



## ENS4Care Kick-off Meeting

Tuesday, 03 December 2013

Microsoft Premises - Aleje Jerozolimskie 195A - WARSAW

[ens4care@ens4care.eu](mailto:ens4care@ens4care.eu) [www.ens4care.eu](http://www.ens4care.eu)

Attendance: Pat Hughes (C3); Tine Lyngholm (DNO); Marianne Sipilä (HMuAS); Elizabeth Adams (INMO); Jacqueline Bowman-Busato (EPPOSI); Dorota Kilańska (ENRF); Ian Johnston (IFSW-Europe); Anne Casey (RCN); Cecilia Sironi (CNAI); Marina Lupari (NHSCT), Germano Couto and Bruno Noronha Gomes (OE); Maximo Gonzalez Jurado, Rafael Lletget and Carlos Lecea (FSS); Daniel Widmer (UEMO); Franz Goodwin (Eurocarers); Jeny Adarska (APOZ); Sascha Marschang (EPHA); Elizabeth Hammer (1.6&2.6 Million Club); Athanasios Tsiggalis and Eleftherio Nikolopoulou (ENSA); Paul De Raeve, Alessia Clocchiatti and Silvia Gomez (EFN).

Apologies: Daniela Quaggia (Active Citizenship); Peggy Maguire (EIWH); Nicole Denjoy (COCIR); Esther de Vries (NU'91); Michael Strübin (Continua); Ray Pinto (Microsoft).

Observers: Milka Vasileva (BAHPN); Mirjana Dumancic and Branka Rimac (Croatian Nurses Association); Veronika Di Cara (Czech Nurses Association); Jón Aðalbjörn Jónsson and Herdis Gunnarsdóttir (Icelandic Nurses Association); Ausra Volodkaite (Lithuanian Nurses Organisation); Sineva Ribeiro, Birgitta Wedahl and Ulla Falk (Swedish Association of Health Professionals).

1. Welcome by ENS4Care Coordinator (*Paul De Raeve - EFN*) and General Manager Worldwide Health Industry (*Neil Jordan - Microsoft*)

Paul De Raeve welcomed the attendants to the ENS4Care kick off meeting. He informed that the Commission had just sent the Grant Agreement, being 1<sup>st</sup> December 2013 the official starting date of the project. Partners were informed that the Grant Agreement has to be signed (with blue pen) by their authorised representative and that the original documents have to be sent back to the EFN office before 15 December 2013 in order to avoid any delays in signing the contract with DG Connect.

Neil Jordan, joining the meeting through videoconference, shared with the audience his enthusiasm for being a partner of ENS4Care and emphasised the role of nurses in healthcare as a crucial component of quality and safety. Acknowledging that nurses and social workers have been traditionally disregarded by the eHealth industry, he emphasised nurses and social

workers engagement as a condition for an effective deployment of eHealth services. Technology has to respond to the professionals' needs.

## 2. ENS4Care Logo & Website

Silvia Gomez, EFN Policy Advisor, presented the proposals for the ENS4Care logo. 6 logo proposals had been first discussed at the ENS4Care Executive Committee Webinar that took place on 28 October 2013. Two options were agreed by the Executive Committee to be put forward to the ENS4Care General Assembly for their approval. ENS4Care Logo number 2 (see slides ENS4Care Kick off meeting) was selected by majority.

As from now on, ENS4Care communication will be done through the email address [ens4care@ens4care.eu](mailto:ens4care@ens4care.eu).

Aiming at making the project immediately visible, a draft version of ENS4Care website was presented for partners' approval. With minor changes, the design of ENS4Care was approved and the ENS4Care coordinator will continue working on the website development for having an operational website before the end of the year, on the following web link: [www.ens4care.eu](http://www.ens4care.eu)

## 3. ENS4Care Objectives and Horizontal Methodology (Alessia Clocchiatti - EFN)


Alessia Clocchiatti, EFN Policy Advisor, presented the foundations of ENS4Care and its political context within the Action Plan on eHealth 2012-2020 published in December 2012 by DG Connect. ENS4Care is a thematic network granted under the CIP ICT PSP Programme 2013, in response to the call 3.3.d "Clinical practice guidelines for eHealth services". The consortium of ENS4Care aims to represent a broad variety of stakeholders including national authorities, social and health professionals' representatives, patients and citizens organisations and industry representatives. ENS4Care main objective is to provide a forum for stakeholders for experience sharing and consensus building. It will last for 2 years.

ENS4Care Work Packages Leaders and Governance Structure were presented. Alessia presented the Horizontal Methodology that will guide homogeneously the development of the 4 Thematic Work Packages: WP2 Prevention; WP3 Clinical Practice, WP4 Advanced Roles and WP5 Nurse ePrescribing. The basis of the Horizontal methodology will be included in the Evaluation Framework (due to be delivered in January 2014) which will guide the process ending with the guidelines' elaboration. Two main criteria of this Evaluation Framework will be the cost effectiveness and patient empowerment. The first deliverables to be sent to the Commission are the different overviews of the practices collected (May 2014).

## 4. Work Package Leaders Specific Work plan

### WP2 – Pat Hughes (C3 for Health)

Pat Hughes introduced C3 Collaborating for Health, a charity based foundation based in London and dedicated to the prevention of chronic diseases. Please to be part of ENS4Care, C3 for Health focuses on prevention and on the challenges linked to the increasing burden of diseases (particularly non-communicable diseases). There is evidence that many of these diseases (obesity, cancer, diabetes, heart stroke, etc.) can be prevented or delayed. She invited



ENS4Care partners to share their experiences and knowledge in the prevention field during the break out session in order to come to a decision to scope down the focus on WP2.

### **WP3 – Tine Lyngholm (DNO)**

Tine Lyngholm introduced WP3 by presenting an example of telehealth consultation for patients with COPD currently in place in Denmark. This system has proven to enhance patient empowerment, cost effectiveness and allows patient to stay longer at home. WP3 will look into clinical practices where eHealth services have enabled or supported the delivery of integrated care. It will identify health strategies and guidelines on clinical practices, when available; and will collect good practices to develop common guidelines on eHealth and clinical practice. Some areas highlighted by the partners were mental health (dementia) and the coordination of the health system reform.

### **WP4 - Marianne Sipila (HMUAS)**

Marianne Sipila presented the main objectives of WP4 which will look into the use of eHealth services and the needed advanced roles within nursing and social care to adequately use the technology. WP4 will take into account the available evidence on advanced roles and on the competences needed in relation to ICT (information and communication technology). Partners brought upfront some of the evidence as regards particularly advanced nurse practitioners, mentioning the work done by the ICN, OECD and academia. It was strongly encouraged to use the evidence available in order to not reinvent the wheel. Partners also warned that a change in mind-set is needed; ENS4Care cannot fall on a world of complexity with definitions and has to go further with patient-centred approach and the needed skills and advanced roles that nurses and social workers need to best deliver care through eHealth.

### **WP5 - Elizabeth Adams (INMO)**

Elizabeth Adams presented the policy drivers that orient nurse prescribing and ePrescribing. She framed the content of WP5 within the activities of the European Commission, and related it to the current EU activities on interoperability, legal issues, reimbursement and innovations focus. Handling health information, collecting, sourcing and storing it reaches 30% of the total health expenditure. That is why is imperative that health information is managed in the most effective way possible in order to ensure high quality and safe services. ePrescribing has many benefits, among which reduction of education errors, improvements in patient safety, and improvements in compliance and costs are reported. The main objective of WP5 is to define and provide a guideline on the functional minimum requirements for further develop nurse ePrescribing in other countries.

### **WP6 - Jacqueline Bowman-Busato (EPPOSI)**

Jacqueline Bowman emphasised the importance of dissemination from the very beginning of the project in order to appropriately engage target groups on the project results. Dissemination activities will be done through eNewsletters, social media, website and a documentary. As part of dissemination, it is necessary to promote ENS4Care presence at key events at EU and national level. Following that, Zoi Kolitsi (EU Expert) which is in the organisation team of the eHealth Week, took the opportunity to officially invite ENS4Care to it, in Athens, during the

week of 12-14 May 2014. ENSA, the students association, will be particularly involved in the dissemination activities and will support Jacqueline in the use of social media.

#### **WP7 - Dorota Kilanska (ENRF)**

Dorota Kilanska presented the ENRF and explained that its objective is to bridge research and policy making as well as research and policy communities. The close proximity of the ENRF to the professional organisations will, in the future and beyond the project, also undertake the dissemination and implementation support of the guidelines. Key task of WP7 will be the assessment of the process, procedures and outcomes of ENS4Care and the validation of its sustainability by working on the preparation for the continuation of the work done after the 2-year project. WP7 will be as well in charge of the advocacy activities with the aim of promoting key political messages and to further promote the uptake of the delivered guidelines. The latest will also build a common research capacity for the implementation of future projects.

### **5. Partners' Contributions to ENS4Care**

The ENS4Care partners briefly presented their organisation and their contribution to the ENS4Care highlighting the WPs they are most interested in (see ENS4Care Kick off meeting PPT). Presentations were made by:

- Ian Johnston (IFSW-Europe): WP2
- Anne Casey (RCN): WP3, WP5
- Cecilia Sironi (CNAI): WP2
- Bruno Noronha Gomes (OE): WP2, WP3, WP4, WP5
- Rafael Lletget (FSS): WP3, WP4, WP5
- Daniel Widmer (UEMO): WP4, WP5
- Franz Goodwin (Eurocarers): WP2, WP3, WP4
- Jeny Adarska (APOZ): WP4
- Sascha Marschang (EPHA): WP6
- Elizabeth Hammer (1.6&2.6 Million Club): WP6
- Athanasios Tsingalis (ENSA): WP6

Two ENS4Care partners, Peggy Maguire (EIWH) and Daniela Quaggia (Active Citizenship), did their presentation through teleconference.

- Peggy Maguire (EIWH): WP2
- Daniela Quaggia (Active Citizenship): WP2, WP3, WP6

### **6. Guidelines Evaluation and Validation Process**

Marina Lupari presented the ENS4Care Evaluation Framework. She emphasised the need to balance social health aspects within ENS4Care work in order to meet EU Commission expectations and requirements, and to ensure an appropriate representation of all stakeholders involved in the project. This must be as well reflected in the deliverables. The evaluation process will have patient empowerment and cost-effectiveness as main focus and will ensure that WP2, WP3, WP4 and WP5 work and deliver ensuring robustness, assurance and that all follow a standardised approach. One of the first tasks of the Evaluation Framework is

the development of a template for the collection of good practices for WP2, WP3, WP4 and WP5. An expert panel, scheduled for April 2015, will confirm and consolidate the guidelines delivered by the other WPs.

➤ **Next steps:**

- Marina Lupari to prepare first draft Evaluation Framework by 13/12 and exchange views with Coordinator.
- Marina Lupari will present to the WP Leaders the Evaluation Framework at the ENS4Care Executive Committee (online meeting), scheduled on 17 January 2014. She will explain the content of the document (terminology, criteria, guidelines layout, etc.) and ask the WP Leaders to endorse it and to present it to the partners during the online meetings foreseen on 20-22 January 2014.

## 7. Reporting System & Budget

Zoi Kolitsi, EU expert, presented the co-operative implementation and reporting system, acknowledging the need to distribute the resources according to the detailed work plans per WP and an informed commitment by partners. The budget will be distributed as detailed in the table below. Variable costs will be allocated according to the following principles: each WP will establish teams with the necessary skills and resources to work on the deliverables; WP leaders together with the ENS4Care coordinator will work on an effort distribution forecast per deliverable; WP leaders will control the actual effort distribution by partners; once deliverables have been provided to the Commission, partners will be reimbursed by the ENS4Care according to their effort distribution after GA approval.

Zoi presented the “WP Planning and Reporting” document, which will be used by the WP Leaders to report the work done by each partner involved in the chosen WPs. This will allow the WP Leaders and the Coordinator to distribute the variable cost according to the effective effort done in the deliverables.

Fixed Costs (€)		
<b>Coordination</b>	110.000	110.000
<b>Contingency Reserve</b>	52.000	52.000
<b>Travel costs</b> ( <i>budget to cover attendance of 1 person per organisation to attend the 4 General Assembly meetings</i> )	2.000 x 23 partners	46.000
<b>WP leadership</b> ( <i>covers the WP leaders except the Coordinator. It covers the management of the WP, organisation of work, deliverables foreseen</i> )	10.000 x 6WPs	60.000
<b>Intellectual work</b> ( <i>It comprises input and preparations to the meetings, feedback on minutes and review on deliverables</i> )	2.000 x 23 partners	46.000
		<b>314.000</b>
Variable Costs (€)		
Input to deliverables from partners, expert contribution		164.000
<b>TOTAL</b>		<b>478.000€</b>

➤ **Next Steps:**

- Each WP Leader needs to fill in the Planning and Reporting document presented by Zoi, by including the partners willing to contribute to the WP and to the specific tasks and deliverables. This completed and final document will be presented and endorsed by the Executive Committee on 17 January 2014.

## 8. Break-out Session WPs: Partners' Contribution & Engagement

### **WP2 Recommendations:**

Acknowledging that prevention is a very big area to focus on, WP2 will most probably focus on risk factors. The importance of focusing on risk factors has the advantage of acting before the disease appears which could address all age groups and professionals. WP2 will also look into how to address the differences in the access and easiness of technology, and in the impact of gender in the use of technology. An important note is that the guidelines that WP2 will deliver will not focus on a particular device or product of a company. WP2 will also address how to increase health literacy. Without a final scope agreed yet, WP2 will have the primarily goal of providing guidelines that will encourage nurses and social workers to use the technology they have available.

### **WP3 Recommendations:**

It is clear that one country's needs might not be the same than in others so there will be a primarily focus on practices. WP3 will do a search to have information on the most common technologies that nurses and social workers are using in their practice. The selection will be done according to the template that Marina Lupari will provide within the context of the Evaluation Framework. It was pointed out the importance to look at the necessary organisational changes, clarification as regards roles and responsibilities, the skills, competences and education needed. It was also decided that WP3 will not focus on detailing those but will mention that in order to implement the delivered guidelines, there are many changes that need to be in place. There are existing guidelines on eHealth for nursing clinical practice that will be used as a basis for WP3.

### **WP4 Recommendations:**

Having in mind there is already evidence available on advanced roles, this WP will focus on the necessary skills and competences most related to the use of ICT and eHealth services. A set of definitions and terminology will be elaborated. There will not be any focus on a particular disease; the approach to take will look into good practices where the education of the professionals involved will be the focus. The knowledge, skills and competences will not focus on a particular disease but on a general approach on person-centred care, community and continuity of care where eHealth services are of use.

### **WP5 Recommendations:**

A national approach was preferred but it is not about implementing nurse prescribing in a country but to enhance ePrescribing. It was highlighted the importance of quality and standards for the systems. Based on country assessments which will bring upfront experiences,



the information will be coded and used in order to advance nurse ePrescribing in other countries. A principle that will be reinforced is the one of patients being owners of the information related to their health status. A standardised template will be elaborated covering the following aspects: legislation and requirements, common definition from the country, principles for ePrescribing, type of model, data accessibility, decision support systems, interoperability, technical standards, level of implementation and lessons learnt.

#### **WP6 Recommendations:**

A stakeholders mapping and a matrix for dissemination will be developed. Different target groups will be identified among which the party multipliers play a key role as they will be the potential network that will inform their respective networks in turn, and multiplying as such the effects of dissemination. Dissemination will be done for example to EU health regional bodies as AER, employers, consumers organisations, schools of public health, CPD providers, etc.

Partners highlighted the importance of taking advantage of every possibility of disseminating ENS4Care. The fact that many stakeholders from the health and social sector are working together in defining guidelines on eHealth services for nurses and social workers for an enhanced quality is a very powerful message every government would be willing to read about. It was agreed that a press release would be circulated to ENS4Care partners the day after the kick off meeting for dissemination among their networks.

#### **➤ Next steps:**

- Based on the discussions held in Warsaw, the WP Leaders have to write down a report with the main points and conclusions of the discussions related to their WP. The final objective of the report is to scope down the focus of each WP (staying compliant with the work plan, as stated in the Grant Agreement). These reports will be discussed and endorsed in the next ENS4Care Executive Committee.
- WP6 Leader, Jacqueline, needs to deliver the following deliverables according to the Work Plan:
  - D6.3 Journalistic Description of the project (M02 – January 2014).
  - D6.4 ENS4Care Twitter account (M02 – January 2014).
  - Press Release, to be ready and sent out after each General Assembly (as proposed in Warsaw by Rafael Lletget (FSS) and endorsed by the General Assembly).

## **9. Upcoming WPs Webinars and April 2014 General Assembly**

Alessia Clocchiatti informed the partners about the upcoming meetings which will be most of them online webinars focusing on the particular WPs. The upcoming webinar is the ENS4Care Executive Committee on 17 January 2013, followed by WPs Webinars on 20, 21 and 22 January 2013. All ENS4Care dates can be found in the related document sent out to all partners.

The next ENS4Care General Assembly (face-to-face meeting) will take place on 9 April 2014, in Brussels.



## 10. Conclusions

Paul De Raeve thanked all partners for the fruitful discussion and active contributions. He emphasised that although it was the first time that for the majority of partners they were meeting, the shared objectives and common principles made possible to achieve a good understanding to move the project forward. He reminded about the importance of signing the Grant Agreement, thanked Microsoft for the support provided (office premises) and closed the meeting at 16.00.