DELIVERABLE

D3.1 – Bi-monthly Pilot Progress Report v01

Project Acronym: UNCAP

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

1. Revision history and statement of originality

1.1. Revision history

Rev	Date	Author	Organization	Description
0.0	31/07/15	Leonardo Plotegher	TRILOGIS	First draft of the ToC and introduction
0.1	19/08/15	Leonardo Plotegher	TRILOGIS	Added contribution from Baia Sprie, Pergine, Maribor, Ovest Vicentino and Tarzo
0.2	20/08/15	Leonardo Plotegher	TRILOGIS	Added contribution from Höhenkirchen and Skopje
0.3	24/08/15	Leonardo Plotegher	TRILOGIS	Added contribution from Athens, Thessaloniki and Città della Pieve
0.4	25/08/15	Leonardo Plotegher	TRILOGIS	Added contribution from Simleu Silvaniei
1.0	28/08/15	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This deliverable contains original unpublished work except where clearly indicated otherwise.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-v01*
[2]	*http://www.uncap.eu/consent*

3. Table of Acronyms

Acronym	Description
DoA	*Description of Action*

4. Executive Abstract

The first set of "pilot" activities started in July 2015 (M07) and will last until M30, covering a 2-year long period.

During the year from M7 to M18, which represents the first pilot phase (within task 3.1), pilot partners are asked to collect data using the Atl@nte platform in order to evaluate the users involved in the project. The data collected during this period will be then used as a reference for the second phase possibly to refine inclusion and exclusion criteria as already defined at the beginning of the project as provided in the DoA.

Before the second pilot phase will start at M19, the UNCAP technology will be deployed, configured and tested at the various pilot sites, ready to be used by each pilot partner. During this period each pilot partner will collect data while using UNCAP. To do so, users at each pilot site will be sub-divided in two different groups, the first that will be using UNCAP and the second that will be considered as a control (reference) group. Such an approach will ensure that the operators at the various pilot sites will have the opportunity to compare the results of the system in a consistent way.

This deliverable is the first version of a series of bi-monthly reports that will be continuously released during the whole piloting phase. The document has been structured as a collection of reports delivered by each pilot partner briefly explaining the overall progress of the pilot activities. The reports that have been collected in this deliverable refer to the period between M07 and M08, which is the very beginning of the piloting phase.

The approach followed to implement a consistent reporting methodology, has been to provide to the pilot users with a form, available online at [1], to be easily filled in electronically. This allows collecting a consistent set of information across the various reports, yet ensuring that each pilot provides the same level of granularity in terms of information collected.

The main topics covered by the form are:

1. **People involved**: information about the number of elderly persons and caregivers involved by each pilot for the project activities during the reporting period.
2. **Informed consent**: description of the methodology followed when asking the patient to sign the informed consent and any other related information.
3. **InterRAI/Atl@nte**: section specific to the use of Atl@nte reporting the number of patients evaluated, the average time needed for an evaluation and any criticality or problem encountered while using the software.
4. **Activities**: description of the past activities carried out during the last two months and those planned for the future.
5. **Other notes**: any other relevant information which cannot be included in the previous sections.

The questionnaire will have to be filled in every two months by each pilot partner. In order to ensure the reporting is aligned with the activities of the project, future release of the form may require introducing, removing or modifying some of the questions/sections.

5. Table of Content

6. Table of Figures

7. Overall progress report

7.1. Activities carried out

The first part of WP3 can be seen as a collection of data from those patients using the assessment platform provided to the pilots sites. This approach has been adopted in order to have reference data to be used as a baseline to refine inclusion and exclusion criteria. The activities reported hereafter refer to the very first two months of this phase.

The very first step needed for the beginning of the pilot phase, was the deployment and configuration of Atl@nte, which is the software platform that is being used to collect and aggregate information on physical and cognitive performances of the users. The deployment was carried out by SocialIT in June (M06, before the beginning of WP3) together with a series of training sessions with the pilot partners to teach them how to correctly use the software suite. The training was carried on either face to face (in the case of the pilots located in Italy) or via video conference (with the rest of the pilot sites).

In parallel, with the support of Lawyer Paola Ferrari, the consortium has edited a template for the informed consent. This template was sent to each pilot site to be adapted and translated, as required. As part of the informed consent procedure, pilot partners have been asked to:

- describe to potential users the details of the project,
- ask them to sign the consent before being enrolled in the study and
- upload a scanned copy of the signed document to a secure site[1] [2].

The total number of patients involved until now, considering all pilots together, is 250. Figure 1 shows how those users are distributed across the various pilot sites. All these users (elderly people) have already signed the informed consent to be able to participate to the pilot activities. Pilot partners are constantly uploading a copy of the informed consent form to the website (most of them are already stored on the database, others are yet to be scanned, as visible in Figure 2 and Figure 3).

As far as Atl@ante is concerned, according to the reports provided by each pilot site, most of the users' data have already been loaded on the platform. The operators of pilot site know how to use the software and 9 out of 11 have already started using it. The reports highlight that, for the time being, collection of a full evaluation requires a significant effort, in terms of time spent, by the caregivers. In fact, it has been reported that the time needed, on average, to evaluate a patient is approximately 1 hour (Figure 5) with two exceptions, in opposite terms:

- The pilot in Maribor reported a 7-hour duration because their staff does is not experienced with PCs (and ITC technology more generally).
- The pilot in Città della Pieve reported an evaluation time of 20 minutes since they were already using the software even before the beginning of the project.

This latter figure however, makes us confident that eventually, as operators at the various pilot sites will be improving their confidence with the system, the efficiency in

[1] As detailed in the DoA, informed consent can be made available to REA upon request. Trilogis is responsible for data management.

collecting data will increase accordingly up to reach figures similar to those at the Città della Pieve pilot.

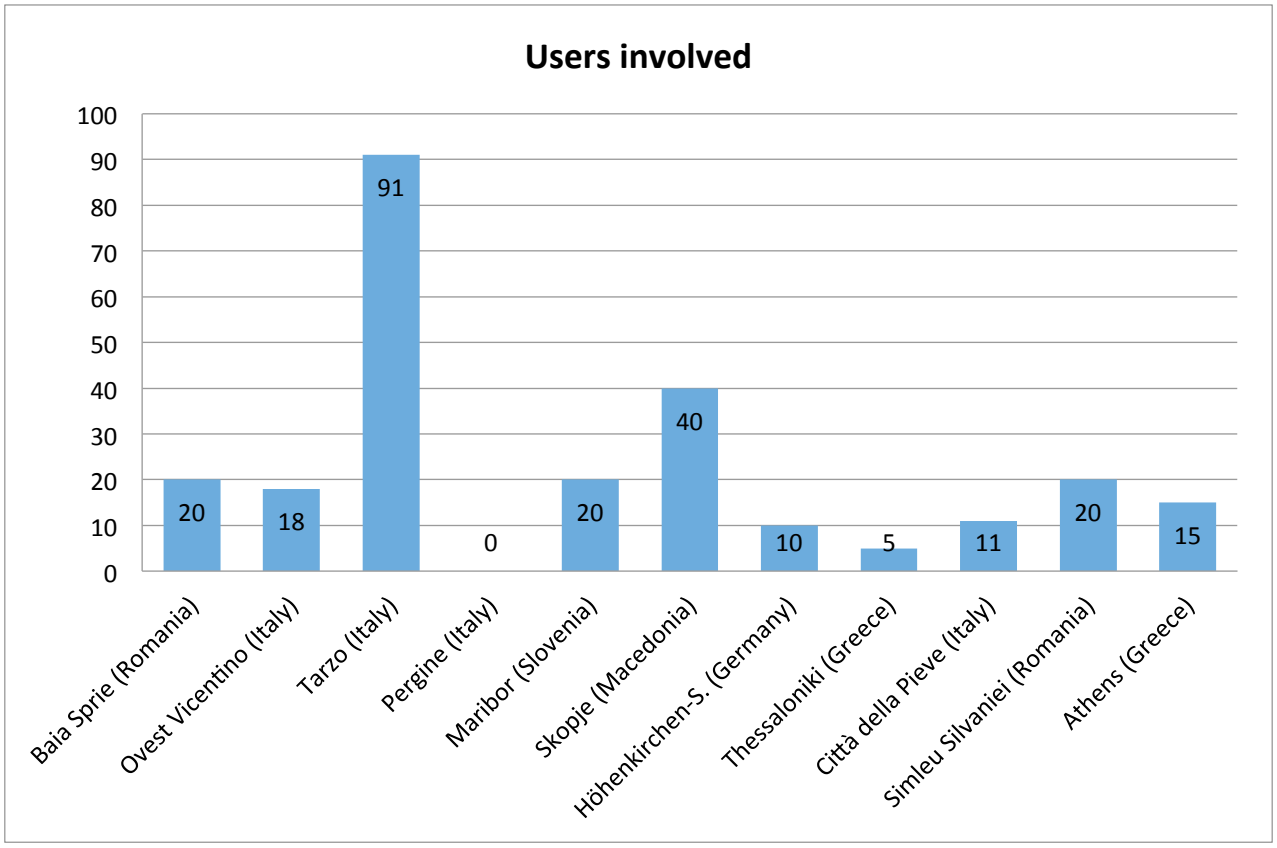

Figure 1. Overview of the users involved per pilot

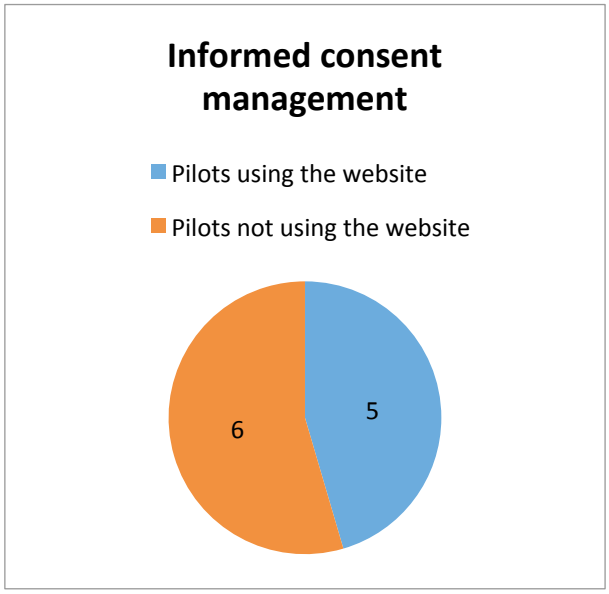

Figure 2. Overview of the number of pilots that are using the "informed consent" upload website

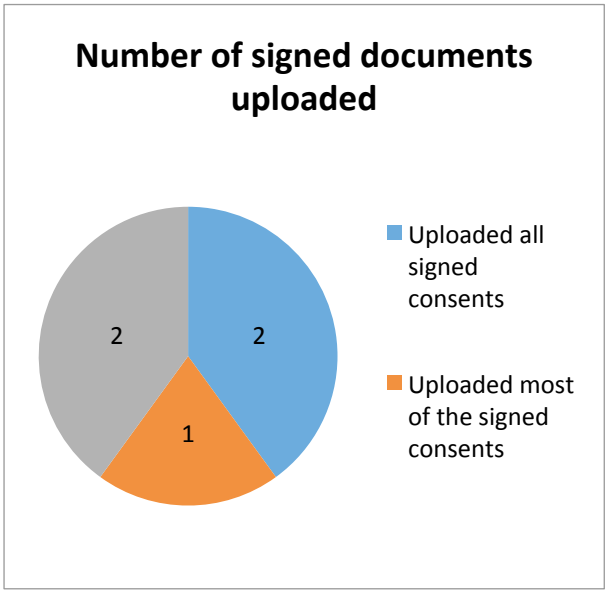

Figure 3. Number of informed consent forms already uploaded and stored

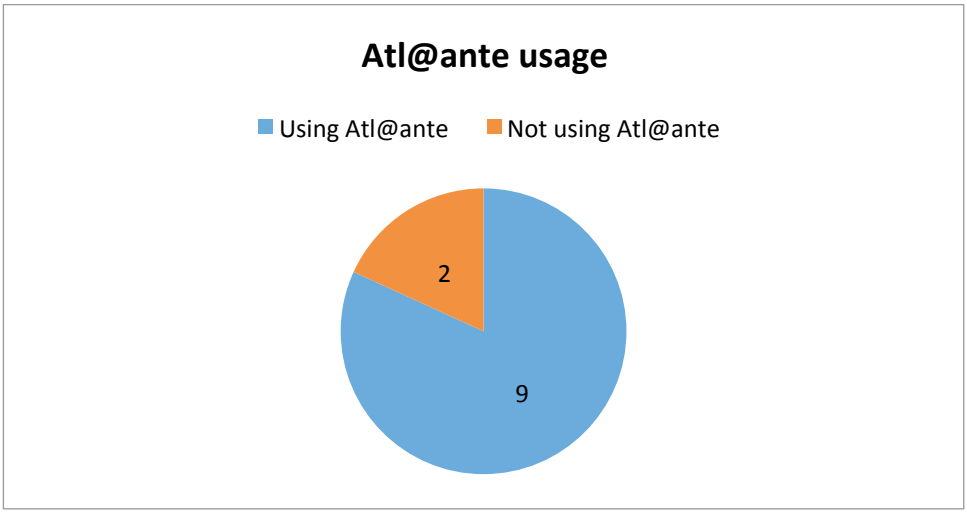

Figure 4. Overview of the usage of Atl@ante to collect data

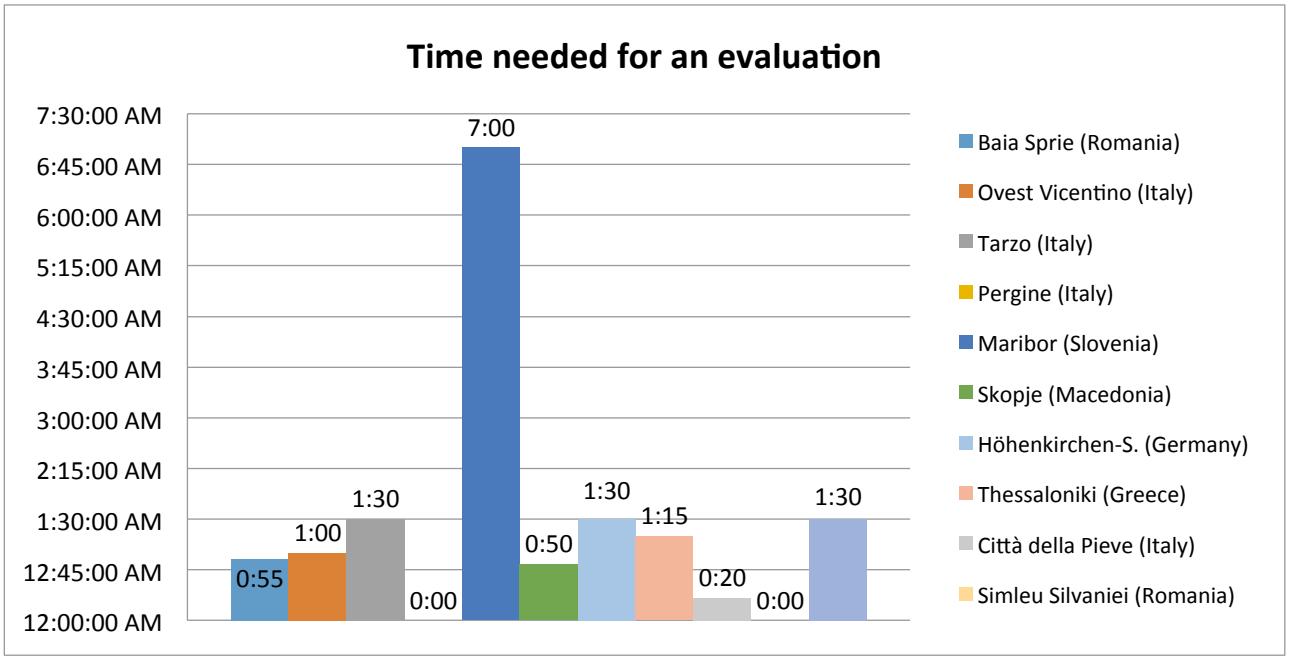

Figure 5. Time needed for an evaluation per pilot

7.2. Activities planned

The activities planned for the next two months are:

- **Participation in the Nottingham event (Conference and Project meeting)**: during the conference the pilot partners will have the opportunity to benefit from live demonstrations from the technical partners of their technologies. This is a key opportunity for them to better understand and make informed decision on which technologies they are interested in.
- **Identification of the hardware to be used at each pilot site**: during the next (four) months the consortium will have to clearly identify which are the technologies needed by each pilot site to better fulfil their requirements, also considering the cost/benefit ratio. This is required in preparation to the deployment phase that will be carried out between M14 and M18.

- **Involvement of a larger set of users**: the number of users involved during the first two months is expected to increase. The WP leader, together with technical supporting partners, will monitor periodically the status of the pilots and promote involvement of a higher number of users.
- **Refinining of the questionnaire** used to collect feedback for the progress period [1].

7.3. Criticalities

This first report refers to M07 and M08. It should be noted that this specific period was particularly critical due to being the first (hence depending from start-up activities) and vacation time at many pilot sites. If we consider these two factors, the overall progress can be regarded as satisfactory: all pilot partners are aware of the details of the pilot activities and are constantly communicating with the rest of the consortium providing an updated status of their activities.

The pilot in Pergine, Italy is one exception to this: they have not yet started the acquisition of data which has been planned for the 24 of August (due to alternating vacation periods of the personnel in charge for the project). The management of the project will pay particular attention to constantly monitor their progress and, if needed, intervene. The reference person at the pilot site has clearly reported that they will do their best to align the progress of the pilot site in Pergine with the other pilots.

No other particular criticality has emerged to date.

8. Individual reports

8.1. 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. At Villa Rosa you can find 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	
Total number of elderly involved	0
Total number of caregivers involved	0
Was someone excluded from the experimentation?	No
Other notes	
Due to organizational issues, the involvement of elderly users will start on August, 24th.	
Informed consent	
Describe the process of collection of the informed consent	
Due to organizational issues, the involvement of elderly users will start on August, 24th.	
Are you uploading a copy of the signed consents to the management website?	
No, because we will start on August, 24th.	
Did you encounter any problem?	
No.	
InterRAI/Atl@ante	
Are you using Atl@ante to collect data?	Not yet.
Description of the work done	
Not provided.	
Average time needed to carry out an assessment	Not provided.
Did you encounter any problem using Atl@ante?	
Not provided.	
Do you have any suggestion?	

Not provided.
Activities
Past activities carried out in this period
During the last period, the health personnel who will be involved in the first phase of testing has carried out the following activities: • training in using Atl@nte; • training about InterRAI; • sharing the criteria for inclusion / exclusion from the study; • identifying the best organizational methods for the implementation of the first phase of the project.
Plan for the future
During the next weeks we will proceed to the identification of patients for experimentation and we will start collection of data through Atl@nte. We will also evaluate the best technologies to be tested at Villa Rosa hospital.
Did you encounter or do you envision criticalities?
No.
Other notes
Not provided.

8.2. 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:

- Unmonitored wandering, getting lost and falling:
  - 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):
  - Evaluate workloads.
  - Balancing 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	
Total number of elderly involved	91
Total number of caregivers involved	2
Was someone excluded from the experimentation?	No
Other notes	
All the patients we host in our facility have all the requirements to be involved in the pilot project. Indeed, by using different assessment instruments (Barthel Index, Short Portable Mental Status Questionnaire, etc.) we identify the capabilities of each patient and find the best location in the nursing home.	
Informed consent	
Describe the process of collection of the informed consent	
The psychologist, Drioli Stefano, is responsible for the enrolment of patients and he is asking patients to sign the informed consent before being accepted in the project. Patients were informed about the project through interviews and presentations.	
Are you uploading a copy of the signed consents to the management website?	
Not yet.	
Did you encounter any problem?	

Not provided.	
InterRAI/Atl@ante	
Are you using Atl@ante to collect data?	Yes.
Description of the work done	
We have evaluated 3 patients during the last month.	
Average time needed to carry out an assessment	1 hour 30 minutes.
Did you encounter any problem using Atl@ante?	
Not provided.	
Do you have any suggestion?	
Not provided.	
Activities	
Past activities carried out in this period	
On June 17 we travelled to Trento and attended a course by SocialIT on how to use Atl@nte.	
Plan for the future	
During the next month we plan to evaluate twenty patients.	
Did you encounter or do you envision criticalities?	
No, we have not encountered any criticality.	
Other notes	
Not provided.	

8.3. 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	
Total number of elderly involved	20
Total number of caregivers involved	2
Was someone excluded from the experimentation?	Yes, one person. She was excluded because of her illnesses, i.e. Parkinson's disease.
Other notes	
The selection process was initiated by the nurses involved in the project. The project manager created a list of possible people from which were excluded those suffering from Parkinson's, HIV and dementia. All the beneficiaries expressed their consent to participate in the project.	
Informed consent	
Describe the process of collection of the informed consent	
After selecting the patients according to the inclusion and exclusion criteria provided in the DoA, those selected were explained by the medical staff the benefits of this project and the data required to be collected and monitored. This information campaign and the presentations were carried by the medical staff of the centre for the elderly. Patients were asked whether they wanted to participate in the project and, those interested, signed the informed consent. The consent is based on the template provided by the coordinator that was translated into Romanian language.	
Are you uploading a copy of the signed consents to the management website?	
Yes, we have uploaded all of them to the website.	
Did you encounter any problem?	
We have not encountered problems using the website. Logging in and filling out is easy.	
InterRAI/Atl@nte	
Are you using Atl@nte to collect data?	Yes.
Description of the work done	
The assessment of all patients was performed in a week. Every patient has been partially	

evaluated in part according to the degree of difficulty of each patient.	
Average time needed to carry out an assessment	55 minutes.
Did you encounter any problem using Atl@ante?	
There were no problems with the use of InterRAI/Atl@nte. The software is well designed and easy to use.	
Do you have any suggestion?	
No.	
Activities	
Past activities carried out in this period	
The city of Baia Sprie has organised meetings and teaching sessions with users, stakeholders and caregivers describing the benefits of this project and the use of the InterRAI/Atl@ante platform.	
Plan for the future	
During the next months we will participate to the conference and project meeting organized in Nottingham. After returning home, we will organize an informal meeting with people involved in the project to update them on the status of the project.	
Did you encounter or do you envision criticalities?	
No.	
Other notes	
Not provided.	

8.4. 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	
Total number of elderly involved	10
Total number of caregivers involved	3
Was someone excluded from the experimentation?	No
Other notes	
The large-area SensFloor system will be installed in 10 adjoining rooms. This has the advantage, that the floor installation, and the adaption to the indoor call system, and later to the UNCAP System will be easier. These rooms already got electrical cabling necessary for the SensFloor, a key switch, and the SensFloor transceiver. The users of the 10 SensFloor mats will be chosen according to their need in terms of fall prevention.	
Informed consent	
Describe the process of collection of the informed consent	
We have chosen to edit the standard informed consent with regards to the section describing the project (specifically the section regarding the SensFloor installation) to make it easier to understand for our users. This document was translated in German and English and was sent to Trilogis. The nurse manager Claudia Kuhne is responsible for the enrolment of the users and has asked them to sign the documents. 7 out of 10 of these documents were already signed by the residents. For the other 3 residents a family member will need to sign it.	
Are you uploading a copy of the signed consents to the management website?	
Yes, we have uploaded most of those signed by the users.	
Did you encounter any problem?	
No	
InterRAI/Atl@ante	
Are you using Atl@ante to collect data?	Yes.
Description of the work done	
The data of the seven residents, who have signed the informed consent form, were already	

evaluated. For all of them a file was created in Atl@nte. For one of them the assessment data were filled in. The rest will follow soon. It is planned to do this every three months and additionally for every occasion that leads to, or could lead to, a change in the health status.	
Average time needed to carry out an assessment	1 hour 30 minutes.
Did you encounter any problem using Atl@ante?	
As we carried on the assessment for the first time, we needed quite a long time for discussion. This might get better over time. We have also experienced a problem with the "clinical assessment protocol". For us it is not clear how the correlation between the different answers of different sections of InterRAI modules and the Headline/Topics is done. We think that, although this system might be good at assessing the health status of a person, it does not retrieve specific data regarding fall detection / fall prevention. This would be a useful feature to be able to compare data with and without assistive system.	
Do you have any suggestion?	
The headlines in the assessment sections need translation.	
Activities	
Past activities carried out in this period	
We have switched from our plan to install PVC above the SensFloor to carpet, which originally was planned for the renovation. That will make the installation easier and reduce costs. However, we need to find a certified cleaning procedure for the special demands of a nursing home, which is suitable for the SensFloor beneath the carpet. We had meetings with a new carpet manufactures and a special carpet cleaning company in Munich. We have made several cleaning tests and will now chose a carpet based on these results. We have started the production of the SensFloor underlay (170m²) and the preparation of the electrical installation for the SensFloor underlay and SensFloor transceiver was already conducted (subcontractor: MINOS).	
Plan for the future	
The Installation of the SensFloor system is planned for end of September/October. The carpet, in combination with the SensFloor underlay, will need to get through a certified fire testing procedure, which is mandatory for public buildings. We will have to do the SensFloor installation room by room, because all of the rooms are occupied and there is just one room kept free for the temporarily use of one resident. We will than connect the SensFloor system to the existing SECARE system to ensure that the nurses will get the alarms. The orientation light will be operated by a wireless system. Therefore, we will test, if it will be possible to use the complex event process engine developed by ATOS. If this will not be possible, we will provisionally use ELDAT.	
Did you encounter or do you envision criticalities?	
We still need to carry on some tests concerning the installation in the bathroom. Because the existing tiles are not optimally installed. We therefore might probably install the SensFloor underneath a PVC layer on top of the existing tiles.	
Other notes	

Not provided.

8.5. 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	
Total number of elderly involved	15
Total number of caregivers involved	2
Was someone excluded from the experimentation?	Yes, 2.
Other notes	
So far, two candidates have been excluded due to serious cognitive problems (required almost constant supervision to conduct daily routines).	
Informed consent	
Describe the process of collection of the informed consent	
We have compiled an informed consent form, which all patients are asked to sign before enrolling. Enrolment of patients is handled by their attending doctors, in the presence of a family member.	
Are you uploading a copy of the signed consents to the management website?	
Not yet.	
Did you encounter any problem?	
Not provided.	
InterRAI/Atl@ante	
Are you using Atl@ante to collect data?	Yes.
Description of the work done	

We are currently performing the first assessment for each of the patients that have entered the pilot so far. The assessment for 8 of our users is already in progress. In some cases, multiple sessions are required to complete the first assessment. All data will be inserted into Atl@nte as soon as all assessments are completed.	
Average time needed to carry out an assessment	1 hour 30 minutes.
Did you encounter any problem using Atl@ante?	
Not provided.	
Do you have any suggestion?	
Not provided.	
Activities	
Past activities carried out in this period	
A meeting with the participating clinicians was held at Bioclinic Athens, to provide them with information about the pilot and a demonstration of our system. We have also visited public hospitals (most recently the 'Sotiria' Regional Chest Diseases Hospital) and met with clinicians there, in order to recruit more patients for the pilot.	
Plan for the future	
We are planning to recruit and enrol the rest of the patients (30 in total), collect the signed informed consent forms and complete the first assessment for each of them, as soon as possible, in order to start the pilot. Regular assessments for each patient will be conducted throughout the course of the pilot, as required, and each patient's condition will be evaluated after six months to determine the impact on their health status. At that time, they will also be required to sign an informed consent form again. Meanwhile, we will be monitoring the patients and providing support to all of our users, as well as monitoring their attitude across our system to identify improvement opportunities that will be of great value for the elderly and the UNCAP platform.	
Did you encounter or do you envision criticalities?	
We have not encountered any criticalities so far.	
Other notes	
Not provided.	

8.6. 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	
Total number of elderly involved	5
Total number of caregivers involved	3
Was someone excluded from the experimentation?	No
Other notes	

We involved the users according to specific criteria. Inclusion criteria include patients with mild Neuro Cognitive Disorder (NCD) caused by:

- AD (Alzheimer Disease),
- FTD (Fronto-Temporal Dementia),
- Lewy body disease,
- vascular disease,
- TBI (Traumatic Brain Injury).

Exclusion criteria:

- Major NCD (dementia),
- Mild NCD due to:
    - Drug abuse due to presence of comorbidities with Personality Disorder not compatible with this studio,
    - HIV infection, since medical complications are not manageable,
    - Parkinson's disease and Huntington’s disease due to mobility problems.
    - Patients with depression symptoms due to probability of (minor/major) progressive deterioration/decline.
    - Presence of psychiatric comorbidity.
    - Presence of behavioural disorders (difficult research management).
    - Patients with severe functional or sensorial impairments (e.g. blind or tetraplegic patients), that jeopardize the use of the technological devices tested in the project.

- Patients enrolled in a pilot study showing progress of the MCI toward more severe forms of cognitive diseases (e.g., Alzheimer) or other diseases that imply loss of capability of using the technological devices tested in the project.

The assessment tool that will be used to define exclusion criteria are the following neuropsychological tests according to Diagnostic and Statistical Manual of mental disorder (DSM-5):

- MMSE (Mini-Mental State Examination) with cut-off score.
- ADAS (Alzheimer Disease Assessment Scale) with scores standardized for age and nationality.
- MODA (Milan Overall Disease Alzheimer) with scores standardized for age and nationality.
- MoCA® (Montreal Cognitive Assessment) with cut-off score.

Informed consent

Describe the process of collection of the informed consent

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-psycologist) for the evaluation filled in the informed consent by asking them to read it carefully and then to sign it.

Are you uploading a copy of the signed consents to the management website?

Yes, we have uploaded some of them to the website.

Did you encounter any problem?

No, we didn't find any problems using the form in the UNCAP website.

InterRAI/Atl@ante

Are you using Atl@ante to collect data?	Yes.

Description of the work done

The evaluation for the specific seniors was completed at their homes. We thoroughly explained them the informed consent form and let them read it in order to sign it. Then we proceed to take the identification information. Afterwards, we continued to collect the information according with the InterRAI test.

Average time needed to carry out an assessment	1 hour 15 minutes.

Did you encounter any problem using Atl@ante?

By entering data in the Atl@ante system, the option to select the community health InterRAI did not appear as it seems according to the manual. Inside the main system we can enter a new user but there is no function with respect to the test and the appropriate forms in order to complete them. Some functions are still in Italian language.

Do you have any suggestion?

Not provided.
Activities
Past activities carried out in this period
Organizing meetings with the responsible people in order to start getting confident with the whole system and use it for the first UNCAP assessment phase.
Plan for the future
Enrol more seniors to the Atl@nte system. Re-evaluation process every 2-3 months of the registered seniors tested.
Did you encounter or do you envision criticalities?
We did not encounter any criticality.
Other notes
Not provided.

8.7. 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	
Total number of elderly involved	20
Total number of caregivers involved	10
Was someone excluded from the experimentation?	No
Other notes	
A number of promotional events have been organized by Dom Danice Vogrinec, aimed at selecting the participants in the project. Members of different associations working with and connecting the elderly in Maribor area have been invited to previously mentioned events. Members of the associations who have been diagnosed with diabetes or mild cognitive impairments, have especially been invited to participate in these events.	
Informed consent	
Describe the process of collection of the informed consent	
Numerous interviews with all the participants in the project have been conducted, providing them with a detailed explanation of all aspects related to the project (their tasks, obligations, our commitments, activities that will be implemented during the project, etc.). We have paid particular attention to providing as much relevant information as possible regarding the informed consent which is to be signed by all the participants. We have had quite a few difficulties in this area since the translation of the template is not entirely adequate. Furthermore, we found the template to be too lengthy and too extensive for some of the participants to properly comprehend it. After a careful review of the document by our team and the professionals from the health and social fields, some thorough changes to it have been made. This will be completed by the end of August, and forwarded to the consortium upon its completion. All participants have been informed that a new template is being edited, perhaps less extensive and easier to comprehend (nevertheless, containing all the facts provided). Enrolment of the patients is responsibility of the social workers working in Dom Danice Vogrinec, while presentation and interpretation of the consent are executed by several groups of people: the nursing staff, the medical staff, social workers, a lawyer and the project coordinator. The process of signing the consent is still ongoing, since the final version of the consent is to be complete by the end of August. However, all the participants have thus far been acquainted with the content of the informed consent. Regardless of their presence at the group meeting, each individual is welcome to contact any of the participating employees working on the	

project in order to obtain further information regarding the consent. Upon completion of the final version of the consent, all the participants will again be presented with the content of the consent in detail. Every effort will be made to ensure full and clear comprehension of the content by each and every participant, which will be followed by their signing of the document. The main problem in the process of obtaining the signature is the duration of the process, mostly due to the fact that our participants are elderly people who have never participated in any similar projects before and need a lot of time to comprehend things. They often need certain things to be repeated a few times. We are well accustomed to such manner of working with the elderly, therefore we do not consider the duration of the process to be unusual.
Are you uploading a copy of the signed consents to the management website?
No, but we will do it once that we will have the final version of the informed consent.
Did you encounter any problem?
Not provided.

InterRAI/Atl@ante	
Are you using Atl@ante to collect data?	Yes.
Description of the work done	
The process of collecting information on participants is based on the structure set out in Atl@ante. All the necessary information are collected in a structured manner and promptly recorded in our own database. When each and every participant has provided her or his signature of the informed consent, the data will be transferred to Atl@ante. Currently, data on all 20 participants in the project are being collected. The data collection is very time consuming and very tiring for our users, which affects the entire process. The acquired data will be revised monthly.	
Average time needed to carry out an assessment	7 hours.
Did you encounter any problem using Atl@ante?	
We have not encountered any difficulties regarding the use of InterRAI/Atl@ante, apart from the provision of a partial translation for some of the employees, which required extra time.	
Do you have any suggestion?	
Not provided.	

Activities
Past activities carried out in this period
Coordination of all the participants (selection, providing them with information) has been accompanied by the ongoing educational activities which aim at teaching the participants to use the tablets and smartphones independently. All the employees have, simultaneously, been presented with the project, its purpose, and with the activities which are to be carried out in relation to the project. The employees, who are planned to be directly involved in the execution of the project, have had several meetings and presentations on the activities which are to be carried out by individual departments. The project has been presented to related

institutions, associations working with the elderly, and to our business partners.
Plan for the future
Priority for the following month is the completion of the informed consent and collecting the signed forms from of all 20 participants. Educational activities aimed at independent use of the tablets and smartphones will continue to be performed. As soon as all the needed signed forms are collected, all the required data is to be transferred to Atl@ante. In September, further presentations of the UNCAP project are planned as a part of other upcoming events. One of our major goals is to ensure media support for the project in Maribor area, and in other parts of Slovenia as well. All the activities related to the project will continue to be closely monitored by all the employees involved in it, and every effort will be made to make the project as friendly as possible to its users.
Did you encounter or do you envision criticalities?
Currently, only a small (time) problem is with informed consent which will have to be signed by the participants. This is a process that takes a long time. As we said, we will do everything to arrange the matter as soon as possible. Until participants do not sign the consent unfortunately we cannot use their data.
Other notes
Not provided.

8.8. 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	
Total number of elderly involved	20
Total number of caregivers involved	3
Was someone excluded from the experimentation?	No
Other notes	
Not provided.	
Informed consent	
Describe the process of collection of the informed consent	
20 patients were contacted by the project implementation team using the template provided. There were no difficulties. The responsible persons for enrolling the patients are Puscas Doru, Laura Tiglea and Cioban Marcel.	
Are you uploading a copy of the signed consents to the management website?	
Not yet.	
Did you encounter any problem?	
Not provided.	
InterRAI/Atl@ante	
Are you using Atl@ante to collect data?	Not yet.
Description of the work done	
Data was collected in part but was not loaded into Atl@nte. The collection takes longer because there is a significant amount of information to be collected and the patients are not institutionalized, being at their homes. So, those who collect data from the patients must move to their homes based on their working schedule.	
Average time needed to carry out an assessment	Not provided.
Did you encounter any problem using Atl@ante?	

Not provided.
Do you have any suggestion?
Not provided.
Activities
Past activities carried out in this period
No activities were conducted during this period.
Plan for the future
In the next period we will enter all patients' data in Atl@nte and we will start monitoring them.
Did you encounter or do you envision criticalities?
No, but we will keep the consortium updated on any criticality, should this emerge.
Other notes
Not provided.

8.9. 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	
Total number of elderly involved	40
Total number of caregivers involved	5
Was someone excluded from the experimentation?	No
Other notes	
Not provided.	
Informed consent	
Describe the process of collection of the informed consent	
All patients or their representatives have been informed about the UNCAP project, its goals, methodology, aims and what they should expect from it. Afterwards, they are asked to sign the informed consent. In our case we are using the template that was sent to us by the UNCAP coordinator (Trilogis) and that was translated by us in native Macedonian language. For the entire procedure of patients enrolment the responsible person is Ms. Meri Terzieva Pavlovska who acts as a manager of the Nursing Home Terzieva.	
Are you uploading a copy of the signed consents to the management website?	
Yes, we have uploaded all of them to the website.	
Did you encounter any problem?	
A suggestion for the future: to unify the systems in order to speed up the work and to have one central point of usage (for e.g. refactor or extend Atl@nte to permit uploading the consent forms directly in the Atl@nte system and to have unique patient folder for everything).	
InterRAI/Atl@ante	
Are you using Atl@ante to collect data?	Yes.
Description of the work done	
All patients data have been entered into the Atl@nte system up to now, following the procedures described during the preparatory online sessions and following the procedures described in the dedicated book. The patients are evaluated on a monthly basis.	
Average time needed to carry out an assessment	50 minutes.

Did you encounter any problem using Atl@ante?
The user experience is improving by using the system.
Do you have any suggestion?
Not provided.
Activities
Past activities carried out in this period
We have organized informative sessions in order to inform related NGOs at national level regarding the UNCAP project and its goals. We are organizing a workshop related to UNCAP in the framework of the conference ICT Innovations 2015 (http://ictinnovations.org/ict-innovations-2015/workshops/user-needs-in-ict-research) to which at least two project partners will participate. We are organizing a special issue of the ISI Journal BMC Geriatrics dedicated to the UNCAP project.
Plan for the future
To disseminate the results from UNCAP project in the framework of the conference ICT Innovations 2015 in front of the ICT Community that will be present there (two related EU COST Actions). To disseminate scientific achievements related to UNCAP project in the relevant international scientific journals.
Did you encounter or do you envision criticalities?
No, up to now.
Other notes
Not provided.

8.10. 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	
Total number of elderly involved	18
Total number of caregivers involved	6
Was someone excluded from the experimentation?	No
Other notes	
One out of the three structures is already collecting data and involving users. A meeting with the other two structures is already planned to motivate them and increase the number of patients involved. We had a slow start but the plan is to increase the speed from now on.	
Informed consent	
Describe the process of collection of the informed consent	
Nurses are asking patients and their relatives to sign the informed consent before being enrolled. The informed consent is based on the template provided by the coordinator of the project. The list of patients to be enrolled was discussed and created based on the guidelines provided by the inclusion/exclusion criteria indicated in the project.	
Are you uploading a copy of the signed consents to the management website?	
Yes, we have already uploaded some of them to the website.	
Did you encounter any problem?	
We have not encountered problems.	
InterRAI/Atl@ante	
Are you using Atl@ante to collect data?	Yes.
Description of the work done	
We have just started the collection of data and we are uploading them to Atl@ante. At the moment we have evaluated 18 patients but during the next months we are planning to increase the number and we will try to dedicate more time to this task.	
Average time needed to carry out an assessment	1 hour 10 minutes.

Did you encounter any problem using Atl@ante?
No, the training sessions carried out by SocialIT were very helpful.
Do you have any suggestion?
To save time it is better to collect all data before entering them in the software.
Activities
Past activities carried out in this period
We have been working mainly with nurse coordinators to teach them how to start with the pilot phase and correctly acquire data. They are the most appropriate persons for this task because of their experience in dealing with patients and their relatives.
Plan for the future
We are planning to have a few meetings with nurses to check the progress and perhaps some teaching sessions with relatives to engage them more within the project and better explain its objectives.
Did you encounter or do you envision criticalities?
The beginning of WP3 coincided with a period of holidays in Italy that caused some delays. From now on we are confident that activities will be intensified.
Other notes
Pilot users are getting more familiar with the instruments provided but we will still need one or two months to fully register all patients in Atl@nte.

8.11. Pilot in Città della Pieve, Italy

The structure in 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 an high level of quality assistance.

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

The main goal is preventing all critical situations going to happen.

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

Users involved	
Total number of elderly involved	11
Total number of caregivers involved	4
Was someone excluded from the experimentation?	Yes, 28. The main exclusion reasons are: • Sudden death • Parkinson disease • Bedridden syndrome • Advanced phase of dementia • Worsening of MCI and heart failure
Other notes	
It would be necessary a review of inclusion/exclusion criteria, because Mild Cognitive Impairment is a condition too restricted for us and in general. Unfortunately, due to such a restrictive set of critera, we are forced to involve in the study probably less than half of population.	
Informed consent	
Describe the process of collection of the informed consent	
We already have an informed consent to provide assistance; if the patient was not able to give the consent, the tutor had signed. We have informed all patients involved in the study and they agree to participate. In the same time we have started to collect data in the consent management website, we have tried to enter data in the template but initially it was impossible because the login failed. Now it seems that the system is operating correctly. We have downloaded the template and we are making the patients or their tutor sign the form. As expected, the responsible of this phase is the social assistant. We plan to be able to upload all the informed consents by the end of August.	
Are you uploading a copy of the signed consents to the management website?	
Not yet.	

Did you encounter any problem?	
Not provided.	
InterRAI/Atl@ante	
Are you using Atl@ante to collect data?	Yes.
Description of the work done	
We were already using Atl@nte even before the beginning of this project and we are uploading data day by day without encountering any problem. Until now we have evaluated 11 patients in total.	
Average time needed to carry out an assessment	20 minutes.
Did you encounter any problem using Atl@ante?	
No one. For us Atl@nte is a well-suited tool to manage the geriatric assessment and plan specific interventions.	
Do you have any suggestion?	
Not provided.	
Activities	
Past activities carried out in this period	
At the beginning of the study we have extensively informed the administrative council about the project. The President informed local government about the participation of our nursing home in the UNCAP project. Then we organized an internal meeting and we involved the staff to describe the project and explain the aim of the study.	
Plan for the future	
First we have to complete the uploading of the data and ensure all informed consent forms are signed. At the end we will follow as usual the conditions of our patients, according to general prevention program.	
Did you encounter or do you envision criticalities?	
At the moment no criticalities are reported.	
Other notes	
We insist on the need to review of inclusion/exclusion criteria.	

9. Annexes

9.1. 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@ante	
Using Atl@ante	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@ante. 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@ante please provide an exhaustive description of the problem.
Suggestions	Please provide any suggestion you may have about the use of InterRAI/Atl@ante.
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.