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European Commission  
Unit 02 – Strategy and Analysis  
Ms Iglesias Gomez - Unit C2  
Rue Breydel 4  
B - 1049 Brussels

Brussels, 28 January 2011

**Concern: Active and Healthy Ageing Innovation Partnership (AHAIP)**

Dear Mrs Gomez,  
Dear Maria,

The EFN welcomes the Commission initiative on the Innovation Partnership on Active and Healthy Ageing. It is clear on its objectives; it is focussed and outcome-oriented. Nurses like this!

The EFN believes that the key issue for the partnership is to advance the new EU 2020 strategy, bringing it closer to the citizens. The EU citizens need to get engaged in order to achieve the objectives. The EFN believes that through this Innovation Partnership it is possible to get in touch with the daily reality of concern to the citizens. As EFN can get in touch, through its 34 National Nurses Associations, with 6 million nurses in Europe, of which 95% are women, EFN could become a strategic partner for policy innovation.

EFN members look forward to working together with you on the Innovation Partnership on Active and Healthy Ageing.

Best regards,

A handwritten signature in black ink, appearing to read 'PDR', is written over a large, light-colored, brush-stroke-like graphic element that spans across the width of the signature area.

Paul De Raeve  
Secretary General  
European Federation of Nurses' Associations

(The IPM reference number is: 070392834571002811)

## **I. RESPONDENT INFORMATION**

### **2. I reply on behalf of:**

- Myself
- My employer (other than a public authority)
- A public authority

**If "myself":**

### **2. Please provide your name, country of residence and email address**

**If "My employer":**

### **2. please indicate the sector(s):**

- Industry
  - o large
  - o SME
- Health and social care provider
- Research/academic
- Organisation for older people / patients organisation / Other NGOs
- Other (please specify)
- Please provide your organisation's name and department (if any), country and email address  
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**If "Public authority":**

### **2. Please indicate scope:**

- international
- EU
- national
- regional
- local
- Other (please specify)
- Please provide your public authority's name and department (if any), country and email address
- address

## **II. IDENTIFYING AND OVERCOMING INNOVATION BARRIERS**

### **3. What do you consider to be the main barriers preventing innovation in the area of active and healthy ageing?**

- End-users' (patients, older people, healthcare professionals) are insufficiently involved in the conceptualization, development and deployment of new innovative solutions in tele-care and e-health. As such we find ourselves with a large division between the health-social sector and the industry;
- Too much focus on the medicalization of ageing; care needs to become central to the political debate. Urgent need for a paradigm shift led by patients and women;
- Lack of translating research into daily practice due to fragmentation of funding allocation to specific Research Institutions with the main obstacle in the funding not reaching the field work – participants, citizens input to qualitative research is taken for granted;

- Insufficient focus on prevention and promotion - The acute system is currently the cost driver with a rigid compartmentalization of 'health' and 'social' care. The focus on prevention and promotion should be made under long-term strategies.

**4. How do you think a European Innovation Partnership could help overcome the innovation barriers identified?**

- Reinforcing the promotion and prevention activities and long-term strategies instead of promoting directly and indirectly medical care solutions. Empowering positive outcomes, such as quality of life, dignity and ability to self-management and independent living.
- Putting gender into the research and innovation equation. The project for innovation should not be selected if less than 50% of participation are women, in the management and in the participation. Gender becomes an important selection criterion. Furthermore, using common indicators to assess the impact and the results next to creating more links among the research implementation strategies.
- Emphasizing integrated and coordinated approaches of service planning, organisation, financing and implementation – sharing best practices on personal health system approaches among the EU and national-regional levels.

**5. In view of the main barrier(s) you identified above (points 3 and 4), please provide an example where its removal would benefit a specific innovation in active and health ageing.**

- Removing the end-user' insufficient involvement: the example from Norwegian EFN member is a good practice initiative promoting the cooperation among health professionals and patients and looking also for the social support. Moreover, it is combining the health and social care as the initiative is led by nurses working against the social exclusion. (Ringerinett: An innovative solution for helping the ageing through the use of ICT).
- Removing the acute medical paradigm, putting focus on prevention and quality of life, self-management and independent living: the example of Scotland (UK EFN member) is a good practice front line initiative. Ensuring the sufficient funding, the activity could be developed in a systematic way and not depending on a project funding.

**III. MAPPING EXISTING INITIATIVES**

**6. Have you been involved in programme(s), initiative(s) and/or action(s) relating to innovation in active and healthy ageing (e.g. research, technology transfer, capacity building, training, financing, deployment, validation/testing of new solutions, standardisation) at trans-national, national, regional or local level?**

x YES (if yes, go to Q7)

**7. Please describe the programme(s), initiative(s) and/or action(s) and explain how you were involved.**

☞ **EFN MEMBER (NORWAY - NNO)**

- Name/title of the programme, initiative and/or action:** Ringerinett, an innovative solution for helping the ageing through the use of ICT.
- Target group were:** family in charge of a relative with Alzheimer.
- Aim of the programme, initiative and/or action:** This is an internet program for family who has a relative with Alzheimer to bring information, experiences and knowledge directly to family.
- Outcome:** It has helped family, husbands and wives, who are not able to get out of their house because their relative has Alzheimer. They can come in contact with others in the same situation. There is also tailored information about the disease. In addition health personnel can use this website for information about Alzheimer. The whole program has been a nurse initiative, a good example of health care innovation.

This project has been supported by the National Center for Telemedicine. A book explaining the initiative has newly been published. Author: Signe Gjeldstad.

- Web link:** <http://www.ringerinett.no/>

☞ **EFN MEMBER (UNITED KINGDOM - RCN): PROJECT DEVELOPED IN SCOTLAND**

- a. **Name/title of the programme, initiative and/or action:** Frontline First.
- b. **Target group were:** patients with long-term conditions in a remote and rural area of Scotland.
- c. **Aim of the programme, initiative and/or action:** supporting self-management of long term conditions through the use of telehealth pods (at the community and at home) addressing remote and rural barriers to equitable health provision.

The team have utilised the telehealth technology in an innovative way. This project has seen the creation of 'comunal' pods within e.g. sheltered housing and a village hall, with people can interact with using personalised ID methods, and at their own convenience.

The project aims to keep patients in their homes longer with a good quality of life.

- d. **Outcome:** it was recognised that telehealth could help address the inequitable spread of specialistic knowledge across the area, as well as support successful self-management of long-term conditions, enhance local health promotion measures, reducing accident and emergency admissions and GP attendance. Patients and carers love the technology and feel better supported to take care ownership of long-term conditions.

In addition, this project has provided the opportunity to develop and extend nursing practice throughout this remote area (Argyll and Bute-Scotland). Local nurse knowledge of long-term conditions has increased and is now therefore an enhanced resource to all patients.

- e. **Web link:**

[http://frontlinefirst.rcn.org.uk/sites/frontlinefirst/index.php/innovation?utm\\_medium=pressrelease&utm\\_campaign=innovation&source=press-release](http://frontlinefirst.rcn.org.uk/sites/frontlinefirst/index.php/innovation?utm_medium=pressrelease&utm_campaign=innovation&source=press-release)

- f. **What barriers did you encounter in this process?**

- There are similar projects being run around Scotland but this type of service should be mainstreamed rather than as projects.

☞ **EFN MEMBER (UNITED KINGDOM - RCN): PROJECT DEVELOPED IN NORTHERN IRELAND**

- a. **Name/title of the programme, initiative and/or action:** Frontline First.
- b. **Target group were:** high risk older people.
- c. **Aim of the programme, initiative and/or action:** the Northern Health & Social Care Trust (NHSCT) chronic illness case management service (CICM) is a new service whereby nurses have received extra education and support to enable them to work with high risk older people (>65) in their own homes to manage their multiple chronic conditions. The underpinning principle of the project is to proactively manage the individual's identified risk factors thus preventing deterioration therefore avoiding unplanned hospitalisations.

- d. **Outcome:** A prospective non-randomised controlled trial, to compare the primary outcome measure of length of stay was conducted and was completed September 2010. This trial reports a reduction in both the number of hospitalisations and the length of bed days use associated with them for the intervention group which was not apparent within the control group. This appears to be related to the effect of the CICM service (intervention). Patient related outcomes which included measures of health-related quality of life and functionality also improved significantly across time in the intervention group but continued to decline in the control group.

- e. An economic evaluation was carried out alongside the trial of older people with multiple chronic conditions in the NHSCT. There was a difference in average cost per patient of £1,493 (control cost per patient £9,943, intervention cost per patient £8450) at 9 months post introduction of the CICM service intervention. The CICM approach is associated with decreased costs particularly in secondary care services but also in costs of primary and community costs.

- f. **Web link:**

[http://frontlinefirst.rcn.org.uk/sites/frontlinefirst/index.php/innovation?utm\\_medium=pressrelease&utm\\_campaign=innovation&source=press-release](http://frontlinefirst.rcn.org.uk/sites/frontlinefirst/index.php/innovation?utm_medium=pressrelease&utm_campaign=innovation&source=press-release)

- g. Transferability:** If CICM were to be extended across the NHSCT and wider HPSS, the potential financial savings in the system as a whole would be substantial. This study confirms that if you provide care to the right patient, at the right time, using the right intervention, provided by the right professional you will achieve the most effective and cost effective outcomes. Additionally this approach incorporates a measurement of how successful the innovation has been in improving the health of the older person and at the same reduces NHSCT expenditure for this population.

☞ **EFN Member (Greece-HNA): Iatronet**

- a. Name/title of the programme, initiative and/or action:** Iatronet (website portal).
- b. Target group were:** public, patients, health professionals.
- c. Aim of the programme, initiative and/or action:** the initiative intends to help the public, patients as well as professionals to acquire responsible information concerning health, preventive medicine, health promotion, nursing care, nutrition, healthy and active lifestyles, and recommendations for diet and care. Hellenic Nurses Association's (HNA's) Journal titled "Nosileftiki" (<http://www.hjn.gr/index.php?page=home>), is covered by Iatronet.
- d. Web link:** <http://www.iatronet.gr/>
- e. What barriers did you encounter in this process?** In Greece, a strategic plan on eHealth does not exist. Therefore, the nursing applications ongoing are based on individuals efforts and are not centrally monitored. Iatronet is one of the few information resources available and its use should be spread.

☞ **AN EFN EXAMPLE:**

- a. Name/title of the programme, initiative and/or action:** HealthPROElderly.
- b. Target group were:** Elderly people, Patients, Health and social care professionals.
- c. Aim of the programme, initiative and/or action:**  
The third age and the new technology to improve quality of life. The aim was to narrow the digital divide in the elderly in order to promote their fruition of the National health service and facilitate quicker interventions. In order to provide the basis for the development of further successful activities in health promotion of older people, the following improvements are necessary on national and European levels:
- Launching information campaigns on the positive effects of health promotion for older people.
  - Maximising the impact of national resources dedicated to regional and local health promotion through greater collaboration and coordination across important national organisations.
  - Supporting the creation of networks on the national and especially local levels that provide for information exchange between all important actors in the field of health promotion for older people.
  - Promoting training and capacity building that gives health professionals in the area of public health the knowledge, skills, and tools to implement community health promotion approaches and principles in their work with older people.
  - Financing community based research on the long term effects of health promotion and financing evidence-based interventions.
  - Promoting the dissemination of models of good practice in health promotion, example maintaining a database of successful health promotion interventions for older people in the country and awarding best practice models.
- d. Partners:** Red Cross, National Nurses Associations, Research centres.
- e. Outcome:**  
The whole project was an integrated intervention model to enable older people to take part in the information society. The information reached through technology fought the isolation and enabled the elderly to have access to social and healthcare services.  
Community Nursing care-health promotion model; local communities in the frame of primary healthcare services. All older people >65 were visited by the community nurse

working in the respective local community and individual plans for care were prepared for each of them. Community nurses have to support successful ageing of older people in order to better adapt to functioning in a changing world.

f. **Web link:** [http://www.efnweb.eu/version1/en/projects\\_redcross.html](http://www.efnweb.eu/version1/en/projects_redcross.html)

g. **What barriers did you encounter in this process?**

- Bureaucracy of EU projects;
- Lack of connection to political decision makers and political debate.
- Not follow up and continuity of the actions after the end of the project.

#### **IV. DEFINING FUTURE INITIATIVES**

**8. How do you think you could contribute to achieving the European Innovation Partnership strategic objectives (e.g. financing, expertise/know how, implementation, new business models)?**

- Bringing in the expertise/know-how from 34 national nurses associations representing millions of nurses – using EFN General Assembly for further data collection as online consultations are not the easiest way to engage;
- Using existing networks as channels of communication and experience transfer;
- Empowerment of innovation and thinking out of the box;
- Focus on Implementation Research. Closing the gap among the research sphere and the daily practice.
- The innovative partnership needs to become gender balance, gender sensitive.

**9. In view of question 8, do you have in mind specific action(s), initiative(s) and/or programme(s) you could initiate to contribute to the European Innovation Partnership?**

**a. Aim of the proposed programme, initiative and/or action and main deliverables**

- The follow up of elderly population with special needs at home (telemonitoring, telephone advice, telenursing).
- ICT technologies proven as facilitators of quality of care in elderly care.
- ICT technologies proven as facilitators in the development of personal health systems.
- Education programs through ICT technologies on better management of chronic diseases or mobility improvement.
- ICT literacy education and training improving the access to local, social and healthcare eServices while promoting socialisation and decreasing isolation among the elderly.
- The 'ICT Link Nurse' concept with the exchange of ICT knowledge between incoming young nurses and experienced nurses in the workforce for the last 20 years.

**b. Evidence base, demonstrating the need for action**

- Aide K, James MA. (2010). Does telephone follow-up improve blood pressure after minor stroke or TIA? *Age and Ageing* 39: 598-603. Barton, AJ. (2010). Using mobile health technology to enhance patient-centered care. *Clinical Nurse Specialist* 24(5): 233-234.
- Boucher JL. (2010). Technology and patient-provider interactions: Improving quality of care, but is it improving communication and collaboration? (Editorial). *Diabetes Spectrum* 23(3):142-144.
- Low, G, Rhodes, S, Holland, A. (2010). No longer an island: Rural nurse practitioners gain support through telehealth. (Paper Presentation). *JOGNN* 39(Sup 1): S9-S10.
- Palmas W, Shea S, Starren J et al.(2010). Medicare payments, healthcare service use, and telemedicine implementation costs in a randomized trial comparing telemedicine case management with usual care in medically underserved participants with diabetes mellitus (IDEATel). *J Am Med Inform Assoc* 17(2): 196-202.
- Pyne JM, Fortney JC, Tripathi SP et al. (2010). Cost-effectiveness analysis of a rural telemedicine collaborative care intervention for depression. *Arch Gen Psychiatry* 67(8): 812-821.
- Rantz MJ, Skubic M, Alexander G, et al. (2010). Improving nurse care coordination with technology. *CIN: Computers, Informatics, Nursing* 28(6), 325-332.

- Sayin Y, Kanan N. (2010). Reasons for nursing telephone counseling from individuals discharged in the early postoperative period after breast surgery. *Nursing Forum* 45(2): 87-96.
- Whitten B, Alicia B, Meese MA et al. (2010). St. Vincent's home telehealth for congestive heart failure patients. *Telemedicine and eHealth* 15(2): 148-153.
- Wray LO, Shulan, MD, Toseland, RW, Freeman MA et al (2010). The effect of telephone support groups on costs of care for veterans with dementia. *The Gerontologist* 50(5): 623-631.

**c. Approximate budget (optional)**

- It is important, when setting priorities, to combine the public health programme / joint actions with the knowledge of implementation research/science.
- Important when setting the budget is the money needed to implement scaling up and transferability between EU Member States.

**10. In relation to question 9, who would be the key partners to be associated for your initiative(s) to be successful?**

- The elderly, the patient;
- Industry developing the tools in cooperation with stakeholders involved;
- Local and regional Authorities;
- Insurers' funds.

**11. What main contribution do you consider a European Innovation Partnership could make to address, through innovation, the challenge of active and healthy ageing?**

- Increase the average healthy lifespan (HLYs) in the European Union by 2 years by 2020.
- Focussing on the new Member States.
- Focussing on impact of policies on concrete change in society.
- Making the successful discovered activities sustainable and supporting the transferability and continuity of them where necessary and appropriate.
- Bringing citizens closer to the EU, and EU closer to its citizens!