D6.1 CareWell pilot sites operational

WP6 Pilot site operation

Version 2.0, date 9th October 2015
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STATEMENT OF ORIGINALITY

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Executive Summary

This deliverable describes the CareWell pilot site preparation for the process of deployment as planned and performed in each site to make the deployment fully operational. This document describes the issues identified during the preparation phase and status of implementation.
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1. Introduction

1.1 Introduction to the project

Frail elderly patients are characterised as having complex health and social care needs, being at risk of hospital or residential care home admission, and requiring a range of high level interventions due to their frailty and multiple chronic conditions. These patients typically demand an integrated care approach where all care practitioners working in the different levels of care have to be tightly coordinated, and special emphasis is put on patient's empowerment. CareWell aims to enable the delivery of integrated care for frail elderly patients supported by ICT-based platforms.

1.2 Aims of the deliverable

This deliverable describes the CareWell the operational planning of pilots, recruitment, training, and implementation of services for care coordination, helpdesk provision and coaching. This deliverable is supported by the individual Operational Workplans from each pilot site, annexes to this deliverable. All issues dealt with in this deliverable are aligned with WP2 on user specifications, WP3 on organisational models, WP4 ICT specifications, WP5 testing and WP7 on evaluation framework. This deliverable is a key deliverable in preparing the pilot sites for the deployment of CareWell integrated care services.

1.3 Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AReS</td>
<td>Regional Health Agency of Apulia</td>
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<tr>
<td>CM</td>
<td>Care Manager</td>
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<td>COPD</td>
<td>Chronic Obstructive Pulmonary Disease</td>
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<td>CRM</td>
<td>Client Relationship Management</td>
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<td>DoW</td>
<td>Description of Work</td>
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<td>ECG</td>
<td>Electrocardiography</td>
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<td>EHR</td>
<td>Electronic Health Record</td>
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<td>EMH</td>
<td>Ericsson Mobile Health</td>
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<td>ER</td>
<td>Emergency Room</td>
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<td>F2F</td>
<td>Face to face</td>
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<td>GP</td>
<td>General Practitioner</td>
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<td>HIS</td>
<td>Hospital Information System</td>
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<td>ICT</td>
<td>Information and Communication Technology</td>
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<td>IT</td>
<td>Information Technology</td>
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<td>LHB</td>
<td>Local health Board</td>
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<td>LSV</td>
<td>Lower Silesia</td>
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<tr>
<td>MDT</td>
<td>Multidisciplinary team</td>
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<tr>
<td>MHOL</td>
<td>My Health Online</td>
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<tr>
<td>MSDI</td>
<td>Minimal Search Data Index</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>NHS</td>
<td>National Health System</td>
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<td>ULSS</td>
<td>Unità Locale Socio Sanitaria</td>
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<tr>
<td>WCCG</td>
<td>Welsh Clinical Communication Gateway</td>
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<td>WP</td>
<td>Workpackage</td>
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</table>
2. Operational planning of pilot

The CareWell operational workplan for each pilot site has been drawn up in order to plan and monitor all requirements needed to prepare the site for operations. These are annexes to D6.1.

2.1 Basque Country
Pilot site has defined operational workplan. See Annex 1.

2.2 Croatia
Pilot site has defined operational workplan. See Annex 2.

2.3 Lower Silesia
Pilot site has defined operational workplan. See Annex 4.

2.4 Veneto
Pilot site has defined operational workplan. See Annex 6.

2.5 Puglia
Pilot site has defined operational workplan. See Annex 5.

2.6 Powys
Pilot site has defined operational workplan. See Annex 3.
3. Overview of current status of pilot sites

3.1 Basque Country

All the services planned are in place and operational. With regard to the first operational plan issued, the biggest difference is that patients are not provided with telemonitoring nor telecare devices. The core working group considered that telemonitoring will not bring any benefit to frail elderly patients, so this option has been discarded. However, the monitoring of the health status of patients will be carried out by periodic (monthly) phone calls by primary care nurses; an agreed questionnaire is asked.

In CareWell there are three integrated care organisations involved in the intervention group, which covers two of the three geographical areas of the Basque Country. Three tertiary hospitals and around 60 primary care centres are involved in the project. The numbers of healthcare professionals that have been engaged are:

- 87 GPs.
- 87 primary care nurses.
- Reference internists (internal medicine services of three hospitals).
- General directors and medical directors of the three integrated care organisations.

All the professionals involved have received training on a number of distinct aspects (CareWell project, agreed integrated care pathway, patient empowerment programme, and clinical aspects) which are described in section 5).

3.2 Croatia

All stakeholders needed for service delivery have been in fully involved in the pilot preparation activities: field nurses and GPs from ‘Healthcare Centre Zagreb’ took part in the validation of educational movies and the design of healthcare service that will be delivered to patients. For now, the plan is to deliver the service only in the area where healthcare service delivery is performed by GPs and field nurses from ‘Healthcare Centre Zagreb’.

IT systems are fully adapted for the needs of CareWell use case (Ericsson Mobile Health solution and FER Home Health TV viewer) and tested. An overall end-to-end test has been performed with positive outcome.

All patients have been identified and selected, and patient informed consent (see Annex 8.1) has been confirmed by Healthcare Centre Zagreb Ethics committee (see Annex 8.2).

As all prerequisites for patient visits have been met, field nurses will perform the first home visits by 5th June 2015.

3.3 Lower Silesia

LSV CareWell pilot site was delayed due to educational platform implementation; it will reach effective operational status at 1st October 2015:

Stakeholders: 50 monitored patients are involved. The control group will be enrolled from POZ (outpatient) clinic.

Strategy of involving more stakeholders is based on commitment from local authorities to implement new services (any agreement was sent as supporting material).
Legal frameworks are put in place for setup of new social services.

There is a plan (in the framework of structural funds) to involve more patients (up to 15,000) for four more Geriatric Centres in the region.

### 3.4 Veneto

The pilot plan has been put in place according to the operational plan (Annex 6).

The ICT system has evolved in order to meet the features required by the project.

Patient lists have been extracted by the ACG system from the informative systems, and divided by each GP that has to approach and eventually to involve patients.

An operational protocol for professionals and a technical protocol for the ICT-related tasks and issues have been established, shared and discussed with all the relevant professionals involved.

The help desk is ready to support the services.

### 3.5 Puglia

On the 1\textsuperscript{st} March 2015 Puglia was fully operational.

The pilot plan, as reviewed, was adapted to the local context of Campi Salentina district.

The care team received training material, informed consent form and user's assessment form to support recruitment. Strategic alliances were accomplished. Help desk (core team staff), ICT architecture and organisational models (Patient pathways) were put in place.

### 3.6 Powys

Originally, six of the 17 Powys GP practices signed up to the CareWell Project. Of these six, one has withdrawn. The reason for the withdrawal is the perceived extra workload at practice level due to WP7. Intelligent feedback suggested that WP7 was not beneficial to Powys or even EU patients, and therefore the GP practice felt that the CareWell project required too much effort for the return. The particular issues were in relation to undertaking one-to-one interviews with the patients, which would be expensive in relation to GP time & opportunity cost. The full nature of WP7 did not become clear until the six GP practices had officially signed up.

Of the five remaining GP Practices, one is also very concerned about the work load due to WP7. A local solution to ensure that this is kept as “light touch” as possible is being actively pursued in order to keep them as part of the CareWell project. Other contingency plans are being developed, but even if the project was reduced to four GP practices, 100 patients would still be secured for the project cohort.

To date, all five practices have completed a Self Assessment Framework (see Annex 9.1) against the Ten Step Programme, to create a measurable baseline and to develop a local Practice Action Plan (see Annex 9.2 for an example). These Action Plans have been produced and shared with the individual CareWell GP practice facilitators. The Project Board is due to review the baseline positions across the GP practices in order to develop appropriate learning and development opportunities per step.

It is already evident that areas of good practice are observable, and leading practitioners have been identified. The next steps are to exploit and share good practice around the pilot sites.
4. Recruitment of patients / older persons for pilot

4.1 Basque Country

Following the inclusion criteria defined at consortium level, the Information System Department of Osakidetza has extracted a list of potential patients. From this list, those patients who are treated by the GPs involved in the project have been selected. These patients (100) will be closely followed, since their data will be included in the evaluation at consortium level. However, all frail elderly patients treated by the three integrated care organisations involved will be included in CareWell pathway. So each GP has already identified his/her frail elderly patients, so the GP can start approaching them.

The GP is in charge of offering patient the opportunity to participate in the study, and explains what this participation implies. Patients are provided with the informed consent form, which has to be signed in case of acceptance.

One of the problems encountered is that the frailty criteria defined in the inclusion criteria is assessed by the Basque stratification tool. Since the information used for the last stratification is from 2013, an unplanned update has been necessary, in order to have the most accurate data from candidate patients. This issue has already been solved, but has caused a slight delay; instead of starting to enrol patients in May, patients will be invited to participate in early June.

The Informed Consent form is included in Annex 7.1, and the leaflets for patients in Annex 7.2.

4.2 Croatia

Initially, we experienced issues with finding enough patients that meet all CareWell recruitment criteria. However, in the end, we have managed to identify the needed number of patients. To ensure that we have enough patients throughout the whole duration of project, and to have backup patients in case of early dropouts, we have identified and selected 20% more than we plan to include in service delivery (planned 50 in intervention + 50 in control group, identified and selected 61 in intervention and 61 in control group). Anonymous list of selected patients is attached to this document.

All identified patients have been informed about pilot procedure and details, and they have agreed to participate in the pilot. Patients will sign the informed consent (Annex 8.1) during first home visit, at the latest 5th June 2015. A list of (anonymised) participants is included at Annex 8.3.

4.3 Lower Silesia

A. Falkiewicz specialist hospital in cooperation with outpatient clinic (POZ Św. Katarzyna) has selected two groups of patients.

- Group 1: 50 patients were selected within the discharge procedure in the hospital. This group of patients is equipped with mobile devices to monitor vital parameters.
- Group 2: 50 patients recruited mainly from outpatient clinics with the same structure of diseases.

The patients were selected by Coordinating Doctor (Marcin Zaremba) according to the specific structure of the groups:
• Diabetes Group: equipped with smartphone LG L65 + Glucometer – 20 sets.
• COPD Group: equipped with smartphone LG L65 + spirometer – 5 sets.
• Hypertension Group: equipped with smartphone LG L65 + Blood pressure meter - 15 sets.
• Heart Failure Group: equipped with smartphone LG L65 + pulse oximeter + weight scale - 10 sets.

All Patients from Group 1 were trained in how to use the mobile devices. They were trained twice:

1. During enrolment when they sign the participation consent.
2. When they were equipped with mobile devices

4.4 Veneto

Based on the inclusion and exclusion criteria, a list of potential patients has been defined using the most recent archive (updated at 31/12/2014), consolidated using the Johns Hopkins University ACG (Adjusted Clinical Group) system that Local Health Authority Nr.2 of Feltre has been deploying since 2013. The patients were also grouped by GP.

The GP who is charge of the patient screens the list of patients, confirming those patients who meet the eligibility criteria. The GP offers the patient the opportunity to participate to the study, explaining the details of the study procedures and service. Once fully informed, the patient decides to participate by signing the informed consent for the study and the data management and protection.

4.5 Puglia

On 1st March 2015, AReS Puglia started recruitment; dedicated lists containing eligible patients according to the protocol were delivered to GPs involved in the Project. GPs received a list of their own patients, stratified by pathologies, from which they screened patients to start enrolment.

4.6 Powys

Each GP practice was visited by the member of the CareWell team who has been assigned to that practice. All aspects of the CareWell Project were explained in detail, but in particular recruitment and selection of the CareWell patients.

At a Powys level, the Project Board drafted in the assistance of the Information team. Staff members were tasked with the creation of a Patient Pack and information leaflets that fitted in with the Information Governance rules and procedures.

Following feedback at a WP7 forum with the local GPs, the Project Board agreed to employ a local specialist research company called ORS to help manage the recruitment, and undertake WP7 tasks in conjunction with the GP practices and the Information team.

The GP practices were encouraged to write to 40 patients in order to get the cohort of 20 per practice. To enable flexibility, following the withdrawal of one of the practices, the
available resource was reconfigured to allow the remaining GP practices the appropriate resource to recruit the full cohort as required by the CareWell Project.

Each of the GP practices went about the task of recruitment in different forms. Step 1 of the 10 Step Programme is the aim of a Case Manager Management approach through MSDI. MSDI was procured and staff were trained. The GP practices, as a validation tool, also used the pen & paper approach, and used the search functions of their GP PAS systems. This approach proved successful, and the uptake was swift and positive. This process has provided enormous learning for the Health Board in relation to MSDI.
5. Training of professionals, formal & informal carers

5.1 Basque Country

All professionals have been trained during April. Distinct training sessions have been organised where the target audience and the objectives were different.

The training sessions have been:

- **CareWell project and new integrated care pathway:**
  - **What:** CareWell study presentation (European vision, objectives, care pathway, services, evaluation framework), detailed protocol explaining all relevant aspects of the intervention, and specific activities each actor performs.
  - **Who:** General directors, medical directors and reference internists.
  - **To whom:** GPs and primary care nurses.
  - **Supporting material:** Presentation and detailed protocol (included in Annex 7.4).

- **Basic training on clinical aspects:**
  - **What:** Information of the most prevalent diseases present in frail elderly patients, such as COPD, heart failure and diabetes. The sections of the training include the explanation of the epidemiology, causes, diagnosis, symptoms, pharmacological and non-pharmacological treatment.
  - **Who:** Nurses and GPs of the core working group.
  - **To whom:** Primary care nurses.
  - **Supporting material:** Presentations (included in Annex 7.4).

- **Kronik ON programme:**
  - **What:** Presentation of the new programme of frail elderly patient empowerment. The structure of the programme (sessions, objectives, tasks, frequency) and the methodology is explained. Kronik ON programme is also available in Osakidetza’s web portal, so a demo is performed to show professionals how to access it.
  - **Who:** Primary care nurses of the core working group.
  - **To whom:** Primary care nurses.
  - **Supporting material:** Presentation and detailed protocol (included in Annex 7.4).

It has been shown that it is relevant to choose the most appropriate trainer / communicator in order to really reach the target audience. Therefore, we decided to have top managers of the organisations involved presenting the project in the first training session, so their support to CareWell is well reflected. However, for the other two training sessions, healthcare professionals were selected, so they explain to their peers what has to be done; this sounds more reliable.

5.2 Croatia

User training for six field nurses and six GPs has been carried out.

Training for all six field nurses been organised in Ericsson premises, and took place on 20th April, where Ericsson technical support team gave instructions on how to use Ericson
Mobile Health technology, and FER technical support team has demonstrated how to use FER Home Health TV viewer.

Training for the doctors was held in the last week of April, in the period 27th-30th April. Ericsson technical support team has visited each GP involved in the pilot, demonstrated how to use Ericsson Mobile Health Web application, as well as how to access CareWell data collected by field nurses through GP standard software application (an alternative for CareWell data access). Field nurses have also participated in this training to demonstrate the full CareWell process:

- Patient provisioning in EMH system and assigning to Field nurse service.
- Data collection by field nurses for the patients assigned by GP, using Ericsson Mobile Health system.
- Data forwarding using Ericsson Mobile Health system.
- Data access and review by GP, using both Ericsson Mobile Health Web viewer and Medicus.net (application used by GP in everyday work).

Training material is included in Annex 8.4.

### 5.3 Lower Silesia

LSV CareWell team, including healthcare professionals, IT and social care staff, were instructed on how to operate the new services and respond to events which may arise in the course of the pilot. The training sessions were conducted separately for each platform.

Training on monitoring platform

Training on integration platform

Appropriate protocols and documentation were provided. For complex service procedures, instructions were extended to a short training course with opportunity for refresher sessions where the need arose.

In the case of services or service components which are automatic in day-to-day provision, only IT staff need be instructed in service / data maintenance issues and user support.

### 5.4 Veneto

A pathway has been developed which shows the process of care delivery related to CareWell in which it is possible to see every activity and task for all the actors involved at any point of time.

The pathway has also been translated into an operational protocol in order to explain and make clear the role and task of each actor. The protocol has been prepared, discussed and shared with all the healthcare staff.
In addition to this, a technical protocol for data collection has been discussed, issued and shared with the IT department staff. The professionals are trained in groups or one-to-one meetings in which the aim and the objectives of the project are explained, together with the service procedures and the tasks and responsibilities of each professional profile.

5.5 Puglia

All the professionals enrolled in Campi Salentina site were already trained before the 1st March, but underwent one refresher session on specific issues related to the project operation, the protocol, and the use of devices. See Annex 11.3 for training material.

5.6 Powys

The Powys CareWell project can be split into three sections, with the 10 steps falling in the three categories. The first category is GP lead; there were certain training requirements, for example with the MDT approach. In order to allow this to happen, the appropriate District Nurses from the GP practices were trained on how to use Myrddin as a way of recording the relevant patient information, which then feeds into the MDT meetings (see Annex 9.4). The Information team were tasked with the creation of a manual and a training plan. With their able assistance, this task was completed before the rollout of the Project to allow the process to be tested and data validated.

The second category included MHOL, MS Lync and WGGC. For this, the Project relied on external experts and trainers to provide the knowledge and training to allow these functions to integrate around the CareWell patients.

The third category, including the Mobile Working work stream, has been more complex in its approach. Training for staff members is available through mandatory training. The specialist nurses have provided the cohort with training for individual’s kit as appropriate. This is individual to the patient, rather than a blanket approach, using the specialist nurses’ knowledge and awareness of the patient’s local context.

Other training opportunities in relation to progression across all 10 Steps will be exploited opportunistically. There are existing training programmes working to a longer timeline, which will be reviewed along the timeline.

No specific training for carers has been envisaged or requested at this stage. However, by appropriately using Info Engine, training needs can be met by finding local courses. This need can also be discussed with the GP practices, who are themselves adding their local courses onto Info Engine to help create a larger database of knowledge.
6. Set up and operation of CareWell integrated care programme partnerships

Work has been carried out across the tasks developed in the various WPs to ensure that key stakeholders are represented across the sector. Pilot sites have been liaising with their different stakeholders, in some cases not only at a regional level, but also national level. In WP3, CareWell pathways have been developed and implemented in the sites. In WP2, focus groups meetings were held in the different pilot sites to identify the needs in implementing the CareWell integrated care services. WP4 has analysed and defined the new ICT architecture to be put in place for the implementation of the CareWell pathways and services. Currently, further work is planned for future service development. Another initiative in finding synergies with other integrated care projects is underway.

6.1 Basque Country

As explained in the operational plan, Kronikgune will be responsible for linking the different working groups involved in CareWell (healthcare professionals and technical staff). In addition, Kronikgune will be in charge of uploading to the RAIL tool the most relevant information collected from the front-line professionals.

6.2 Croatia

After analysing the existing pathways with healthcare professionals, we have identified the main pain points and most explicit barriers or gaps that are acting as show stoppers for the implementation of integrated healthcare services for chronic patients older than 65 years of age. In order to address those issues, we have worked together with healthcare professionals to define new or redesign existing field nurse services that could facilitate the integrated approach in healthcare delivery. A specific mHealth platform, called Ericsson Mobile Health, was introduced, and will be used to facilitate the interaction and care coordination between field nurses and GPs, as well as for self-education of chronic patients. Field nurses will use Ericsson Mobile Health Android application on their mobile devices together with medical sensors to collect medical information during the patient home visits. On the other hand, integration of Ericsson Mobile Health system with GP office application will make this information visible to the GPs in near real time. Furthermore, mobile devices powered by Ericsson Mobile Health system will be used as facilitator for patient home education in a way that each patient will be able to access the educational movies on how to manage their chronic disease, via their smartphones. Finally, FER Smart TV viewer will be adapted to work with Ericsson Mobile Health, and will be used as an alternative way for patients to access the educational videos.

6.3 Lower Silesia

Polish healthcare / telecare systems are not well developed, so there were not many existing components to be integrated in the framework of the LSV CareWell Platform. A Health Information System (HIS) existed in the hospital, and many different HIS systems in GP practices, which should be integrated with the telemonitoring system.

In the Project, a personal health record (PHR) has been implemented. An integrated platform and mobile educational application were also implemented. This is why it was necessary to implement each part of the CareWell platform as separate ICT components and integrate them.
According to health information system there is a major Project (P1) realised by Centre of Healthcare Information Systems, the institution established by Ministry of Health. This is the first integrated approach in Polish healthcare. There are two applications being developed which cannot be implemented in the framework of CareWell project: e-Prescription and Patient Internet Account. These will need to be integrated in the future.

6.4 Veneto

As described in the previous documentation, the Local Health Authority Nr. 2 of Feltre directly manages both the primary and secondary care services involved in the project. The only exception is related to the management of the GPs. Due to the nature of their contract, GPs in fact are not properly employees of the ULSS 2; a special agreement has been discussed in order to guarantee their involvement in the operations.

6.5 Puglia

Specific pathways were shared among professionals, and the organisational model was adapted to the local context. A specific meeting was held involving local and regional stakeholders in order to discuss the new organisational model to reduce resistance and remove potential barriers. A framework agreement was signed between hospitals, devices supplier and A.Re.S. for the definition of the final ICT adaptations to be put in place to strengthen the interaction among all stakeholders involved in the disease and care management of the patient out of hospital. Annex 11.1 has information on device supply.

6.6 Powys

Powys is supporting the CareWell pathways through ensuring the use of existing and new ICT through a Ten Step ICT Programme. Multiple existing functionalities are available within the Powys healthcare system; however these are not mandated, and therefore are not all currently in use. The Powys pilots focus is to ensure all existing functionalities are utilised around the patients, and through extension of those functionalities.

As shown in the CareWell Integrated Care Pathway for Powys below, there are no major changes to the delivery of care. However, its introduction will support the patient wherever they may be on their journey, through improved communication and coordination between healthcare professionals, and empowering the patient in self management of their condition through the introduction of a ten step ICT programme.
Each step in the Programme has a unique set of stakeholders, drivers and time lines. The Powys CareWell Project Office is maintaining a high level overview of the dynamics operating between them, and how each programme step impacts and complements the others. The Project Self Assessment Framework flags up areas for shared learning and action across GP pilot sites. This is a crucial success factor of the project, as it is anticipated that not only will each develop at different pace, but there will also be unanticipated developments within the life of the project and new capabilities to account of. This is also pertinent to GP practices and Powys THB staff members that are not within the CareWell Project.

A strong strategic alliance between the stakeholders is continuing to be essential in order to capture the breadth of developments and for project success. The Project Office is acting as the lynchpin in the project to communicate progress and status of the elements between them and across all pilot practices. The agreement with GP practices is attached as Annex 9.3.

Each practice has a Pthb link contact (a dedicated CareWell facilitator per practice); they perform a bridging mechanism between each practice and the Project Office. The facilitators have been deliberately chosen from different speciality areas to allow a cross pollination of knowledge amongst Health Board teams as well as within the CareWell project.

The Governance of the Project Board has all main stakeholders as members, complementing these arrangements. The Project Board continues to meet bi-monthly. Attendance has been an issue with certain specialities, but a work around has been developed with more one-to-one meetings, as co-ordinating everyone’s diaries across a large speciality & geographical area has its own unique challenges. Individual members of the Board are also linked into the main national ICT strategic developments, which help to influence the project’s progress.

The multi-disciplinary team around each potential GP practice has been engaged through workshops and site visits. The Project Board has representation from the relevant staff groups employed.
7. Introduction of systems and services at pilot

7.1 Basque Country
All CareWell services have been in place since early May 2015.
The self management notebook in Annex 7.3, and videos in Annex 7.5

7.2 Croatia
ICT systems have been installed, tested and are fully operational. Integrated care services will be delivered with first patient visits that will take place by 5th June 2015 at the latest.
As for patient empowerment and the home support service, this will also be introduced during the first home visit when nurses will train patients on how to use the digital educational tool that is available within the Ericsson Mobile Health system.

7.3 Lower Silesia
The following services and ICT adaptations were put in place in Lower Silesia pilot site.

Services
- Patient monitoring at home: 50 patients were equipped according to their chronic disease(s).
- Call Centre service was established.
- Educational platform service to support empowerment and self-care with information.
- Medical staff consultation service based on EHR.
- Video, voice and text messaging service via mobile application between patient / informal carer and medical staff.

Technological adaptations
- Creation of interfaces for secure access to the data from home monitoring.
- Creation of interfaces for content management for social / educational platform.

- Mobile application as educational tool for patients and informal carers.

- Mobile communication tools for Video, voice and text messaging.

### 7.4 Veneto

The Territorial Informative System, that is the backbone of all the services related to the project, has been installed. The Territorial Informative System now integrates the data and allows sharing and exchange of information between professionals. New features related to the project have been developed and made available to the professionals, such as: a patient dashboard shared among the services involved, and a tool containing most of the questionnaires related to baseline and end line evaluation. In addition, the mobile version of the Territorial Informative System for the home care nursing service has been installed.

### 7.5 Puglia

On 1st March 2015, the following services and ICT adaptations were put in place.

**Services**

- patients home monitoring;
- therapeutic recall to improve adherence;
- educational platform to support empowerment and self care;
- specialist consultation through EHR;
• messaging / picture sending (diabetic ulcers) between patient / informal giver and Care Manager.

**Technological adaptations**

• creation of interface between devices hub software and Care Puglia software;
• platform adaptation to receive clinical parameters from home monitoring;
• platform adaptation to release educational tools to patients and informal givers;
• release of additional access profiles to primary care or hospital specialists;
• platform uploading images.

See also Annex 11.2 Patient empowerment.

### 7.6 Powys

All ICT components within the Powys CareWell pilot are PtHB corporate technological tools, or are based on systems rolled out within wider programmes across NHS Wales.

New items of equipment required for CareWell have been procured within the usual PtHB ICT procurement procedures that utilise national framework agreements for ICT that have been through rigorous procurement processes compliant with OJEU.
8. Help desk provision

All sites have taken into regard a help desk provision, which in some cases is combined with contact centre. See annexes with pilot site operational workplans.

8.1 Basque Country

As explained in their workplan (Annex 1), Kronikgune leads the help desk in the Basque Country by coordinating distinct working groups (healthcare professionals and technical staff). Additionally, since late May 2015, a field trial manager has been engaged for CareWell project who is in charge of coordinating and monitoring the trials in the integrated care organisations involved. She will be supporting any aspect of the intervention (reinforcing the training of professionals, solving issues, detecting improvement areas, collecting lessons learned, etc.).

8.2 Croatia

At this point, there is no new information regarding the help desk. No logs have been recorded. Detailed description of help desk setup is available in operational workplan (Annex 2).

8.3 Lower Silesia

A.Falkiewicz specialist hospital has created a contact centre / point with help desk functionalities; this service is colloquially called call centre. It connects inbound & outbound telephone communication as well as email, SMS and video chat. It is equipped with computer, telephone, smartphone, tablet, headphones, camera and speakers.

Tasks for the Call Centre:

- To manage the patients to enrol them into the platform.
- To take part in patients' training and platform testing.
- Coordination of telecare procedure.
- Alarm services support.
- To answer questions.
- To contact patients directly.
8.4 Veneto

As described in the operational plan (Annex 6), the ICT Service has a Help Desk for all the aspects related to the ICT system; this operates from Monday to Friday, from 08:00 to 18:00. The same operational plan explains the flow of information / issues between the professionals and the help desk; this also involves the Primary Care District and the pilot manager.

In addition, as also reported in the Annex 6 a Quality Team supports the ICT service in problem solving and in addressing the maintenance of quality in service management.

8.5 Puglia

A local help desk in the District of Campi Salentina was in place at 1st March 2015. This is responsible for any issue arising at a local level. A specific phone number is dedicated to the help desk. The helpdesk at local level is operational from 8am - 8pm every day except Sunday; this corresponds to the opening hours of the outpatient clinics.

The Agency, as central help desk, receives the issues collated by the local help desk and manages them using the RIAL template.

The central help desk, in case of issues that can potentially become a threat for the success of the project, is responsible to convene / contact the partners in order to reach agreed / shared solutions.

The central helpdesk is operational from 9am - 6pm every day except Saturday and Sunday; in addition to the contact hours of availability, it will carry out back office activity when necessary.

8.6 Powys

The Powys CareWell Project Office is operating as the Help Desk linking the Powys Project to European partners, stakeholders within Powys, pilot practices, and the patient cohort. The Help Desk is enhanced with the appointment of a named PtHB contact (Facilitator) for each pilot practice; within each practice there is also a named Project and Clinical lead.

The Help Desk therefore has an extended structure into the pilot sites. This structure enables any questions and issues to be raised and dealt with at the appropriate level, whilst identifying any learning opportunities to be collated quickly, and shared effectively. The Project Office holds regular meetings with the CareWell Facilitators who raise any meetings / queries from their interaction with the pilot sites; these are then discussed as a group, and a response disseminated or flagged up to the Board if it is an issue of more strategic concern. The appointment of a lead Facilitator enables ownership of this process.
Annexes

The following annexes (separate documents) support this document:

- Annex 1 CareWell operational plan - Basque Country
- Annex 2 CareWell Operational Plan - Croatia
- Annex 3 CareWell Operational Plan - Powys
- Annex 4 CareWell operational plan - LSV
- Annex 5 CareWell Operational plan - AreS Puglia
- Annex 6 CareWell Operational Plan - Veneto
- Annex 7.1 CareWell Basque Country Hoja de información al paciente y consentimiento informado_v4
- Annex 7.2 CareWell Basque Country Leaflets for patients (eight files)
- Annex 7.3 CareWell Basque Country Self management notebook (one file)
- Annex 7.4 CareWell Basque Country Training for professionals (seven files)
- Annex 7.5 CareWell Basque Country Videos for website (seven files)
- Annex 8.1 CareWell Croatia Informed Consent
- Annex 8.2 CareWell Croatia Ethics Committee approval
- Annex 8.3 CareWell Croatia list of anonymous participants
- Annex 8.4 CareWell Croatia Training material
- Annex 9.1 CareWell Powys Self Assessment Framework v1.1
- Annex 9.2 CareWell Powys Pilot Site Action Plan template
- Annex 9.3 CareWell Powys GP Practice Specification v3.2
- Annex 9.4 CareWell Powys Myrddin User Manual for District Nurses v3
- Annex 10.1 CareWell LSV equipment rent agreement
- Annex 10.2 CareWell LSV equipment rent protocol
- Annex 10.3 CareWell LSV Informed Consent Form
- Annex 10.4 CareWell LSV Patient training lists
- Annex 10.5 CareWell LSV Szkolenie pacjentów-CareWell-1.1.1
- Annex 11.1 CareWell Puglia Devices supply (two files)
- Annex 10.2 CareWell Puglia Patient empowerment (four files)
- Annex 11.3 CareWell Puglia Professional training (six files)
- Annex 12.1 CareWell Veneto pathways
- Annex 12.2 CareWell Veneto operative protocol
- Annex 12.3 CareWell Veneto technical protocol