



Laurel DMAT - Digital Maturity Assessment Tool

Rachelle Kaye, PhD May 20. 2025



What is the Laurel Project?

An EU HORIZON-funded project aiming to create actionable policies and training tools to support high-quality integrated long-term care across Europe.

- ➤ Identify innovative policies and systems
- Explore the experiences of care users, informal carers, care professionals, and other stake holders.
- ➤ Generate outputs to help care systems respond to challenges
 - growing demand
 - o economic constraints
 - o accessibility, affordability, quality of services
 - o workforce shortages, and systemic reforms.



Digital Technology in Laurel I-LTC

- Integrated Long-Term Care = combining different types of services and assistance to optimise delivery to the people that need help with daily living activities or nursing care".
- Digital solutions
 - Can offer significant support in optimising the delivery of LTC services,
 - Can facilitate more integrated and person-centred approaches
- I-LTC needs to be sufficiently "digitally mature" to take advantage of the of the potential service transformation that digital solutions may offer.



What is Digital Maturity?

Digital maturity refers to an organisation's ability to respond to changes and trends in technology.

It can also be viewed as an organisation's 'state of readiness' to be able to adapt to, and integrate with, these technologies.

NHS England



Laurel Digital Maturity Assessment Tool

Assesses digital maturity at 4 levels

Tool #1

Cong Term Care Practice/Initiative

Tool
#
Services
Technology Solutions

Organizational maturity



Long Term Care Practice/Initiative

Readiness Assessment

System readiness SYRL

Service readiness SRL

Digital Solution/ Technology Readiness TRL

Business Readiness BRL

Digital Solution/Technology Readiness Assessment

Assessment for each service and each technology solution separately:

1	TRL 1 Basic research. Principles postulated and observed but not experimental proof available.		
2	TRL 2 Technology formulation. Concept and application have been formulated.		
3	TRL 3 Applied research. First laboratory tests completed; proof of concept.		
4	TRL 4 Small scale prototype built in a laboratory environment ("ugly" prototype).		
5	TRL 5 Large scale prototype tested in intended environment.		
6	TRL 6 Prototype system tested in intended environment close to expected performance.		
7	TRL 7 Demonstration system operating in operational environment at precommercial scale.		
8	TRL 8 First of a kind commercial system. Manufacturing issues solved.		
9	TRL 9 Full commercial application, technology available for consumers.		

Maturity assessment of the service supported by digital solutions/technologies

INFORMATION SHARING	
INTEROPERABILITY	
ACCESSIBILITY AND USABILITY	
DATA SECURITY AND PRIVACY	
SOCIETAL IMPACT	
ETHICAL ISSUES	

Accessibility and Usability

The LTC service's digital system accounts for accessibility or usability in its design, but the interface is complex and difficult for users, including those with disabilities, to navigate?	Level 1- Initial (Minimal Consideration)
There are isolated efforts to improve usability or accessibility in the LTC service's digital tools, such as making parts of the system simpler for certain users, but without a comprehensive approach.	Level 2 - Basic (Isolated Considerations)
The LTC service incorporates user feedback to improve its digital system's usability, with some basic accessibility features such as text resizing or simplified navigation for users with disabilities.	Level 3 - Intermediate (User- Centred Design)
The LTC service adheres to recognized accessibility standards (e.g., WCAG 2.1) and ensures that the system is usable for individuals with various impairments, providing multiple input methods and support for different devices.	Level 4 - Advanced (Compliance with Accessibility Standards)
The LTC service's digital system is fully inclusive, offering a consistently positive user experience for a diverse range of users, including those with disabilities, low digital literacy, and non-native speakers.	Level 5 - Comprehensive (Inclusive Design for All Users)
The LTC service's digital system offers personalized and adaptive features that automatically adjust to individual user preferences, providing an optimized, seamless experience tailored to the unique needs of each user.	Level 6 - Optimized (Adaptive and Personalized Usability)

Accessibility and Usability – Supporting Questions

- Are patients using the digital solution as they are intended to (i.e. logging on to it, inputting into it, staying on it for a prolonged length of time)?
- Are patient activation scores higher after using it?
- Is patient summary data displayed by default in information exchanges?
- Is the digital solution accessible for people with special needs?
- Are community clinicians, social service personnel and caregivers using the digital solution as they are intended to?
- Have service leaders explained the importance of using the system?
- What is the volume of data transmitted from community services?
- How long do community service staff and patients stay logged into the system?
- Are GPs using the system?
- What is the volume of data transmitted from GP services?
- How long do GP service staff and patients stay logged into the digital solution?
- Are hospital staff using the digital solution?
- Have service leaders in the hospital explained the importance of using the digital solution?
- How long do acute service staff and patients stay logged into the system?
- What is the volume of data transmitted from acute services?

Societal Impact and Ethical Issues

Societal Impact

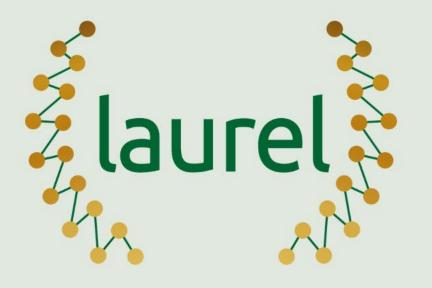
- needs of its beneficiaries, the beneficiaries' families, and potentially the community of which the beneficiaries are a part;
- satisfaction, increased social interaction and involvement, gender equality, increased community cohesiveness, cost savings, increased participation in community activities.

Ethical Issues

- fairness, transparency, accountability;
- rights of individuals, gender equality, freedom of expression, and non-discrimination.

The Future of the Laurel DMAT

- 1. Conversion into an online tool
- 2. Testing it with as many I-LTC practices as possible
- 3. Compiling and analyzing the results
- 4. Benchmarking
- 5. Feedback on the tool itself
- 6. Revision and Improvement





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