

Republic of Ireland Regional Network – Metropolitan Area of Porto Porto4Ageing, Campania, Catalonia (RAPCOG)

Twinning overview

Originator: COLLAGE Ireland

Adopter:

Porto4Ageing, Portugal; Region of Campania, Italy; Region of Catalonia, Spain

Innovative Practice:

RAPid COmmunity COGnitive screening Programme – RAPCOG

Innovative Practice Description

This Twinning initiative involved the scaling up, refinement and development of an existing, validated short computerised cognitive application: the Quick Mild Cognitive Impairment (Qmci) screen, which was previously incorporated into a IT solution (smart phone/tablet application) for mobile cognitive screening in the community in a risk pathway called the RAPid COmmunity COGnitive screening Programme – RAPCOG. The emphasis of this twinning exercise was to develop and validate translated versions of this into the adopter site' languages to prepare the ground for the use of electronic screening by healthcare professionals in the community (public health nurses or equivalent and primary care providers).

Link to the EIP on AHA Repository of innovative practices:

https://ec.europa.eu/eip/ageing/repository/rapid-community-cognitive-screening-programme_en

Innovation Scope:

✓ Electronic screening performed by healthcare professionals

Innovation Type:

✓ Stage 3, partial adoption:

This is because the validation process is ongoing. The nature of this project means that six months is insufficient time to see full adoption or acquisition but that the necessary steps towards this are in place.

AHA Action Group:

✓ B3. Integrated Care

Twinning Objectives:

The following objectives with key milestones for the transfer and adoption of the RAPCOG programme in the three EIP on AHA reference sites were agreed and met during the Twinning exercise:

Objective 1: Plan a kick-off meeting, explain the rationale, baseline data and evidence behind the innovation with a view to developing a protocol.

Objective 2: Develop a clear protocol with timelines for up scaling the intervention.

Objective 3: Translate and culturally adapt the instrument into the local languages of the adopter countries.

Objective 4: Complete the translation step incorporating feed-back from a field trial in the adopter sites with a view to begin the validation of the instruments in clinical practice.

Objective 5: Validate the translated versions of the Qmci screen with a view to incorporating them into an updated version of the Qmci screen smart phone / tablet application once validated.

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Twinning end result:

The twinning didn't result in implementation, but the evidence to support its implementation in primary care in adopted sites is being built.