



DELIVERABLE

D3.4 – Bi-monthly Pilot Progress Report v04

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Dissemination Level		
P	Public	x
C	Confidential, only for members of the consortium and the Commission Services	

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1. Revision history and statement of originality

1.1. Revision history

Rev	Date	Author	Organization	Description
0.0	25/01/16	Fabio Roncato	TRILOGIS	First draft of the monthly pilot progress report v04
00.2	10/02/16	Fabio Roncato	TRILOGIS	Added pilot report from Thessaloniki, Baia Spire, Höhenkirchen.
0.3	12/02/2016	Fabio Roncato	TRILOGIS	Added pilot report from Tarzo, Skopje, Pergine.
0.4	16/02/2016	Fabio Roncato	TRILOGIS	Added pilot report from Simleu Silvaniei, Athens, Maribor.
0.5	24/02/2016	Fabio Roncato	TRILOGIS	Added pilot report from Ovest Vicentino, Città della Pieve.
1.0	26/02/2016	Giuseppe Conti	TRILOGIS	Final review

1.2. Statement of originality

This deliverable contains original unpublished work except where clearly indicated otherwise. Acknowledgement of previously published material and of the work of others has been made through appropriate citation, quotation or both.



2. List of references

Number	Full Reference
[1]	http://www.uncap.eu/pilot-progress-v04
[2]	<i>D.3.1 – Bi-monthly Pilot Progress Report v01</i>
[3]	<i>D.3.2 – Bi-monthly Pilot Progress Report v02</i>
[4]	<i>D.3.3 – Bi-monthly Pilot Progress Report v03</i>
[5]	<i>D.1.1 – Use cases description, system requirements and PIA/TRVA</i>
[6]	<i>D.1.4 - Pilots deployment and test plan</i>



3. Executive Abstract

This document is the fourth release of the Pilot Progress Report and it covers the updated status of the pilots referring to M13-M14.

During this period pilot partners have continued with the collection of data by using the platform provided by partner SocialIT – Alt@nte – in order to refine the inclusion and exclusion criteria before the installation of the final UNCAP at the pilot sites, scheduled at the end of the first half of 2016.

Similarly to the first, second and third versions of the Pilot Progress Report, this deliverable is structured as a collection of reports released by each pilot partner, which are reported in Section 0



Individual reports, while in previous section (6) reports an overall view of the progress.

As in the previous reports, the management team has shared among the pilots and their technical supporting partners, an electronic form available at [1] in order to collect their feedback. The questionnaire maintains a structure similar to the first three releases. Details about the questionnaire are also reported in the Annex to this report.

In the previous document (deliverable D3.3 - Bi-monthly Pilot Progress Report v03) a table, reporting the type and number of devices that the various pilots intend to install, has been added. The types of technology clearly depend on the use cases that were selected at the beginning of the project, as highlighted in D.1.1. In this deliverable we updated the current status by adding specific questions in the module. With respect to the last report, five pilots have slightly changed and updated the type of hardware they are willing to install. At this stage we can consider the chosen use cases as fixed and final, while some minor updates may still occur in terms of number of devices (we should consider possible variations in price lists).

For this reason, for some pilots, the table created in the last report has been updated to with extra details on the technologies selected, the hardware that will be used and the quantity of the various UNCAP component that will be installed.

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6. Overall progress report

6.1. Activities carried out

The following sections report on the activities that were planned in the previous Pilot Progress Report (D3.3), with details on their updated situation:

- **Identification of the details of the technologies:** this is an ongoing task. The partners are upgrading the technologies to be installed at each pilot and the number of devices needed according to the budget available to each pilot.
 - CLOSED: some pilot partners refined their choices of the hardware and the quantity they plan to deploy at their site. At this point we can consider this task as closed. However, we should account for minor variations that may arise (mainly due to market prices fluctuations): should changed occur we will monitor the status and update the lists. Once that the hardware will be available at each pilot premises we will provide a consolidated table reporting for each site the devices available and its costs. Pilots can now start the procurement procedures (this is already ongoing in some cases).
- **Infrastructure preparation:** some technologies may require some significant infrastructural works to be carried out at the pilot site (e.g. setting up power plugs or Ethernet connectors).
 - ONGOING: the pilot in Höhenkirchen, as better defined in their report in section **Errore. L'origine riferimento non è stata trovata.**, has already closed the sensing floor installation in a vast area at their site and are currently testing its functionalities. Considering that the Sensor Floor is the most complex solution to be installed out of those available and that Höhenkirchen is the only pilot interested in such technology, on this aspect we are perfectly on time. On the other side, since most technologies do not require particular hardware installation processes, even if we may be slightly late on the timeline, this should not create any criticality.
- **Analysis of the proposed pilot study:** "D7.8 Template for ethical approval and informed consent" was scheduled to be released at M10. Pilots were invited to evaluate the content of the deliverable and follow the guidelines reported there.
 - ONGOING: pilots did take into consideration the guidelines reported in the deliverable and a meeting, involving all Italian pilots, was carried out to discuss and analyse the documents required in order to notify the Italian Ministry and each ethical committee on the clinical study. Those documents are being drafted with the support of FBK, Social-IT and Trilogis. Once finalized, they will be shared among all partners in order to be adapted to each local regulation. Deadlines have been defined in order to be ready before M18 when the piloting phase should start.

Moreover, as usual, pilots are continuously involving users by asking them to sign the informed consent and are carrying out the evaluations. The following figure reports the number of elderly involved in each pilot by highlighting the differences with the previous report. The total number of elderly involved is 381 (rising from 336 in the last period). The number of elderly is globally increased with respect to the previous report with some minor variation at all the pilots site. The trend, taking in consideration the lasts report is of an increasing number of elderly time by time.

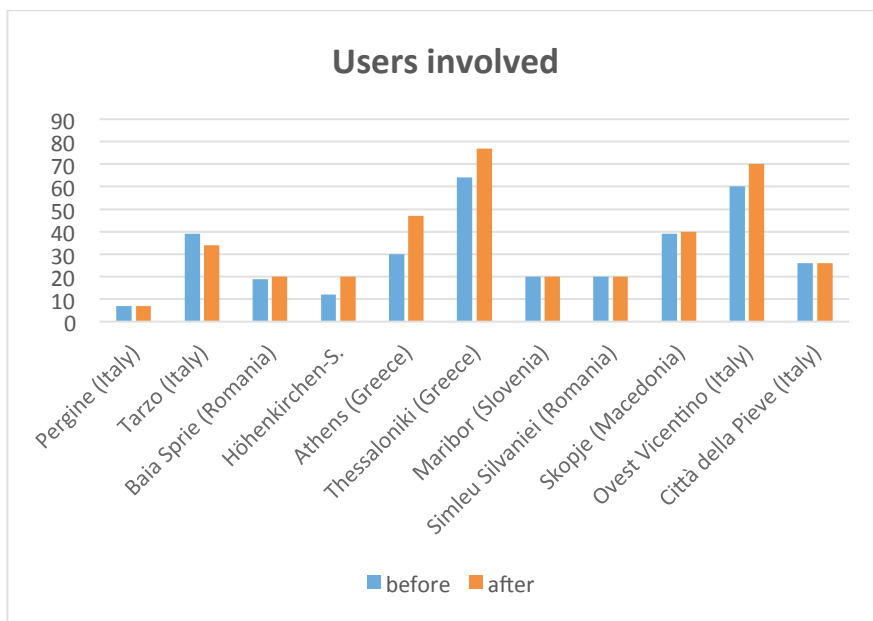


Figure 1: Elderly involved at the various pilots sites.

The time required for a single evaluation as reported by the pilots is as follows:

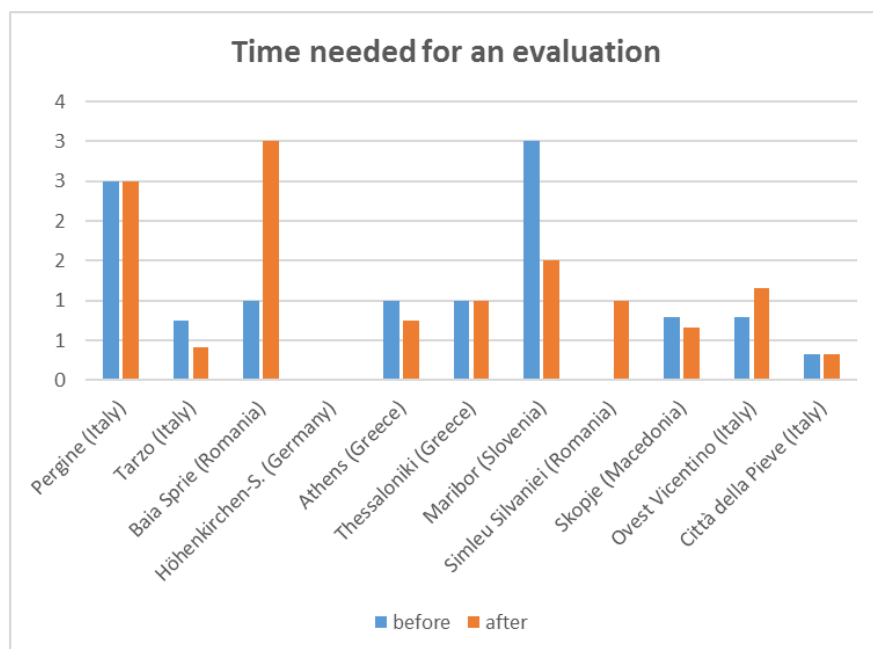


Figure 2: Time needed for a patient evaluation in the various pilots.

As already reported in the previous release of the progress report, the status of the pilot in Höhenkirchen is particularly different with respect to the rest of the pilot sites. Details are available in the criticalities section of this document.

Another mayor difference was registered by Baia Sprie, where the time needed raised from 1 to 3 hours. The pilot gave us this details in order to justify this trend: "At first we made an estimation of time from the interaction with the most sociable and with less problems patients. *Moreover*, also the technical partner was there and helped during the evaluation. Later the nurses completed the assessments by them self and they spent more time with the elderly". This is specifically the reason why such a huge increase was registered, but similar (not reported) actions may have occurred in the rest of the pilot sites and should be considered in order to justify minor variations in the charts.

The last chart represents the overall user experience with the platform. The range is from 1 (we are having serious problems with the software) to 5 (we are fully enjoying it and do not have any problem). For the pilot that are not using Atl@nte, no feedback is reported.

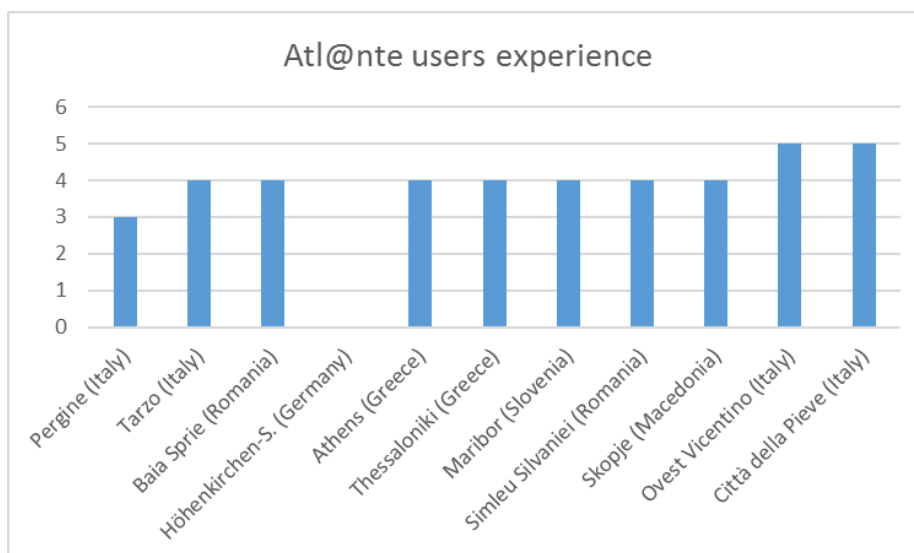


Figure 3: Experience of the various partners in the use of Atl@nte.



6.2. Activities planned

The activities planned for the next period are as follows:

- **Hardware procurement:** during the upcoming period, the technologies providers will get in touch with the pilot partners and supporting ones in order to provide a quote and strictly define the requirements for the installation. Hardware should be bought soon.
- **Infrastructure preparation:** this is an on-going task as described in the previous Pilot Progress Report. According to the specifications of each installed technology, the pilots will provide the required infrastructure works. This will be an on-going task that will progress until all the hardware technologies will be installed (M18).
- **Data collection monitoring:** similarly, this is an on-going task. The WP leader, together with technical supporting partners, will periodically monitor the status of the pilots and promote involvement of new users. Respect to the last progress report the number of the involved people into the UNCAP project is increase and will increase in the future.



6.3. Criticalities

No particular criticalities have been emerged from the last two months. As it was pointed out in the last report (D3.3) the pilot in Höhenkirchen is no more collecting data with Atl@nte. For a complete description of the status see the last report (D3.3) since no variations occurred.

A possible criticality may be related with the approval of the clinical study by the ethical committee of the pilot in Pergine. This possibility emerges from past experiences in similar projects and trials but, precisely from those experiences, we (and in particular FBK) already know how to face this issue and better meet the strict and precise requirements of the commission.

No other criticality can be envisioned or emerged.

7. Individual reports

7.1. Pilot in Pergine, Italy

Rehabilitation hospital “Villa Rosa” is located in Pergine and is the reference point for intensive rehabilitation in the Province of Trento. Within Villa Rosa there is an advanced service (Centro Abilita) aimed to evaluating and projecting technology assistive solutions for patients with motor and cognitive impairment.

The service is aimed at inpatients and at external users from Autonomous Province of Trento.

Users involved	
<u>Total number of elderly involved</u>	7
<u>Total number of caregivers involved</u>	6
<u>Was someone excluded from the experimentation?</u>	No
<u>Other notes</u>	
Not provided.	
Informed consent	
<u>Describe the process of collection of the informed consent</u>	
Not provided.	
<u>Are you uploading a copy of the signed consents to the management website?</u>	
No. In this first phase APSS uses a consensus template different from the one proposed. The patient is in fact only required to sign the consent to the processing of personal data. The template sent by the consortium will be used only in the following phase.	
<u>Did you encounter any problem?</u>	
Not provided.	
InterRAI/Atl@nte	
<u>Are you using Atl@nte to collect data?</u>	Yes
<u>Description of the work done</u>	
Not provided.	
<u>Average time needed to carry out an assessment</u>	2 hours and 30 minutes
<u>Did you encounter any problem using Atl@nte?</u>	



Not provided.	
<u>Do you have any suggestion?</u>	
Not provided.	
<u>User experience with Atl@nte</u>	3
Activities	
<u>Past activities carried out in this period</u>	
Not provided.	
<u>Plan for the future</u>	
Not provided.	
<u>Did you encounter or do you envision criticalities?</u>	
Not provided.	
<u>Other notes</u>	
Not provided.	
Technologies	
<u>Technologies selected</u>	
EEG (Electroencephalography) monitor, HALe (video cameras from Trilogis), SensFloor (mats), Serious games.	
<u>Procurement</u>	
At the moment the technologies are not available and we don't have started the procurement process.	
<u>Hardware installation</u>	
Probably we do.	
<u>Technologies question</u>	
Not provided.	
<u>Technologies budget</u>	
The technologies will cover the budget.	

7.1.1. Technologies details

The pilot in Pergine has not yet identified the specific number of devices that they plan to install, but only the technologies that they are interested in. Some internal meetings are yet required in order to strictly define all the details of the technologies.

USE CASE	REQUIRED TECHNOLOGY	NOTES	QUANTITY
ALL (MANDATORY)	UNCAP Box	Will serve to run the UNCAP platform	8
	Smartphone	At least one needed at each pilot site	1
	TV Set	At least one needed at each pilot site (evaluate the presence of existing hardware)	1
	Tablet	At least one needed at each pilot site	1
UC2.1	PC		8
	Touchscreen		n.d.
	Kinect	For full body rehabilitation	8
	Webcam	For cognitive/physical rehabilitation (3D Puzzle)	8
	EEG Emotiv	Optional	1
	Glucometer	Optional	n.d.
	Glucometer strips	50 strips/package	n.d.
UC4	Pulse oxymeter	Optional	n.d.
UC4	Kinect		8
UC5	Sensfloor	Choice of mattress or floor, depending on the type of installation. Please see table of single technologies for further details. (used for motion detection)	8

7.2. Pilot in Tarzo, Italy

The long-term facility "Villa Bianca" is located in the pre-alpine valley between Vittorio Veneto and Follina (Italy). The objectives of the pilot are:

- Detection of unmonitored wandering, getting lost and falling in order to:
 - Determine the position of the patient inside the nursing home.
 - Help nurses to intervene in a rapid and effective way when an event occurs.
 - Understand if a person gets out of the bed.
- Optimize and equally distribute the effort and the workload among all the units/departments (there are 4 departments), in order to:
 - Evaluate workloads.
 - Balance workloads.
 - Decrease the workload and work-related stress.
- Helps carers in nursing homes have a better overview of the patients based on their location. Help nurses intervene in a rapid and effective way when an event occurs.
- Helps carers at nursing homes have a better overview of the patients based on their location.

Users involved	
<u>Total number of elderly involved</u>	34
<u>Total number of caregivers involved</u>	5
<u>Was someone excluded from the experimentation?</u>	Yes
<u>Other notes</u>	
Totally 56 counting all the people excluded for the exclusion criteria. One person into the experimentation have been excluded because death.	
Informed consent	
<u>Describe the process of collection of the informed consent</u>	
No.	
<u>Are you uploading a copy of the signed consents to the management website?</u>	
Not provided.	
<u>Did you encounter any problem?</u>	
Because I don't know how to use (do I need another password and username to enter?)	



InterRAI/Atl@nte	
Are you using Atl@nte to collect data?	Yes
<u>Description of the work done</u>	
Not provided	
Average time needed to carry out an assessment	25 minutes
<u>Did you encounter any problem using Atl@nte?</u>	
Not provided.	
<u>Do you have any suggestion?</u>	
Not provided.	
User experience with Atl@nte	4
Activities	
<u>Past activities carried out in this period</u>	
We have been in Pergine Valsugana for a meeting with the other Italian pilots.	
<u>Plan for the future</u>	
I have to enter data about all our patients.	
<u>Did you encounter or do you envision criticalities?</u>	
I don't see possible criticalities at the moment.	
<u>Other notes</u>	
Not provided.	
Technologies	
<u>Technologies selected</u>	
Zigpos (Wi-Fi), SensFloor (mats). No change respect the last progress report.	
Procurement	
Technologies are not available yet.	
Hardware installation	
It's still too early to know this, because we don't have any hardware yet.	
Technologies question	
No doubts at the moment.	
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Technologies budget

Everything is ok at the moment.

7.2.1. Technologies details

The details of the technologies in which the pilot is interested and the number of devices is as follows:

USE CASE	REQUIRED TECHNOLOGY	NOTES	QUANTITY
ALL (MANDATORY)	UNCAP Box	Will serve to run the UNCAP platform	1
	Smartphone	At least one needed at each pilot site	30
	TV Set	At least one needed at each pilot site (evaluate the presence of existing hardware)	1
UC3	ZigPos Wifi	Wifi Localization (wifi coverage required). Number of tags.	10
UC5	Sensfloor	Choice of mattress or floor, depending on the type of installation. Please see table of single technologies for further details. (used for motion detection)	10

7.3. Pilot in Baia Sprie, Romania

Baia Sprie Elderly Nursing Home is a public facility aiming at providing care for elders sharing their last years. It is a unit providing support for 60 elder persons, some of which have cognitive problems. Financed mainly by the Baia Sprie Municipality, the centre is trying to adapt to new technologies and improve quality of life by using them. They are confronted with a lot of requests, but due to lack of space, they are unable to accept more persons. In Baia Sprie Elder nursing homes, patient and environment will be monitored to identify the ways in which the technology affects everyday life, both in nursing homes and for patients living at home.

Users involved	
<u>Total number of elderly involved</u>	20
<u>Total number of caregivers involved</u>	3
<u>Was someone excluded from the experimentation?</u>	Yes, one.
<u>Other notes</u>	
No problems encounter. The person was excluded because she suffer Alzheimer disease.	
Informed consent	
<u>Describe the process of collection of the informed consent</u>	
Yes.	
<u>Are you uploading a copy of the signed consents to the management website?</u>	
All of them.	
<u>Did you encounter any problem?</u>	
No problems.	
InterRAI/Atl@nte	
<u>Are you using Atl@nte to collect data?</u>	Yes.
<u>Description of the work done</u>	
Not provided.	
<u>Average time needed to carry out an assessment</u>	3 hours.
<u>Did you encounter any problem using Atl@nte?</u>	
Not provided.	
<u>Do you have any suggestion?</u>	



Not provided.	
<u>User experience with Atl@nte</u>	4
Activities	
<u>Past activities carried out in this period</u>	
Baia Sprie organized a conference about projects implemented or under implementation where stakeholders and users were invited, with our technical partner we made teaching sessions for Baia Sprie pilot.	
<u>Plan for the future</u>	
Start procurement process and start using technology	
<u>Did you encounter or do you envision criticalities?</u>	
No problems for the moment.	
<u>Other notes.</u>	
Not provided.	
Technologies	
<u>Technologies selected</u>	
Blood pressure meter, EEG (Electroencephalography) monitor, Glucometer, Pulse oximeter, Scale, SensFloor (large area), Serious games, Sweat level monitor, Combain.	
<u>Procurement</u>	
Major of technologies are available, we installed some components on ilocate project- zigpos technology, we don't start the procurement process.	
<u>Hardware installation</u>	
<ol style="list-style-type: none"> 1. sensFloor is water proof? 2. in sensFloor price is included install kit and who is doing it? 3. can integrate in pebble watch GPS? for us will be useful to have GPS technology in watches or bracelet? 	
<u>Technologies question</u>	
<ol style="list-style-type: none"> 1. more details for hardware components 2. Romanian acquisition law tell us to procure equipment with demand and supply 3. who is selling the components, one entity or more? 4.the procurement process will be made between partners or by Electronic procurement in European Countries? 	
<u>Technologies budget</u>	

The technologies cover the budget.

7.3.1. Technologies adopted and connected use cases

The pilot has not yet strictly defined which are the technologies that they want to install because they are waiting for a detailed quotation for the SensFloor technology. Once that is defined they will decide which other components to buy with the remaining budget.

The details of the technologies in which the pilot is interested and the number of devices is as follows (the list is the minimum that the pilot need and cover about 50% of the pilot budget):

USE CASE	REQUIRED TECHNOLOGY	NOTES	QUANTITY
ALL (MANDATORY)	UNCAP Box	Will serve to run the UNCAP platform	3
	Smartphone	At least one needed at each pilot site	10
	TV Set	At least one needed at each pilot site (evaluate the presence of existing hardware)	3
	Tablet	At least one needed at each pilot site	3
UC2.1	PC		3
	Touchscreen		1
	Kinect	For full body rehabilitation	3
	Webcam	For cognitive/physical rehabilitation (3D Puzzle)	3
	EEG Emotiv	Optional	2
UC2.2	Option 1: Combain + GPS	Using WiFi (smartphone needed)	10
UC2.4	Glucometer		10
	Glucometer strips	50 strips/package	200
UC2.5	Blood pressure meters	Bluetooth, standard.	2
UC2.6	Pulse oxymeter		3
UC2.9	Sweat Level	Wireless GSR sensor	1
UC2.10	Scale	Wireless scale. Need to check the availability of APIs	2
UC4	Sensefloor	Choice of mattress or floor, depending on the type of installation. Please see table of single technologies for further details.	6
	PebbleWatch	To check whether we can implement this within UNCAP	10

7.4. Pilot in Höhenkirchen, Germany

The pilot at Höhenkirchen (72 Apartments for the elderly with an average age of 86 years) will be equipped with SensFloor a large area floor sensor system. The floor will switch on an orientation light as soon as someone steps out of bed at night and alerts the carer, when someone has fallen down. In another 10 rooms sensor mats will be installed in front of the beds of the residents. The persons are chosen according to their risk of falling down. These mats will alert the nurse, as soon as someone starts to get out of bed. The nurse will be able to be there very fast, assisting the person and therefore preventing falls.

Users involved	
<u>Total number of elderly involved</u>	20
<u>Total number of caregivers involved</u>	10
<u>Was someone excluded from the experimentation?</u>	No
<u>Other notes</u>	
The large-area SensFloor installations are unobtrusive. So there are usually no problems with the residents. Exception: The residents in our pilot were used to carpet in their rooms and we had to change to PVC, because the selected carpet didnt fulfill the necessary fire behaviour tests for public rooms. Another problem is that the cleaning personal has to switch of the SensFloor system during wet cleaning to avoid false fall alarms, but often forget to switch it on again. We are now considering developing something like automatic reactivation of the floor.	
Informed consent	
<u>Describe the process of collection of the informed consent</u>	
All residents in the large-area SensFloor rooms were asked to sign an informed consent and did it. For the use of SensFloor mats we didn't do it, because we do not gather personal data for our statistics.	
<u>Are you uploading a copy of the signed consents to the management website?</u>	
Yes.	
<u>Did you encounter any problem?</u>	
Not provided.	
InterRAI/Atl@nte	
<u>Are you using Atl@nte to collect data?</u>	No
<u>Description of the work done</u>	
I have already answered this question last time and will not do it again.	



<u>Average time needed to carry out an assessment</u>	Not provided.
<u>Did you encounter any problem using Atl@nte?</u>	
Not provided.	
<u>Do you have any suggestion?</u>	
Not provided.	
<u>User experience with Atl@nte</u>	Not provided.
Activities	
<u>Past activities carried out in this period</u>	
<p>We had 2 meetings at the pilot site with the major of our city and a member of the Bundestag to present the UNCAP project and the functions of the system. We also had on-site demonstrations for the caregivers. We met at Future-Shape with all involved team members of Future-Shape and the pilot to discuss further activities for gathering data of the SensFloor installation. Main goal is to verify if fall prevention is feasible by giving activity alerts to the nurses at night or use SensFloor mats for people in danger of falling.</p>	
<u>Plan for the future</u>	
<p>Doing the setup with the UNCAP system, using the SensFloor transceiver SE10. Collecting data of the existing indoor call system and the given alerts by the UNCAP system and compare them for evaluation of the overall reliability.</p>	
<u>Did you encounter or do you envision criticalities?</u>	
<p>We are still discussing how to do the comparison of the UNCAP and the standard call system.</p>	
<u>Other notes</u>	
Not provided.	
Technologies	
<u>Technologies selected</u>	
<p>SensFloor (large area), SensFloor (mats). No change respect the last progress report.</p>	
<u>Procurement</u>	
<p>SensFloor installed in 10 rooms (15m² beneath PVC flooring) and in 10 bathrooms (1.5 m² beneath tiles). The SensFloor is powered by built-in power supplies in each room. The power supplies can be activated and deactivated by the nurse and cleaning personal by RFID. Each room equipped with a SensFloor transceiver SE9 and serial interface RS485 as an interconnect to the existing nurse call system (SECARE). SE9 transmits signals for activity in room and bathroom, as well as falls to the SECARE system. The SECARE system transmits these SensFloor signals and additional signals like call button, presence of nurse, emergency call to: PC in Nurse's room, pager, indication light outside of the residents' room. All alerts and the acknowledgement of the carer are documented.</p>	

<u>Hardware installation</u>
So far none.
<u>Technologies question</u>
So far everything is ok. With the UNCAP Box, we will need to have a new transceiver SE10 (based on Raspberry PI 2) installed. It will collect the alert information from the SE9 in each room and transmit it to the UNCAP Box.
<u>Technologies budget</u>
The costs for all technologies selected and integrated were like expected in budget. However, we had problems to cover the costs of the subcontractors (floor installer, electricians and tile installer). These costs were exceeded by 17.000 EUR. That was because we had to do the disinstallation of the old flooring, the milling, priming, installation of the cover floor step by step in each room. Because the rooms were all occupied and the subcontractors could not work continually.

7.4.1. Technologies details

The pilot has already identified the technology that they want at their site, which is the SensFloor.

USE CASE	REQUIRED TECHNOLOGY	NOTES	QUANTITY
ALL (MANDATORY)	UNCAP Box	Will be used to run the UNCAP platform	n.d.
	Smartphone	At least one needed at each pilot site	n.d.
	TV Set	At least one needed at each pilot site (evaluate the presence of existing hardware)	n.d.
	Tablet	At least one needed at each pilot site	n.d.
UC4/UC5	SensFloor	Choice of mattress or floor, depending on the type of installation. Please see table of single technologies for further details. (used for motion detection)	10 rooms
	Sensor Mat		10 rooms

7.5. Pilot in Athens, Greece

Within the frame of the pilot, the users will each be provided with a tablet, a pulse oximeter and a smartwatch (optional). While at home, elderly people will be monitored by their attending doctors, who will create a personalized monitoring and treatment schedule for each of their patients. The doctors will have access and the right to update their patients' EHR, where the recorded biosignals will also be stored. Compliance to this schedule will be enforced via reminders. The system processes the data related to the schedule in real time and whenever a measurement exceeds a threshold that has been set by the attending doctor, the doctor is informed via a preselected communication channel (push notification, email, SMS etc.). Social networking aspects and video conferencing functionality with friends and relatives will also be provided to the participants in the pilot. Through the smartwatch, the service will be able to automatically detect potential falls and route the appropriate form of assistance (i.e. by contacting relatives).

Users involved	
<u>Total number of elderly involved</u>	47
<u>Total number of caregivers involved</u>	6
<u>Was someone excluded from the experimentation?</u>	No.
<u>Other notes</u>	
We have amended our inclusion criteria to include patients suffering from pulmonary fibrosis. Nothing has changed with respect to our exclusion criteria or the involvement of users.	
Informed consent	
<u>Describe the process of collection of the informed consent</u>	
We have collected the informed consent forms of the newly enrolled patients in Larissa (17). We are gradually uploading the signed forms to the informed consent management site.	
<u>Are you uploading a copy of the signed consents to the management website?</u>	
Yes, some.	
<u>Did you encounter any problem?</u>	
We have not encountered any problems.	
InterRAI/Atl@nte	
<u>Are you using Atl@nte to collect data?</u>	Yes.
<u>Description of the work done</u>	
Nothing has changed in our process with respect to the last report. We have completed the initial assessment for each of the newly enrolled patients. The third assessment of the first	

group will begin in March.	
<u>Average time needed to carry out an assessment</u>	45 minutes.
<u>Did you encounter any problem using Atl@nte?</u>	
The InterRAI questionnaire is thorough, but in most cases unnecessarily extensive. Indeed, some sections may even be irrelevant to the patient's condition. Thus, many patients find the evaluation (especially the initial evaluation) tiresome and, in some cases, the evaluation takes more than one session to complete. Doctors have also expressed the need for a shorter questionnaire or the option to skip certain parts that are not, in their opinion, significant to a particular patient's condition.	
<u>Do you have any suggestion?</u>	
Not provided.	
<u>User experience with Atl@nte</u>	4
Activities	
<u>Past activities carried out in this period</u>	
<p>Within the last period, we have established a second pilot base in Thessaly, consisting of patients that suffer from pulmonary fibrosis, in cooperation with the Pulmonary Clinic of the Thessaly University Hospital. This group of patients has eagerly accepted to participate in the pilot, as their need for regular communication with their caregivers means that the provided technologies are of great value to them. We visited the hospital for a two-day meeting, whereby we were informed about the condition that the patients are suffering from, their treatment they receive, their needs, as well as input on the study. We also had the opportunity for an open presentation of our platform and the pilot study to the hospital faculty, trainee doctors and students, followed by a constructive discussion with the attendants. The following day we held training sessions with the doctors that will oversee the pilot in Thessaly and held individual meetings with the involved patients for their enrolment and initial evaluation.⁹In addition to our activities in Thessaly, we have continued to provide our pilot user base with support and performed regular InterRAI assessments, as well as other pilot commitments. We have also continued training our helpdesk agents and gaining feedback from all users for the improvement of our services.</p> <p>Moreover, we have continued meeting with various stakeholders of the medical and academic community to create liaisons and promote our work within the project.</p>	
<u>Plan for the future</u>	
<p>We plan to continue exploring more liaisons by attending relevant events and conferences. More specifically, we intend to attend the 15th Panhellenic Conference on Hypertension, held by the Hellenic Society of Hypertension, and meet with academics and care specialists, but also with executives for the medical device industry.</p> <p>As always, we will strive to fulfil our pilot commitments with consistency, while providing our users with constant support and trying to identify valuable improvement opportunities for the BioAssist and the UNCAP platform.</p>	
<u>Did you encounter or do you envision criticalities?</u>	
We have not encountered any criticalities so far.	
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<u>Other notes</u>
Not provided.
Technologies
<u>Technologies selected</u>
Blood pressure meter and Pulse oximeter. PebbleWatch will be used in a second stage. No change respect the last progress report.
<u>Procurement</u>
We have already purchased the medical sensors (oximeters, blood pressure monitors) that will be utilized in our pilot use cases. We have yet to procure the UNCAP Box and the smartwatches that will be used for fall detection.
<u>Hardware installation</u>
There is no need for guidance. The sensors work out-of-the-box, so there is no installation process.
<u>Technologies question</u>
We have no questions regarding the technologies that will be adopted.
<u>Technologies budget</u>
There are no problems regarding the technologies and the pilot budget.

7.5.1. Technologies adopted and connected use cases

The details of the technologies in which the pilot is interested and the number of devices is as follows:

USE CASE	REQUIRED TECHNOLOGY	NOTES	QUANTITY
ALL (MANDATORY)	UNCAP Box	Will serve to run the UNCAP platform	30
	Tablet	At least one needed at each pilot site	10
	Smartphone	At least one needed at each pilot site	10
	TV Set	At least one needed at each pilot site (evaluate the presence of existing hardware)	30
UC2.7	Pulse oxymeter		20
UC2.9	Blood pressure meter		10
UC4	PebbleWatch	To check whether we can implement this within UNCAP	5



7.6. Pilot in Thessaloniki, Greece

An ecologically valid active and healthy aging e-home/living lab is located within the lab of Medical Physics in the main building of Medical School of Aristotle University of Thessaloniki and it consists of a living-room space, a bathroom-like space and a hall-kitchen space.

Seniors visit the Active and Healthy Aging Living Lab and "live" there for 1-2 hours. They relax and can perform different daily activities (wash hands/face/dishes, change clothes etc.); seniors are also asked to utilize a smart watch (emergency button and heart rate measurement), a Smart TV (watching TV, menu navigation and calendar event creation), a tablet (chat and navigation), health measurement devices (blood pressure monitor) and a set of cognitive tasks on the Smart TV. Finally, the participants may undertake a short, in terms of time, physical training session with wFFA (exergaming) through the Smart TV.

Users involved	
<u>Total number of elderly involved</u>	77
<u>Total number of caregivers involved</u>	3
<u>Was someone excluded from the experimentation?</u>	4
<u>Other notes</u>	
We exclude 4 of our participants due to age related criteria (below 60 years old) and presence of psychiatric comorbidity.	
Informed consent	
<u>Describe the process of collection of the informed consent</u>	
The seniors were informed about the UNCAP with emphasis on the main goals of the project: to provide them the independent living and the improvement of their quality of life. The whole process was completed in their places without any difficulties with the template of the document, and the responsible person (Maria Karagianni - psychologist) for the evaluation filled in the informed consent by asking them to read it carefully and then to sign it.	
<u>Are you uploading a copy of the signed consents to the management website?</u>	
Yes, Most of those signed by those enrolled in the study.	
<u>Did you encounter any problem?</u>	
No, we didn't encounter any problems using the form in the UNCAP website.	
InterRAI/Atl@nte	
<u>Are you using Atl@nte to collect data?</u>	Yes.
<u>Description of the work done</u>	



The evaluation for the specific seniors was completed. We thoroughly explained them the informed consent and let them read it in order to sign it. Then we proceed to take the identification information. Afterwards we continue to collect the information according to the InterRai test.	
<u>Average time needed to carry out an assessment</u>	1 hour.
<u>Did you encounter any problem using Atl@nte?</u>	
Not provided.	
<u>Do you have any suggestion?</u>	
Not provided.	
<u>User experience with Atl@nte</u>	4
Activities	
<u>Past activities carried out in this period</u>	
During the last period we informed a lot of people in order to provide the appropriate information to participate in the UNCAP. Participants were assessed and their data were collected so as to be entered to the Atl@nte system.	
<u>Plan for the future</u>	
Enrol more seniors to the Atlante System. Re-evaluation process every 2-3 months of the registered seniors.	
<u>Did you encounter or do you envision criticalities?</u>	
Although it seems that the Thessaloniki trial is lacking behind in participant numbers this is not an issue of concern. The completion of the INTERAI tool data is not of critical importance for the Thessaloniki trial which is focused on the exergaming aspect of UNCAP. But in any case, participant number are increasing at Thessaloniki.	
<u>Other notes</u>	
Not provided.	
Technologies	
<u>Technologies selected</u>	
Blood pressure meter, EEG (Electroencephalography) monitor, Glucometer, HALe (video cameras from Trilogis), Hearth Rate Monitor, Pulse oximeter, Serious games.	
<u>Procurement</u>	
It has not been initiated yet.	
<u>Hardware installation</u>	

Not yet.
<u>Technologies question</u>
No.
<u>Technologies budget</u>
Budget issues are under control.

7.6.1. Technologies details

The details of the technologies in which the pilot is interested and the number of devices is as follows:

USE CASE	REQUIRED TECHNOLOGY	NOTES	QUANTITY
ALL (MANDATORY)	UNCAP Box	Will serve to run the UNCAP platform	1
	Tablet	At least one needed at each pilot site	2
	Smartphone	At least one needed at each pilot site	10
UC2.1	PC		10
	Touchscreen		10
	Kinect	For full body rehabilitation	10
	Webcam	For cognitive/physical rehabilitation (3D Puzzle)	10
	EEG Emotiv	Optional	10
	Glucometer	Optional	10
	Glucometer strips	50 strips/package	10
	Pulse oxymeter	Optional	10
UC2.3	Combain + GPS	Using Wi-Fi (smartphone needed) (working also outdoor if Wi-Fi coverage)	20
UC2.4	Glucometer		ref. UC2.1
	Glucometer strips	50 strips/package	ref. UC2.1
UC2.5	Blood pressure meter	Bluetooth, standard CONTINUA	10
UC2.9	Sweat level	Wireless GSR sensor	1
UC2.10	Scale	Wireless scale. Need to check the availability of APIs	10
UC4	Kinect	Price referring to the installation of one Kinect and a workstation. Check with the provider if multiple Kinects can be attached to a single computer	2

7.7. Pilot in Maribor, Slovenia

Elderly Home Danice Vogrinec Maribor is the largest gerontology facility in the Maribor region, operating as a public institution established by the Republic of Slovenia. It offers institutional care services for elderly people and adults with special needs in four main units, together with a capacity of 809 residents, offering social services, health care and rehabilitation. In addition the institution offers home care services for elderly people living in their private homes in the Miklavž na Dravskem polju and Duplek municipalities, providing household help services, help with daily home routines (self-care, healthcare, personal hygiene), help with socializing and community integration, and support and companionship with urgent errands.

Users involved	
<u>Total number of elderly involved</u>	20
<u>Total number of caregivers involved</u>	30
<u>Was someone excluded from the experimentation?</u>	No
<u>Other notes</u>	
Not provided.	
Informed consent	
<u>Describe the process of collection of the informed consent</u>	
Not provided.	
<u>Are you uploading a copy of the signed consents to the management website?</u>	
All of them.	
<u>Did you encounter any problem?</u>	
Not provided.	
InterRAI/Atl@nte	
<u>Are you using Atl@nte to collect data?</u>	Yes.
<u>Description of the work done</u>	
Patients are evaluated every four months.	
<u>Average time needed to carry out an assessment</u>	1 hours and 30 minutes.
<u>Did you encounter any problem using Atl@nte?</u>	
Except from the application being very extensive, we have not encountered any technical difficulties.	



<u>Do you have any suggestion?</u>	
We have no suggestions at this point.	
<u>User experience with Atl@nte</u>	4
Activities	
<u>Past activities carried out in this period</u>	
In January the project was presented at a conference held by the UNDP of Montenegro and the Ministry of Social Affairs in Podgorica. Weekly workshops and teaching sessions are held for the users and for the caregivers as well.	
<u>Plan for the future</u>	
We plan to continue our present activities, with emphasis on the completion of our demo room.	
<u>Did you encounter or do you envision criticalities?</u>	
Please refer to the possible criticalities stated in previous answers of this report.	
<u>Other notes</u>	
Not provided.	
Technologies	
<u>Technologies selected</u>	
Blood pressure meter, Zigpos (Wi-Fi), Glucometer, SensFloor (the additional usage of this technologies will depend by the effective cost of the various devices respect to the fixed budget). No change respect the last progress report.	
<u>Procurement</u>	
So far, we have purchased 10 tablets, and are testing 5 types of smartphones, trying to find the one compatible with the technologies to be used with patients.	
<u>Hardware installation</u>	
This subject has so far been overlooked and successfully managed by our IT department, meaning we have no questions regarding this issue.	
<u>Technologies question</u>	
Not provided.	
<u>Technologies budget</u>	
The technologies will cover the budget	

7.7.1. Technologies details

The details of the technologies in which the pilot is interested and the number of devices is as follows:

USE CASE	REQUIRED TECHNOLOGY	NOTES	QUANTITY
ALL (MANDATORY)	UNCAP Box	Will serve to run the UNCAP platform	6
	Tablet	At least one needed at each pilot site	11
	Smartphone	At least one needed at each pilot site	11
	TV Set	At least one needed at each pilot site (evaluate the presence of existing hardware)	6
UC2.4	Glucometer		10
	Glucometer strips	50 strips/package	10
UC2.5	Blood pressure meter	Bluetooth, standard CONTINUA	10
UC3	ZigPos Wi-Fi	Wi-Fi Localization (Wi-Fi coverage required). Number of tag.	10
UC6	Smartphone	No extra cost foreseen, since the smartphone is already available.	Ref. ALL
UC9	Environmental sensors	It depends on the cost of single pieces of devices.	3

7.8. Pilot in Simleu Silvaniei, Romania

The Municipality of Simleu Silvaniei, Romania aims at improving the quality of life of its citizens. The UNCAP project will be implemented throughout the city, the targeted group of elderly people being represented by elderly people living in their own homes.

The Day Care Centre will constitute an interface between the beneficiaries and the project team (distributing equipment, gathering data, interacting and evaluating the elderly people). The Centre provides physical rehabilitation services for elderly people after a physical trauma or a stroke. The structure currently employs an administrator, a rheumatologist, a physiotherapist, a nurse and a social assistant.

Users involved	
<u>Total number of elderly involved</u>	20
<u>Total number of caregivers involved</u>	0
<u>Was someone excluded from the experimentation?</u>	No
<u>Other notes</u>	
20 patients were contacted by the project implementation team. It was used the output model. There were no difficulties. The responsible persons for enrolling the patients are Puscas Doru and Cioban Marcel.	
Informed consent	
<u>Describe the process of collection of the informed consent</u>	
Yes.	
<u>Are you uploading a copy of the signed consents to the management website?</u>	
Yes, all of them.	
<u>Did you encounter any problem?</u>	
Nor provided.	
InterRAI/Atl@nte	
<u>Are you using Atl@nte to collect data?</u>	Yes
<u>Description of the work done</u>	
Not provided.	
<u>Average time needed to carry out an assessment</u>	1 hour.
<u>Did you encounter any problem using Atl@nte?</u>	
Not provided.	
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<u>Do you have any suggestion?</u>	
Not provided.	
<u>User experience with Atl@nte</u>	4
Activities	
<u>Past activities carried out in this period</u>	
Simleu Silvaniei information Centre opening conference.	
<u>Plan for the future</u>	
In the next period we will enter all the assessment in Atlante and next we will monitor them.	
<u>Did you encounter or do you envision criticalities?</u>	
We will inform you what critical factors we found.	
<u>Other notes</u>	
Not provided.	
Technologies	
<u>Technologies selected</u>	
Blood pressure meter, Zigpos(Wi-Fi), Glucometer, Health Rate Monitor, Pulse oximeter, Scale, serious Game. No change respect the last progress report.	
<u>Procurement</u>	
We don't start the procurement process.	
<u>Hardware installation</u>	
No questions now.	
<u>Technologies question</u>	
No questions now.	
<u>Technologies budget</u>	
The technologies cover the budget.	

7.8.1. Technologies details

The pilot in Simleu Silvaniei has not yet identified the specific number of devices that they plan to install, but only the technologies that they are interested in. Some internal meeting are yet required in order to strictly define all the details.



USE CASE	REQUIRED TECHNOLOGY	NOTES	QUANTITY
ALL (MANDATORY)	UNCAP Box	Will serve to run the UNCAP platform	n.d.
	Tablet	At least one needed at each pilot site	n.d.
	Smartphone	At least one needed at each pilot site	n.d.
	TV Set	At least one needed at each pilot site (evaluate the presence of existing hardware)	n.d.
UC2.1	PC		2
	Touchscreen		2
	Kinect	For full body rehabilitation	2
	Webcam	For cognitive/physical rehabilitation (3D Puzzle)	2
	EEG Emotiv	Optional	2
UC2.4	Glucometer		3
	Glucometer strips	50 strips	3
UC2.5	Blood pressure meter	Bluetooth, standard CONTINUA	4
UC2.6	Pulse oxymeter		6
UC2.7	Pulse oxymeter		Ref. UC2.6
UC2.10	Scale	Wireless scale. Need to check the availability of APIs	1
U4	Sensfloor	Choice of mattress or floor, depending on the type of installation. Please see table of single technologies for further details.	1

7.9. Pilot in Skopje, Macedonia

The pilot in Skopje will take place in Nursing Home Terzieva. It will include 40 participants who will be involved in the experimentation and will be required to measure their vital parameters (blood glucose, heart rate, blood pressure, blood oxygen saturation) on a daily basis and the data will be directly transmitted via Wi-Fi and stored into their Electronic Health Record (EHR). Considering the previous experience in the nursing home Terizeva where the Skopje Pilot will take place, and their statistics, the necessity for monitoring the patients' while getting up from bed.

Users involved	
<u>Total number of elderly involved</u>	40
<u>Total number of caregivers involved</u>	5
<u>Was someone excluded from the experimentation?</u>	Yes
<u>Other notes</u>	
The main reasons for exclusion were due to death as well as dis-mission from the elderly home premises.	
Informed consent	
<u>Describe the process of collection of the informed consent</u>	
Not provided.	
<u>Are you uploading a copy of the signed consents to the management website?</u>	
Yes, Most of those signed by those enrolled in the study.	
<u>Did you encounter any problem?</u>	
Not provided.	
InterRAI/Atl@nte	
<u>Are you using Atl@nte to collect data?</u>	Yes.
<u>Description of the work done</u>	
Due to the exclusion and involvement of new users some of the newly involved patients are still not evaluated by the doctor. The evaluation is done once or twice a month.	
<u>Average time needed to carry out an assessment</u>	40 minutes.
<u>Did you encounter any problem using Atl@nte?</u>	
Not provided.	



<u>Do you have any suggestion?</u>	
Not provided.	
<u>User experience with Atl@nte</u>	4
Activities	
<u>Past activities carried out in this period</u>	
Meetings, teaching sessions with the end users have been conducted.	
<u>Plan for the future</u>	
Procurement and the installation of the equipment and its integration.	
<u>Did you encounter or do you envision criticalities?</u>	
Delays in the procurement procedure due to the early political elections in the country. By the law, all the public procurement procedures should be stopped during this process.	
<u>Other notes</u>	
Not provided.	
Technologies	
<u>Technologies selected</u>	
Blood pressure meter, Glucometer, Hearth Rate Monitor, Pulse oximeter, SensFloor (mats). No change respect the last progress report.	
<u>Procurement</u>	
Procurement procedure has been started and currently we are in the phase of writing the specifications for the equipment according to the national procurement laws.	
<u>Hardware installation</u>	
Not aware at this stage.	
<u>Technologies question</u>	
Not available at this stage.	
<u>Technologies budget</u>	
The budget should cover the technologies selected, although the final answer to this question will be given at the end of the public procurement procedure. It will depend on the bids.	

7.9.1. Technologies details

The details of the technologies in which the pilot is interested and the number of devices is as follows:

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USE CASE	REQUIRED TECHNOLOGY	NOTES	QUANTITY
ALL (MANDATORY)	UNCAP Box	Will serve to run the UNCAP platform	3
	Tablet	At least one needed at each pilot site	3
	Smartphone	At least one needed at each pilot site	10
	TV Set	At least one needed at each pilot site (evaluate the presence of existing hardware)	3
UC2.1	PC		3
	Touchscreen		1
	Kinect	For full body rehabilitation	3
	Webcam	For cognitive/physical rehabilitation (3D Puzzle)	3
	EEG Emotiv	Optional	2
UC2.2	Option 1: Combain + GPS	Using Wi-Fi (smartphone needed)	10
UC2.4	Glucometer		10
	Glucometer strips	50 strips	200
UC2.5	Blood pressure meter	Bluetooth, standard CONTINUA	2
UC2.6	Pulse oxymeter		3
UC2.9	Blood pressure meter		1
UC2.10	Scale	Wireless scale. Need to check the availability of APIs	2
UC4	Sensefloor	Choice of mattress or floor, depending on the type of installation. Please see table of single technologies for further details.	6
	PebbleWatch		10

7.10. Pilot in Ovest Vicentino, Italy

This pilot merges, under the same coordination, three different structures located in Italy:

- Villa Serena in Lonigo.
- La Pieve in Montecchio Maggiore.
- Villa Serena in Valdagno.

Each one of those structures is specialized taking care of patients with dementia.

Users involved	
<u>Total number of elderly involved</u>	70
<u>Total number of caregivers involved</u>	7
<u>Was someone excluded from the experimentation?</u>	No
<u>Other notes</u>	
The third pilots (Villa Serena of Valdagno) started, to evaluate ten elders.	
Informed consent	
<u>Describe the process of collection of the informed consent</u>	
All the 70 elders evaluated signed the informed consent	
<u>Are you uploading a copy of the signed consents to the management website?</u>	
Yes, all of them.	
<u>Did you encounter any problem?</u>	
No problem.	
InterRAI/Atl@nte	
<u>Are you using Atl@nte to collect data?</u>	Yes.
<u>Description of the work done</u>	
Not provided.	
<u>Average time needed to carry out an assessment</u>	1 hours and ten minutes.
<u>Did you encounter any problem using Atl@nte?</u>	
Not provided.	
<u>Do you have any suggestion?</u>	



Not provided.	
<u>User experience with Atl@nte</u>	5
Activities	
<u>Past activities carried out in this period</u>	
Meetings and data entering with nurses.	
<u>Plan for the future</u>	
Acquire the hardware devices.	
<u>Did you encounter or do you envision criticalities?</u>	
No.	
<u>Other notes</u>	
Not provided.	
Technologies	
<u>Technologies selected</u>	
UNCAP Box, Tablet, Smartphone, TV Set, PC, Touchscreen, Kinect, Webcam, EEG Emotiv, Glucometer, Glucometer strips, Pulse oximeter, Kinect, Scale.	
<u>Procurement</u>	
No.	
<u>Hardware installation</u>	
No.	
<u>Technologies question</u>	
We need to have a telco to understand how many devices to acquire.	
<u>Technologies budget</u>	
About 30.000 €	

7.10.1. Technologies details

The details of the technologies in which the pilot is interested and the number of devices is as follows:

USE CASE	REQUIRED TECHNOLOGY	NOTES	QUANTITY
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ALL (MANDATORY)	UNCAP Box	Will serve to run the UNCAP platform	3
	Tablet	At least one needed at each pilot site	3
	Smartphone	At least one needed at each pilot site	6
	TV Set	At least one needed at each pilot site (evaluate the presence of existing hardware)	3
UC2.1	PC		8
	Touchscreen		8
	Kinect	For full body rehabilitation	8
	Webcam	For cognitive/physical rehabilitation (3D Puzzle)	8
	EEG Emotiv	Optional	8
	Glucometer	Optional	8
	Glucometer strips		8
	Pulse oxymeter	Optional	8
UC4	Kinect	Price referring to the installation of one Kinect and a workstation. Check with the provider if multiple Kinects can be attached to a single computer	3
UC2.10	Scale	Wireless scale. Need to check the availability of APIs	3

7.11. Pilot in Città della Pieve, Italy

The structure is a nursing home where we assist 56 old people. The location is in Città della Pieve (PG, Italy) and we constantly receive lots of visits (parents, friends, volunteers, citizens) to help us to keep a high level of quality assistance.

The users involved in the study have a high level of comorbidity, such as mental deterioration, heart failure, respiratory disease, diabetes, hypertension.

The main goal is preventing all critical situations from happening.

Our participation in the study is very important to develop a new system and methodology in the caring of old people.

Users involved	
<u>Total number of elderly involved</u>	26
<u>Total number of caregivers involved</u>	36
<u>Was someone excluded from the experimentation?</u>	No
<u>Other notes</u>	
According to the D7.8, template for ethical approval and informed consent 7.1.11 inclusion criteria, we hope for an increase in enrolment.	
Informed consent	
<u>Describe the process of collection of the informed consent</u>	
No problem.	
<u>Are you uploading a copy of the signed consents to the management website?</u>	
Yes.	
<u>Did you encounter any problem?</u>	
Even though our continued request the tutors of some patients have not given back yet the copy of informed consent.	
InterRAI/Atl@nte	
<u>Are you using Atl@nte to collect data?</u>	Yes
<u>Description of the work done</u>	
No problem. We are evaluating again the patients enrolled to analyse if they still meet the inclusion criteria.	
<u>Average time needed to carry out an assessment</u>	20 minutes.
<u>Did you encounter any problem using Atl@nte?</u>	
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No problems.	
<u>Do you have any suggestion?</u>	
Not provided.	
<u>User experience with Atl@nte</u>	5
Activities	
<u>Past activities carried out in this period</u>	
T wo weeks ago we participated in a meeting in Pergine (Tn, Italy) to define some aspects of the clinical study, the indicators of quality of study, the ethical problems related to using device and technologies. After that, in the nursing home we organized a meeting to give the feedback and share the technologies and their benefits on assistance.	
<u>Plan for the future</u>	
To define if there are new patients to include in the project.	
<u>Did you encounter or do you envision criticalities?</u>	
No criticalities.	
<u>Other notes</u>	
Not provided.	
Technologies	
<u>Technologies selected</u>	
Webcam, Glucometer, Glucometer strips, Blood pressure meter, Pulse oximeter, Scale, Serious games, EEG (Electroencephalography), Kinect.	
<u>Procurement</u>	
Last week we had a meeting and we better decided the technologies we will use.	
<u>Hardware installation</u>	
We have not already installed any component.	
<u>Technologies question</u>	
At the moment it seems all clear. We have revised every use case to define the correct technologies to better get started on clinical study.	
<u>Technologies budget</u>	
No problem. According with the last meeting, our technologies cover the budget.	

7.11.1. Technologies details

The details of the technologies in which the pilot is interested and the number of devices is as follows:

USE CASE	REQUIRED TECHNOLOGY	NOTES	QUANTITY
ALL (MANDATORY)	UNCAP Box	Will serve to run the UNCAP platform	0
	Tablet	At least one needed at each pilot site	3
	Smartphone	At least one needed at each pilot site	0
	TV Set	At least one needed at each pilot site (evaluate the presence of existing hardware)	0
UC2.1	PC		2
	Touchscreen		2
	Kinect	For full body rehabilitation	2
	Webcam	For cognitive/physical rehabilitation (3D Puzzle)	2
	EEG Emotiv	Optional	0
UC2.4	Glucometer		3
	Glucometer strips	50 strips	10
UC2.5	Blood pressure meter	Bluetooth, standard CONTINUA	4
UC2.6	Pulse oxymeter		3
UC2.7	Pulse oxymeter		Ref. UC2.6
UC2.10	Scale	Wireless scale. Need to check the availability of APIs	1
UC2.11	Pulse oxymeter	Wireless scale. Need to check the availability of APIs	0
	Blood pressure meter	Bluetooth, standard CONTINUA	0
UC2.12	EEG Emotiv	Optional	2
U4	Kinect	Price referring to the installation of one Kinect and a workstation. Check with the provider if multiple Kinects can be attached to a single computer	2



8. Annexes

8.1. The online module

This section reports in detail the titles of the questions included in the online module and the related guiding text.

General information	
Your name	Please provide your name. It will be added in the "authors" field of the deliverable. (You can add more than one person).
Pilot name	Please select your pilot site.
Description of the pilot	Provide a brief description (5-10 lines) of your pilot site.
Users	
Elderly involved	How many (in total) elderly users have been involved until now?
Users involved	How many (in total) caregivers have been involved until now?
Elderly excluded	Has someone been excluded from the experimentation during the last two months? (Yes/No)
Number	Provide the number of elderly excluded.
Motivation	Please provide a description (i.e. he/she has voluntarily decided to quit, He/she was dismissed from the structure, ...).
Notes	Please provide here any other information you think may be relevant. i.e. any note on inclusion/exclusion criteria, how did you involve the users?, ...
Informed consent	
Description	Please provide a description of the work done with respect to the informed consent and add any information you think may be relevant. i.e. Are you asking patients to sign an informed consent? Are you having any problem with the template we have sent you? Are you using your own template (in this case please send it to us (Trilogis) if you haven't done already)? Who is responsible for the enrolment of patients and who is asking patient to sign the document? Describe the procedure and if there are problems...
Informed consent management site	Are you using the website http://uncap.eu/consent to upload the informed consent signed by the patients? (Yes/No)
Number of entries	How many signed copies of the informed consent have been uploaded to the site?
Problems/suggestions	Did you encounter any problem using the website? Do you have

	any suggestion to improve the procedure?
InterRAI/Atl@nte	
Using Atl@nte	Are you collecting data with Atl@nte? (Yes/No)
Description of the work done	Please provide a description of what you are doing regarding the collection of data with Atl@nte. How many patients have been evaluated? How often do you do it for each patient (once every week, monthly, ...)?
Time needed	How long does it take (on average) to evaluate a patient using Atl@nte?
Problems	If you encountered any problem with InterRAI/Atl@nte please provide an exhaustive description of the problem.
Suggestions	Please provide any suggestion you may have about the use of InterRAI/Atl@nte.
User experience	Rate it from 1 (Not at all, it's a mess!) to 5 (Everything is fine and we enjoy using it!) regarding the experience using Atl@nte.
Activities	
Past Activities	Please describe any activity that you have carried out in the last period (i.e. meetings, teaching sessions with users/stakeholders/caregivers, conferences...).
Plan for the future	Please describe what you are planning for the next months.
Criticalities	Please let us know if you encountered or envision possible criticalities.
Other notes	
More	If you feel like we have skipped something in the module this is the place where you can add anything you want. Feel free to provide any information you think is relevant and that you want to be added in the deliverable.
Technologies	
Technologies selected	The technologies that you plan to install at your pilot site according to the use cases that you have selected.
Procurement	Describe the actual status of the hardware (available? do you have already installed? procurement process already started?) Into www.uncap.eu/hardware the details about each technology component.
Hardware installation	Do you need some guidance on how to use or install them ?
Technologies question	Have you any question or doubts that you want to clarify regarding the technologies ?.
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Technologies budget	Do you any problem with regarding the technologies selected and your pilot budget ? The technologies cover the budget ?
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