

JA CHRODIS Recommendations and Criteria (QCR)

QCR consists of 9 quality criteria and recommendations

1 Practice design

The design should clearly specify aims, objectives and methods, and rely upon relevant data, theory, context, evidence, and previous practices including pilot studies.

2 Target population empowerment

Using appropriate mechanisms, such as self-management support, shared decision making, education-information and active participation should promote the empowerment of the target population.

3 Evaluation

The evaluation outcomes should be linked to action to foster continuous learning improvement or to reshape the practice. All outcomes should be shared among relevant stakeholders.

4 Comprehensiveness of the practice

The practice should consider relevant evidence on effectiveness, quality, safety, as well as the underlying risks of the target population.

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5 Education and training

Educational elements such as health literacy, self and stress management should be used to promote the empowerment of the target population.

6 Ethical considerations

Objectives must be transparent while potential burdens should be addressed to achieve a balance.

7 Governance

This practice should include organisational elements, identifying the necessary actions to remove all barriers, in order to properly motivate and align staff with the practice objectives. The practice should be supported by different communication techniques and define an acceptable policy to ensure cooperation and participation.

8 Interaction with regular and relevant systems

All relevant systems should be integrated to enable effective relationships between all relevant participants, and enhance the interaction of the target population.

9 Sustainability and scalability

The sustainability strategy should consider several factors to understand the possible impact on the target population.

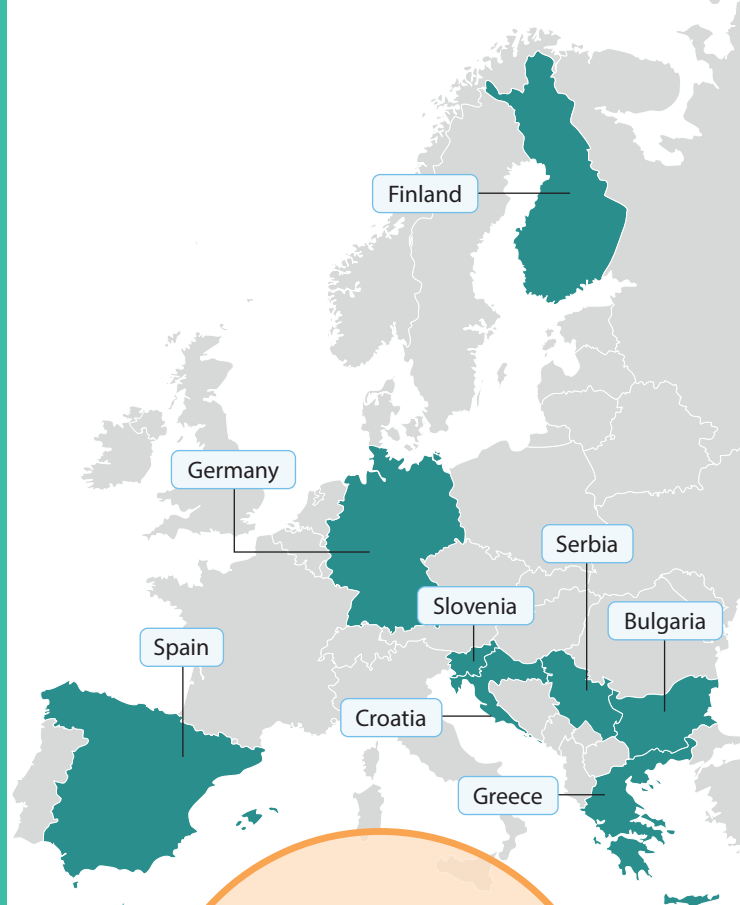
The JA CHRODIS Recommendations and Criteria (QCR) were developed through an extensive process and sound methodology involving more than 200 experts from a wide number of organizations across Europe and from a variety of professional backgrounds.

The QCR was implemented in 8 countries and proved to be a valuable framework that caused representatives to take new and different pathways. The QCR tool was translated into local languages across the continent to ensure that all stakeholders felt a greater sense of ownership. Overall, the different natures between the pilot countries influenced the local approach of the QCR tool.

QCR provides an analytical and practical framework that can be used by decision-makers, healthcare personnel and patients to improve, monitor and evaluate the quality of chronic disease prevention and care, as well as to learn from existing good practices.

The Recommendations and Criteria (QCR) can be used to assess whether an intervention, policy, strategy, program, process or practices can be regarded as a “good practice” in the field of chronic disease prevention and care.

The recommendations constitute a tool for decision makers, health care providers and health care personnel to support implementation of good practices, and to improve, monitor, and evaluate the quality of chronic disease prevention and care.



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The Quality Criteria and Recommendations (QCR) tool aims to provide high-quality care for people with chronic diseases.

This tool was created during the course of Joint Action CHRODIS (2014–2017), the predecessor of CHRODIS+.

The recommendations can be used to develop and improve practices, programmes, strategies and policies in areas including:

- Prevention
- Care
- Health promotion
- Education
- Training