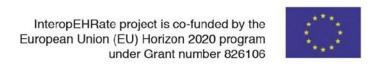


Annexe I

The InteropEHRate Project Explained to the Nursing Profession

READ MORE Some references





Lesson 1

EFN Presentation

The European Union, What's in it for me?

Paul De Raeve, 2017

This book offers nurses a valuable and insightful resource into the politics and strategic direction of health policy that shapes frontline nursing and midwifery practice in the EU.

Read the book ONLINE:

https://online.anyflip.com/eumpx
/ssim/mobile/index.html

The EU faces many challenges. Nurses and nursing are part of the solution. It looks like the EU citizens have enough of the nice talks of politicians, enough of their political promises prior election. Therefore, it is important civil society, nurses ask themselves in which world they want to live and work; how nursing need to push for change in the changing world; and what should be in for nurses who provide daily care for the most vulnerable in our complex society. But when moving forward, the main question for many citizens will be: the EU, what's in it for me? Indeed, since 2008, when the financial crisis hit ordinary EU citizens very hard, especially nurses and women, more challenges to daily survival started to surface. Is the EU, its institutions, its political games, just a complex political labyrinth nobody wants to understand? Are EU civil sevants simply producing legislation in view of their own created cocoon, far away from daily reality? But how can we bring ordinary EU citizens closer to the European project, its solutions? Nurses, women, play a key role in making the EU, health & wellbeing, prosperity and peace work for Eu citizens, trusting nurses most!



Paul De Raeve

The European Union, what's in it for me?



As Registered Nurse (1984), Master Nursing Science (1989-VUB) and Statistics (1996-KUB), followed by his PhD at Kings College London (2014), Paul became EFN Secretary General from 2002, lobby the EU Commission, Parliament and Council and recently (2016) started designing within the ENRF a nursing research and innovation agenda.





Raev

EU Lobby Strategies Fitting a New Political Context

Paul De Raeve, 2017

This book builds on concrete achievements of the nursing community, its leaders to move the European political agenda, to advance nursing in such a way that it delivers concrete benefits for EU citizens.

Read the book ONLINE:

https://online.anyflip.com/eumpx/
ugmb/mobile/index.html

The changing EU economic and political context implies adapting to this changing environment, including our lobby strategies to pro-actively set the nursing agenda. The EU institutions, its political machinery, has become a complex political labyrinth in which public consultations are not enough to build trust with its citizens. Putting civil society into the cloud to meet and produce statement is the new window dressing which does not facilitate the design of a social Europe. This book is building on concrete achievements of the nursing community, its leaders to move the European political agenda, to advance nursing in such a way that it delivers concrete benefits for EU citizens. The nurses' European project, be it political, professional, scientific, is a movement built since 1967, when the Commission started drafting the free movement Directive. EU legislation protected and stimulated the development of nursing as a profession. However, as lobby strategies are drying up, civil society being excluded from policy design, we need to reflect on how to influence better EU politics and policies. The world changed in 2017 and more changes are to come, for the better, the worse!



Paul De Raeve



As Registered Nurse (1984), Paul has a Master in Nursing Science (1989-Vull) and Statistics (1996-KUB) and a PhD from Kings College London (2014), being the first EFN Secretary General since 2002, lobbying the EU Commission, Parliament and Council on behalf of 3 million nurses in the EU. Paul focusses on developing EFN and ENRF in synergy.







Building & Sustaining a Resilient EU Nursing Workforce & Healthcare

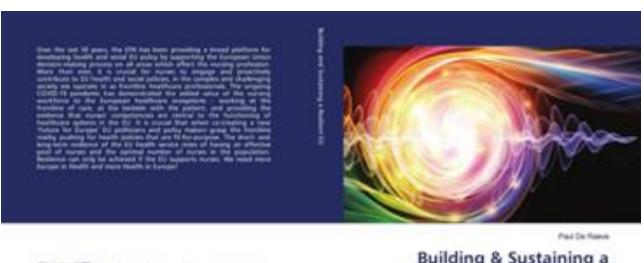
The future of the European Union – Nurses Impact

Paul De Raeve, 2021

This book shows that more than ever, it is crucial for nurses to engage and proactively contribute to EU health and social policies, in the complex and challenging society we operate in as frontline healthcare professionals.

See here:

https://www.lappublishing.com/catalog/details//store/g
b/book/978-620-4-20948-7/buildingsustaining-a-resilient-eu-nursingworkforce-healthcare







Building & Sustaining a Resilient EU Nursing Workforce & Healthcare



Lesson 2

EFN & EU LAW

Directive 2013/55/EU

amending Directive 2005/36/EC on the recognition of professional qualifications

This Directive aims to consolidate and modernise the rules regulating the mutual recognition of professional qualifications in the EU Member States, including for general care nurses.

To read the Directive:

https://eur-lex.europa.eu/legalcontent/EN/TXT/?uri=celex%3A32013L0055 L 354/132

Official Journal of the European Union

28.12.2013

DIRECTIVE 2013/55/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System ('the IMI Regulation')

(Text with FFA relevance

THE EUROPEÁN PÁRLIÁMENT ÁND THE COUNCIL OF THE (2) EUROPEAN UNION

Having regard to the Treaty on the Functioning of the European Union, and in particular Articles 46, 53(1) and 62 thereof.

Having regard to the proposal from the European Commission,

After transmission of the draft legislative act to the national

Having regard to the opinion of the European Economic and

Acting in accordance with the ordinary legislative procedure (2),

(1) Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (3) consolidated a system of nutual recognition which was initially based on 15 Directives. It provides for automatic recognition for a limited number of professions based on harmonised minimum training requirements (sectoral professions), a general system for the recognition of evidence of training and automatic recognition of professional experience Directive 2005/36/EC also established a new system of free provision of services. It should be recalled that thirdcountry family members of Union citizens benefit from equal treatment in accordance with Directive 2004/38/EC of the European Parliament and of the Council of 29 April 2004 on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States (4). Thirdcountry nationals may also benefit from equal treatment with regard to recognition of diplomas, certificates and other professional qualifications, in accordance with the relevant national procedures, under specific Union legal acts such as those on long-term residence, refugees, 'blue card holders' and scientific researchers

- In its Communication of 27 October 2010 entitled Single Market Act. Twelve levers to boost growth and strengthen confidence, Working together to create new growth', the Commission identified the need to nodernise Union law in this area. On 23 October 2011, the European Council in its conclusions supported such a modernisation and urged the European Parliament and the Council to reach a political agreement on the revision of Directive 2005/36/EC by the end of 2012. In its resolution of 15 November 2011 on the implementation of the Professional Qualifications Directive (2005/36/FC) (2) the European Parliament also invited the Commission to come forward with a proposal. The EU Citizenship report 2010 of 27 October 2010 entitled 'Dismantling he obstacles to EU citizens' rights' underlines the need to lighten the administrative burden linked to the recognition of professional qualifications.
- Notaries who are appointed by an official act of government should be excluded from the scope of Directive 2005/36/EC in view of the specific and differing regimes applicable to them in individual Member States for accessing and pursuing the profession.
- For the purposes of strengthening the internal market and promoting the free movement of professionals while ensuring a more efficient and transparent recognition of professional qualifications, a European Professional Card would be of added value. In particular, that Card would be useful to facilitate temporary mobility and recognition under the automatic recognition system, as well as to promote a simplified recognition process under the general system. The purpose of the European Professional Card is to simplify the recognition process and to introduce cost and operational efficiencies that will benefit professionals and competent authorities. The introduction of a European Professional Card should take into account the views of the profession concerned and should be preceded by an assessment of its suitability for the profession concerned and its impact on Member States. That assessment should be conducted together with Member States, where necessary. The European Professional Card should be issued at the request of a professional and after submission of necessary documents and completion of related verification procedures by the competent authorities. Where the European Professional Card is issued for the purpose of establishment, it should constitute a recognition

(*) OJ C 153 E, 31.5.2013, p. 15.

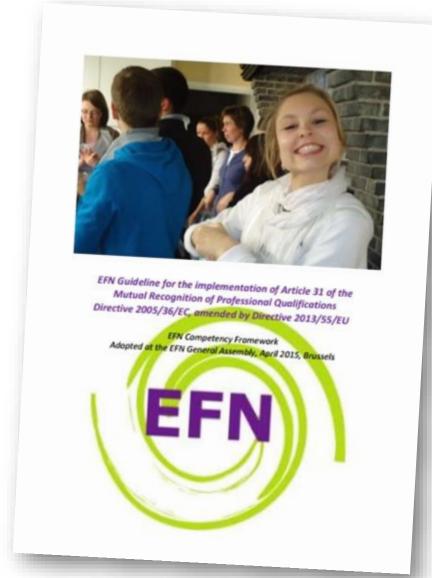
Of C 191, 29.6.2012, p. 103. Position of the European Parliament of 9 October 2013 (not yet published in the Official Journal) and decision of the Council of

EFN Competency Framework

Approved by the EFN members in April 2015, the EFN Competency Framework describes the competences required to nurses responsible for general care, aiming at being used by the National Nurses Associations to encourage and guide the nursing schools at national level to implement the competences listed under Article 31 of the Directive.

Read it here:

http://www.efnweb.be/?page_id=6
897

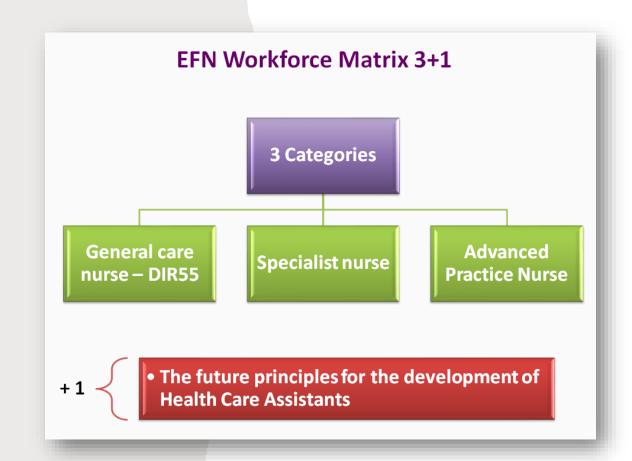


EFN Workforce Matrix 3+1

Approved by the EFN Members in May 2017, the EFN Workforce Matrix 3+1 includes information on education, qualifications and competences for each category, and shows the commonalities and differences of the three categories and the HCAs among 35 EU countries.

Read it here:

http://www.efnweb.be/?page_id=8220



European Pillar of Social Rights

The European Pillar of Social Rights is about better delivering on rights for citizens by building on 20 key principles.

Of these 20 principles, the EFN follows 4:

Principle 1 (Education); Principle 6

(Wages); Principle 16 (Healthcare);

Principle 18 (Long-term care).

See it here:

https://ec.europa.eu/info/strateg y/priorities-2019-2024/economyworks-people/jobs-growth-andinvestment/european-pillarsocial-rights/european-pillarsocial-rights-20-principles en



European Pillar of Social Rights Action Plan

The European Pillar of Social Rights Action Plan sets out concrete initiatives to turn the European Pillar of Social Rights into reality. It proposes headline targets for the EU by 2030.

See it here:

https://ec.europa.eu/info/strategy/priorities-2019-2024/economy-works-people/jobs-growth-andinvestment/european-pillar-social-rights/europeanpillar-social-rights-action-plan_en



Multiannual Financial Framework 2021-2027

See it here:

https://ec.europa.eu/info/strategy/eubudget/long-term-eu-budget/2021-2027 en

NextGenerationEU

See it here:

https://ec.europa.eu/info/strategy/recover
y-plan-europe_en#nextgenerationeu

Both supporting the recovery plan for Europe.
It includes the new EU budget structure,
funding programmes, allocations per
Member States, and data on spending and
revenue.



11 November 2020

"welcome today's agreement on our Recovery Plan and the next Multiannual Financial Framework. We now need to move forward with finalising the agreement on the next long-term budget and NextGenerationEU by the end of the year. Help is needed for citizens and business badly hit by the coronavirus crisis. Our recovery plan will help us turn the challenge of the pandemic into an opportunity for a recovery led by the green and digital transition".

European Commission President Use de une des L

On 10 November 2020, the European Parliament and EU Member States in the Council, with the support of the European Commission, reached an agreement on the largest package ever financed through the EU budget, of £1.8 trillion. Following the coronavirus crisis and its consequences, the package will help rebuild a greener, more digital and more resilient Europe, which is better fit for current and forthcoming challenges.

Key figures in the agreement:

- Long-term budget for 2021-2027 of £1.074 trillion combined with the temporary recovery instrument, NextGenerationEU, of £750 billion.
- More than 50% of the amount will support modernisation through policies that include research
 and innovation, via Horizon Europe; fair climate and digital transitions, via the Just Transition Fund
 and the Digital Europe programme; preparedness, recovery and resilience, via the Recovery and
 Resilience Facility, rescEU and a new health programme, EU4Health;
- Traditional policies such as cohesion and common agricultural policy will be modernised and will continue
 to receive significant EU budget funds, with the objective to support the green and digital transitions;
- 30% of the EU funds, under both NextGenerationEU and MFF, will be spent to fight climate change. The
 package also pays a specific attention to biodiversity protection and gender mainstreaming;
- Key programmes, including Erasmus+, EU4Health and Horizon Europe, will be reinforced compared
 to the agreement at the July 2020 special European Council, by a total of (15 billion)

National Recovery and Resilience Plans

The links contain all relevant country-specific information, such as the recovery and resilience plans and key points about them, and where available, the legal texts approving the plan and accompanying press material.

See it here:

https://ec.europa.eu/info/businesseconomy-euro/recoverycoronavirus/recovery-and-resiliencefacility en#national-recovery-andresilience-plans

National recovery and resilience plans The flags below will guide you to the Member State section. The links contain all relevant countryspecific information, such as the recovery and resilience plans and key points about them, and where available, the legal texts approving the plan and accompanying press material. Bulgaria _ithuania Luxembourg *The Netherlands has not submitted a recovery and resilience plan so far.

Recovery and Resilience Facility

Aiming to mitigate the economic and social impact of the coronavirus pandemic and make European economies and societies more sustainable, resilient and better prepared for the challenges and opportunities of the green and digital transitions.

See it here:

https://ec.europa.eu/info/businesseconomy-euro/recoverycoronavirus/recovery-andresilience-facility_en



Recovery and Resilience Scoreboard

The Recovery and Resilience Scoreboard gives an overview of how the implementation of the Recovery and Resilience Facility (RRF) and the national recovery and resilience plans is progressing.

See it here:



European Semester - Country Specific Recommendation (2016-2020)

Country-specific recommendations provide tailored advice to individual Member States on how to boost jobs, growth and investment, while maintaining sound public finances. The Commission publishes them every spring. They give guidance on what can realistically be achieved in the next 12-18 months to make growth more sustainable, inclusive and stronger.

Read it here:

https://ec.europa.eu/info/publications/2020european-semester-country-specificrecommendations-commissionrecommendations en



Brussels, 20.5.2020 COM(2020) 520 fina

Recommendation for a

COUNCIL RECOMMENDATION

on the 2020 National Reform Programme of Austria and delivering a Council opinion on the 2020 Stability Programme of Austria

EFN Policy Statement on the EU Semester

Approved by the EFN Members in October 2016, this EFN Policy Statement is calling on the national and European policy-makers to acknowledge the importance of investing in health, with a more efficient health and social care funding allocation and better working conditions for the nursing workforce, building on existing integrated care ecosystems throughout the EU.

Read it here:

http://www.efnweb.be/wpcontent/uploads/EFN-PositionPaper-on-Nurses-Contribution-toEuropean-Semester.pdf



EFN POSITION PAPER ON NURSES CONTRIBUTION TO EUROPEAN SEMESTER

By the end of 2020 the EU wants to have achieved its growth strategy leading to smart, sustainable and inclusive growth in the areas of employment, research and development, climate, energy, those related to health and social care lead to a disruptive restructuring, envisaging efficiency and health and social care systems, the European Union helps Member States to achieve the recommendations to improve the performance of the health and social care systems, the state of play of the ecosystem and bring in covered by the Country Specific Recommendations of the European Semester, which year by year puts different recommendations for all Members States in the spotlight.

However, every single Member State is or will be struggling with the societal challenges if healthcare remains isolated from the social sector, and stays disease specific and medically dominated. All countries need to set a series of political priorities that reshuffle investments to the community will be the main challenge in the coming years to reach a resilient health and social care ecosystem.

The EFN therefore advises national and European policy-makers, drafting input to the Commission, leading to Country Specific Recommendations, to acknowledge the importance of investing in health, with a more efficient health and social care funding allocation, better working conditions for the nursing workforce, especially frontline, building on existing integrated care ecosystems throughout the EU.

During the past five years, the EFN has been working in different sectors that contribute to the sustainability of health and social ecosystems. Firstly, on education, it is crucial and a safeguard workforce operating frontline in EU health and social care systems in the EU and Europe. To that sets the minimum education requirements and competences at EU level, had to be properly Competency Framework that is helping nursing schools and universities to bring their nursing between the education for nurses and patient outcomes. Bringing evidence of the importance of a national governments reports towards the European Commission is key for being reflected in the Commission Country Specific Recommendations.

It is therefore important the National Nurses Association has the opportunity providing input to the European Semester through their National Contact Points for the European Semester. Best practice examples on the contribution of nurses and nursing to a sustainable health and social care cosystem is key. Nurses play a fundamental and indispensable role in the provision of long-term care. That recognition should be better acknowledged in the European Semester. There is a prevention and continuity of care and outcomes are of vital importance.

EFN Report on European Semester Analysis 2016-2020

This EFN report is analysing 2020 in comparison with previous European Semesters & Country Reports (2016-2019) and selecting the relevant information for nurses, nursing and healthcare. The aim of this EFN Report is to be a compilation of all the European Commission's Country Reports entries related to nursing and/or healthcare, for each EU Member State, providing a unique insight in the capacity of the EU healthcare systems. Measures taken by one country that were successful are likely to inform initiatives for improving the healthcare situation in another country.

Read it here:

http://anyflip.com/eumpx/ytok/



Directive on Patients' Rights in Cross-Border Healthcare (2011/24/EU)

This Directive created a legal framework for the patient's right to seek healthcare in another Member State and to be reimbursed; and provides a legal basis for European cooperation in key areas of healthcare: quality and safety, Health Technology Assessment and eHealth, and rare diseases.

Read it here:

https://eur-lex.europa.eu/legalcontent/EN/TXT/?uri=celex%3A3201 1L0024

Official Journal of the European Union L 88/45

DIRECTIVES

DIRECTIVE 2011/24/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

on the application of patients' rights in cross-border healthcare

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE

Having regard to the Treaty on the Functioning of the European Union, and in particular Articles 114 and 168 thereof,

Having regard to the proposal from the Commission,

4.4.2011

Having regard to the opinion of the European Economic and Social Committee $(^3)$,

Having regard to the opinion of the Committee of the Regions (2).

Acting in accordance with the ordinary legislative procedure (\hat{r}) ,

- According to Article 168(1) of the Treaty on the Functioning of the European Union (TFEU), a high level of human health protection is to be ensured in the definition and implementation of all Union policies and nation and implementation of an oliver poncies and activities. This implies that a high level of human health protection is to be ensured also when the Union adopts acts under other Treaty provisions.
- Article 114 TFEU is the appropriate legal basis since the majority of the provisions of this Directive aim to improve the functioning of the internal market and the improve the innervance or the american market and the free movement of goods, persons and services. Given that the conditions for recourse to Article 114 TFEU at 2 the commissions for recourse to strong and see a legal basis are fulfilled, Union legislation has to rely on this legal basis even when public health protection is a this regar owns even when public means protection is a decisive factor in the choices made. In this respect,

Article 114(3) TFEU explicitly requires that, in achieving harmonisation, a high level of protection of human merinomation, a negative or protection of minimum health is to be guaranteed taking account in particular of any new development based on scientific facts.

- The health systems in the Union are a central component of the Union's high levels of social protection, and or the consona magn several or access parameters well contribute to social cohesion and social justice as well community to social contains and social pusitive as well as to rustainable development. They are also part of the as to sustainable neveropment, strey are any pa-wider framework of services of general interest.
- Norwithstanding the possibility for patients to receive cross-border healthcare under this Directive, Member States retain responsibility for providing safe, high quality, efficient and quantitatively adequate healthcare to citizens on their territory. Furthermore, the transposition of this Directive into national legislation and position or time unecurve with hambinal segmention and its application should not result in patients being encouraged to receive treatment outside their Memi
- As recognized by the Council in its Conclusions of 1-As recognized by the Council in his Conclusions of 1-2 June 2006 on Common values and principles in Lucipean Union Health Systems (*) (hereinafter the concil Conclusions) there is a set of operating principles that are shared by health systems throughout the Union. Those operating principles are necessary to ensure patients' trust in cross-border healthcare, which is parents these in cross-portion nearincare, which is necessary for achieving patient mobility as well as a necessary for earnering persons accounty high level of health protection. In the same statement, the Council recognised that the practical ways in which these values and principles become a reality vary inguificantly between Member States. In particular, decisions about the basket of healthcare to which citizens are entitled and the mechanisms used to finance and deliver that healthcare, such as the extent to which it is appropriate to rely on market mechanisms and competitive pressures to manage health systems,
- As confirmed by the Court of Justice of the European Union (hereinafter the 'Court of Justice') on several occasions, while recognizing their specific nature, all types of medical care fall within the scope of the IFEU.

(4) OJ C 146, 22.6.2006, p. 1

^(*) OJ C 175, 217, 2009, p. 116.
(*) OJ C 120, 218, 2009, p. 65.
(*) Position European Farlament of 21 April 2009 (OJ C 124 E 27, 2010, p. 126, p. 126, p. 127, p. 127 tow european rationment of 19 January 2011 (not yet published in the Official Journal) and decision of the Council of 28 February 2011.

European Health Data Space (EHDS)

The European Health Data Space is a health specific ecosystem comprised of rules, common standards and practices, infrastructures and a governance framework that aims at empowering individuals through increased digital access to and control of their electronic personal health data, at national level and EU-wide, and support to their free movement, as well as fostering a genuine single market for electronic health record systems, relevant medical devices and high-risk AI systems. It also aims at providing a consistent, trustworthy and efficient set-up for the use of health data for research, innovation, policymaking and regulatory activities.

See here:

<u>https://health.ec.europa.eu/ehealth-digital-health-and-care/european-health-data-space_en</u>



The world of cloud-based services: storing health data in the cloud Paul De Raeve, 2019

This article provides an insight into the world of 'cloud'.

Read it here:

https://www.healtheuropa.eu/cl oud-based-services-storinghealth-data-in-the-cloud/93053/



, wassacra & inneserion News > The world of cloud-brased and longer

The world of cloud-based services: storing health data in the cloud



Delving into the rapidly growing industry of cloud-based services, Paul De Raeve of the European Federation of Nurses Associations (EFN), gives us an insight into the world of 'cloud'.

There is increasing interest across healthcare industries and providers on the use of cloudbased services to improve the cost-efficiency of continuity of care, with a specific focus on citizen-centred health services and systems' interoperability. As cloud computing becomes the 'new normal' for many areas of business, European healthcare providers cannot fully benefit from it. European Union (EU)-level deployment of these technologies has not yet taken place. The lack of an EU scalability is undermining impact on quality and safety.

In this context, this article aims at exploring the concept of 'cloud', its relationship to healthcare, how healthcare might benefit from its scalability, associated risks, the important of the EU-level Electronic Health Records (EHR) design for integrated and cross border care, an initial mapping of currently operating healthcare clouds.

The Blockchain Interoperability - Sharing data across the care continuum Paul De Raeve, 2019

This article provides an overview on how blockchain interoperability is enabling sharing data across the care continuum.

Read it here:

http://www.efn.eu/wpcontent/uploads/BlockchainInteroperability-Sharing-data-accrossthe-care-continuum.pdf

BLOCKCHAIN INNOVATION

Blockchain interoperability: Sharing data across the care continuum

Paul De Raeve, Secretary General of the European Federation of Nurses Associations (EFN) sheds lights on how blockchain interoperability is enabling sharing data across the care continuum

he interoperability of electronic health records (EHR) in Europe is key, especially now the European Commission plans to publish a recommendation on the technical specifications for an EHR exchange format. Although the EHR exchange format is part of a bigger plan of the digital transformation of the health and social care in the Digital Single Market, the EU financing of two H2020 projects, 'Smart4Health' and 'InteropEHRate' can lead to large-scale interoperable designs, especially at a time when a variety of government agencies are moving their infrastructure on to new technologies offering optimum security and data privacy. The policy outcome, adopting an EHR exchange format at EU level, could end the endless and costly interoperability discussion we have had for the last two decades. Despite some advancements towards more seamless interoperability in the healthcare sector, frontline deployment of continuity of care, based on data sharing in clinical care pathways, could benefit more from new IT developments.

Although called 'disruptive', we recognise these new systems compete for market shares struggling to make a business case for sharing the data they've gathered, sorted, collected, aggregated and secured. Therefore, it becomes key that the IT industry, the EHR vendors become connected to the frontline practitioner so products become co-designed, fit-for-purpose, reduce the endless hours nurses spend on data entry, leading to a general malaise towards software solutions that were supposed to help, but it really just means more work for the frontline. So, it becomes high time to get interoperability right!

Co-designing interoperable solutions

A favourable ecosystem of trust and political support to use blockchain as a way to tackle interoperability is not the main challenge, but what we miss are the practical use cases showing blockchain works better for the frontline due to solving the interoperability challenges we currently have in the healthcare ecosystem.

It is argued that blockchain makes it possible to exchange data from different sources, in different formats, among the end-users, at their fingertips to plan and provide frontline healthcare. Within this context, nurses have an opportunity to co-design an EU interoperable EHR as end-users, respecting the existing national EHR developments. Therefore, EFN partnership in the H2020 granted EU projects focusses on co-designing a fit-for-purpose interoperable EHR, aiming to prototype:

- A citizen-centred implementation of a platform that can be integrated with a federated platform structure, easy-to-use and secure, constantly accessible and portable within any other Member States of the EU and:
- A data-driven platform to help the scientific community to benefit from the user-generated data (health, care, and health-related) going beyond the currently established interoperability level.

Nurses are in the unique and privileged position in co-designing interoperable solutions as they have direct access to the daily care needs of people and have in-depth knowledge of the patients' experiences and contextual environments in which the continuity of care takes place. As nurses are central in empowering citizens/patients to have access to health and social services, they play a significant role in addressing trust and ensure the appropriate allocation of nursing data in the EHR to facilitate continuity of care and as such, to ensure better health outcomes.

Digital transformation of healthcare for the patient *Paul De Raeve, 2021*

The article considers the importance of digital transformation to support high-quality patient healthcare.

Read it here:

http://efn.eu/wpcontent/uploads/2022/05/Digitaltransformation-of-healthcare-for-thepatient.pdf

SECTION

Digital transformation of healthcare for the patient

Paul De Raeve, Secretary General of the European Federation of Nurses Associations, considers the importance of digital transformation to support high-quality patient healthcare

The promise of digital transformation within health and care has raised hopes and expectations. EU citizens/patients are expecting access to their health data – anytime, anyplace - trying to become more involved and empowered in managing their own health conditions. Facing challenges of time and complexity, nurses require timely access to accurate and relevant health data, to better organise the continuity of care and as such, facilitate better health outcomes.

The ability to access and share health data is unfortunately not yet happening. Although some initiatives have been taken to make progress, frontline healthcare barriers still exist. However, the engagement of frontline nurses to build solutions based on a 'co-creation' approach is needed to move from 'theory' to 'practice'. Co-creation as the way forward to effectively implement digital transformation of the healthcare sector will be key to have a better understanding of how clitzen/patient and nurses want to achieve better work processes and health outcomes.

Value of digital innovation

The value of digital innovation in bringing benefits for citizens, patients and health systems will depend on trust. Health data, data that frontline healthcare professionals collect, need to be integrated with the EU Electronic Health Record (EHR) to boost continuity of care and integrated care. Innovation in health should empower patients and frontline nurses, moving towards an integrated care system based on proactive/empowered health-aware patient/citizen. We need to ensure that the information technology and communication (ITC) tools and the data revolution support and facilitate the shift towards a resilient health and care system and supports nurses to deliver

frontline high quality and safe care. Therefore, it is key that the medical, nursing and other relevant health professional data are integrated into the EHR to boccontinuity of care and as such, build trust: citizen and patient trust is a central concept in developing digital tools.

Due to the current lack of end-user co-creation, there is much patchwork, too many digital health apps and tools, leading to a kind of 'blockage' for the end-user. The need of patients and citizens to be able to access their own health data is becoming an important priority at the EU level, however, it is central that such tools respond to real frontline needs and facilitate their daily work, allowing healthcare professions to spend more time on the frontline with the citizens/patients.

Advancing healthcare sector interoperability

In their daily practice, nurses may benefit from greater access to knowledge and constant support for the analysis of complex data. Continuity of information has the potential to support the integration of care, alongside its quality and safety. When nurses plan their care, revise medication, and think of clinical interventions, interoperability can support care practices and reduce errors significantly, provided health data warehouse, and specifically, the EHR, functions to support the workflow of the nurses. It can also ensure constant knowledge sharing/training for every healthcare professional (HCP), which is essential when digitalising the healthcare sector. Considering that the main task of frontline nurses is direct patient care, there is an intrinsic human touch that cannot be replaced by anything else - not even the most advanced technology. But in both cases, a robust EHR will augment and supplement nurses' abilities to perform their duties with the integration of clinical

ENRF Policy Brief on Digitalisation

Published in April 2021, by the European Nursing Research Foundation (ENRF), this Policy Brief shows that digitalisation of the healthcare sector has the potential to ease frontline nurses' daily workload and reduce administrative tasks; in doing so, it creates opportunities for nurses to spend more time with, and focused on, patients.

Read it here:

http://www.enrf.eu/wpcontent/uploads/2021/04/ENRF-Evidence-Based-Policy-Brief-on-Digitalisation-April-2021.pdf

Policy Brief



Empowering nurses through digitalising the healthcare sector

The digitalisation of the healthcare sector is transforming the way healthcare is provided by nurses in primary care, hospitals, and community care. It has the potential to ease frontline nurses' daily workload and reduce administrative tasks; in doing so, it creates opportunities for nurses to spend more time with, and focused on, patients. The key to successful digitalisation lies in fostering co-creation with nurses and other frontline healthcare professionals. The EU political agenda and strategy on digitalisation is a policy opportunity for the nursing profession and nursing researchers. However, for the strategy to work, policymakers and politicians must first be willing to engage nurses and nursing in co-designing European-wide digital healthcare initiatives.

What Is the Issue?

Europe is facing unprecedented challenges to guarantee sustainable and accessible healthcare solutions for every citizen. Research and innovation are instrumental to upscale system level developments and engage frontline knowledge, understanding and know-how through life-long learning.

A recent communication from the European Commission called for enabling the digital transformation of health and care in the Digital Single Market: empowering citizens and building a healthier society, is a key starting point for

The European Commission President-Elect Ursula von der Leyen has made clear her ambition to ensure that the next five-year EU legislative cycle harnesses the potential of digital innovation to drive improvements in all aspects of healthcare. To support this, she has pledged to create a European Health Data Space and to adopt legislation on artificial intelligence (AI) in the first 100 days of office.

This political cycle in the EU presents a unique opportunity for nurse researchers to address sustainability in healthcare systems, increase quality, and improve access for patients. This

is especially relevant in the EU, where national healthcare budgets are under severe pressure, and health inequalities persist from country to country. The outbreak of the Coronavirus (COVID-19) pandemic in 2019 has showcased the need for better connected healthcare systems and a more coordinated approach in cross-border health policies in the EU.

The digitalisation of healthcare is completely transforming not only the way healthcare is provided by nurses and other healthcare professionals, but also the clinical experience

Technology – and digitalisation in particular – has the power to drive innovation in healthcare. The digitalisation of healthcare is completely transforming not only the way healthcare is provided by nurses and other healthcare professionals, but also the clinical experience of patients. Healthcare provision is a field requiring continuous and systematic innovation to remain cost-effective, efficient and timely. This is due to the constantly increasing life expectancy across all EU countries and the resulting pressures which that increase brings to bear: the rise of people

Keywords: improve patient safety, quality of nursing care, improved health outcomes, co-design

ENRF Policy Brief Issue 2: January 2021

Lesson 3

Interoperability

eHealth Stakeholder Group Policy Paper on Interoperability (EFN & HOPE)

This Policy Paper brings together insights from the eHealth Stakeholder Group to explore the question: "which concrete solutions do we identify, and actions could we take, to promote cross-border access to health data and interoperability?", with the co-creation of data spaces and electronic health records as common agenda topics, and the role of the frontline health workforce to make it all happen frontline.

Read it here:

<u>http://efn.eu/wp-</u> <u>content/uploads/2022/07/EFN-lead-</u> <u>eHSG-WG1-Policy-Paper-on-</u> Interoperability-Nov-2021.pdf



Policy Paper on Interoperability eHealth Stakeholder Group-Working group 1

Lead: EFN & HOPE

Authors:

- 1. European Federation of Nurses Associations EFN
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Inputs/Amendments received from:

- 3. MedTech Europe (represented by Michael Strübin)
- 4. European Social Insurance Platform (represented by Benedetta Baldini)
- 5. Enrico Gianluca Caiani, Associate Professor in Biomedical Image Processing and e-Health

Key Policy Question: Which concrete solutions do we identify, and actions could we take, to promote cross-border access to health data and interoperability?

Purpose and Scope:

- To critically examine interoperability and its implications for healthcare systems and the frontline health workforce. A key focus is on co-creation as essential for the deployment and adoption of digital interoperability.
- Our analysis hinges on the European Commission's webpage 'eHealth: Digital health and care' and related publications which provides a useful insight in the topic.
- The value of health data spaces and the electronic health records is considered. The potential
 of digitalisation of the healthcare sector is articulated. "end-user engagement" as a
 precondition for boosting interoperability in the EU.

Key Focus

- Data interoperability in healthcare to enhance safety and quality of healthcare provision, while lowering the costs of data transactions. This facilitates the work of frontline healthcare professionals (HCP) and at the same time increases healthcare systems' efficiency and sustainability.
- Interoperability standards to be introduced and applied by all stakeholders involved in the European Health Data Space, in order to ensure comparability and compatibility of health data for both primary and secondary use.
- Trust to be fostered through engaging all relevant stakeholders (including end-users: frontline
 professionals and patients) in the co-design of digital health solutions along with the standards
 organisations, and by harmonised adoption within the European Union and beyond borders.

Originality/value: This Policy Paper brings together insights from a unique group of stakeholders to explore the question: "which concrete solutions do we identify, and actions could we take, to promote cross-border access to health data and interoperability?", with the co-creation of data spaces and

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FHIR (HL7)

FHIR (Fast Health Interoperability Resources) is an HL7 specification for Healthcare Interoperability.

See here:

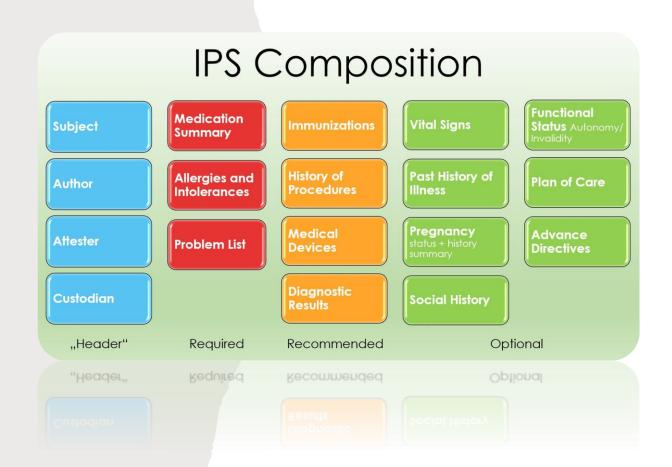
https://www.fhir.org/

International Patient Summary (IPS)

The HL7 International Patient Summary (IPS) is an electronic health record containing essential healthcare information intended for use in unscheduled, cross-border care scenarios.

See here:

http://hl7.org/fhir/uv/ips/



Lesson 4

What is InteropEHRate?

InteropEHRate EU Project

InteropEHRate aims to support peoples' health by opening them up new ways to make health data available where needed.

See it here:

https://www.interopehrate.eu/



InteropEHRate Deliverables

These are the milestones of the project on requirements, protocols, architecture, specifications, etc. submitted to the European Commission.

Read it here:

<u>https://www.interopehrate.eu/resources/#dels</u>



InteropEHRate White Papers

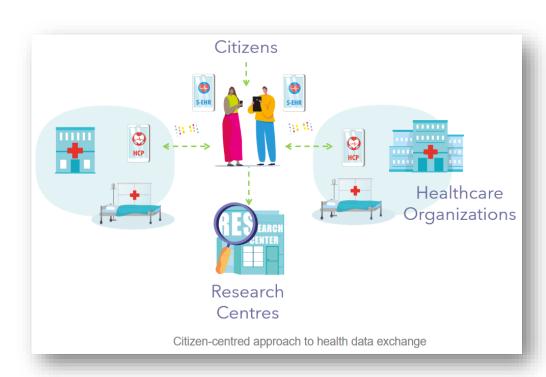
"Unleashing personal health data for care and research: The InteropEHRate approach" - gives an overview on how to enable a citizen-centric approach and what technical solutions is InteropEHRate developing.

"Real-world evidence in health and care research – The contribution of InteropEHRate" - explores the background to real-world data challenges in health and care and draws attention to the growing impetus of hybrid approaches to health and care data collection.

"Towards interoperable health data: The contribution of InteropEHRate" - provides an overview of the problems of data heterogeneity and interoperability and presents a solution based on an in-depth and exhaustive analysis of data, made possible through innovative semi-automated methodologies and tools developed in the framework of the InteropEHRate project.

Read it here:

https://www.interopehrate.eu/resources/#pubs



Lesson 5

IEHR Project Architecture IEHR 3 scenarios

InteropEHRate Architecture

The "InteropEHRate standard architecture" specifies how different actors using applications offered by different vendors may interoperate for exchanging health data (coming from an EHR or from the person), thanks to open (vendor independent) communication protocols.

See here:

https://www.interopehrate.eu/wpcontent/uploads/2021/09/InteropEHRate-D2.6-InteropEHRate-Architecture-V3.pdf



D2.6

InteropEHRate Architecture - V3

This report describes a novel architecture for citizen centred EHR interoperability and provides an overview of its reference implementation. This is the third and final version of the specification.

The "InteropEHRate standard architecture" specifies how different actors using applications offered by different vendors may interoperate for exchanging health data (coming from an EHR or from the person), thanks to open (vendor independent) communication protocols. This document also introduction to the "InteropEHRate framework", a reference implementation of the standard architecture. The InteropEHRate framework provides a concrete example of implementation of the elements of the standard architecture and also includes additional components to support their usage. A more detailed description of each protocol and software component is described in referred deliverables that complement

Det	deliverables that complement
Delivery Date	11 th , August 2021
Work Package	WP2
Task	T2.2
Dissemination Level	Public
ype of Deliverable	Report
ead partner	ENG

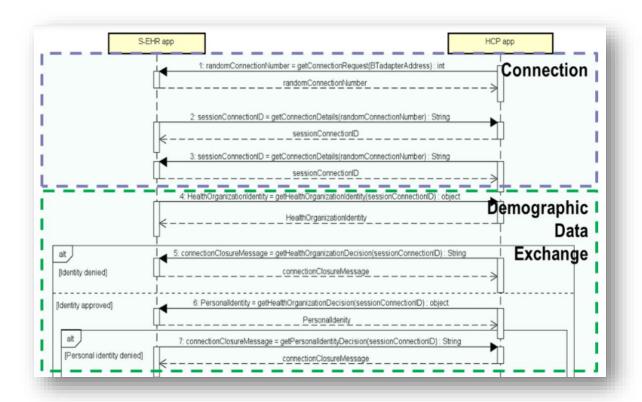
his project has received funding from the European Union's Horizon 2020 research and innovation

Device-to-device (D2D) protocol

Applied to the healthcare access scenario, the Device-to-device (D2D) protocol provides the citizen the ability to retrieve data stored in the National EHR, store data locally on a Smart EHR (S-EHR), exchange health data where no internet connection is available and travel all over the European Union with her medical data.

See here:

https://www.interopehrate.eu/blog/2020/ 07/20/d2d-protocol-update-july-2020/



Lesson 6

IEHR Project Exploitation & Governance

Exploitation & Dissemination

InteropEHRate Mid-term Public Workshop – October 2020 that presented how citizens can access and share their personal health data with interopEHRate solutions.

Read it here:

https://www.interopehrate.eu/event/interopehr ate-scenarios-and-data-flows-mid-term-publicworkshop/



Leveraging the trust of nurses to advance a digital agenda in Europe: a critical review of health policy literature Paul De Raeve at Al, 2021

This article is a critical and integrative review of health policy literature examining artificial intelligence (AI) and its implications for healthcare systems and the frontline nursing workforce. A key focus is on co-creation as essential for the deployment and adoption of AI.

Read it here:

https://open-researcheurope.ec.europa.eu/articles/1-26/v2



Lesson 7

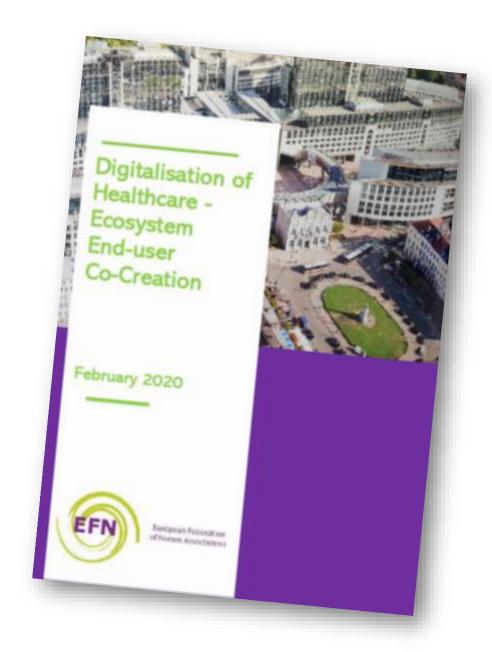
IEHR at the European Parliament EFN Involvement in EU Projects

EFN Report on the Digitalisation Event at the European Parliament 05 February 2020

Digitalisation has a central place in the EFN lobby work, with a high-level event organised at the European Parliament in February 2020, focussing on 'European Electronic Health Records' thematic. This report gives an overview on the key outcomes of the EFN event.

Read it here:

https://anyflip.com/eumpx/bxrh/



End-user co-designing EU digital health systems

Approved by the EFN Members in October 2019, this Policy Statement presents nurses' request, as end-users, in codesigning the Digital Health Systems in the EU. Positioning nurses and nursing central to digital health policy design and ensuring that nurses can use and develop their eSkills, to their full capacity, can lead to improved citizens and patients' health and well-being, enabling the achievement of Universal Health Coverage.

Read it here:

http://www.efn.eu/wp-content/uploads/EFN-Policy-Statement-on-end-user-co-designing-EUdigital-health-systems-22-10-2019.pdf

EFN Policy Statement on End-user Co-designing EU Digital Health Systems

Nurses, as end-users, play a central role in co-designing the Digital Health Systems in the EU. Positioning nurses and nursing central to digital health policy design and ensuring that nurses can use and develop their eSkills, to their full capacity, can lead to improved citizens and patients' health and well-being, enabling the achievement of Universal Health Coverage. Health technologies and digital solutions, combined with organisational change in healthcare systems and new skills, will only be effectively and efficiently deployed with the end-user as co-designer.

Therefore, within the context of the digitalisation of the EU health systems, nurses:

- Require fast and full access to Electronic Health Records (EHR) in order to be able to diagnosis, plan and care for patient in an effective and efficient way;
- Pro-actively engage in the co-design process formulating end-user requirements that guide digital development and innovation, ensuring fit-for-purpose solutions;
- Advocate for digitalisation practices and processes to mainly focus on patient safety and empowerment, improving the quality of cross-border care and interoperability through a
- Boost continuity of care throughout the patient's journey by using fit-for-purpose digital
- Deploy digital tools and systems that reduce the workload of nurses and safeguard the

It is socially and economically unsustainable to maintain the traditional vision of healthcare delivery, focused on diseases and curative approaches. Moving towards preventive care will make digital health deliver at its fullest potential, with nurses co-designing tools and programmes, facilitate access and successful deployment in the many environments in which nurses are located, including home care and nursing homes, hospitals and primary care settings. Therefore, nurses as end-users must be able to influence the development of technology reflecting both usability and user-friendliness, to deliver "fit for practice" innovative solutions to empower patients, make health systems sustainable and more accessible.

References

- Council of the European Union (2010) Council conclusions on investing in Europe's health workforce of tomorrow. Scope for innovation and collaboration.
- European Federation of Nurses Associations (2012), EFN Position Statement on Skill Needs,

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EFN Policy Statement on End-user Co-designing EU Digital Health Systems - October 2019

