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Evidence Based Guidelines for Nursing and Social Care on eHealth Services

Integrated Care

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List of the ENS4Care partners

Executive Summary

The Thematic Network ENS4Care aims to deliver evidence-based guidelines over a two-year period to enable the implementation of eHealth services in nursing and social care. The overall objective of the Network is to make up to date and effective eHealth guidance available to health and social care staff and those using their services in accessible formats and foster continuity and quality of care as well as patient safety across all EU Member States and the EEA.


The eHealth guidance that is developed will put information at the fingertips of service users, carers and professionals supporting them about the merits of different treatment options, models of care and specialised equipment that can enable people challenged by illness or disability to retain or regain control over the services they are receiving.

Safe and high-quality care is inextricably linked with the development and implementation of eHealth services. The current document presents evidence-based guidelines to inform policy-makers, health professionals, citizens and industry in the design and deployment of eHealth services at local, regional, national and European level based on identified best practice examples collected through the ENS4Care thematic network from countries across the European Union (EU).

Whilst nurses, social workers and other care staff across Europe already possess well-developed core skills and shared values, there are significant variations in the organisation and management of services and the roles that health and social care staff undertake in different countries. Likewise the term integrate care is now being used to refer to widely different scenarios such as the amalgamation of services such as health and social care, housing and welfare benefit and social protection, that have traditionally been distinctly separate.

However, this guideline builds on the work of the ENS4Care network work stream 'Integrated Care' and is focussed specifically on the deployment of eHealth services to support the provision of integrated health and social care services to an individual citizen, family or population in their own home(s) or in primary, secondary health, and social care settings.

Integrated care along the care continuum is essential to ensuring optimal outcomes are achieved for all people living in the EU, especially those burdened with chronic disease and complex care needs and who require attention from a range of professionals from primary and secondary health and social care sectors. eHealth is a key enabler for integrated care, used here to refer to the management and delivery of health and social care services so that citizens receive a continuum of preventive, curative



and supporting services, according to their needs over time and across different levels of the health and social care systems. eHealth plays a key role in supporting the introduction and development of the new skills required to deploy integrated care. Principle amongst these are Information Prescribing to promote informed choice and Shared Decision Making (SDM)

The present document outlines key steps and considerations for the deployment of eHealth services for integrated care at different levels of enablement. It includes the scope of the guideline, deployment process, and key factors that can act as barriers or facilitators, outcomes and implications, relevant EU policy and legal context. In particular, analysis of the evidence collected and the extrapolation of the key elements of the practice examples amassed point towards a four-stage deployment pathway consisting of planning, implementation, evaluation and elaboration processes influenced by cross-cutting structural and procedural factors.

The guideline deployment pathway that is detailed here is targeted at a range of stakeholders with an interest in eHealth services and is designed to be transferable across EU countries. It is therefore presented ready for immediate use.

1. Introduction

The Thematic Network ENS4Care aims to deliver evidence-based guidelines over a two-year period to enable the implementation of eHealth services in nursing and social care. eHealth is changing the way professionals work in health and social care and accordingly therefore the eHealth guidelines reflect the evidence acquired from consideration of the best practice examples submitted.

The present document details guidelines aimed at decisions about appropriate eHealth services to support the provision of integrated care. For the purposes of this exercise integrated care refers to the management and delivery of health and social care services so that citizens receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system (European Innovation Partnership on Active and Healthy Ageing, 2012). It is generally accepted that failure to better integrate or coordinate health and social care services between primary and secondary care can result in suboptimal patient outcomes, such as unnecessary or avoidable hospital re-admissions or adverse drug events (World Health Organisation, 2014).

The guidelines presented here have been developed following input from ENS4Care network partners and submitted cases of good practice examples. The results of that data collection process and its analysis are included in the [ENS4Care Deliverable](#) on Nursing and Social care practices in ICT enabled Prevention, Clinical Practice, Advanced Roles, Integrated care and nurse ePrescribing, which was prepared by the ENS4Care partners in May 2015. The collected examples of eHealth services for integrated care aimed to improve the continuity of care for individuals by breaking down any barriers between primary and secondary care settings, in this way ensuring a smooth patient trajectory through the health and social care services. Examples included discharge planning, information sharing and individual flow managing systems. Data about these examples were collected following a structured survey and analysed quantitatively and qualitatively using standard descriptive and content analysis techniques. The key steps to the implementation of the examples of eHealth services for integrated care were gathered, alongside reflections on the barriers and facilitators to success, as well as key lessons learned. The main features of these were extrapolated so that the principles generated are not unique to particular national contexts but transcend countries and can be transferable to different local, regional or national health and social care settings across the EU.

In the following pages the scope of the guideline and its intended audience is clarified and key practice examples are given to illustrate the potential these can offer. The main elements of implementation for a given eHealth service for integrated care are then detailed and clarified. These are intentionally presented at a generic level in order not to limit the scope of this document to any one particular eHealth service or any particular country, while bearing in mind the evolving field of integrated care, which as yet lacks standardised approaches. It is expected that this document will be equally useful to health professionals and social workers, citizens, groups, care providers, industry and policy makers who find themselves as the commissioners, implementers or recipients of eHealth services for integrated care.

2. The guideline

2.1 Scope

This guideline represents an evidence-based consensus statement that aims to guide decisions about appropriate eHealth services to support the provision of integrated care of an individual citizen, family or population in primary or secondary health and social care settings. Integrated care is the management and delivery of health services, providing a continuum of preventive, curative and caring services, depending on the needs of the client/patient. eHealth services for integrated care can be especially relevant in the care of citizens with long-term conditions, but can also be applied more widely to any health issue that requires an element of collaboration between primary and secondary health and social workers.

The guideline is addressed to health professionals and social workers, citizens, care providers and industry. While this guideline will be of particular relevance to health professionals and social workers concerned with the deployment of eHealth services for the provision of integrated care, it also hosts important messages that can empower citizens in securing an active role in setting the direction of their care. It is designed to be of practical use for its target audience, it is gender sensitive and aspires to help reduce health inequalities.

This guideline offers an evidence-based process to the deployment of eHealth services for integrated care from planning through to evaluation. It identifies the key steps to be taken and main issues to be considered. Importantly, it highlights the main factors that are likely to act as barriers and facilitators to the process. While based on examples from different countries across the EU, it was developed following analysis that distilled the key success features of such practices without limiting itself to particular policy or practice contexts. It is therefore designed and is intended to be readily transferable across EU countries.

Case practice name

The Hub: Shared information portal between primary and secondary care

Main benefits

Streamlines the management of patients admitted to hospital.

Alerts primary care staff that their patient has been admitted to hospital and which ward they are on.

Gives hospital staff an insight into what care patients have been receiving at home.

Informs primary care staff about patients' discharge planning and what care they received while in hospital.

From ENS4Care partner - Royal College of Nursing

Submitted by – Ms Edna Grant
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Case practice name

National Network for Integrated Continuous Health and Social Care

Main benefits

The Network provides continuity of care through complementary levels of integrated care, such as convalescence, rehabilitative middle and long term care.

Services include palliative care, care of the elderly and for those living in situations of dependence.

It coordinates the provision of home care allowing people to remain at their home for as long as possible.

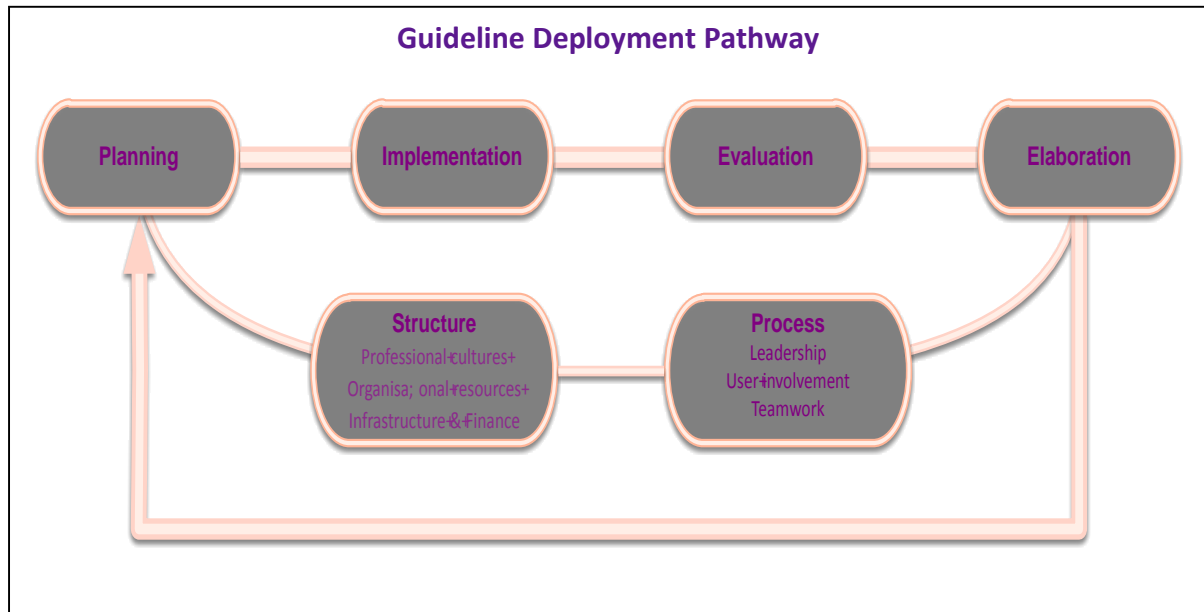
From ENS4Care partner

International Federation of Social Workers
Submitted by – Ms Cristina Martins
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Guideline statement: eHealth solutions should be considered for any health issue that requires an element of collaboration between primary and secondary health and social workers.

2.2 Process & Outcome

Through the analysis and evaluation of the practices collected, ENS4Care has developed a guideline deployment pathway for the use of eHealth services that can enable integrated care.



2.2.1 Process

Identification and selection of appropriate eHealth services should follow the procedure adopted by the ENS4Care network and provided in detail in deliverable D1.8 Evaluation Framework. Specifically, a chosen eHealth service should fulfil the following criteria:

1. Use of an ICT component that can support the delivery of care;
2. Involvement of nurses and/or social workers;
3. Potential for cost-effectiveness;
4. Capacity for citizens and patients empowerment;
5. Proven usability, usefulness and user-friendliness; and,
6. Consideration and respect for person-centeredness, privacy and safety.

The analysis of the submitted cases and particularly of the best practices chosen by WP4 – Integrated Care (ENS4Care Overview of Practices D2/3/4/5.1) points towards a common pathway that can enable successful deployment of eHealth services for integrated care. In particular, a four-stage cycle is revealed commencing from **Planning**, leading to **Implementation**, then **Evaluation** and finally **Elaboration**. This process can be fostered or hindered by crosscutting **Structural** (professional culture, organisational resources, infrastructure and financing) and **Procedural** (leadership, user involvement,

teamwork) factors. A stage-by-stage description of the guideline deployment pathway is included below.

Regarding the empowerment of the patient, it is important to consider that the health and social care cultures are very different and there are extremely variable concepts on what involvement means. For this, also involvement at different levels needs to be considered.

Stage One: Planning

The success of the eHealth service will rest on the amount and quality of the preparation and planning taking place before its implementation; therefore the planning stage can be the lengthiest and most intensive stage of the deployment pathway. The analysis of the practices indicates that a strong steering team, involving key stakeholders, to plan, guide and monitor the guideline deployment pathway will be crucial. It is also recommended to consider the involvement of consumer representatives at least in planning. A series of structural related decisions would need considering at this stage, beginning with the kind of **ICT component** a particular service will host. This can range from simple smartphone applications to complicated telemonitoring equipment. However, a common **database-based network solution** that can help with the coordination and communication between primary and secondary care providers, including **nurses and social workers**, is a key starting point for many countries at the initial developing stages of implementing widespread integrated care services. The common database-based network solution should fulfill standard criteria. All new applications should be implemented after careful evaluation, in some instances undertaken by a national accreditation agency.

Guideline statement: All countries should have a common database-based network solution that can help with the coordination and communication between primary and secondary care providers, including nurses and social workers.

The submitted practices pointed towards **professional culture**, in terms of negative attitudes and resistance to change, as a key barrier to implementation. However, establishing an evidence-based case for the need of the proposed eHealth service has been shown to be a key enabler and to help overcome professional culture barriers. In addition, adequate time for education and training of staff, alongside clear guidelines about different professionals' responsibilities and associated 'skill mix and skill needs' have been found to help set a positive climate from the outset and are thus encouraged.

Planning also involves allocating sufficient **organisational resources** in terms of equipment and staff. Adequate equipment and staff as required by a particular eHealth service would need to be in place, as would an appreciation that the new eHealth service can be temporarily disruptive to staff workload and workflow and may require time to settle in practice. Integrated care requires equal involvement from both primary and secondary care partners and the **financing** arrangements would need to reflect this. Agreement on the **distribution of costs** across care providers is crucial here and would help to ensure commitment of partners throughout the project. A robust business case would need to be developed to enable all relevant partners to make a cost-benefit decision regarding their investment. Finally, at this first stage some provisions will need to be planned for the evaluation of the guideline implementation process to include the type and amount of **outcome data** to be collected throughout,

the process as well as indicators of success including: satisfaction with care, re-admission rates and average length of stay in hospital.

Guideline statements:

- **Integrated eHealth care requires equal involvement from both primary and secondary care partners.**
- **Outcome data should be collected throughout the process as well as indicators of success, which should include: satisfaction with care, re-admission rates and average length of stay in hospital.**

Stage Two: Implementation

From the analysis of the submitted practices it was obvious that a number of procedural issues require attending to during the Implementation stage, most significantly citizen **involvement**. In particular, the success or failure of an eHealth solution appeared to hinge on securing the engagement of front line staff, such as nurses, general practitioners and social workers. Putting in place induction, supervision and follow-up sessions throughout the entire implementation stage were reported in the submitted practice examples as necessary to ensure staff engagement and maintain motivation. Equally important is the involvement of citizens (e.g. patients) and groups (e.g. families). Information about a particular eHealth solution requires wide dissemination to the public and in particular to people located in the affected primary care context. The submissions indicated that this contributes to ensuring that citizens feel **empowered** to have an input into shaping their health and social care service.

Case practice name

E-messaging between community nurses and GPs

Main benefits

Better home-based care.
Avoidance of unnecessary hospital admissions.
Better security for medications.

From ENS4Care partner

European Union of General Practitioners
Submitted by: Ms Kjartan Olafsson
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The submitted practices suggested that the implementation stage could be fraught with challenges and that it requires strong **leadership** coupled with cooperation of technology specialists. Best placed to lead the implementation stage are care providers (health professionals and social workers) who have extended knowledge of the practice context, are able to appreciate staff difficulties and can advise on realistic and practical solutions. The lead staff should possess excellent interpersonal communication skills and be both patient and understanding. Furthermore, people with strategic and conceptual skills need to support the implementation. Therefore, the submitted practices made a recommendation for nurses to be ideally positioned to lead the implementation stage.

Finally, throughout the implementation stage there should be continuous support for staff. This can be achieved by providing clear and accessible documentation available to all staff, such as instruction manuals, guidelines and protocols. Documentation should use the international standards of reference terminology model, which is recommended by the World Health Organisation (WHO, 2014).

Many submitted practices recommended establishing a single point of contact for staff support i.e. a kind of a 'super-user', who can respond to issues, troubleshoot and offer advice.

Guidelines statements:

- **Documentation should use the international standards of reference terminology model, which is recommended by the World Health Organisation**
- **Consideration should be given to establishing a single point of contact for staff support i.e. a kind of a 'super-user', who can respond to issues, troubleshoot and offer advice.**

Stage Three: Evaluation

Many of the practices submitted warned about the importance of the evaluation stage and strongly advised for sufficient planning and staff resources to be allocated here. A key feature of a successful evaluation process was reported to be **collaboration and teamwork** among the relevant parties and openness in communication. Practices emphasised that evaluation should involve all relevant stakeholders and to include health professionals, social workers and managers from primary and secondary health and social care, as well as individuals. As long as clear data collection procedures were decided during the initial planning stage above, the evaluation process should identify changes in key indicators that would reveal the areas in which the eHealth service is having a positive or negative impact. The aim of the evaluation should be to identify areas for improvement that can feed into the next stage of Elaboration. Finally, attention should be paid to issues of **privacy and safety**. Privacy and safety are crucial to the long-term success of any eHealth service that hosts citizen and provider data, and need to feature prominently in the evaluation stage.

Case practice name

Digital Population Health Information Tool

Main benefits

Reduced need for paper documentation and storage of Nurses health records.

Time saved from duplication of information can be redirected to patient care.

Efficient referral systems across primary and secondary care.

From ENS4Care partner

Irish Nurses and Midwives Organisation

Submitted by: Ms Anne McDonald
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Stage Four: Elaboration

The final stage in the guideline deployment pathway should be further elaboration and refinement of the eHealth service and of the implementation process. Submitted practices indicated that **user friendliness** is key and thus the design of the eHealth solution should continuously strive to build and improve on this aspect. As staff and the organisations adopt and implement the proposed service more widely, attention needs to be paid on ensuring that this facilitates and does not hinder health professionals and social workers workload and workflow. The submitted practice examples indicated that as the eHealth service improves based on evaluation and feedback so will staff acceptance.

Equally important to user friendliness is the issue of **interoperability**. Interoperability in eHealth means the ability of two or more eHealth systems to use and exchange both computer interpretable

data and human understandable data and knowledge. Three aspects characterise interoperability: legal, semantic and technical.

Legal interoperability covers the broader environment of laws, policies, procedures and cooperation agreements needed to allow the seamless exchange of information between different organisations, regions and countries. Semantic interoperability refers to the ability to ensure that the precise meaning of the information exchange is unambiguously interpretable by any other system, service or user. Technical interoperability means the ability of two or more information and communication technology applications, to accept data from each other and perform a given task in an appropriate and satisfactory manner without the need for extra operator intervention. To achieve interoperability in eHealth for a given use case, all aspects of interoperability have to be concerned and should be based on common technical and semantic standards (EC, 2012).

Feedback from the submitted practices indicate that eHealth services that integrate well with existing IT systems are more easily accepted and used by staff; in contrast, difficulties with interoperability often mean that the eHealth service is abandoned as care providers (specially health professionals and social workers) return to their previous ways of working. The elaboration stage needs to consider how best to ensure the eHealth service remains an integral and facilitative element of health and social care professionals' workflow.

2.2.2 Outcome

The guideline process as described above is intentionally cyclical in order to allow for appropriate consideration and evaluation of outcomes to be taken. The analysis of the submitted practices indicated that potential outcomes of eHealth services for integrated care include increased **quality of care, better self-care, satisfaction, efficiency** through timely communication and exchange of information between providers, **reduction in re-admissions** and unnecessary hospital visits, and more **effective discharge** processes. These outcomes are likely to be cost efficient and a detailed cost-benefit analysis would help to ensure continued investment. Nevertheless, the cost of developing e-tools in health and social care, the education and training of professionals and patients, the acquisition of equipment and also the cost of projects that are not successful are important to be taken into account.

Further to the above described outcomes arising from the implementation of a given eHealth service, attention should also be paid to unintended outcomes such as changes in the relations between care providers and units. The submissions indicated positive behavioural changes in terms of **improved interaction** between primary and secondary care teams and more **information sharing**, more encouragement for **multi-professional working** and improved **communication**. eHealth is to be considered as a way to create a different and new relationship between citizens and health and social care professionals that leads to real shared and conscious decisions. This interaction and sharing process should always be transparent and citizens should always know who has the responsibility of what and how everything will be evaluated.

While the aim of eHealth services may not be to alter existing divisions of tasks among providers, an element of **task shifting** appears to be inevitable and worthy of reflection. Changes in professional areas of responsibility can be a source of concern for some, but submitted practices indicated that

clarity over roles and tasks helps to overcome this. A greater multi-professional collaborative approach to working was raised as a particularly positive outcome of the implementation of such eHealth services and one that needs to be actively pursued.

3. Policy context

Local eHealth policies, regulations and strategies would need to be taken into consideration and the present guideline would need to fit within any restrictions. Examples exist from different EU Member States which developed an **eHealth strategy**: e.g. the UK Department of Health Information Strategy, the Danish National eHealth Strategy (EFN Members' Report on eHealth, 2011).

The submissions examined in the development of the present guideline indicated making use of local hospital policies, National Health and Social Services policies and following relevant directives on data protection. Countries interested in updating, revising or developing relevant eHealth policies can refer to the **European Commission's eHealth Portal** (ec.europa.eu/health/ehealth) and the WHO's National eHealth Strategy Toolkit.

4. Requirements to implement the guideline

Certain requirements will need to be addressed and taken into consideration for the implementation of the guideline, and these can be specific to particular contexts. From an EU perspective, a legal framework for eHealth can be drawn from a series of related directives and most significantly the **Data Protection directive 95/46/EC** on the processing of personal data and on the free movement of such data. Appreciation and adherence to the Data Protection directive would be a crucial first consideration and requirement prior to implementation of the guideline. In addition, where the eHealth service goes beyond the sharing and coordination of information for integrated care and is concerned with implementation of innovative monitoring equipment or other implantable devices then conforming to the **Medical Device Directive 2007/47/EC** also becomes a requirement.

Stakeholders are recommended to use reference terminology models (such as ICD, ICF, **ICNP**, ICPC, SNOMED-CT), which interpret in the same way the diagnosis, interventions and outcomes. The WHO HIS Strategic Planning Process Guidance should also be considered, and in DRG can include all Care Providers Services (WHO, 2009). Every new device could be assessed by a national Agency, which can be responsible for the evaluation process on all devices needed by individuals and providers in health and social care.

The outcomes for integrated care should show clear benefits for different stakeholders including citizens, care providers, the health system and policy makers. In addition, the code of practice and minimum training standards for adult social workers should be considered (General Social Care Council, 2012). Nursing Sensitive Indicators, which reflect the structure, process and outcomes of nursing care and diagnosis should be explored; while interventions and outcomes can be based on the reference terminology model for nurses (ICNP) and the WHO reference terminology both of which are key to continuity and quality of care. Integrated Care can also be part of i-NMDS. The i-NMDS - a specific international set of essential, minimum nursing data with uniform definitions and measures - supports international profiling, trending, and benchmarking of nursing practice to ensure delivery and policy support of the highest quality, safe, effective, and evidence-based nursing care (ICN, 2001).

eHealth services for integrated care require the collaboration and active involvement of multiple parties from both the primary and secondary health and social care sectors and therefore a commitment by key actors representing these sectors would need to be secured before any implementation is initiated. As described in the guideline deployment pathway above a key issue is **joined financing** and sharing of **organisational resources**. Given the separate budgets of these sectors that traditionally characterise many national health and social care systems, it becomes a requirement for such agreements to be put firmly in place before any action is taken as otherwise this could risk the viability of a given eHealth service.

5. Review of the guideline

This guideline has been developed at a particular point in time and within a particular EU policy context. Any major policy changes will likely have an impact on this guideline and as such this may benefit from a periodic review and update. In particular, with the completion of the EU's Horizon 2020 programme a reflection on the contribution and adoption of this particular guideline would be of benefit and could lead to a revision.

6. Conclusion

The implementation of eHealth services for integrated care holds great potential for improving the quality and safety of care and self-care for citizens across the EU through ensuring continuity of care across primary and secondary health and social care sectors. This can yield substantial benefits for citizens (specially for patients) and care providers; citizens (client, patient, family) can be empowered to take more ownership of their health and illness trajectories while care providers can be enabled to provide the quality care they aspire.

The present document aims to guide decisions about the identification and implementation of appropriate eHealth services to support the provision of integrated care. Analysis of good national and regional practice examples of how nurses and social workers have used eHealth solutions to improve the health and social care services of citizens led to the identification of the most appropriate examples, the essential elements of which were translated into the present guidelines. A four-stage deployment pathway was revealed and structural and procedural factors acting as barriers or facilitators identified.

This document should be used by policy makers responsible for the procurement of eHealth services for integrated care to guide sensible decision taking. It can also be used by lead health professionals and social workers to inform them of the task of implementing a given eHealth service in a local context and of the decisions and processes to be followed. The guideline may also be used by citizens to raise their awareness of the decisions taken about the delivery of their health and social care, and to empower them to have an input in the shaping of their local health service.

7. Glossary

Care Provider - Any individual occupying the role of a: Nurse, Nutritionist, Occupational Therapist, Pain Specialist, Pharmacist, Physician, Physiotherapist, Social Worker (ICNP)

Community-based care - spectrum of services that enable individuals to live in the community and, in the case of children, to grow up in a family environment as opposed to an institution. It encompasses mainstream services, such as housing, health care, education, employment, culture and leisure, which should be accessible to everyone regardless of the nature of their impairment or the required level of support. It also refers to specialised services, such as personal assistance for persons with disabilities, respite care and others. In addition, the term includes family-based and family-like care for children, including substitute family care and preventive measures for early intervention and family support.

EC – European Commission

eHealth - Refers to Information and Communication Technology tools and services for health, used by healthcare professionals, institutions and administrations as well as utilities which provide patients directly with services related to healthcare. (epSOS)

EU – European Union

Integrated care - IC refers to the management and delivery of health and social care services so that citizens receive a continuum of preventive, curative, caring and supporting services, according to their needs over time and across different levels of the health and social systems. IC is a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion, integration is a means to improve services in relation to access, quality, user satisfaction and efficiency (modified from WHO).

ICT - ICT (information and communications technology) is an umbrella term that includes any communication device or application. For example radio; television; mobile phones; computer and network hardware and software; and services such as videoconferencing and distance learning.

ICD - The International Classification of Diseases (ICD) is the standard diagnostic tool for epidemiology, health management and clinical purposes. This includes the analysis of the general health situation of population groups

ICF - The International Classification of Functionin is the WHO framework for measuring health and disability at both individual and population level

ICHI - International Classification of Health Interventions was established to provide Member States, health care service providers and organizers, and researchers with a common tool for reporting and analysing the distribution and evolution of health interventions for statistical purposes

ICNP - International Classification for Nursing Practice classifies patient data and clinical activity in the domain of nursing and can be used for decision-making and policy development aimed at improving health status and health care delivery. ICNP can improve communication and statistical reporting practices across health services

ICPC - International Classification of Primary Care (WHO, 2013) classifies patient data and clinical activity in the domains of General/Family Practice and primary care, taking into account the frequency distribution of problems seen in these domains. It allows classification of the patient's reason for encounter (RFE), the problems/diagnosis managed, interventions, and the ordering of these data in an episode of care structure

SNOMED -CT - The Systematized Nomenclature of Medicine. The reference terminology standard from the Unified Medical Language System (UMLS). SNOMED that consists of concepts, terms, and the interrelationships between them. It standardizes the way healthcare terminology and data is recorded. It aims to facilitate the coding, retrieving, analysis, aggregation, indexing, and the exchanging of clinical information across health care entities

SDM – Shared Decision Making

Team – A group of individuals who work together to produce products or deliver services for which they are mutually accountable. Team members share goals and are mutually held accountable for meeting them, they are interdependent in their accomplishment, and they affect the results through their interactions with one another. Because the team is held collectively accountable, the work of integrating with one another is included among the responsibilities of each member (Mohrman et al, 1995).

User - Any individual that has authority to use an application, equipment, facility, process, or system, or one who consumes or employs a good or service to obtain a benefit or to solve a problem, and who may or may not be the actual purchaser of the item (Business Dictionary, 2014)

WHO – World Health Organisation

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