



DELIVERABLE

D3.1 – Bi-monthly Pilot Progress Report v02

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D3.2 – Bi-monthly Pilot Progress Report v02	
File: D.3.2 – Bi-monthly Pilot Progress Report v02.docx	Page: 1 of 38

1. Revision history and statement of originality

1.1. Revision history

Rev	Date	Author	Organization	Description
0.0	08/10/15	Fabio Roncato	TRILOGIS	First draft of the monthly pilot progress report v02
0.1	09/10/15	Fabio Roncato	TRILOGIS	Added report from Höhenkirchen and Ovest Vicentino
0.2	15/10/15	Fabio Roncato	TRILOGIS	Added contribution from Skopje, Baia Sprie
0.3	20/10/15	Fabio Roncato	TRILOGIS	Added contribution from Tarzo, Città della Pieve, Simleu Silvaniei, Athens, Thessaloniki
0.4	22/10/15	Leonardo Plotegher	TRILOGIS	Revision
0.5	26/10/15	Fabio Roncato	TRILOGIS	Added contribution from Pergine pilot and updated Tarzo contribution.
1.0	30/10/15	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This deliverable contains original unpublished work except where clearly indicated otherwise.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.

1.3. Errata corrigé

In the last report “D.3.1 - Bi-monthly Pilot Progress Report v01” the pilot in Tarzo declared that 91 elderly were involved in the pilot activities. This is instead the overall total number of patients in the structure, out of which only 39 reflect the inclusions’ criteria. This is the reason why in Figure 1 the number of elderly involved in this pilot decreases with respect to the previous report. It should be noted that this was a simple misunderstanding during the completion of the questionnaire.



2. List of references

Number	Full Reference
[1]	<i>UNCAP report online form. Available online at: http://www.uncap.eu/pilot-progress-v02</i>
[2]	<i>D.3.1 – Bi-monthly Pilot Progress Report v01. Available online at: http://www.uncap.eu/downloads/</i>
[3]	<i>D.7.8 – Template for ethical approval and informed consent. Available online at: http://www.uncap.eu/downloads/</i>
[4]	<i>D.1.4 – Pilots deployment and test plan. Available online at: http://www.uncap.eu/downloads/</i>



3. Executive Abstract

This document is the second release of the Pilot Progress Report and covers the updated status of the pilots referring to M09-M10.

This period is part of what we have defined as the first pilot phase, covered by task 3.1, during which we are performing the collection of data using the platform provided by partner SocialIT - Alt@nte – in order to refine the inclusion and exclusion criteria before the installation of UNCAP at the pilot sites. Moreover, each pilot is defining the technologies that will be installed at their site and the procedures for the purchase of the hardware.

Similarly to the first version, this deliverable is structured as a collection of reports released by each pilot partner, which are reported in Section 7 Individual reports. The latter section is preceded by an overview of the overall progress, which highlights the criticalities emerged and describing the activities carried out.

The approach followed has been to allow pilot partners to fill in of the form from a dedicated page available online from the project’s website [1] to the pilots. The questionnaire maintains a structure similar to the first release, although a few additional fields have been introduced to cover the section related to the technologies. Details about the questionnaire are also reported in Annex.



4. Table of Content

1. Revision history and statement of originality	2
1.1. Revision history	2
1.2. Statement of originality	2
1.3. Errata corrige	2
2. List of references	3
3. Executive Abstract	4
4. Table of Content	5
5. Table of Figures	6
6. Overall progress report	7
6.1. Activities carried out	7
6.2. Activities planned	9
6.3. Criticalities	10
7. Individual reports	11
7.1. Pilot in Pergine, Italy	11
7.2. Pilot in Tarzo, Italy	13
7.3. Pilot in Baia Sprie, Romania	15
7.4. Pilot in Höhenkirchen, Germany	17
7.5. Pilot in Athens, Greece	20
7.6. Pilot in Thessaloniki, Greece	23
7.7. Pilot in Maribor, Slovenia	25
7.8. Pilot in Simleu Silvaniei, Romania	28
7.9. Pilot in Skopje, Macedonia	30
7.10. Pilot in Ovest Vicentino, Italy	32
7.11. Pilot in Città della Pieve, Italy	34
8. Annexes	36
8.1. The online module	36



5. Table of Figures

Figure 1: Elderly involved at the various pilots sites.....	8
Figure 2: Time needed for a patient evaluation in the various pilots.....	9
Figure 3: Experience of the various partners in the use of Atl@nte.....	9

6. Overall progress report

6.1. Activities carried out

This document reports the activities that were planned in the previous Pilot Progress Report with details on their updated status:

- **Participation to 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.

- COMPLETED: the Project Meeting in Nottingham, and in particular the Exhibition, had proven to be extremely useful for the pilots that joined the event. Most of the technologies were demonstrated within a dedicated exhibition area (together with technologies from additional companies who joined the event). During the meeting, the partners had the chance to clearly answer some doubts emerging from the participants. The session was also broadcast live online (to allow remote participation) and also registered to allow those who could not attend to have access to those information.

- **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.

- ONGOING: according to the roll-out agenda reported in D.1.4 "Pilots deployment and test plan" we are currently in phase "P0 – Pilot setup definition". The estimated end date of this phase is scheduled by the end of 2015, granting us two more months to accomplish the associated objectives. At the moment the vast majority of the pilots has a clear idea of the technology components that they want to install at their site, while the remaining part (i.e. Simleu Silvaniei, Ovest Vicentino and Tarzo) needs some additional clarifications. Those final clarifications will be provided during a set of video conferences scheduled during the first week of November between the pilot partners, their technology supporting partners and the WP3 leader.

- **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.

- ONGOING: pilots have involved more users in the study with respect to the previous period (see Figure 1: Elderly involved at the various pilot sites). We foresee that number will be further increased over the next few weeks.

- **Refining of the questionnaire used to collect feedback for the progress period [1]**

o COMPLETED.

No other – unplanned – activities were carried out. Pilots are continuously involving users by asking them to sign the informed consent forms 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 271.

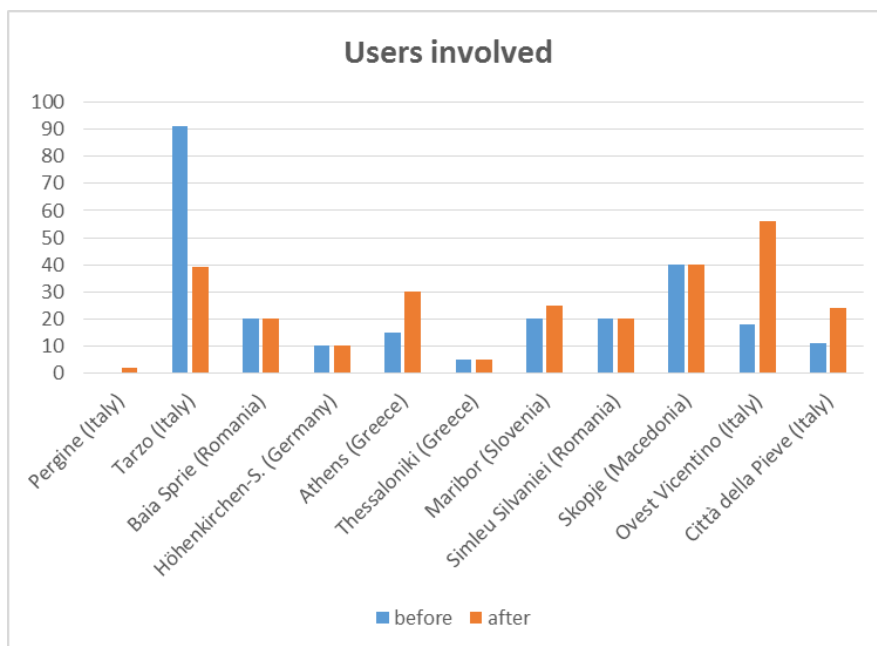


Figure 1: Elderly involved at the various pilot sites

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

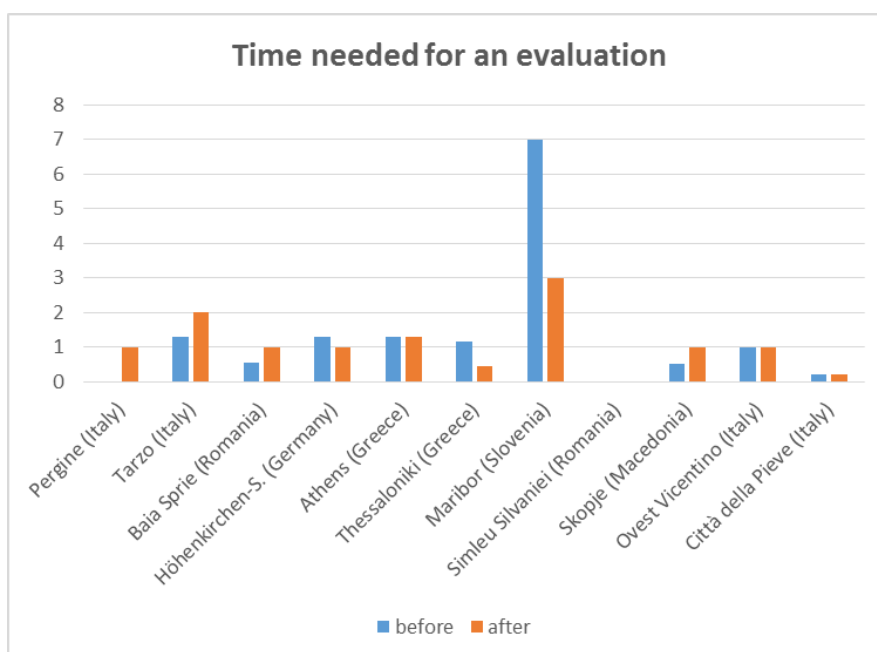


Figure 2: Time needed for a patient evaluation in the various pilots

As expected, there is an overall decrease in the time needed for the collection (with a few exceptions). The pilot in Simleu Silvaniei is not yet storing the evaluations on Atl@nte but they are collecting them on paper.

The last chart represents the overall user experience with the platform. The range is from 1 (that is having serious problems with the software) to 5 (that is fully enjoying the system and not reporting any problem).

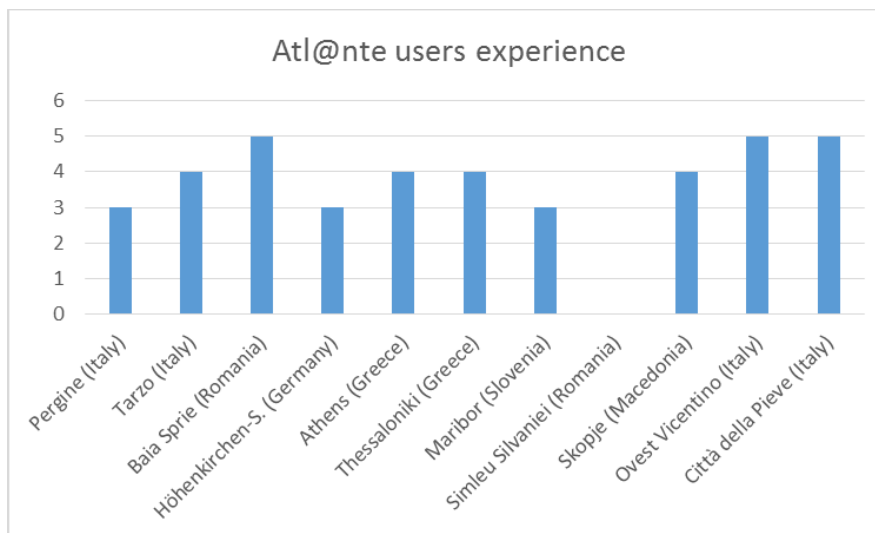


Figure 3: Experience of the various partners in the use of Atl@nte

6.2. Activities planned

The activities planned for the next period are as follows:

- **Identification of the hardware to be used at each pilot site:** this is an ongoing task as reported in the previous section. We will strictly define the technologies to be installed at each pilot by specifying also the number of devices needed. This information will be used to collect quotations from the technology providers and also define the installation procedures in order to be ready with phase "P1 – Pilot Preparation", as reported in D1.4.
- **Infrastructure preparation:** some technologies require some significant infrastructure works to be carried out at the pilot site (e.g. from setting up power plugs to Ethernet connection). If needed, according to the specifications of each technology, some pilots may start this task, in order to be ready by the end of February.
- **Involvement of a larger set of users:** the number of users involved is still expected to increase. The WP leader, together with technical supporting partners, will periodically monitor the status of the pilots and promote involvement of a higher number of users.
- **Analysis of the proposed pilot study:** the "D7.8 Template for ethical approval and informed consent" is being finalised and released. Pilot partners have been invited to evaluate the content of the deliverable and follow the guidelines reported thereafter.



6.3. Criticalities

The pilot in Simleu Silvaniei (Romania) is not yet using Atl@nte, while all other pilots are. They are collecting information necessary for the assessment by using paper questionnaires. The latter have not yet been loaded into the Atl@nte environment. As agreed with the pilot responsible, during the next period those reports will be loaded to ensure full alignment with the other pilots. WP3 leader will continuously monitor the progress of this action.

The Pilot in Pergine (Italy) which, as reported in the last report, had not begun with the evaluations, has currently evaluated 2 elderly people. We will make sure that this figure will increase over the near future in order to create a significant amount of data for the evaluations and to be in line with the other pilots. A similar approach will be followed for the pilot in Thessaloniki (Greece) where few elderly are involved until now (five).

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. Villa Rosa hosts an advanced service (Centro Abilita) for evaluating and projecting assistive solutions with 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>	2
<u>Total number of caregivers involved</u>	3
<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>	
In this first phase APSS uses a consensus template different from that proposed. The patient is in fact only required to sign the consent to the processing of personal data. The template sent by Trilogis will be used only in the next phase.	
<u>Are you uploading a copy of the signed consents to the management website?</u>	
No.	
<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>	
Only two patients have been evaluated.	
<u>Average time needed to carry out an assessment</u>	1 hour.
<u>Did you encounter any problem using Atl@nte?</u>	
CPS scale is not enough to describe patient condition.	



<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>	
Activity of evaluation of patients. Analysis of the technologies that are available and how those map with our use cases. Meeting about critical issues about privacy and informed consent.	
<u>Plan for the future</u>	
The pilot will better define the characteristics of the clinical study to be submitted to the ethical committee	
<u>Did you encounter or do you envision criticalities?</u>	
Not provided.	
<u>Other notes</u>	
Not provided.	
Technologies	
<u>Technologies clarification</u>	
Everything is clear.	
<u>Procedure to be followed for the purchase of hardware</u>	
For purchases lower than a threshold of € 207.000,00 the acquisition will be done using the electronic marketplace of the Provincia di Trento (MEPAT http://www.appalti.provincia.tn.it/mercato_elettronico/) or through the portal CONSIP/ME.PA (www.acquistinretepa.it).	
Medical committee	
<u>Person involved into the medical committee</u>	
Patrizia Gabriella Ianes - occupational therapist at Villa Rosa hospital.	

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 to assess:

- Unmonitored wandering, getting lost and falling, in particular to:
 - Determine the position of the patient inside the nursing home.
 - Help nurses 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.
 - Balancing workloads.
 - Decrease the workload and work-related stress.
- Help carers within 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.

Users involved	
<u>Total number of elderly involved</u>	39
<u>Total number of caregivers involved</u>	50
<u>Was someone excluded from the experimentation?</u>	Yes
<u>Other notes</u>	
Not reported.	
Informed consent	
<u>Describe the process of collection of the informed consent</u>	
Patients are asked to sign the informed consent and then the staff will proceed with the evaluation (interRAI).	
<u>Are you uploading a copy of the signed consents to the management website?</u>	
Yes, some.	
<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>	
D3.2 – Bi-monthly Pilot Progress Report v02	
File: D.3.2 – Bi-monthly Pilot Progress Report v02.docx	Page: 13 of 38



So far, a single evaluation has been carried on over for days.	
<u>Average time needed to carry out an assessment</u>	2 hours (average)
<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>	
Not provided.	
<u>Plan for the future</u>	
Finish asking to sign the informed consent and continue with the evaluation with interRAI.	
<u>Did you encounter or do you envision criticalities?</u>	
No criticality has been encountered for now.	
<u>Other notes</u>	
Patients are 92 in total, although the number of patients who match with the inclusion criteria is 39.	
Technologies	
<u>Technologies clarification</u>	
Everything is clear.	
<u>Procedure to be followed for the purchase of hardware</u>	
Three months will be needed to complete all assessments. Such an extended time is due to the complexity of the task.	
Medical committee	
<u>Person involved into the medical committee</u>	
Stefano Drioli.	

7.3. Pilot in Baia Sprie, Romania

Baia Sprie Elderly Nursing Home is a public facility aiming at providing care for elders. 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 making use of new technologies. 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 in which ways in technology affects everyday life, both of patients living in the nursing homes and of those 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 person. He/she has been excluded because suffered from Alzheimer's disease.
<u>Other notes</u>	
I have not encountered any problem.	
Informed consent	
<u>Describe the process of collection of the informed consent</u>	
We have followed the same approach as before and we have not encountered any problem.	
<u>Are you uploading a copy of the signed consents to the management website?</u>	
Yes, we have uploaded all of them to the website.	
<u>Did you encounter any problem?</u>	
No, I have not encountered any problem.	
InterRAI/Atl@nte	
<u>Are you using Atl@nte to collect data?</u>	Yes.
<u>Description of the work done</u>	
We talk every week with each patient about the project and its objectives and each patient have been assessed according to Atl@nte.	
<u>Average time needed to carry out an assessment</u>	1 hour.
<u>Did you encounter any problem using Atl@nte?</u>	
No, I have not encountered any problem.	



<u>Do you have any suggestion?</u>	
No. Everything is fine from our point of view.	
<u>User experience with Atl@nte</u>	5
Activities	
<u>Past activities carried out in this period</u>	
We organized an internal meeting with users, caregivers, nurses and doctors. We have discussed about the project and the technologies that will be implemented and the advantages that may arise with such integration.	
<u>Plan for the future</u>	
Our plan for the future is to gather even more information about the technologies and some guidelines on how to use them.	
<u>Did you encounter or do you envision criticalities?</u>	
No criticalities.	
<u>Other notes</u>	
Not provided.	
Technologies	
<u>Technologies clarification</u>	
We are working and discussing with our supporting partner about the technologies and everything is clear about this, still we are interested in gathering more details and have a live demo of the technologies.	
<u>Procedure to be followed for the purchase of hardware</u>	
From our past experience the procedure generally takes 1 month.	
Medical committee	
<u>Person involved into the medical committee</u>	
Pop Sinca Marcela (General Practitioner) and Delia Labina (Nurse).	

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>	10
<u>Total number of caregivers involved</u>	4
<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>	
All persons who are living in the rooms, where the SensFloor System will be installed are informed and have signed the informed consent form. We are using our own template. We will not need an informed consent for the Seniors who will have a SensFloor mat for fall prevention, because there are not personal data collected, but only anonymous data without any detail about their health status.	
<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	
InterRAI/Atl@nte	
<u>Are you using Atl@nte to collect data?</u>	Yes.
<u>Description of the work done</u>	
All 10 persons who will have a large-area SensFloor System installed in their rooms have been evaluated using Atl@nte, not those that will use only SensFloor mats.	
<u>Average time needed to carry out an assessment</u>	1 hour.
<u>Did you encounter any problem using Atl@nte?</u>	



We have some minor problems because the medication part is not translated in German.	
<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>	
<p>We have participated in:</p> <ul style="list-style-type: none"> • WP5 Meeting in Darmstadt • UNCAP Conference and Meeting in Nottingham • Meeting with Zigpos in Höhenkirchen • Meeting with Girloon (carpet manufacturer) • Meeting with Villeroy & Boch (Tile manufacturer) • WP4 exploitation plan for Pilot Höhenkirchen • 2 Meeting with MINOS for Integration of the indoor call system. 	
<u>Plan for the future</u>	
<p>Adaption and installation of 10 SensFloor mats</p> <p>Adaption and installation of 10 large-area SensFloor Systems</p> <p>Development of a statistical evaluation tool for the fall statistics collected in the past 3 year and in future at the pilot site.</p> <p>Adaption of the SensFloor System to the UNCAP Box and testing.</p>	
<u>Did you encounter or do you envision criticalities?</u>	
<p>Critical is the timeline of the SensFloor installation, because there are no spare rooms at the Pilot and we are only able to install one room after the other, when the resident is moving into another room for 2 days/nights. This will take more time and resources, than needed with not occupied Apartments.</p>	
<u>Other notes</u>	
Not provided.	
Technologies	
<u>Technologies clarification</u>	
<p>We will provide 10 SensFloor mats in October. Here we made a solution with a new sensor mat and a Radio plug in from Future-Shape. This might also be a solution for other pilots.</p> <p>We plan to install the first rooms with large-area SensFloor in the second week in November.</p> <p>In the 10 rooms with large-area SensFloor we will find a solution for the orientation light with Zigpos. For this we had a Meeting in Höhenkirchen last week. We applied for a DiBT certification, which is necessary for the installation of SensFloor in large-area applications and it was granted last week.</p>	



Procedure to be followed for the purchase of hardware

The preparation for the electrical installation and adaption to the indoor call System is done in all 10 rooms. Additionally, the name tags on the outside of the rooms which are indicating the situations in the rooms detected by the SensFloor System are mounted. We will have to buy a suitable carpet for the rooms and do firetesting in combination with the SensFloor underlay.

When we start the Installation, we will have to involve the carpet installer, the electrician, and a tile installer. The SensFloor underlay Installation and the Installation of the SensFloor Transceiver and the programming will be done by Future-Shape. This includes the adaption to the light Signal System in the name tags.

Medical committee

Person involved into the medical committee

Christl Lauterbach and Irmgard Kaleve



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>	30
<u>Total number of caregivers involved</u>	4
<u>Was someone excluded from the experimentation?</u>	No.
<u>Other notes</u>	
Our inclusion criteria have been re-evaluated to involve patients suffering from hypertension. Nothing has changed regarding our exclusion criteria in the past two months.	
Informed consent	
<u>Describe the process of collection of the informed consent</u>	
There are no changes with respect to the last report. All users sign our informed consent upon enrolment, in the presence of their attending doctor and a relative, whenever possible. We have already sent our template and will begin uploading the signed documents as soon as possible.	
<u>Are you uploading a copy of the signed consents to the management website?</u>	
Not yet.	
<u>Did you encounter any problem?</u>	
We have not uploaded the signed informed consents yet, due to a technical issue. We will get in touch with the coordinator to resolve this issue.	
InterRAI/Atl@nte	
<u>Are you using Atl@nte to collect data?</u>	Yes.
<u>Description of the work done</u>	
We have completed the first assessment for all of the enrolled patients. We have compiled the	
D3.2 – Bi-monthly Pilot Progress Report v02	
File: D.3.2 – Bi-monthly Pilot Progress Report v02.docx	Page: 20 of 38

assessments on paper and will input the data into Atl@nte as soon as possible. Regular assessments are scheduled every three months, so the next round of assessments will begin before the end of October.

Average time needed to carry out an assessment

1 hour 30 minutes.

Did you encounter any problem using Atl@nte?

No significant issues so far.

Do you have any suggestion?

Not provided.

User experience with Atl@nte

4

Activities

Past activities carried out in this period

We have developed new and updated existing material, including manuals and guides for all users, presentations, training material – printed and in video format - and call handling scripts for the Helpdesk. We have also held seminars and training sessions for the Helpdesk staff. More specifically, we conducted several meeting sessions and we have been involved in the conversation with the various stakeholders with respect to the optimal function of the helpdesk for our users.

We have been working on the resource and IT planning as well as on details of the material and of need to provide to the agents and the doctors of the helpdesk. Regarding patients and their family members, a brief training session is part of our enrolment procedure.

We have held two more meetings with clinicians in Bioclinic Athens, as well as a meeting with the Director of the Pulmonary Clinic of the Air Force General Hospital, to explore the possibility of involving more professionals in the pilot and the medical committee and expanding our user base.

Adding to that, we have taken part in the seminar of ‘‘Therapeutic Alliance’’ held by the Hellenic Medical Company whose focus is both the strengthening of the relationship among patients and doctors and most importantly the development of this relation within the actual conditions of e-health. There was a presentation of best practices for the development of this relationship mainly concerning patients such as elderly people and people with chronic diseases. Thereby, we had the opportunity to meet with various stakeholders involved in medical relationship management, doctors, caregivers and generally people involved in the medical community in the wide sense.

Plan for the future

Throughout the following months, we plan to perform regular assessments of our users, monitor their health status, provide them with support and fulfil all other pilot commitments with consistency. We will be monitoring our users’ attitude across our system to identify improvement opportunities. Meanwhile, we will strive to handle any criticalities in an effective and prompt manner.

We will focus towards registering the behaviour, reactions and all kinds of input that may be useful for the development of our solution in the sense of improving an application optimally used by elderly people that have the least familiarity with technology.

We are planning on organizing meetings and liaising with various stakeholders within the



medical and caregiving community in order to obtain the right input for our pilot. With respect to that, we have arranged a meeting with the board of the Hellenic Association of Gerontology and Geriatrics, in order to explore potential options for collaboration within the frame of the pilot and in conjunction with the Association’s activities and operations.

Our plan for our pilot was, first and foremost, to include people that belong to the target group of normal elderly people with certain problems that need to monitor their biosignals on a regular basis and have to be in contact with their doctors. Apart from that, we attempted to include some more serious cases of users- patients with chronic diseases that may incur limited mobility or lack of independence. We would like to observe and monitor what is the trend in both cases, in which way our solution can assist these different patient cases and register the similarities and differences.

We foresee that there will be extremely useful input from the diverse patient cases and our goal is to incorporate this information in the most supreme manner with regard to the amelioration of our application.

Did you encounter or do you envision criticalities?

We have not encountered any criticalities so far.

Other notes

Not provided.

Technologies

Technologies clarification

Everything is clear.

Procedure to be followed for the purchase of hardware

Tablets are purchased from local vendors, after requesting offers for the model we need. This process is relatively fast and an order may be placed and executed within a few business days. Blood pressure monitors are also purchased locally, from the manufacturer’s supplier. Pulse oximeters and Pebble watches, on the other hand, are purchased straight from the manufacturer and imported. The procedure is more complicated in this case and it may take up to a month to receive the order.

Medical committee

Person involved into the medical committee

Dr. Vasilios Tzilas, Pulmonologist, Ilias Maglogiannis (BIO)

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>	5
<u>Total number of caregivers involved</u>	3
<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>	
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. All the informed consents completed by the patients were uploaded to the UNCAP website.	
<u>Are you uploading a copy of the signed consents to the management website?</u>	
Yes, some.	
<u>Did you encounter any problem?</u>	
No, we didn't encounter any problem 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 at their homes. We proceed to take the identification information and to collect information according to the InterRai test. The	
D3.2 – Bi-monthly Pilot Progress Report v02	
File: D.3.2 – Bi-monthly Pilot Progress Report v02.docx	Page: 23 of 38



evaluation process will be completed after 2-month period.	
<u>Average time needed to carry out an assessment</u>	45 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>	
Organizing meetings in order to start getting confident with the whole system and use it for the first UNCAP assessment phase.	
<u>Plan for the future</u>	
Enrol more seniors to the Atl@nte System. Re-evaluation process every 2-3 months of the registered seniors	
<u>Did you encounter or do you envision criticalities?</u>	
We have not encountered any possible criticalities.	
<u>Other notes</u>	
Not provided.	
Technologies	
<u>Technologies clarification</u>	
We will use the exergames through the UNCAP box (we have already tested through the ANDROID WebView). We hope to use cognitive games from UNITN and possibly the Kinect cameras from Trilogis. We are aware of these technologies state so far, and do not need any further clarifications for the time being.	
<u>Procedure to be followed for the purchase of hardware</u>	
For the amount of 10,000 euros in the purchase of equipment, if goods are of the same kind (e.g. computers and peripheral devices), we will need to make a call for tenders which takes approximately 1,5 months until final purchase of goods. The process for VAT exclusion is also long, it may take approximately 2-3 weeks.	
Medical committee	
<u>Person involved into the medical committee</u>	
Maria Karagianni (mkaragianni.psy@gmail.com) as clinical neuropsychologist.	
D3.2 – Bi-monthly Pilot Progress Report v02	
File: D.3.2 – Bi-monthly Pilot Progress Report v02.docx	Page: 24 of 38

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>	25
<u>Total number of caregivers involved</u>	14
<u>Was someone excluded from the experimentation?</u>	No
<u>Other notes</u>	
We have not encountered any major difficulty so far. Our most burdening issue is "time dimension". Our participants need explanation of the project over and over again, its goals, the responsibilities of those involved, etc. We work with the elders, some of them over 80 years of age with various difficulties, which slows our work down significantly.	
Informed consent	
<u>Describe the process of collection of the informed consent</u>	
Nothing significant has changed with respect to the last report, except for the request of the Ethics Committee to simplify the text in the Informed consent, which is believed to be too difficult to understand by some of the participants due to its comprehensiveness. Participating experts from various departments (social service, psychologist, legal department, etc.) are completing their review of the text at the moment. It is expected to be complete and sent to you by Monday, October 26 2015. Signature obtainment is the domain of Mrs Polona Lah, assisted by other members of participating departments.	
<u>Are you uploading a copy of the signed consents to the management website?</u>	
Yes, some.	
<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>	
Evaluation of the participants has been running for two months. It is being conducted on two	
D3.2 – Bi-monthly Pilot Progress Report v02	
File: D.3.2 – Bi-monthly Pilot Progress Report v02.docx	Page: 25 of 38

levels:	
<p>1. Together with members of participating departments, participants are being evaluated according to medical and other criteria. It has been noticed that state participants are in may change at a very quick pace, depending on their psychophysical condition.</p> <p>2. Evaluation process is conducted in the following manner as well: group or individual interviews lead by the team of professionals, who aim to obtain as much relevant information as possible by use of the Atlanta application.</p>	
Average time needed to carry out an assessment	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>	3
Activities	
<u>Past activities carried out in this period</u>	
<p>Recently, we have had two meeting of the project team, paying special attention to the participants in the project.</p> <p>We have organised a workshop intended to educate the participants how to use the technology that is to be used later in the pilot project. The results are very good, and all the participants as well as us are extremely pleased with the progress that has been made. Please find photographs of workshops enclosed (we will send a photos).</p>	
<u>Plan for the future</u>	
<p>We plan to further educate the participants in the project, as well as our co-workers who are to join the project team in the future. Details regarding the technology used are to be specified with our tech supporting partners. We intend to conclude the evaluation process of the participants in the coming months and provide all the necessary documentation regarding the subject. Above all, we plan to expand our promotion activities to the national level in cooperation with the Association of Social Institutions of Slovenia.</p>	
<u>Did you encounter or do you envision criticalities?</u>	
For now there is no criticalities.	
<u>Other notes</u>	
Not provided.	
Technologies	
<u>Technologies clarification</u>	
We will have a working meeting planned for next week with our tech supporting partners, at	



which further details and all future activities will be presented to us.

Procedure to be followed for the purchase of hardware

There are no obstacles when purchase of up to 10,000 euros is involved. Of all tenderers, three must be analysed in detail and the best value tenderer chosen. This procedure may be complete in 14 days.

When purchase of more than 10,000 euros is involved, public tender is needed (tender documentation). This is a longer-lasting process, which may take up to 45 days.

Medical committee

Person involved into the medical committee

Mrs. Marjetka.smolinger@danoica-vogrinec.si



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>	1
<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>	
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.	
<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>	
Not provided.	
InterRAI/Atl@nte	
<u>Are you using Atl@nte to collect data?</u>	No.
<u>Description of the work done</u>	
Data were collected in part but were not loaded into the Atl@nte. The collection takes longer because there is significant information to collect and the patients are not institutionalized, being at their homes. So, those who collect dates from the patients must move their homes depending on their free time.	
<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>	
No activities were conducted during this period.	
<u>Plan for the future</u>	
In the next period we will enter all patients' data in Atl@nte and we will start monitoring them.	
<u>Did you encounter or do you envision criticalities?</u>	
No.	
<u>Other notes</u>	
Not provided.	
Technologies	
<u>Technologies clarification</u>	
The use cases are clear, but the technologies that will be used in order to apply the technical pilot part are not yet defined at consortium level.	
<u>Procedure to be followed for the purchase of hardware</u>	
If the amount of purchases is below 30.000 euro (the budget is below 30.000 euro), the procedure will be direct acquisition - the time for doing the procedure is approx. 1 month. We need technical and financial details of the equipment's to be acquired.	
Medical committee	
<u>Person involved into the medical committee</u>	
Dr. Gaspar Gheorghe	

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>	
Two persons were excluded. The reasons for excluding the elderly are due to their death or because he/she was dismissed from the structure.	
Informed consent	
<u>Describe the process of collection of the informed consent</u>	
A consent form the defined template (translated in national language) has been used. In most of the cases the consent forms are signed directly by patients, in other cases they are signed by other family members. Up to now, there are no problems in realization of this activity.	
<u>Are you uploading a copy of the signed consents to the management website?</u>	
Yes, we have uploaded all of them to the website.	
<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>	
All of the patients have been evaluated by the doctor. The evaluation is done once or twice a month.	
<u>Average time needed to carry out an assessment</u>	1 hour.
<u>Did you encounter any problem using Atl@nte?</u>	
Some problems related to the national specific data.	



<u>Do you have any suggestion?</u>	
Some suggestions were already given to the Atl@nte development team and they have already incorporated them into the system.	
<u>User experience with Atl@nte</u>	4
Activities	
<u>Past activities carried out in this period</u>	
Periodic teaching sessions with the end users. Participation at the conference ICT Innovations 2015 and promotion of the UNCAP project.	
<u>Plan for the future</u>	
Continuing with the teaching sessions with the end users as well as promotion of the UNCAP project on the local media.	
<u>Did you encounter or do you envision criticalities?</u>	
None up to now.	
<u>Other notes</u>	
Not provided.	
Technologies	
<u>Technologies clarification</u>	
Nothing in this moment.	
<u>Procedure to be followed for the purchase of hardware</u>	
We are still analysing the national policies for EU grants (they are in the process of changing).	
Medical committee	
<u>Person involved into the medical committee</u>	
Dejan Jakimovski	

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>	56
<u>Total number of caregivers involved</u>	4
<u>Was someone excluded from the experimentation?</u>	Yes
<u>Other notes</u>	
Two people were excluded from the trial because they were dismissed from the structure.	
Informed consent	
<u>Describe the process of collection of the informed consent</u>	
The coordinators have submitted and signed together with each patient involved the informed consent document and then they have scanned it and uploaded to the website.	
<u>Are you uploading a copy of the signed consents to the management website?</u>	
Yes, we have already uploaded all of them to the website.	
<u>Did you encounter any problem?</u>	
We have not encountered problems.	
InterRAI/Atl@nte	
<u>Are you using Atl@nte to collect data?</u>	Yes.
<u>Description of the work done</u>	
56 patients have been evaluated in total with Atl@nte.	
<u>Average time needed to carry out an assessment</u>	1 hour.
<u>Did you encounter any problem using Atl@nte?</u>	
No.	
<u>Do you have any suggestion?</u>	



No.	
<u>User experience with Atl@nte</u>	5
Activities	
<u>Past activities carried out in this period</u>	
Meeting in Nottingham - two general managers of nursing houses and dr. Ermanno Dian.	
<u>Plan for the future</u>	
Preparation of the project document for submission to the local Ethical Committee. Continuing with the evaluation of the patients and the inclusion of new ones.	
<u>Did you encounter or do you envision criticalities?</u>	
We need assistance to define the equipment to be acquired.	
<u>Other notes</u>	
Not provided.	
Technologies	
<u>Technologies clarification</u>	
We will have to investigate the technologies available to choose which one and how many we would need. For this we will need some technical assistance by the partners.	
<u>Procedure to be followed for the purchase of hardware</u>	
Under 2.000 € the procedure takes 1 week From 2.000 € to 20.000 € the procedure takes 1 month From 20.000 € to 200.000 € the procedure takes 2 month Over 200.000 € the procedure takes 6 month	
Medical committee	
<u>Person involved into the medical committee</u>	
dott. Nevio Slaviero - General Manager Villa Serena, Lonigo dr.ssa Chiara Antonella Verlato - geriatric - sig.ra Annamaria Mastrotto - administrative	

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 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	
<u>Total number of elderly involved</u>	24
<u>Total number of caregivers involved</u>	38
<u>Was someone excluded from the experimentation?</u>	Yes, 2. The first patient had an ictus cerebri in september; so his functional and cognitive level decreased a lot. The second patient, has voluntary decided to quit from the study.
<u>Other notes</u>	
We need to revise the inclusion criteria and enlarge them, because patients with only MCI can represent an important limit to enrolment, at least in our nursing home.	
Informed consent	
<u>Describe the process of collection of the informed consent</u>	
Until now the Social Assistant has collected the informed consent; Unfortunately this document is not present for few patients involved in the project; the reason is the kin's unavailability to come to the nursing home.	
<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 problem.	
InterRAI/Atl@nte	
<u>Are you using Atl@nte to collect data?</u>	Yes.
<u>Description of the work done</u>	
We have enrolled 24 patients; we are using interRai/Atl@nte as a daily tool. The enrolment average is variable.	



At the moment the most part of our population was involved in the project; but I believe we could involve other patients if the inclusion criteria will be revised.	
<u>Average time needed to carry out an assessment</u>	20 minute.
<u>Did you encounter any problem using Atl@nte?</u>	
No problem.	
<u>Do you have any suggestion?</u>	
It is very important to use InterRai/Atl@nte, because the tool makes us manage all aspects of assistance and we can create the best plan of assistance for all patients. InterRAI/Atl@nte standardises the evaluation's procedure and convinces all operators to think and work in the same way. The results are a good data bank, but overall an improvement of quality of life.	
<u>User experience with Atl@nte</u>	5
Activities	
<u>Past activities carried out in this period</u>	
Last month we met to discuss the project, the enrolment of patient who was border line and did not match inclusion criteria.	
<u>Plan for the future</u>	
We have to plan and deploy the wi-fi network.	
<u>Did you encounter or do you envision criticalities?</u>	
No criticalities.	
<u>Other notes</u>	
Not provided.	
Technologies	
<u>Technologies clarification</u>	
Not provided.	
<u>Procedure to be followed for the purchase of hardware</u>	
Not provided.	
Medical committee	
<u>Person involved into the medical committee</u>	
Dr. Giuseppe MENCULINI	

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	
Clarification	Please check this with your tech supporting partner. Is it everything clear about the technologies that are available in the consortium and how those map with the various use cases? If you need more details just ask it here and we will get in touch with you.
Purchasing procedures	Please describe the procedure (and an estimation of the time needed) in order to buy something at your pilot. (e.g. call for tender if > 1000€, the procedure takes 1 month, we have to involve XYZ...)
Medical committee	



Person	From each pilot should be identified at least one person to join the medical committee. Please note that we have to involve not only medical specialists but also administrative, management, etc... (see WP4 and contact Rodriguez Diaz, Maria Guadalupe "guadalupe.rodriguez@atos.net" for further details). Who is/are the selected person from your pilot? List them here with their contact information.
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