “whole system” approach. Even within these categories there were differences of emphasis on how data-driven the approach should be.
- For the healthcare systems with well-developed improvement planning the approach was evolving, in part driven by the move towards integrated care. During the project we saw the approach in Scotland evolve as iHub (<https://ihub.scot/>) established itself and developed more refined approaches that were driven by the context of improvement and were supported by an (ever-growing) constellation of tools to support improvement. Looking at improvement planning through the lens of integrated care is additionally complex because integrated care spans many health contexts with different approaches to improvement planning.

The approach of WP4 was first to explore the extent to which it might be possible directly to provide tool support for improvement planning. These studies were undertaken by MSc students at the University of Edinburgh. These include:

- *Strategic Planning for Improvement [6]* based on strategic planning approaches outlined in iHub documentation: <https://ihub.scot/media/6879/good-practice-framework-for-strategic-planning.pdf>
- *Supporting Improvement Planning for Integrated Care [7]* based on iHub guidance on the evaluation of new models of care: <https://ihub.scot/media/1267/20170815-evaluation-guide-draft-v1.pdf>

These studies pointed out the difficulties that arise in attempting to provide specific tools to support improvement activities. The range and diversity of possible modes of support

argue against attempting the development of specific tools within the Knowledge Management Hub.

Looking at the Scottish Improvement model of Thinking [Aim, Measures, Changes]; and Doing [Plan, Do, Study, Act], it was observed that there was a plethora of existing tools to support improvement and different activities could be supported by a range of different toolsets, some of which already had somewhat effective digital tools to support the activities. The difficult we faced was how to find an effective way to contribute to a crowded landscape of techniques and tools.

It was concluded that the role of the Knowledge Management Hub should be to contribute appropriately curated collections of capacity building assets that support improvement activities. The approach was to consider generic tools that support groups working on improvement to build and annotate collections of assets that support improvement and provide mechanisms that allow some capture of experience of the utility of assets to improvement.

WP8 led the creation of Logic Models for specific projects within each of the health systems participating in SCIROCCO Exchange. Considering each of the models it was possible to see how curated collections of capacity building assets would contribute to the expected outcomes but the delays in the delivery of the functionality for curated collections meant that there was relatively little use of this functionality in the creation of the Logic Models.

In particular:

- To support planning activity by identifying actions that should be taken to improve the maturity of the healthcare system. This could be done directly by using the assets identified in WP6 or by using good practices to probe the context with their maturity requirements. This supported the Improvement Planning process in WP8 by identifying actions that needed to be taken to improve the maturity of the health care system in order that particular assets could be adopted as part of the Improvement Plan' developments.
- The contribution of WP6 to the linking of capacity building assets was a "one-off" and we would need to find mechanisms to incentivise the community to curate the collection of linked assets so that it is sustainable and continues to identify new capacity building assets
- The basis of the support for improvement planning was the creation of collections of assets that could be constructed by search. This provides a convenient collection of assets that were relevant to improvement activity.
- The search facility based on a completed assessment provided good linkage between assets and improvement goals. Unfortunately, the linkage to the WP8 activities was weaker because of delays in the delivery of the functionality. The current functionality provides good methods to uncover relevant material in the asset collection.
- A critical issue for the future of the Knowledge Management Hub is how it can support a living and evolving improvement activity. To achieve this, we explored supporting a community who could curate collections of assets as the needs of the community evolved. This involved the following functionality provided by the tool:

- The creation of relevant collections of capacity building assets and the requirement to implement collections in the tool.
- It was also essential that there is a recognised community that makes use of a collection and is responsible for maintaining its relevance. To achieve this “communities’ functionality” of people within the Knowledge Management Hub. It was possible to share collections across a community, so all community members have access to the collection. There is also a chat function that permits community members to discuss their concerns with other members of the community.
- We also permitted curation actions on the assets in a collection. These include:
 - Adding or removing assets from collections,
 - Rating the utility of assets.
 - Providing comments on assets on their utility in particular situations.
 - The functionality to support community curated assets is the most recent addition to the Knowledge Management Hub and much of it is untried and unevaluated. Since the Hub will now be supported by Scottish Government it may be that there is an opportunity of a thorough evaluation of these aspects of the tool.

7 Guidance on the use of SCIROCCO Exchange Knowledge Management Hub

Guidance on how to apply SCIROCCO Exchange Knowledge Management Hub as a tool to facilitate the personalised knowledge transfer and support is a critical element to support the knowledge and capacity of European regions and countries to use the Hub. The objective of this task was to document the evolving SCIROCCO Exchange Hub through its main stages of development and develop more specific training materials that will illustrate the use of the hub as it evolves through the project.

Close to the start of the project we decided that the approach to documentation and training should be to make the tool intuitive to use, have information and advice available in place and have a collection of short videos and presentations that illustrate the use of the tool. The collection of videos and presentations is available on the project website and provides a reasonably comprehensive training resource:

<https://www.sciroccoexchange.com/resources>

8 Translation of SCIROCCO Exchange Knowledge Management Hub

Interaction with the SCIROCCO Exchange Knowledge Management Hub and its online self-assessment tools specifically, should be easily localisable to a particular natural language and this task will ensure this is the case. Currently, the tool is available in 11 languages. However, external assets could make extensive use of a particular language with no attempt

to translate. This task assessed the level of demand for translation of assets and will evaluate “off the shelf” tools to assess the level of service such tools can provide in the context of SCIROCCO Exchange.

The translation activity within the SCIROCCO Exchange tools was taken in three distinct ways:

- The language used in the SCIROCCO Exchange online self-assessment tool itself influenced labels, instructions, help texts etc These texts were held in one of the project databases. For each linguistically distinct group, an individual took on the responsibility of translating these texts into the local language. This meant that, for basic uses of the Tool and the Hub an individual could work in their own language. Our experience was that it was essential these translations were carried out locally by people engaged with Integrated care.
- The capacity building assets referred to by the Knowledge Management Hub are in a range of different languages. Making assets available in the language of the user is an important idea. We experimented with automated translation, but it seems that for the moment automated translation was not adequate to support work towards the adoption of integrated care. However, it was clear that assets would be more widely used if they can be translated. The ability to comment on a resource as part of the curation process would allow some of the significance of the work to be translated into the local language of the users.
- The final translation was the movement of the SCIROCCO Exchange online self-assessment tool into new contexts where a different Maturity Model was developed. In the lifetime of the project, we saw other projects and communities adopted the SCIROCCO Exchange tools and its Maturity Model an applied the ideas in a new context with seemingly positive results. This translation work was useful, but it absorbed quite significant developer effort to support the adopting community.

9 Summary

This brief overview summarises the main blocks of functionality provided by the SCIROCCO Exchange Knowledge Management Hub. The main components are:

- The creation, combination, and management of maturity assessments for integrated care and other areas of active and healthy ageing agenda, taking into consideration the increased size and scope of the assessment.
- Search and filtering of capacity building assets that is directly linked to the maturity assessment and can be further refined by focussing on particular dimensions and other relevant features of assets.
- Community curation of collections of assets. This aspect of the Tools is aimed at allowing a community of people working on a particular project to share experience of assets effectively by rating and commenting on assets and maintaining those assets in a particular coll.