

Program
ŠVÝCARSKO – ČESKÉ
spolupráce



Application for Support for a Pre-defined Project from the Home Care Programme Financed under the Swiss-Czech Cooperation Programme from the Second Swiss Contribution (hereinafter the “Application”)

1 Provider of support

Executing agency:	Ministry of Health of the Czech Republic
Registered office:	Palackého náměstí 375/4, 128 00 Prague 2
Executive agency's contact person:	[REDACTED] [REDACTED] [REDACTED]

2 Identification of the applicant

Applicant's name:	Institute of Health Information and Statistics of the Czech Republic,
Address of applicant's registered office:	Palackého náměstí 4, P.O. BOX 60, 128 01 Prague 2
Applicant's business ID number:	Business ID number: 00023833, tax ID number: CZ00023833
Legal form/subjectivity of applicant:	National administration
Data box identifier:	kb9egte
Account number:	[REDACTED]
Statutory body: (name, position, e-mail address, telephone)	
Authorised representative entitled to act/sign for the statutory body: (name, position, e-mail address, telephone, form of authorisation ¹)	
Contact person in matters concerning the Application: (name, office/position in the project, address for postal communication, e-mail address, telephone)	

¹ If the statutory body authorises another person to represent it, attach the corresponding power of attorney to the application as an annex.

3 Basic information about project

Project name: (unabbreviated and abbreviated name in Czech and English)	KOMPAS Domáci a komunitní ošetrovatelská péče: Classification, recommended practices and cost models COMPASS – Home and Community Nursing Care
Registration number:	HCP-PDP2
Specific aim and thematic area:	Strengthening social systems: Health and social protection
Expected start date:	1 July 2025
Expected end date:	30 June 2029
Length of implementation (in months):	48
Territorial impact	National coverage

Project financing	CZK	CHF ²
Total eligible costs	135,982,000.00	5,230,076.92
Requested support amount from the Second Swiss Contribution		
Amount of co-financing from the state budget		
Amount of own co-financing		

The project is implemented in partnership	☐ NO ☒ YES
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4 Intention and plan for project implementation

4.1 Initial state and project intention The overarching reason for project's implementation is the expected change to the demographic structure of the Czech population. In the coming decades, the proportion of seniors in the population will increase significantly, which will bring with it an increase in the prevalence of chronic diseases, frailty, addiction and psychosocial problems, including loneliness. This situation will place ever greater demands on the long-term care system and, in particular, on the home care segment, which is coming to the forefront of interest for both patients and health policy. International experience confirms that a well-designed home care system can markedly contribute to the sustainability of the health system and to improvements in the quality of patients' lives (Genet et al., 2012). In the Czech Republic, home care has been provided since 1990, but there has never been a systematic and conceptual approach to its development. The current system faces a number of structural and procedural obstacles – there is no classification of cases according to the complexity of care, there is no objective and validated reimbursement model reflecting the complexity of the services provided, and no uniform standards or quality indicators have been introduced. The result is uneven service availability in
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² According to the Methodological Instruction for the Implementation/Preparation of the State Budget for the EU/FM area, issued in June 2024 by the Ministry of Finance, an exchange rate of **CZK 26/CHF 1** is set for the purpose of budgeting the funds from the Second Swiss Contribution.

regions, non-uniform reporting of output and limited ability to effectively manage care at national and regional levels.

The project's intention is to contribute to the systemic transformation of home care in the Czech Republic through the development of a reference network of providers, enabling the collection and analysis of data on the cost, content and nature of care. Based on these data, a classification system and new reimbursement model will be proposed, taking into account the actual demands of care and allowing for fair and sustainable financing. The development of recommended practices, standardised quality indicators and a publicly available catalogue of health and social services, supplemented by an interactive availability map, will be integral parts of the project.

4.2 Link to legislation and key strategies

The PDP's implementation is based on the Czech Republic's current legislative framework and is in accordance with national and European strategic documents in the area of health and long-term care. The project directly follows on from the need for systemic strengthening of home care, as one of the pillars of the health system, and helps ensure equal access to quality care in the home environment.

Relevant legislation:

- Act No. 372/2011 Coll., on health services, as amended – defines home care as one of the types of health services and entrusts the administration of the National Health Information System (NHIS) to the Institute of Health Information and Statistics of the Czech Republic (IHIS), which is one of the PDP's implementers.
- Act No. 108/2006 Coll., on social services, as amended – determines the conditions for the provision of care services and develops the framework for inter-disciplinary cooperation in the field of health and social care.
- Act No. 48/1997 Coll., on public health insurance, as amended – sets out payments for home care services made from public health insurance and provides a basis for setting the new reimbursement model, which is one of the project's key aims.

Strategic documents of the Czech Republic:

- Concept for Home Care Development in the Czech Republic, approved by the Ministry of Health CR – the project meets its main aims, in particular the need for coordination and systemic development of home care.
- Action Plan for Implementation of Home Care Concept for the Period 2021-2024 – the National Centre, one of the implementers of the PDP, is the guarantor of this document.
- Strategic Framework for Healthcare in the Czech Republic until 2030 – the PDP contributes to the achievement of priorities in the field of long-term care, quality of health services and support for healthy ageing.
- National Recovery Plan (Pillar 6 – Population Health and Resilience) – the project is complementary to the interventions supported by Component 6.1 Increasing the Resilience of the Health System.

European context:

- European Pillar of Social Rights (EPSR) – the project responds to principle 16 (healthcare) and 18 (long-term care), which call for access to high-quality and affordable services for all.
- EU Care Strategy – the PDP contributes to the aims of ensuring available, sustainable and quality care in the home environment and support for carers.
- Regulation (EU) 2021/241 of the European Parliament and of the Council establishing the Recovery and Resilience Facility – the project is in accordance with the aims of transforming and strengthening Member States' health systems.

4.3 Prerequisites for implementation of the PDP

The PDP's implementation is based on a strong institutional foundations, interdisciplinary cooperation and a data-driven analytical approach. The project builds on previous outputs from the Ministry of Health, IHS CR and the National Centre in the area of home and integrated care and reflects the recommendations of expert platforms and stakeholders.

The main prerequisites for successful implementation of the PDP include:

- Ensuring a representative reference network of home care providers across regions and areas of expertise (913, 925, 926) that enables quality data collection and output validation.
- Availability of the relevant data through the National Health Information System and the option of using it for case classification, cost calculation and design of a reimbursement model.
- Establishment of specialist cooperation with the relevant professional and expert societies on the development of recommended practices and quality indicators, including methodological linkage to national standards and strategies, including the methodologies of the National Institute for Quality and Excellence in Health Care (NIKEZ), outputs from projects funded by the Operational Programme Employment Plus (OPE+) and strategic documents of the Ministry of Health.
- Cooperation with regulators and payers on the development of a reimbursement model and comments on it

The project also takes into account the identified risks and proposes specific solutions for them:

- the risk of low provider motivation will be addressed through financial motivation and direct methodological support;
- the risk of incomplete data will be minimised by automatically linking the service map to the basic registers;
- The risk of insufficient cooperation of professional organisations will be addressed through the involvement of experienced methodologists and a structured consultation process.

The PDP's implementation is fully in accordance with the Home Care Programme's aims and contributes to the achievement of its system outputs – development of a classification, reference network, reimbursement model and assurance of quality and accessibility of care in the home environment.

4.4 Aim of the PDP and its relationship to the Programme's impact, outcomes and outputs

Aim of implementation of the PDP:	The project's aim is to build a basic system for quality management and financing of home care in the Czech Republic. The project focuses on the introduction of a secondary classification of home care cases and care provided in a person's own social environment, enabling a fair differentiation of the complexity of care and the development of an adequate reimbursement model. A key part of the project is also the establishment of a representative reference network of providers, a clear services catalogue supplemented by an interactive availability map, and the development of recommended practices and standardised quality indicators. The long-term aim is to increase the efficiency and quality of home care provided, introduce a fair and transparent reimbursement system, strengthen the role of professional standards and improve the orientation of patients and carers in the services available.
Achieving the Programme's impact:	The implementation of the PDP and interconnection with the activities of the National Centre's PDP will help improve the quality of life of patients and carers through the development of an available and high-quality network of home care services. The project will develop a reference network of providers that enables the collection of data on care provided. Based on these data, a reimbursement model will be designed taking into account the quality and demanding nature of care. An interactive catalogue of home care services will also be developed

	and will facilitate orientation for patients and professionals. An integral part of this is the development of recommended practices and quality indicators that will support standardisation and ensure a professional standard of care in the home environment. All project outputs will serve for systematic development of home care and will improve the availability and quality of services provided.	
Outcome/output	The PDP supports the achievement of the outcome/output	Description of achievement
Outcome 1: Improving coordination of care for patients in their own social environment	YES	Home care services catalogue
Outcome 2: Increasing the efficiency and quality of home care	YES	Development of recommended practices and quality indicators
Outcome 3: Strengthening the systematic framework for home care assessment and financing	YES	Establishment of a reference network of health and social service providers in the field of home care and care in a person's own environment, introduction of a secondary case classification system and proposal for a reimbursement model for the home care segment
Output 1.1: Developed/updated training programmes for health and social service providers in case management and knowledge development	NO	
Output 1.2: Transparent tool developed for orientation in health and social care services	YES	Catalogue of health and social services in the form of an interactive map
Output 1.3: Set of educational activities and materials to support informal carers developed	NO	
Output 2.1: Methodology for implementation of measures for safe and effective use of new technologies and introduction of secure communication developed	NO	
Output 2.2: Home care provider organisations supported in the implementation of home care quality assessment and related topics.	NO	
Output 2.3: Recommended practices and quality indicators for home care developed	YES	Preparation of two recommended practices and 10 quality indicators for home care.
Output 3.1: Reference network of home care providers developed	YES	The reference network of home care providers will serve as a tool for monitoring the availability, complexity and costs of care, based on an analysis of data from this network and the social services segment. The provider network will be fully representative of the home care segment and all relevant types of providers.

Output 3.2: System of secondary classification of cases developed according to the content and cost homogeneity of the nursing care cases	YES	The classification of cases will serve to standardise the reporting of care provided by individual members of the reference network and will be the basis for the calculation of the reimbursement model
Output 3.3: Proposal of the reimbursement model for the home care segment developed	YES	The proposed reimbursement model will reflect the specificity of individual types of providers of home care and care in a person's own social environment and will be designed to correctly and fairly cover the costs associated with the provision of home care.

4.5 Key PDP activities

KA1: Development of a system of secondary classification of cases

The classification of cases is based on the description of the content of home care cases developed in the DoPe project, which was implemented by the National Centre for Nursing and Non-Medical Health Professions (the National Centre) as a part of the OPE+ programme.

Main activities as a part of KA1:

- Develop a system of secondary classification of cases according to the content and cost homogeneity of a nursing care case
- Update it regularly
- Ensure first mandatory use of this classification

Schedule: Development of classification: VI.2025 – XII.2025, updating at annual intervals

KA1 outputs: Secondary classification for home care and care in one's own environment developed (expertise 925, 926 and 913)

KA2: Establishment of a reference network and data collection for valuation of costs of care and development of reimbursement models

The reference networks of both predefined projects will overlap in order to maximise the synergy between both projects.

Main activities as a part of KA2:

- Establishment of reference networks for expertise 913, 925 and 926
- Data collection set-up
- Collection of reference data on the actual cost of specific cases (financial, time, performance and content parameters of care demands)
- Reimbursement model proposals

Schedule: The activity will be implemented from the 1st to the 48th month of the project, following on from the data collection and assessment.

KA2 outputs:

- An anchored and representative reference network of care providers (expertise 925, 926 and 913) that reports cost and other data about home care
- Variant proposal for a reimbursement model that takes into account the quality of care provided

KA3: Development of a catalogue of health and social services

At the current time, there is no single, automatically updated tool that would enable a clear orientation in health and social services across regions. This activity responds to the need of patients, informal carers and professionals to get an overview of available home care by geographic availability and provider expertise.

Main activities as a part of KA3:

- Development of a catalogue of home care health services in accordance with international standards
- Ensuring publication of data on services provided by home care providers

- Displaying data in geographical form with the help of an interactive map
- Ensuring data updates and integration with the relevant national platforms

Schedule The catalogue will be developed and implemented in the period from the 12th to the 36th month, with subsequent maintenance and updating to the 48th month.

KA3 outputs:

- Interactive map of home care services, published on the National Health Information Portal (NHIP)

KA4: Development of recommended practices and quality indicators for home care

This activity responds to the absence of standardised recommended practices (RP) and other quality tools in the area of home care, in both the Czech Republic and Switzerland. The Swiss JBI Centre of Excellence and the Swiss Cochrane Centre were consulted on the need for their introduction, confirmed the need for them and got involved in cooperation in this activity.

Recommended practices and quality indicators in home care are lacking not only in the Home Care Programme but also at the general level of health and social care. The development of quality indicators is not limited only to outputs from the PDP – it can also be based on other tools, such as National Standardised Operational Protocols (NSOP), operational recommendations (OR), output from the Adverse Events Reporting System (AERS) and data from the National Health Information System (NHIS). The quality indicators will thus be based on a broadly defined standardised care content and will reflect both clinical and organisational care aspects.

The development of the recommended practices will follow the methodologies approved by the National Institute for Quality and Excellence in Healthcare (NIKEZ). Professional organisations of home care providers and expert societies will also contribute to their development, bringing expertise and ensuring interdisciplinary validity of the outputs.

Improving the quality, safety and equality of care provided is a long-term aim of both the Czech Republic and Switzerland. The development of recommended practices and the resulting quality indicators are key tools for achieving these aims. Combining different methodological approaches and involving stakeholders in the process will create a sustainable base for assessing and improving home care.

Main activities as a part of KA4:

- Assembling an interdisciplinary author team
- Determining and formulating key questions
- Registration of RP in the NIKEZ system
- Systematic search, assessment and critical analysis of scientific evidence (evidence review)
- Synthesis of scientific evidence
- Development of a proposal for recommended practices in accordance with NIKEZ methodologies
- Opponency comment procedure with the participation of key stakeholders (expert internal and public opponency)
- Pilot verification of selected parts in practice
- Defining the standardised content of care as a basis for developing quality indicators
- Development of quality indicators

Schedule:

Development and validation of outputs will take place from the 6th to the 42nd month. The phase includes structure design, evidence collection (6th–18th month), expert and opponency review (19th–30th month), pilot verification and finalisation (31st–42nd month).

KA4 outputs:

This activity will bring two main areas of outputs:

Recommended practices for home care:

- Organisation of home care: Indications for home care, initiation and termination of care, continuity and handover of a patient between the health and social care systems

- **Providers' competences:** Definition of competences of the individual professions involved in the provision of health and social care in the home environment

Quality indicators: 10 quality indicators will be developed according to the set methodologies, in particular from appropriate specific recommendations that meet the methodological and qualitative parameters. For this reason, it is difficult and methodologically incorrect to say in advance exactly what specific quality indicators will be created. Nevertheless, based on a preliminary analysis, it is possible at this moment to consider the following quality indicators in a non-binding way:

No.	Example of quality indicator	Type
1	Level of implementation, knowledge and use of recommended practices and quality indicators for home care	Structural / Process / Output
2	Proportion of patients with a formally recorded indication for home care	Structural
3	Average time between indication and start of care	Process
4	Proportion of clients with individual care plan	Structural
5	Rate of updating of individual care plans (at least once a month)	Process
6	Proportion of performance provided by staff with the relevant qualifications	Structural / Process
7	Proportion of patients with a multidisciplinary team involved in their care	Structural
8	Proportion of recorded contacts between health and social services	Process
9	Rate of falls by clients in home care (per 1,000 cases)	Output
10	Extent of use of digital records and care planning	Structural / Process

Example of operationalisation of indicator 1

Component	Criterion	Verification method
Structural	The provider has formally approved and internally available national recommended practices and quality indicators	Internal audit, documentation
Process	100% of staff know the recommended practices and indicate their use in practice	Questionnaire, interview, training
Output	The provider analyses and uses data from quality indicators at least once a year to improve care	Record of quality, minutes of meetings, improvement plan

KA5: Management of the reference network and internal project team, project administration and publicity

This key activity ensures effective management of the whole PDP in organisational, expert and communication terms. It includes coordination and methodological management of the reference network of home care providers (expertise 913, 925 and 926), management of the internal project team's activities, administrative and financial management of the project and provision of mandatory publicity and communication activities to target groups and the general public.

Main activities as a part of KA5:

- Ensuring the contractual anchoring of the reference network of home care providers in all regions of the Czech Republic.
- Coordination of the reference network's activities, including the schedule for data collection, feedback and methodological support.
- Managing the work of the internal project team (project manager, methodologists, expert guarantors, analysts and communication staff member).

- Regular monitoring of implementation progress and check on performance of outputs.
- Ensuring transparent project administration in accordance with the provider's rules.
- Implementation of communication and promotional activities according to annual plans (including website, press releases, expert and public conferences, materials for target groups).
- Cooperation with the Ministry of Health and other entities involved in the Home Care Programme.

Schedule: The activity runs continuously throughout the project's duration. The initial months are focused on ensuring contracts and setting up coordination, followed by the management and monitoring phase. The final phase includes a summary of outputs, final reports and communication closure of the project.

KAS outputs:

- Concluded cooperation agreements with providers involved in the reference network.
- Established and functioning project team with defined roles and competences.
- Communication activities implemented according to the communication plan (at least 2 conferences, press conference, online outputs, printed materials).
- Ongoing evaluation reports on the progress of project implementation and risk evaluation.
- Ensured administration including compliance with mandatory documentation, reporting and archiving according to the rules of the provider and national control bodies.

4.6 Organisational setup of the PDP

The PDP will be implemented through an internal project team established at the applicant. The team will consist of experts, methodologists, analysts, administrative and technical-operational staff, who will be involved in each of the key activities in accordance with the planned schedule. The key persons were selected based on their professional competence, experience with managing and implementing similar projects and knowledge of home care and quality of health services.

The project will be managed by a project manager, who is responsible for the overall implementation of the PDP, communication with the finance provider, compliance with the time and material plan and coordination of all activities. The management system is set up as a functional combination of expert, project and administrative management. Regular project team meetings will take place at agreed intervals to monitor the progress of implementation, address any problems that arise and plan the next steps. The internal project team is also linked to the organisation's management structures and ensures cooperation with other units of the applicant, as needed (in particular economic, legal, IT and operational facilities). The project office will be responsible for system set-up, methodological guidance and monitoring, and will ensure cooperation on project evaluation as a part of the National Centre's PDP and the Programme.

The project's organisational structure is designed to ensure continuity of activities throughout the project's duration, including ensuring its sustainability after its completion. A description of the staffing, roles and job descriptions is contained in Chapter 4.7.

4.7 Staffing of the PDP

Staffing costs represent a key component of the project budget and reflect the necessary expert, analytical, technical and administrative capacity for the PDP's successful implementation. Given the extent and complexity of the planned activities, it is essential to develop a stable internal project team to ensure smooth project management, coordination of the reference network, expert guidance of methodological work, data management and technical support.

The proposed workloads and involvement of individual team members correspond to the time demands of their roles in the project's various phases (system setup, data collection, analysis, development of outputs, communication and assessment). Staffing is designed with an emphasis on efficient use of resources, minimisation of duplicities and optimal combination of internal capacity and expert external support.

Project management and administration will be handled by an internal team consisting of the following positions:

- The Project Manager () is responsible for overall leadership and strategic management of the project, achievement of aims and outputs, implementation of key

activities, communication with the Ministry of Health, expert supervision and management of mandatory publicity.

- **The Reference Network Manager** (to be determined, 1.0) is responsible for communication with the reference network members and coordinates handover of data. He/she ensures the recruitment, coordination and methodological support for providers in the reference network and supervises the quality and timeliness of data handed over.
- **The Project Coordinator** (to be determined, 1.0) coordinates all project activities, convenes project team meetings and, to the maximum extent possible, cooperates with all project team members in order to achieve the project aim. He/she communicates with the founder and funding provider, prepares background materials for project reports. He/she ensures project sustainability in coordination with others.
- **The Financial Manager** [REDACTED] handles the financial aspects of the project. She is responsible for the project's economic and financial aspects and ensures compliance with the relevant applicable legal regulations and the organisation's internal standards. She checks and ensures a statement of account for the public funds provided. She monitors drawing on the budget and checks the requisites of invoices and due dates, as well as providing background materials for a payment request.
- **The Personnel Management** (2 persons, 0.5 each, to be determined in the applicant's internal team, assumption of organisation of approx. 300 staff with agreements on work activity from the reference network facilities) prepares background materials related to the conclusion of employment law relationships, preparation of work reports, human resources work.
- **The Communication Expert** (to be determined, 0.2) prepares the assignment for advanced visualisation, communication and project publicity. He/she is responsible for developing communication plans and outputs, management of the visual identity and coordination of publicity in accordance with the provider's rules.
- **The Data Expert** (to be determined, 1.0) will be involved at the beginning of the project in setting up data collection and analysis and in the project's assessment phase. He/she sets parameters for data collection and validation, contributes to the development of the database and interpretation of data collection results. He/she works closely with the analyst and IT specialist.
- **The Analyst** (to be determined, 1.0), performs analysis of data from the reference network, provides outputs needed for the design of the classification and reimbursement model. He/she prepares background materials and summaries.
- **The Methodologist** (to be determined, 1.0), provides methodological guidance during the development of procedures and cooperates with professional societies and experts. He/she is responsible for the correct set-up of processes.
- **The IT Specialist** (to be determined, 1.0) will be involved for about 12 months in the development and testing of the record sheet for data collection. He/she oversees the technical setup and functionality of the database, which is regularly updated and promptly adjusted according to feedback from the field. He/she works closely with the reference network administration team and the project coordinator.
- **The Data Base Specialist Assistant** [REDACTED] contributes to the development and administration of the data structure, checks data integrity and supports the processing of analytical outputs.
- **The Analytical Specialist** [REDACTED] ensures advanced data analysis and contributes to the design of methodological outputs and assessment of the effectiveness of the reimbursement model.
- **The Classification Systems Methodologist** (to be determined, 1.0) provides expert guidance for setting up a standardised system for describing health and social services. He/she proposes a structure for the input classifications and catalogue in accordance with international standards for the classification of health and social interventions. He/she coordinates the definition of service parameters (expertise, availability, type of care, target group). He/she cooperates with the IHS and experts on the development of data structures and the linking of the catalogue and registers.

- **The Classification Systems Opponent** (to be determined, 0.5) gathers feedback from the field and collects suggestions for modifying and supplementing the primary classifications and modifying the data interface.
- **The Secondary Classification Analyst** (to be determined, 0.5) handles ongoing and periodic analysis of data on case classification and coding quality, setting and checking indicators of data completeness and quality, development of proposals for changes to the secondary classification of cases.
- **The Service Catalogue Production Expert, Catalogue Content Guarantor** (to be determined, 1.0) provides professional and administrative support for the coding methodologist during the development of the service catalogue. He/she handles records and processing of data on providers, categorisation of services and their attributes. He/she assists during the validation of code structures and the preparation of data for publication in the interactive map. He/she cooperates on the development of service descriptions and supports communication with data suppliers.
- **The Programmer/Developer** [REDACTED] will be responsible for the technical architecture, design and implementation of the interactive web elements of the interactive map catalogue and its connection to data systems.
- **The Web Designer** (to be determined, 1.0) is responsible for the graphic and technical design of the interactive map and services catalogue, as well as all web outputs from the project, including the projection of quality indicators and their dashboard.
- **The Platform Tester** (to be determined, 0.75) testing of web elements and links, including checking and validation of connections to primary data.
- **The Support Staff Member for Coding, Dissemination of Methodologies and Assistance with Data Collection** (to be determined, 1.0) arranges training for staff involved and expert support for data collection from providers. He/she prepares training for home care providers and regional/municipal staff on catalogue use and data administration. He/she helps set up the data collection methodology and consults on the accuracy of data from providers. He/she provides direct assistance when the catalogue is implemented in practice.
- **The Head of Methodology Team** (to be determined, 0.5) is responsible for the professional management of the KA4 key activity, manages the methodology team, coordinates the preparation of recommended practices and quality indicators and guarantees their expert correctness. He/she approves the plan for expert work, ensures the substantive implementation of the activity, solves technical problems during its implementation and provides expert opinions to team members. He/she participates in the development of outputs for the web portal and participates in international expert consultations and training.
- **The Methodology Team Expert Assistant** (to be determined, 0.5) ensures the professional preparation of documents and background materials for meetings of the methodological team, contributes to the development of recommended practices and quality indicators, and proofreads and edits project outputs. He/she coordinates public opponency, cooperates on the preparation of outputs for the web portal and contributes to the preparation and maintenance of IT facilities related to the presentation of project outputs.
- **The Methodology Team Administrative Staff Member** (to be determined, 0.5) handles the administration of KA4. He/she prepares background materials for contracts and statements of work by expert consultants, manages the schedule, supports communication with partners and ensures archiving of outputs and documents for assessment.
- **The Chief Methodologist for Recommended Practices** (to be determined, 0.5) participates in the preparation of project documents and project output, ensures administrative support for the expert team and prepares formal background materials related to project implementation. He/she cooperates on the organisation of public opponency, helps administer the web portal and IT facilities and performs administrative tasks, including the operation of office equipment.
- **The Recommended Practice Methodologist** (to be determined, 1.0) helps develop methodological materials and is directly responsible for the development of recommended practices and quality indicators. He/she formulates clinical questions, prepares background materials for searching

scientific evidence and performs their critical analysis and synthesis. He/she works with the NIKEZ panel, coordinates expert opponency and communicates with the relevant stakeholders. He/she participates in international expert events and contributes to the formulation and finalisation of recommended practices. • The Information Specialist (to be determined, 1.0) prepares and implements search strategies to find relevant scientific evidence and searches for recommended practices, systematic reviews and primary studies. He/she helps assess the evidence found in terms of relevance and contributes to the development of methodological materials, recommended practices and quality indicators. • The Expert Panellists (agreement on performance of work, as needed), ensures expert validation and substantive input as a part of the project (e.g. opponency for recommended practices, quality indicators, classifications and other expert consultation in the course of project implementation). Expert panel members will provide opponency, comments and expert proposals on the content of the outputs. They are experts from expert and professional societies. • The Reference Network Staff Members (agreement on performance of work, as needed), ensure regular and structured data entry into the system for collecting and tracking home care parameters. They input data provided by members of the reference network into the predefined data interface, check for completeness, formal correctness and consistency with the set collection methodology. They collaborate with the data expert and analyst during the collection of data for further processing. They communicate with home care providers and collaborate on the implementation of KA2. They are involved throughout the duration of data collection as a part of KA2. • The External Technical Consultants (agreement on performance of work, according to the project needs) provide technical support for the project in the areas necessary to ensure the technical facilities and visual and digital presentation of the project outputs. Their role will consist mainly of the design, implementation and technical support of the outputs with emphasis on the clarity, availability and functionality of the content for the project's various target groups. Consultants will be involved according to the needs of each key activity, the current project phase and activity specification.	4.8 PDP stakeholders and cooperation with them The PDP is based on interdisciplinary cooperation and participation of a wide range of stakeholders, who can influence the project's outcomes and, at the same time, benefit from its outputs. Cooperation with stakeholders takes place in the form of contractual relations, expert consultations, participation in working groups, round tables and methodological activities. 1. Home Care Providers (expertise 913, 925 and 926) They will form a reference network, which will be used to collect data on the cost, content and organisation of home care. Form of cooperation: cooperation agreement (agreement on work activity or other type of obligation agreement); Expected number: approx. 100–120 organisations across the Czech Republic, with the option of further expansion. 2. National Centre of Nursing and Non-medical Healthcare Fields (National Centre) Form of cooperation: PDP implementer; direct involvement through the project team; expert and methodological guidance of activities Role: participation in the development of recommended practices and quality indicators, cooperation on the design and preparation of the classification of home care cases, expert education of health workers and informal carers, project coordination and expert communication with stakeholders; 3. Professional and expert societies Home Care Association of the Czech Republic, Czech Geriatric and Gerontological Society, Czech Society of Palliative Medicine, Home Care Managers' Group, etc. Form of cooperation: membership in work and expert groups;
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Role: participation in the development of recommended practices, quality indicators, classification of cases.

4. National Telemedicine Centre and other research/technology institutions

Form of cooperation: expert consultations, data synergy, use of knowledge from NPO;

Role: support for integrating technology into home care, development of data structures.

6. Ministry of Health

Gestor of the Home Care Programme and guarantor of strategic coordination of outputs. Form of cooperation: methodological guidance, checks on compliance with national strategies, publicity.

7. Swiss expert partners

Consultations on quality and recommended practices

Form of cooperation: expert consultations;

Role: validation of methodological output, know-how transfer.

4.9 PDP target groups

The project focuses on several key target groups, who will be actively involved in its implementation or for whom the project outputs will be directly intended. The project is designed to bring specific benefits to home care professionals, as well as to patients and their loved ones, therefore contributing to a systemic improvement in the availability, quality and efficiency of home care in the Czech Republic.

1. Providers of home care and care in one's own environment (expertise 913, 925, 926)

Role: Involvement in the reference network, collection of data about care provided, validation of outputs (classification, service catalogue, reimbursement model).

Form of cooperation: Cooperation agreement (e.g. agreement on work activity), regular methodological support, attendance at training sessions and workshops.

Benefit: Obtaining direct influence on the development of a new reimbursement model and system changes, improving the organisation and assessment of care.

2. Medical staff (general nurses, doctors)

Role: Nurses – performance of nursing, collection of information; doctors – indication of care, cooperation on methodological anchoring.

Cooperation: Mediated through care providers, participation in methodological outputs (e.g. care standards).

Benefit: Support for high-quality performance, clear rules for cooperation and information sharing, better coordination of care.

3. Patients using home care

Role: Recipients of healthcare in the home environment

Cooperation: Indirect – through information from case managers, providers, general practitioners; opportunity to get involved in feedback.

Benefit: Easier access to services, individualised care, higher quality and safety of care provided.

4. Professional organisations and expert societies

Role: Cooperation on development of recommended practices, standards and quality indicators.

Cooperation: Membership of work groups, consultations, expert validation of outputs.

Benefit: Option of influencing system measures in the field, strengthening of expert anchoring of home care.

5. Informal carers

Role: Recipient of structured and visualised information in the services catalogue

Cooperation: Definitions of parameters for map visualisation, feedback

Benefit: Use of services catalogue when looking for assistance for family members

4.10 Risks of PDP and their management	
Risk name:	Insufficient updating of data of individual service providers in basic registers
Risk description:	The map of care providers will not be complete and/or will not contain up-to-date data.
Description of measure to mitigate risk:	Connecting the map of providers to the basic registers will lead to automatic refinement of this output, as the register is gradually completed and updated by providers. Direct connection to the register also ensures output sustainability.
Risk probability:	low
Risk impact:	medium

Risk name	Low interest of individual workplaces for home care and care in one's own environment in participating in the project and/or lack of representativeness in the selection of network members
Risk description:	An insufficiently large or insufficiently representative network will lead to distortion of calculations and subsequently a less accurate reimbursement model. A smaller number of network members can be compensated for or partially overcome by the length of data collection.
Description of measure to mitigate risk:	Financial motivation to get involved in the network, motivation to improve, refine and align reimbursement in a given segment of home care/care in the home environment
Risk probability:	medium
Risk impact:	medium

Risk name	Unwillingness of non-medical and medical expert societies and professional organisations to seek consensus on specific practices and specific indicators in real practice.
Risk description:	Insufficient activity and motivation of individual professional home care organisations, other relevant non-medical professional organisations and expert societies involved in home care.
Description of measure to mitigate risk:	Financial motivation for members of the recommended practice panel. A sufficient number of highly educated methodologists, with adequate soft skills, who can cope with the risks described above and who have experience in developing complex multidisciplinary recommended practices.
Risk probability:	medium
Risk impact:	medium

4.11 Planned procurement procedures
<i>Indicate planned procurement procedures, their expected value in CZK and the date of announcement.</i>
As a part of the PDP's implementation, the following procurement procedures are planned for supplies of services that cannot be supplied by the internal project team for capacity or technical reasons. All

procurement procedures will be realised in accordance with Act No. 134/2016 Coll., on public procurement, and methodological instructions of the support provider.

As a part of PDP implementation, several procurement procedures are expected to be implemented, in particular in the areas of technical, IT and communication support for the project. Due to the project's nature and the long-term schedule, it is not possible to specify a full list of public contracts at this phase, although the following indicative breakdown is assumed:

- Ensuring project publicity and communication outputs – small-scale public contract (SSPC);
- Provision of technical solution for interactive outputs (in particular map and catalogue tools) – public contract of an investment character;
- Alterations and expansion of data interfaces and systems needed for data collection, administration and analysis – SSPC;
- Acquisition of IT equipment and software (licences, technical support, specific tools) – SSPC;
- Acquisition of computers and other hardware – SSPC.

The specific values and parameters of each public contract will be determined in accordance with the current project need, the budget plan and applicable rules for placement of public contracts.

Procurement procedures will be carried out in accordance with the applicant's internal rules, the programme rules and the relevant legal regulations.

4.12 Publicity for the PDP

The project's communication activities will be carried out throughout the PDP's implementation period. Their aim is to ensure that the professional and general public is informed about the project's aims, course and outcomes. Publicity will be arranged in accordance with the PO's Instruction and the programme's Communication and Information Manual. A communication expert and project manager will be involved in the preparation and implementation of the publicity. Communication activities will be planned in annual communication plans, which will include an evaluation of the effectiveness of the tools used with regard to the individual target groups.

The target groups of the publicity are the professional public (health professionals, home care providers, doctors), representatives of local government and public administration (regions, municipalities, MoH, MoLSA, health insurance companies), patients and informal carers, the general public and the media.

A detailed plan of activities will be the subject of a separate Communication Plan document.

Planned communication tools and activities:

Activity	Description	Target group	Date
Implementation seminars	Presentation of the PDP's aims and expectations, examples of good practice	Professional public, representatives of involved institutions	month 6 after start
Ongoing regional or district seminars	Summary of outputs, feedback from involved centres, examples of good practice, media coverage,	Professional and wider public	Ongoing
Roll-ups and promotional materials	Programme's visual identity, support for branding and awareness	Attendees at events, MoH visitors	month 2–6 and ongoing
Project website and social media	Up-to-date publication of information on the project process and development of a unified information	General public, involved network of workplaces	Start month 4, ongoing

	platform for documents		
Podcast with a focus on the project's target groups	Education and awareness raising, examples of good practice	Journalists, lay public, institutions	Ongoing
Instruction videos	Practical examples of care, support for self-sufficiency	Informal carers, patients	Second half of project's implementation
Leaflets	Outreach for involvement and use to promote project publicity	Lay public, cooperation partners	month 6–36
Promotion of interactive service map (IHIS, NHIP)	Making the service orientation tool more visible	Patients, carers, experts	from month 12, ongoing
Expert events and media	Attendance at conferences, interviews, articles	Expert public, media	ongoing according to opportunities

5 Budget and financing for PDP

5.1 PDP budget chapters

Management expenses (CZK)	
Expenses for cooperation with Swiss partners (CZK)	
Expenses for performance of activities (CZK)	

5.2 Acquisition of assets

As a part of the project budget, we have allocated funds for IT equipment in the amount of [REDACTED] for both SW and HW. In the case of SW, we foresee the necessity of securing the licenses necessary to ensure project performance and analytical and interactive outputs. However, in the case of these licenses, it is a lease for a fixed term, it is a service, not an asset. In the case of HW equipment, we are not able to accurately predict at this time the need for purchases that will occur during the project. The actual spending of these funds will depend on the technical equipment the reference network staff has.

5.3 Public contracts

Will public contracts be awarded in connection with the implementation of the PDP?

☐ NO
☒ YES

If so, please provide a list of them and related details in the Public Contract Plan (see Annex 8 of the PO's Instruction) and attach it to the Application.

5.4 VAT and income

Does the applicant claim VAT deductions?	☒ NO ☐ YES
Is income generated in the PDP?	☒ NO ☐ YES
Description of income generation (in the event it is generated)	NA

6 PDP partnerships

6.1. Identification of partner institution	
Name of partner institution (in original language), address, business ID number, legal form:	Bureau d'Echange des Savoirs pour des pratiques exemplaires de soins (BEST) A JBI Centre of Excellence, Institut et Haute Ecole de la Santé La Source, University and Hospital, Avenue Vinet 30, CH-1004, Lausanne, CH
Name of partner institution in English:	Knowledge Exchange Office for Best Practices in Healthcare (BEST) At the JBI Centre of Excellence
Website:	
Social media	
Contact person: (name, e-mail)	
Statutory body:	Institut et Haute Ecole de la Santé La Source, Avenue Vinet 30, CH-1004, Lausanne, CH
6.2 Subject of partnership and its expected benefit	
The partner will be involved in the development of the recommended practices and quality indicators in home care. This cooperation follows on from the existing cooperation between the Swiss JBI Centre of Excellence and the Czech JBI Centre of Excellence. The partners will provide their know-how in the field of home care and nursing care, as well as know-how related to systematic searching and evaluation of scientific evidence. In addition, they will also provide existing Swiss quality indicators in home care, which may be inspiration for the Czech context, to a certain extent. The partner will attend online work meetings, contribute to opponency to the proposed recommended practices, provide consultation on the proposed indicators and be involved in the validation and expert discussion of the outputs.	
6.3 Expected partner's expenses	
The estimated expenditure of the foreign partner, i.e. the Swiss JBI Centre of Excellence and the Swiss Cochrane Centre, totals [REDACTED]. The cooperation will take the form of expert consultations throughout project implementation, mainly as a part of key activity KA4 – Development of Recommended Practices and Quality Indicators for Home Care, but will also be used for possible consultations across the KA. The partner will provide ongoing expert consultation and expert support, both in the form of online meetings and in-person attendance at selected events. The salary costs of the Swiss partner's expert staff — are primarily intended for the provision of expert consultation, expert opponency of recommended practices, syntheses of evidence on which the recommended practices will be based, cooperation,	

education and sharing of good practice with the aim of setting up tried-and-tested practices in the field of home care that would be applicable in the Czech Republic. Significant assistance is expected from the Swiss partner, in particular in effective planning of the border between health and social care, setting up the reference network, use of technology, linking indicators to financing, implementation by providers and staff motivation. In addition, it is expected that use will be made of the partner's experience in ethical aspects of assistive technology use, as well as cooperation and assistance in the preparation of syntheses of evidence, recommended practices and quality indicators.

7 Sustainability of the PDP

Financial viability – This issue will be addressed at the level of health insurance companies. Support for the streamlining of the provider network will relieve pressure on inpatient care. The provider network developed will meet the requirement for sustainability by being formally anchored and will include the option for home care providers to enter and exit the network, keeping it up to date. Cooperation at the level of the border between health and social care will be set up. Recommended practices will be regularly updated by mandatory deadlines. Through these changes, the financial sustainability of the home care segment will be systematically addressed in the long term. The sustainability of the services catalogue developed will be ensured by the IHIS. As an organisational component of the state, it will update the data in the catalogue. The catalogue will be part of the National Health Information Portal (hereinafter "NHIP"), which is already functioning. The sustainability of the educational activities will be ensured in the medium term. The sustainability of the training will be determined by the length of time for which the information obtained is up-to-date. The training plan will include elements that motivate the trained participants to apply their knowledge in practice. Educational documents produced as a part of the Programme will be used for teaching at educational events and will be provided free of charge. Depending on their nature, they will be published on the websites of the NHIP, the Ministry of Health and the National Centre.

In terms of necessary legislative and policy changes – the Czech Government undertook in its programme declaration to integrate health and social services in long-term care. Sustainability of output will be ensured also with regard to the implementation of the aforementioned strategic documents.

Option of post-implementation monitoring – monitoring will take place at the level of the list of providers of home care and follow-up services. The Provider Catalogue will be automatically updated after the implementation of the Home Care Programme is completed.

Challenges and risks for sustainability – There is a sustainability risk in maintaining and updating the data in the Provider Catalogue. It is necessary to specify a mechanism that ensures the catalogue is regularly updated while adapting it to current needs. One option is to adapt the existing map administered by the National Health Information Portal. This map would be supplemented to include new functionalities.

In terms of the Programme's impact on informal carers – a catalogue of home care providers will be prepared in the form of a clear map, which will serve not only for health professionals, but also for the orientation of patients and informal carers. The catalogue will contain updated information on care options. Informal carers will be supported by the option of consulting trained case managers in municipalities with extended powers. These places can serve as a primary source of information about care options for patients.

8 Other

The PDP establishes public aid ³ :	☒ NO ☐ YES
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³ The applicant will assess whether the PDP meets the characteristics of public aid. In the event public aid is identified, it is necessary to provide an annex setting out the methodology for determining public aid for network members (only applies to the National Centre's PDP).

Applicant's declaration

For the submitter of the Application, I solemnly swear:

As a person authorised to sign this Application on the applicant's behalf, I confirm that I have duly checked all the information provided in this Application and the attached documents, that the information stated is correct, true and meets all the general conditions for providing aid. I am aware of the legal consequences of any statement of false or incomplete information.

I declare that the applicant has not been prohibited from performing activities or had its authorisation to operate in relation to its business and/or the project for which this Application is submitted revoked by a court or administrative authority.

I confirm that this project will be executed as described in this Application. The amount of financial aid requested reflects the appropriate amount that is reasonable and necessary for the project to be implemented and completed.

The beneficiary will not draw and will not claim in the future funds from any other grant title or from other public sources for the activities planned in the project as a part of the eligible costs.

I consent that the data stated in the Application may be processed and used by the Programme Operator for the purpose of administering the Home Care Programme in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (the GDPR).

In Prague, 14 April 2025

