



EFN MEMBERS' REPORT ON eHEALTH

I. Background

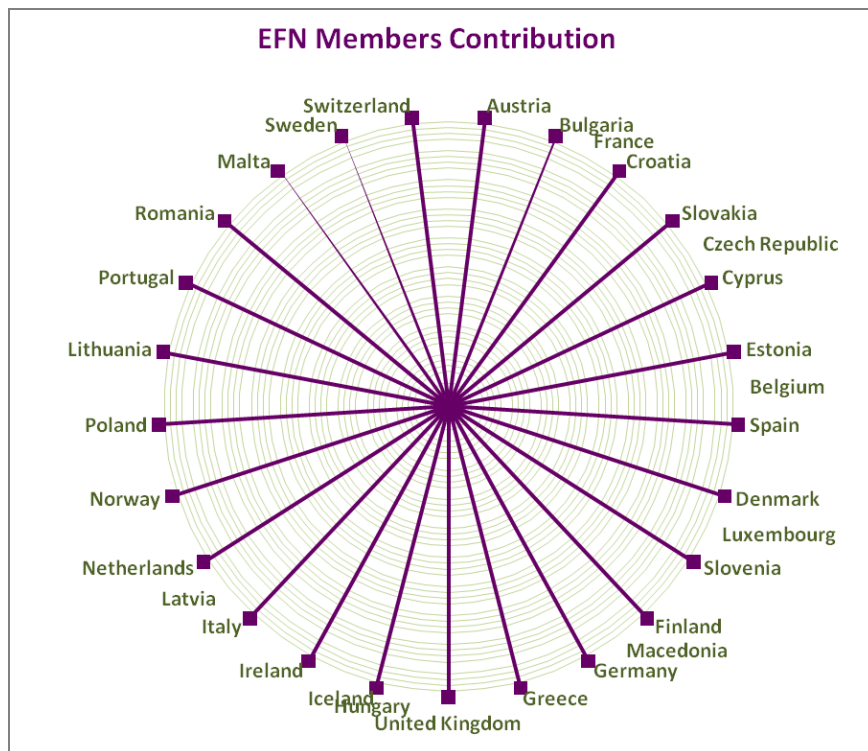
The [European Federation of Nurses Associations \(EFN\)](#) was established in 1971 and is the **independent voice** of the profession. The EFN consists of National Nurses Associations from 32 EU Member States, **working for the benefit of 6 million nurses** throughout the European Union and Europe. The mission of EFN is to strengthen the status and practice of the profession of nursing for the benefit of the **health of the citizens** and the interests of nurses in the EU & Europe.

During their 91st General Assembly EFN Members reported on the actions, initiatives, and concerns that the Nursing community faces on the topic of **eHealth** throughout the EU Member States. EFN perceives as important that Members share their experiences with colleagues within the EU, learn from each other ongoing developments at National level, and how they can provide support to each other.

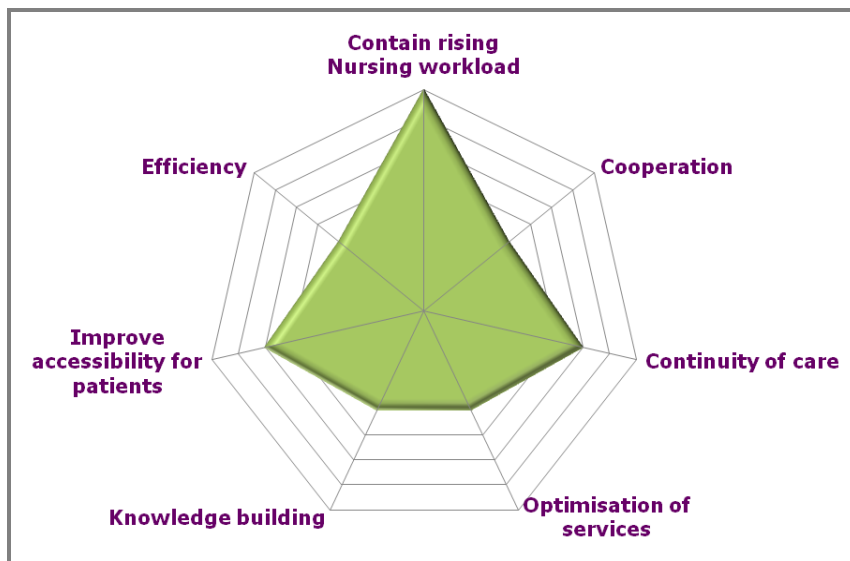
This initiative fits within Objective 3 of the EFN Strategic Plan "*Strengthening EFN representation in the EU and Europe and develop EFN key role as bridge between NNA and decision-makers in the EU institutions*".

II. EFN Members' report

EFN Members reported on 1) the expected **benefits** of the eHealth movement such as optimization of services and continuity of care; 2) on National eNursing **advancements** like electronic documentation, patient and health professional cards, and telenursing; 3) on the **barriers** faced towards implementation and concluded with their **concerns** for future developments.



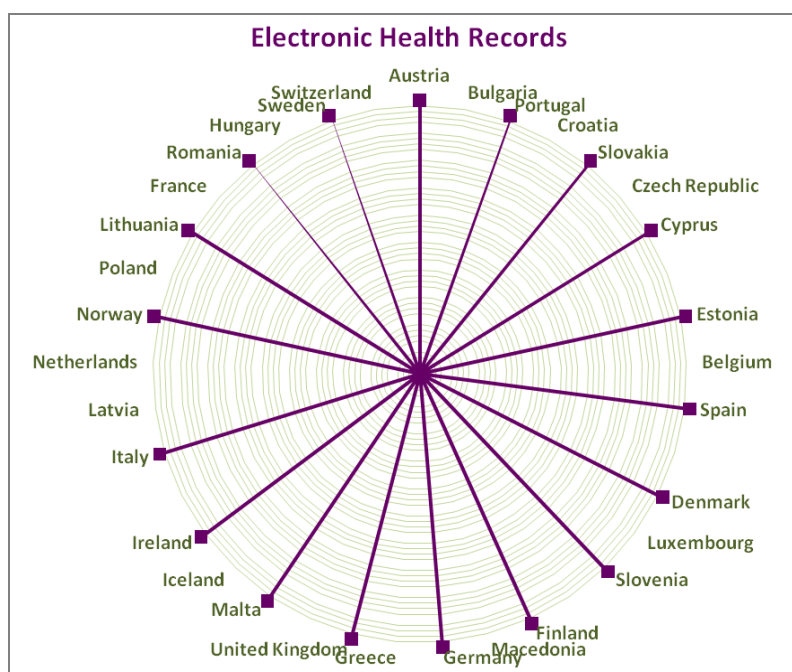
1. Benefits of eHealth



The quality of the Nursing working environment is increasingly under various threats as a result of the global workforce **shortage** which has a direct impact on increasing nurses' workload and thus hampering their productivity. eHealth is believed to be a way of containing the rising nursing workload as it has the potential of streamlining time-consuming activities such as documentation, referrals, and test requests. To this end EFN Members, e.g. Austria, is thoroughly supporting their nurses in embracing such developments. Additionally, eHealth has enormous potentials in fostering communication and collaboration between the healthcare team with implications for safety, quality, and efficiency. Such examples include Norway's "Te@mwork" project along with the NNO strategy "Nurses' contribution to Te@mwork through e-cooperation". Finally, EFN Members see clearly that eHealth has enormous potential in enabling continuity of care, especially for individuals with long-term conditions, and improving the health system's accessibility leading to an optimised and more efficient healthcare service.

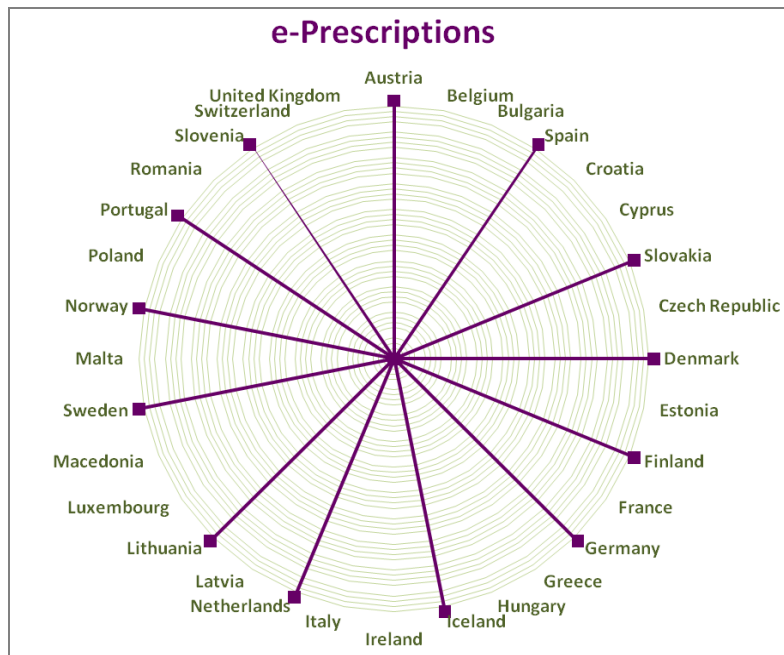
2. eHealth for Nursing

2.1 Electronic Health Records



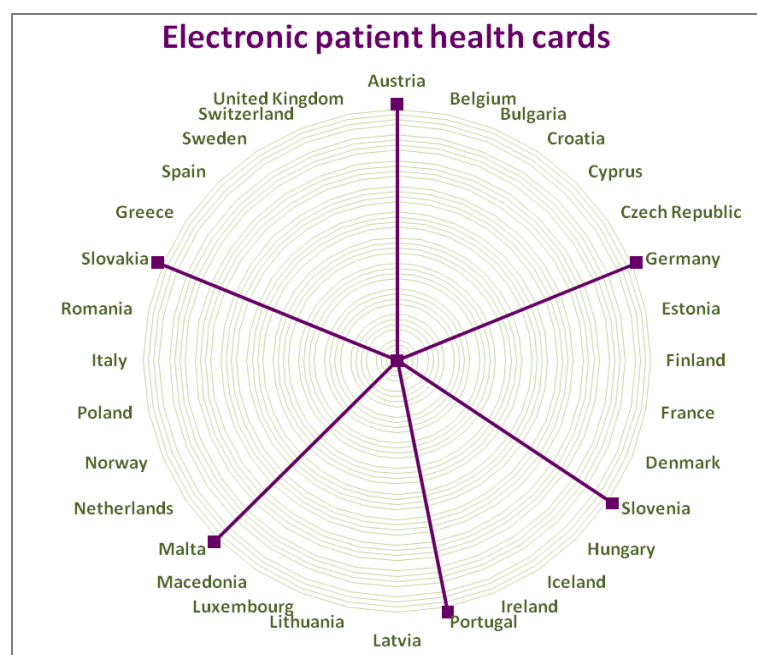
The EFN Members are supporting many developments in their respective Member States with the most notable being electronic health records, e-prescribing, and patient and professional cards. Electronic Health Records are currently in place in many EU MS such as Spain, Lithuania, and Finland with success. This is seen as enabling quicker access to vital patient information such as allergies and previous health and illness history, while also supporting test results, x-rays, and consultations. Importantly, although such records are widely available in hospitals, there is currently a strong move towards integrating these in community settings as well.

2.2 e-Prescriptions



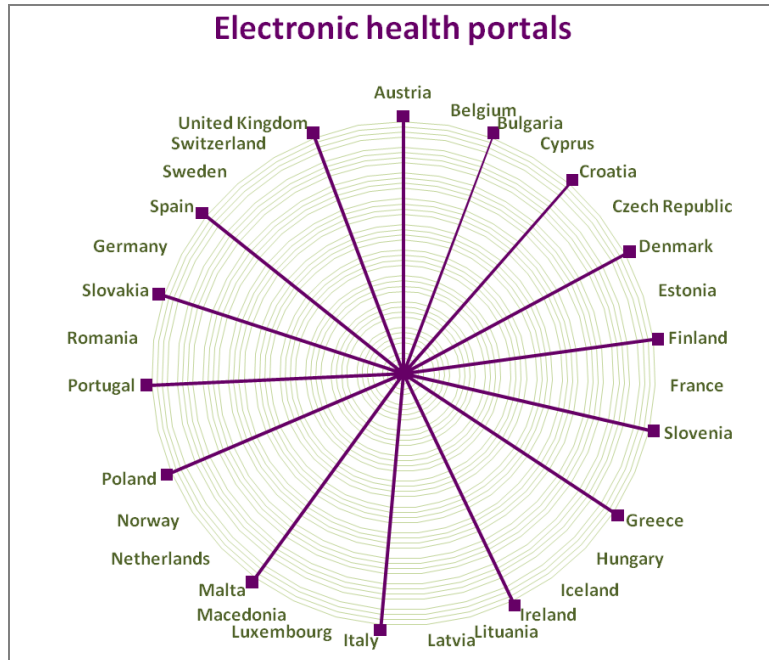
Furthermore, e-prescriptions and e-prescribing are becoming more prominent as more and more MS now support nurse prescribing. Successful examples include Ireland where a pilot has recently concluded which has been received very positively, Portugal, and Sweden. Nurse prescribing shows numerous benefits, including improved services to patients through reduced waiting times and the more efficient and effective utilisation of the skills of nurses, all of which leads to better patient outcomes. With the introduction of e-prescribing solutions this movement is expected to grow further.

2.3 Electronic patient health cards



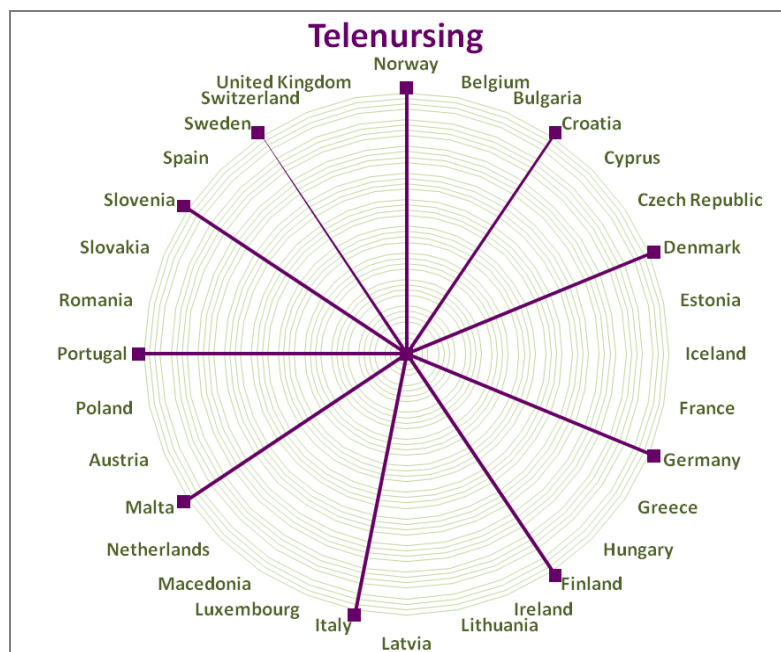
Interestingly, some Member States are also opting for electronic patient cards. Such examples include Malta, Germany, Slovenia, and Slovakia where patients are provided with a 'health ID card' which allows storing of their health and illness information. Such cards are carried by patients and taken with them during their visits to clinicians so that these information can be accessed timely and updated accordingly. This would ultimately lead to safer and efficient healthcare.

2.4 Electronic health portals



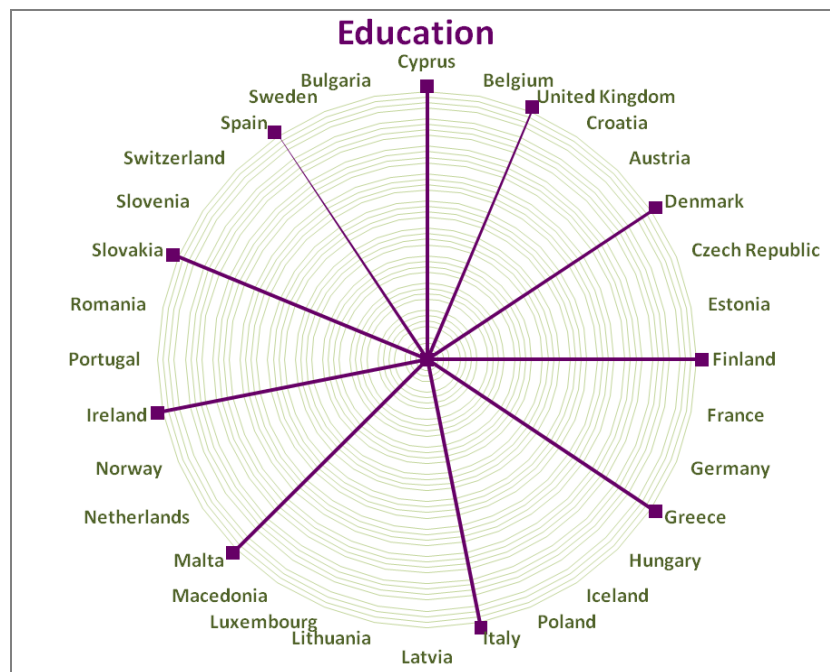
Moreover, the role of technology in reaching out to the general public is becoming more prominent which provides opportunities to engage in health education and promotion activities. Indeed, EFN Members report that in most MS national health 'portals'/websites have been developed to make health information available such as lifestyle advice, anti-smoking campaigns, hygiene, and personal protection. Some MS have also developed further in enabling patients to utilise such portals to make appointments with clinicians and seek advice, such as in Spain and Finland. Additionally, some EFN Members are engaging themselves in setting up information sites within their own organisation's website offering advice as well as resources to both the public and nursing professionals, with examples including Greece, Poland, Croatia, United Kingdom, and Ireland.

2.5 Telenursing



Naturally, within any nursing discussion on eHealth the issue of telemedicine, or telenursing to be more accurate, could not be left out. EFN Members have been innovating in some cases taking best advantage of current technological advances like internet enabled communications. This has been particularly successful in reaching out to **rural or isolated areas** allowing nurses to reach into patients' homes. Particularly for senior persons or with long-term conditions this is has been vital in maintaining continuity of care. For example, in Croatia such technology enables patients on the various islands to have follow-up care while in Denmark telenursing has been instrumental in supporting individuals with diabetes or chronic pulmonary diseases like COPD. eHealth in this context has been particularly useful in advancing the work of community nurses via enabling direct communication with patients in remote areas via webcam conferencing, exchanging advice between community nurses and more specialised nurses in hospitals, participating in discussions on various patient cases, and even transmitting patient data like x-rays, test results, or wound images.

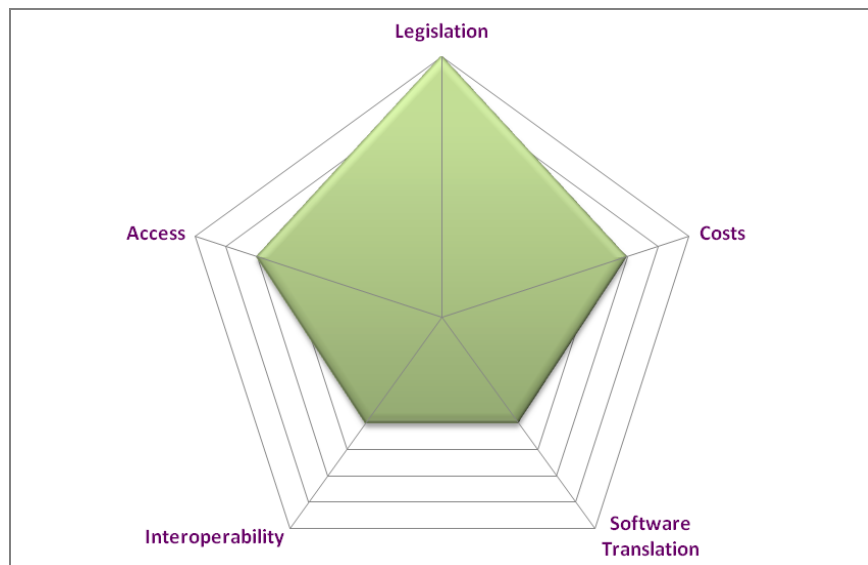
2.6 Education



Following and keeping up to date with all these developments is certainly a challenging task. Therefore EFN Members are committed in supporting their nurses through this process via facilitating access to educational activities and IT courses such as in Cyprus, Slovakia, and the UK. Moreover, some MS are developing specialist Masters programmes in ICT, Health Informatics, and eNursing. Clearly ICT skills are inevitably becoming a fundamental aspect of nurse training and crucial for their professional development and life-long learning.

3. Barriers to implementation

Along with all the development in eHealth, EFN Members have also discussed various barriers which make these difficult to implement. The primary obstacle is national **legislation** which often needs to be developed or revised when it comes to eHealth, like in the case of Bulgaria, Denmark, and Slovakia. Particular issues arise from the use and validity of electronic data, professional liability, use and access to information. In some MS like Germany, Austria, and Slovenia, there are discussions about the extent to which various professionals, such as nurses and doctors, should have access to electronic patient information. While reflection should be made on how widely available such data should be, it is paramount that primary caregivers like nurses who spend over 70% of their time in direct patient contact must have access to these if they are to provide safe and effective care.



Another associated factor is the issue of cost particularly in times of economic instability. Especially some nursing organisations are finding it increasingly difficult to cope with the scale of the eHealth movement. This leads to difficulties in developing coordination strategies rather than working with more isolated instances like in Greece, Croatia, and Switzerland. In light of the clear benefits of eHealth and NNAs' willingness to foster these, financial support towards the nursing profession to implement technological developments is essential. Furthermore, issues of interoperability and software translation come into play. Lack of **interoperability** between systems is a major barrier to continuity of care and effective deployment of eHealth. This has been identified strongly by EFN Members such as the UK, Denmark, and especially Finland where the plan is to have established an interoperable health record by 2011. Additionally, some MS are also opting for the use of the **ICNP** (International Classification for Nursing Practice) in an attempt to address interoperability issues and standardise documentation, such as Iceland, Italy, Poland, Portugal, Romania, Slovenia, and Switzerland. Interoperability is also hindered by lack of software translation into the language of healthcare and nursing in particular. In addressing this issue EFN Members, for example Cyprus and Portugal, are engaging at national level with providing input to the software development phase so that technology is in line with practice.

III. Conclusions and concerns

The EFN concludes that eHealth has enormous potential for Nursing particularly in supporting nurses deliver more efficient, safe, and quality care. However, EFN Members, like Spain and Sweden, are also cautious to the excessive use of eHealth in order not to endanger personal contact with patients. **eHealth should support but not instruct nursing care.** Furthermore, the Nursing community remains aware of the ethical dilemmas associated with eHealth applications, especially in terms of patient data. These highly private and sensitive information must be safeguarded since they are meant to be used for the benefits of patients and not to their detriment. Finally, it is important to reflect on the ownership of such data and patients' rights to have control over and access to their private information.

The EFN has little doubts that a promising future and partnership lies ahead between Nursing and eHealth. Therefore further support is needed in order for the barriers to implementation to be overcome and concerns to be addressed so that Nursing and eHealth take the next step together.

EFN Report on eHealth – October 2009

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**91st EFN GENERAL ASSEMBLY
EFN MEMBERS TOUR DE TABLE**



Country	ORGANISATION
Austria	<ul style="list-style-type: none"> › The ANNA is working on registering its nurses to ensure the quality of nursing in Austria and we emphasise nurses to work on the electronic health document as it is of high importance in the future regarding the demographic changes and the increasing workload for nurses. › Discussion of nurses accessing electronic health documents. Electronic patient cards are in use. › There is a lot of work toward coordinating the vast amount of information and services on eHealth. The Department of Health coordinates the eHealth & quality care movement. Ministry of Health has a coordination platform for Telemedicine, a draft for an e-health strategy which builds on structures already in place like the e-card or the hospital information system; since 2003 the ministry is piloting the development of the electronic health document, problems are gateways, format and content. › Data protection is an issue that requires continues monitoring. <p>☞ Healthy Ageing Innovative Partnership (Example - eHealth):</p>
Bulgaria	<ul style="list-style-type: none"> › eHealth applications are very difficult to implement in Bulgaria mainly due to financial constraints. In the MoH, discussions on eHealth are underway but it is still very early for actions due to expected changes in health legislation. A Bulgarian health portal was put in place by the government – but it is only for their experts use. › Bulgaria faces serious staff shortage, due to low salaries - nurses leaving for overseas work - 130+ nurses in 2009. DIR36 implemented but not recognised, resulting in Bulgarian nurses treated as assistants. Nurse Faculties have recruited more students in their programmes than ever before. A Chief Nurse is not in place in Bulgaria. This means that in response to the European Commission questions, no accurate information can be provided by the MoH. › There is a new Minister of Health with a reform planned, but this will take time & we do not know the impact on nurses. <p>☞ Healthy Ageing Innovative Partnership (Example - eHealth):</p>
Croatia	<ul style="list-style-type: none"> › There are currently limited resources for eHealth. However, most Croatian Hospitals are IT equipped and have an intranet service. Websites sponsored by pharmaceutical companies are in place offering advice on healthy lifestyles. Telemedicine is a major development allowing continuity of care for patients in the islands. <p>☞ Healthy Ageing Innovative Partnership (Example - eHealth):</p>
Cyprus	<ul style="list-style-type: none"> › Meetings with "Q Training" Organisation led to a proposal for which CYNMA is about to decide whether and how to proceed with seminars for members on Ehealth and IT. Seminars are based on Systemic Approach to Training-SAT method. The programs will probably get financed from the Authority for Human Resources Development (AHRD). › CYNMA has decided upon financing a national research among nurses concerning ehealth issues (e.g. Knowledge on Information Technology, Practices, and Attitudes). CYNMA is looking forward to provide input on the new IT and Software to be adopted by the Health Insurance Organisation (HIO). Nursing information and data shall be recorded for each patient (EPR) in a profound manner for evidence based care. <p>☞ Healthy Ageing Innovative Partnership (Example - eHealth):</p>



<p>Czech Republic</p>	<ul style="list-style-type: none"> ☞ Healthy Ageing Innovative Partnership (Example - eHealth): The e-learning program to train Home care nurses/Community nurses have been developed, but the numbers of participating nurses are not sufficient.
<p>Denmark</p>	<ul style="list-style-type: none"> › National infrastructure for patient data and development of e-health - DNO in two strategic groups. Electronic health records are already in place but face interoperability issues. A national organisation has been put in place since 2005 to setup common software development on patient data. However, barriers are faced by Danish legislation, although the law is currently revised. › National website for health. GP's can communicate via email with patients. › Denmark has established a Masters programme in health informatics. › eHealth is making progress particularly in primary healthcare with websites developed to provide health information. › Telemedicine is particularly developed, especially in conditions such as diabetes and COPD. Moreover, it is extensively used in community care such as in enabling electronic imagery communication for wound care. <ul style="list-style-type: none"> ☞ Healthy Ageing Innovative Partnership (Example - eHealth):
<p>Estonia</p>	<ul style="list-style-type: none"> › Some projects on ehealth. Electronic health records are currently being introduced – most nursing documents are still on paper. Ethical issues are discussed on the usage of patient data and the extent to which these are available to patients themselves. Hospitals have information systems in place. <ul style="list-style-type: none"> ☞ Healthy Ageing Innovative Partnership (Example - eHealth):
<p>Finland</p>	<ul style="list-style-type: none"> › The Nursing Minimum Data Set (NMDS) is a part of the core data elements. The national nursing documentation model and the Finnish Care Classification (FinCC) were developed in the national nursing documentation project 2005-2008. The national NMDS and FinCC were integrated during 2005-2007 into eight health recording systems in 33 health care organizations (piloting in 106 units/wards / three university hospitals, 11 district hospitals, 19 health care centres, one privat hospital). An education model and an eEducation environment were also developed to support the implementation. › The proportion of physicians to nurses is 1 to 4 in Finland. In clinical settings this means that nurses, being the largest group of health care professionals, constitute for the most active users of patient data in hospitals during 24 hours per day and seven days of the week. This reflects that tools and models adopted for daily practice must support nursing from philosophical, ethical and practical perspectives. <u>The national challenge in Finland has been to unify and standardize electronic nursing documentation</u>, to integrate the nursing documentation into the multiprofessional EHR and the national code server and national archive. › A national website is developed including meeting places and health library, while a separate professionals' website is also in place. Electronic health records are being setup along with e-prescriptions, as well as mobile x-ray services, laboratory tests, etc. Moreover, a Masters program is developed on eNursing services. › The Council of State made a decision in principle in 2002 that Finland should have a nationally interoperable electronic health record (EHR) by the end of the year 2007. Furthermore the decree launched in 2007 requires public health care organizations to join the national patient record archive by the end of the year 2011. The Ministry of Social Affairs and Health is in charge of the implementation of this decision and the specification of the EHR solution. › Finland plans to have a national interoperable health record in place by 2011. › Telemedicine is also used widely such as with mobile x-ray services and technology to cove rural areas to overcome the issue of long distances. <ul style="list-style-type: none"> ☞ Healthy Ageing Innovative Partnership (Example - eHealth):

<p>Germany</p>	<ul style="list-style-type: none"> › We have finished the report on an online survey in which 3,000 nurses reported about their working conditions. Major findings are that one third considers leaving the profession daily or several times a week and that 46% would not want a relevant to be taken care of in their own institution. The report can be downloaded (in German) from our website www.dbfk.de. In preparation of federal and regional elections we have launched a website with information on the programmes of the parties and with fact sheets on the working conditions of nurses to prepare nurses to discuss nursing issues with candidates. › In Germany there are debates on the utility and use of health records. Although 9 million e-patient cards have been issued, there is reluctant support particularly by GPs. Serious concerns are also evident on data safety and data protection, resulting in only 1/3 of physicians allowed to use electronic records › There is also the question of 'Who can have access to electronic records?' Physicians and pharmacists currently have access but now 40 other professions are waiting to see if they would also be allowed access. To this end, an institute has been setup to process and identify who is eligible › Government is 'suddenly' very much aware that there might be a shortage of nurses in the near future. It is difficult to judge whether this is an effect of election campaigning or a serious concern. The only thing they can think of are image campaigns. In the light of an increasing demand in elderly care because of the ageing population government changed access to nursing education to 'ten years general education'. In reality this is a minor change as there will be very few applicants who did not have a chance to be accepted before. However, opening up education sends a wrong message to the public about the required competencies and level of education. I have submitted a petition to our Federal Parliament to withdraw this new legislation and 48,000 supporters signed it within three weeks. The petition probably will be discussed in parliament next year. › Federal elections are due 27 September 2009. Until recently it seemed to be clear that there will be a conservative liberal government. More recently a continuation of the current coalition seems to be a more likely option - though none of the two parties wants to do so. We have managed to introduce a new code into the DRG system for hospital financing which reflects the care for very dependent patients. This will help to improve income for hospitals. The Public Health Insurance has accepted that nurses can receive payment for interventions in primary prevention. › eHealth is particularly relevant for rural areas with isolated population. In such regions GPs are growing old with no one available to replace them. Thus, Nurses have been identified as an alternative and community nurses in particular. › The use of telemetric devises by community nurses has been found to be of particular success especially in long-term conditions, however, this is now challenged by physicians. <p>☞ Healthy Ageing Innovative Partnership (Example - eHealth):</p>
<p>Greece</p>	<ul style="list-style-type: none"> › In Greece the NNA is not particularly engaged in this field, but an informatics group has been put in place in the NNA. Furthermore, the NNA is considering to make cooperation with nurse specialists on nurse informatics in order to create a sector for this area. › The eHealth movement in nursing is mostly developing around individual efforts. Websites like 'Iatronet' are in place offering advice on personal care, hygiene, and health promotion. An interesting educational portal is provided by University of Athens, Nursing Department titled "eNurse". Since the last 3-4 years most hospitals have their own website and many of these provide health information useful for patient/professionals. Almost all the hospitals (public or private) have implemented an integrated hospital information system (in many of them is under construction) and as a result of this many nurses participate in many different functions of this system (i.e. nursing electronic record). Health informatics and intranets are particularly developed in public Hospitals › Although there is a lack of government public web portals, there are quite a few information resources available. An example is Iatronet, which intends to help the public/patients as well as professionals to acquire responsible information concerning health, preventive medicine, nursing, nutrition, sport, and personal diet and care. Hellenic Nurses Association's (HNA's) Journal titled "Nosileftiki" is covered by Iatronet. Other information websites are oriented more to professionals, specializing on topics of interest to people working in the health care sector (i.e. HNA's website: www.esne.gr). › The last two years some new nursing Journals/Newsletters provided by other professional nursing associations are available from their websites. › There is a slow increase in the number of portals, but these still cover only a small range of online health services. The Hellenic Center for Infectious Disease Control at the Ministry of Health (KEEL) is an example of service that besides health information (medical and nursing) provides counselling, psychological support, social services and psychiatric evaluation and monitoring. › The nature and the extent of information are related to the number of websites that actually provide e-health services. Generally speaking, there is a lack of governmental portals that could help the public and/or patients to find more specific sources of online information. This role is played by special purpose information sites (many of them belong to scientific associations of health professionals) that mostly offer links to foreign websites as there are almost no available health information sites in Greece.

	<ul style="list-style-type: none"> ☞ Healthy Ageing Innovative Partnership (Example - eHealth): Iatronet (website portal) - http://www.iatronet.gr/ - The initiative intends to help the public, patients as well as professionals to acquire responsible information concerning health, preventive medicine, health promotion, nursing care, nutrition, healthy and active lifestyles, and recommendations for diet and care. Hellenic Nurses Association's (HNA's) Journal titled "Nosileftiki" (http://www.hjn.gr/index.php?page=home), is covered by Iatronet.
Iceland	<ul style="list-style-type: none"> › A working group has been setup in the NNA to specifically look at issues of eHealth, such as ICNP. Meetings with director of health have been scheduled to discuss implementation of eHealth systems. ☞ Healthy Ageing Innovative Partnership (Example - eHealth):
Ireland	<ul style="list-style-type: none"> › The NNA supports nurses engaging with ehealth information in various formats including their own website. Moreover, Nurse prescribing has had huge success. › In Ireland during 2002-2006 there was governmental support on eHealth, but various problems encountered with electronic systems have caused nervousness. Legislation is likely to be updated introducing unique patient identifiers. Current organisational, professional and public policy issues: <u>Full report available</u> – Health Service Cuts – Reduction in the working week for nurses and midwives – nurse and midwife prescribing Medication and Ionising Radiation – Diploma in Nursing Sexual Assault Forensic Examination – Cancer Strategy – Staffing levels and nurse patient ratio's – Workplace Reform to support Primary Health Care – Occupational Hazard – Fatigue / Stress – RN4CAST. ☞ Healthy Ageing Innovative Partnership (Example - eHealth):
Italy	<ul style="list-style-type: none"> › There have been general developments in the applications of telemedicine, while there has been an uptake of ICNP. Some hospitals are very well IT equipped. A national health website is also in place. Moreover, nurses are increasingly being educated to use informatics and therefore a system for CPD for nurses is set up. › Major changes at national level with a shift from a Health to a Welfare Ministry. ☞ Healthy Ageing Innovative Partnership (Example - eHealth):
Lithuania	<ul style="list-style-type: none"> › Preparation of a programme on ehealth 2009-2015. There is an uptake of e-Prescriptions with of course NNA input. eHealth is viewed as enabling <u>accessibility, quality, and overall optimal services</u>. Databases on patient data, test results, and consultations are also in development. › The MoH is commissioning a project on eHealth for 2009-2015. › National website is in place mainly advising on health disease prevention. ☞ Healthy Ageing Innovative Partnership (Example - eHealth):
Malta	<ul style="list-style-type: none"> › The Maltese NNA has upgraded their website for nurses, enabling downloading of useful software, and communication forums. A number of specialist nurses on ICT is in place while for instance areas such as endoscopy are already well covered. › Patients have been issued electronic health id-card which stores patient information accessible by healthcare professionals. Hospitals have moved to using X-rays results and patient data electronically and now this is moving into community settings as well – Government discussing the use of ID Card for health. ☞ Healthy Ageing Innovative Partnership (Example - eHealth):

<p>Netherlands</p>	<ul style="list-style-type: none"> › The agenda is mainly dominated by the pandemic flu, with discussion on staff vaccinations made not obligatory. eHealth is in primary stage for nurses. Moreover, the NNA is running a hotline for problem reporting from the shopfloor. Most concerns are received from elderly care settings due to shortage of staff, which results in employment of poorly educated extra staff. ☞ Healthy Ageing Innovative Partnership (Example - eHealth):
<p>Norway</p>	<ul style="list-style-type: none"> › The NNO has a previous ICT strategy from 2005, "Nurses' contribution to Te@work through e-cooperation – NNO's Strategy for ICT in Nursing and the Health Care Services 2005 – 2007". That strategy focused on increasing the ICT competency of nurses, as the national strategies have lacked this aspect. Competency is still a relevant subject and will be continued in our new strategy; "eHealth - everyone`s responsibility and in everyone`s interest. Major goal: eHealth supports continuity in patient care and is integrated in nursing practice, leadership, and competency and knowledge building. Priority areas: Ethics, Terminologies, Electronic Patient Record (EPR), Electronic interaction, Quality and staffing, Education, professional development and research, Telemedicine solutions and patient participation and Information security › Ethical issues discussed especially in regards to use and access to electronic patient records. Moreover, under discussion are also issues of quality staffing, patient and professional education, telemedicine, and patient participation. › In the National Health Care Plan in Norway (Ministry of Health and Care Services, 2006), ICT is described as an important means to achieve increased interaction, quality, and efficiency in the health care service. Since 1996, the authorities have had three national strategies to develop and apply ICT in the health care sector; "More Health for Each bIT", 1996; "Say@!", 2002; and "Te@work 2007". The major goals of these strategies has been to increase the quality of the health care service, better use of resources, and most important, that patients experience the services as complete, accessible, and of high quality. These goals are continued in the new national strategy Te@work 2.0, which is valid until 2013 ☞ Healthy Ageing Innovative Partnership (Example - eHealth): Ringerinett: An innovative solution for helping the ageing through the use of ICT: http://www.ringerinett.no/ This is an internet program for family who has a relative with Alzheimer. This brings information, experiences and knowledge directly to family. It has helped family, husbands and wives, who are not able to get out of house because their spouse has Alzheimer. They can come in contact with others in the same situation. There is also tailored information about the disease. In addition health personnel can use this website for information about Alzheimer. The whole program has been a nurse initiative, a good example of health care innovation. This project has been supported by the National Center for Telemedicine. A book about this has newly been published. Author: Signe Gjeldstad.
<p>Poland</p>	<ul style="list-style-type: none"> › The PNO is supporting health promotion via its dedicated website while implementation of ICNP has shown positive outcomes. As no strategy on ehealth, developing one. Lots of efforts are being done to use web for information sharing. With increased cooperation with the MoH an eHealth project has been set up for 2010. ☞ Healthy Ageing Innovative Partnership (Example - eHealth):
<p>Portugal</p>	<ul style="list-style-type: none"> › Difficulties in making a clear distinction between eHealth and ICT. A national Technological Health Plan has been developed, including the setting up of a Health portal providing health information, an e-agenda with which citizens can book appointments with physicians, receive alerts, and e-prescriptions – fully operational from March 2010. National electronic clinical records are set up. Nurses have been appointed to improve health records by 2015. Software certification process is seen as essential with main aim of devising software able to translate nursing. › ICNP is discussed in Portugal, but mainly for future work. Also, assisted living programmes have been developed, nurses are provided with portable phones to facilitate communication especially in community nursing. TeleNursing is also widely developed for use both within Portugal and with outside countries, e.g. Africa. On Time Appointments' project is underway, and A system to notify violence on health professionals. ☞ Healthy Ageing Innovative Partnership (Example - eHealth): Project on "The reform of primary healthcare and continuity of care", which is providing healthcare and psychological & social support at home and at

	<p>community level to vulnerable people (family, dependent older people, informal Carers). This model allows professionals to provide care at home keeping the patient in its environment avoiding to be placed in an elderly setting. Currently the program has been implemented in 51 Community Care Units. Web link: http://www.mcsp.min-saude.pt/engine.php?cat=95</p>
Romania	<ul style="list-style-type: none"> › Has signed a statement with ICN to translate ICNP into Romanian. A project on health records has been planned, in addition to project on education and mentorship. ☞ Healthy Ageing Innovative Partnership (Example - eHealth): Project "Family Health Nurse" lead by West University from Scotland. The project is at the beginning and under negotiations but it is probably that the Romanian Nursing Association lead the WP Clarification of competency and capability requirements for family health nurses working in communities.
Slovakia	<ul style="list-style-type: none"> › The NNA is being involved in a project to provide sustainable education on nurses → supported by the European Social Funds. This has enabled the creation of education centres while access to education material is also made possible via a dedicated web portal. › eHealth is fully implemented in the Slovenian legislation. National ICNP being implemented and should be used shortly. MoH is planning to implement national register of patients. National Health portals have been setup. Plans have been in place to setup electronic ID cards, both for patients and healthcare professionals, and should be implemented by 2013. ☞ Healthy Ageing Innovative Partnership (Example - eHealth):
Slovenia	<ul style="list-style-type: none"> › Slovenia started a long time ago with IT equipment (1992) and ehealth is included everywhere. eHealth has seen a particular uptake in hospital settings but also in community care by Social workers and community nurses. A project on patient ID card is underway with nurses' asking for the right to access relevant information on this card, especially prescriptions. › Electronic health systems are widely used to support data on e.g. X-ray, wound care, infections. Moreover, a National website for patient information is being set up as well as a system for the Healthcare Professionals information only. ICNP is very much alive in Slovenia. ☞ Healthy Ageing Innovative Partnership (Example - eHealth):
Spain	<ul style="list-style-type: none"> › Huge developments on eHealth/IT communication. The Ministry of Health and social policy developed a webpage where the citizens can find a lot of information and where a number of services are provided including offering of health related information, ability to book appointments with clinicians and review waiting lists. e-prescribing and e-records have long been implemented. › Within Nursing, platforms for e-learning and CPD are in place for undergraduate and postgraduate education. Spain reminded that interpersonal relations in healthcare and especially in nursing are very important. <u>Excessive use of such technology should be avoided.</u> ☞ Healthy Ageing Innovative Partnership (Example - eHealth):
Sweden	<ul style="list-style-type: none"> › Nurses should use eHealth applications to improve the care they provide. <u>eHealth is not meant to replace nurses.</u> › National IT strategy is in place in Sweden especially in supporting multiprofessional aspects. Patients have access to their own records. › Standardising terms is becoming an issue of interoperability. Moreover, Telecommunications are very developed with web-camera communication between district nurses already in practice. e-prescribing has been in place for long. ☞ Healthy Ageing Innovative Partnership (Example - eHealth):

<p>Switzerland</p>	<ul style="list-style-type: none"> › eHealth strategy is not currently discussed with problems such as lack of data and financial support. The NNA continues reflecting on its future. Decisions should be taken in November on its constitution changes, such as including the auxiliary personnel. › Preparing NNA 100th anniversary to take place in 2010. NNA leading French translation of ICNP. ASI is finalising a preliminary draft project on « nursing care & DRGs » showing the impact that can have the introduction of nursing data in a DRG system. <p>☞ Healthy Ageing Innovative Partnership (Example - eHealth):</p>
<p>UK</p>	<ul style="list-style-type: none"> › The RCN is participating in the NMC (UK-wide) review of pre-registration nursing which is setting standards for basic nurse education. It is clear from the emerging educational standards that <u>skills and knowledge around eHealth are now viewed as essential components of professional nursing practice</u> - of what it means to be a nurse in the 21st century across the UK. › The RCN has launched the RCN online International Humanitarian Community. The purpose of the community is to bring together healthcare practitioners who have worked in, are currently working in, or are interested in working in the field of International Humanitarian Healthcare work. The three aims of the online Community are to: <ol style="list-style-type: none"> 1. Enable registered practitioners working in the field of International Humanitarian Healthcare work in developing countries to share experiences, support each other with practical advice and learn from each other; 2. Enable the RCN to have access to individuals who are either interested, or have undertaken work, in this particular field; 3. Raise the profile of International Humanitarian Healthcare work being undertaken in developing countries. › The pace of implementation for certain eHealth applications in England has been frustrating to many nurses. However the RCN, as a leader in eHealth, is working with NHS Connecting for Health on overcoming some of the roadblocks, such as the lack of information standards (see below), and remains committed to driving the agenda and helping to develop and deliver the applications that nurses need to do their jobs and that patients deserve. We are working closely with Ros Moore, Director of Nursing for NHS Connecting for Health (England) and other nursing leads within the programme on processes for developing standards for the content of electronic patient records, building on work already undertaken within RCN. This might involve for example getting broad consensus on what assessment instrument to use in a particular situation and how to best represent that in an electronic patient record system. This is primarily a professional issue, requiring the engagement of nurses at all levels, rather than a technical challenge. › The migration of services into community settings and the continued emphasis on collaborative working demand a robust eHealth infrastructure, and a workforce capable of using it. To further support innovative models of care, nurses are increasingly taking the lead on telehealth and telecare initiatives › There is huge variability in the use of telemedicine and tele-assessment and therefore joint standards throughout the UK are supported. <p>☞ Healthy Ageing Innovative Partnership (Example - eHealth):</p> <div style="display: flex; align-items: flex-start; margin-bottom: 10px;"> <div style="text-align: center; margin-right: 10px;">  <small>LG anonymised Award Nomination (2)</small> </div> <div> <p>(Scotland) This innovation focuses on supporting the self-management of patients with long term conditions in the community using telehealth technology within Argyll and Bute, a remote and rural area of Scotland. Alison Wallis and Jude Leitch - RCN Innovation Case Manager</p> </div> </div> <div style="display: flex; align-items: flex-start;"> <div style="text-align: center; margin-right: 10px;">  <small>ML anonymised award nomination (2)</small> </div> <div> <p>(Northern Ireland) This innovation is a nurse led service working with high risk older people in their own homes leading to a reduction in unplanned hospital admissions. Amanda Cheesley, RCN Long terms conditions adviser & Garrett Martin, RCN Innovation Case Manager</p> </div> </div>