Interreg CENTRAL EUROPE
niCE-life
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TAKING **COOPERATION** FORWARD

OUTPUT FACT SHEET

Tools
Version 2

Project index number and acronym	CE1581 niCE-life
Output number and title	Output O.T2.6 / Model of care for frail
Responsible partner (PP name and number)	UHO PP3
Project website	https://www.interreg-central.eu/Content.Node/niCE-life.html
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Summary description of the key features of the tool (developed and/or implemented) and of its transnational added value

Care for frail is a digital platform designed by University Hospital Olomouc. It is special tool for patients discharged from hospital and was invented to make care of patients more efficient. The tool presented here is based on practical experience from the Bologna eCare network.

The main indicator of efficiency of the tool is quicker way of sharing data about patients. This makes care quicker better planned and more precise, especially when cooperation between social and health services is needed.

We offer short introduction of the tool in following steps that should be tackled by the tool:

1. Patient discharged from hospital gets physical papers for services and for GP. GP should get papers till 3 days after discharge from hospital. They often lose those papers and copies must be made.
   SOLUTION: Patient will have documents in electronical form. They are immediately ready to use and can be send to GP. Papers are prefilled from hospital documentation.

2. Health care providers (nursing services) must gain paper from hospital to set up care of patient.
   SOLUTION: Patient will have documents in electronical form. They are immediately ready to use and can be send to providers.

3. Health care providers (nursing services) needs to transfer documents about care to GPs every month or every time when something changes for confirmation. This means that nurses (professionals) spend a lot of time travelling with documents. Regular provider has about 300 clients of about 80 GPs.
   SOLUTION: Forms can be sent and confirmed via digital tool.

4. Health insurance companies are controlling documentation if it has all needed attributes (stamps, signatures etc.)
   SOLUTION: Forms can be sent and confirmed via digital tool.

5. Family of patient is often helping with applying for state benefits, care atc.
   SOLUTION: Tool offers easier approach to needed data instead of searching them at patient´s home.

Since this tool helps in these steps it offers time saving for professionals (nurses), who can actually provide care instead of travelling around whole district with physical documentation which is also not very safe in essence. This is big benefit considering number of patients, GPs and care providers

Tool was developed to be as easy to use as possible with simple graphics. Platform is invented to be open for other improvements. So other digital instruments can be added as we tried, for example possibility to apply for video consultation with doctor.

In other countries, the care of a released patient from hospital care is also the joint work of several providers (social, health, family). It is appropriate to somehow coordinate this care through a secure digital tool that allows, among other things, data sharing. Therefore, the tool is also transferable within individual countries (at least Slovakia, Slovenia, Poland).

NUTS region(s) where the tool has been developed and/or implemented (relevant NUTS level)

The Care for Frail tool has been primarily developed at the University Hospital Olomouc (CZ071 NUTS level 3).
The tool is going to be tested and implemented in University Hospital Olomouc and in care center in Petržalka Bratislava (SK010 NUTS level 3).

Expected impact and benefits of the tool for the concerned territories and target groups

- Empowerment of frail elderly by giving them tool to be used at home with or without help of family
- Speeding up work with patient data, faster and secure data sharing with affected subjects (home care, nursing services, social care services),
- Secure and fast data sharing with GP - timesaving solution for general practicioners
- Relief for care givers from the patient's environment, who have easier access to medical documentation for the needs of further care, handling of state benefits, etc.
- Health and social workers time could be used for patient care instead of traveling with papers

The Care for frail will be used and tested in WP T3 in University Hospital Olomouc (CZ071 NUTS level 3). Patients of University Hospital Olomouc came mainly from CZ07 NUTS level 2.

The simplified version of the developed tool will be used and tested in WP T3 in care center in Petržalka Bratislava (SK010 NUTS level 3). Patients of Hospital of St. Cyril and Methodius - University Hospital Bratislava came mainly from SK010 NUTS level 3.

Sustainability of the tool and its transferability to other territories and stakeholders

To ensure the sustainability of the developed tool even after the end of the project, the tool is presented to important political decision-makers at local and also regional level. National Telelemedicine Center of University Hospital Olomouc as project partner became a member of Olomouc´s ditrict Work group for Inovations in Social Care because of the developed tool Care for Frail and ist sustainibility. In Olomouc tool could be used by up to 100 frail elderly per year.The simple platform and transferability to other regions/ countries also promotes sustainability. Care for Frail is a web application, which after translation in the respective language, can be easily transferred to other territories, due to its ease of use. The platform is developed and supplemented so that it can be used in a wider scope, it can also be transferred to provide other forms of frail elderly care, such as nursing care, hospice care, care homes, etc.

References to relevant deliverables and web-links
If applicable, pictures or images to be provided as annex

The main relevant project deliverables are reports related to the Care for Frail tool development activity in WP2, namely: D.T2.6.1 Coordination meeting, DT2.6.2 Review of methods of care of frailty patients discharged from hospitals in CZ and SK and D.T2.6.3 Design od organizational, economic, technical and medical condition for the new service/practice.