

# Annexe I EFN MOOC4

Nurses EU Research & Innovation

READ MORE Some references

# Lesson 1

Nurses Driving Innovation

ENRF

EU Funds – Follow the money!

# 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 (1983-VUB) 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 ENFF in synergy.







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# Digitalising the healthcare ecosystem in the European Union

Paul De Raeve and Ricardo Jardim-Gonçalves, *2020* 

This article highlights the growing need for EU-wide electronic healthcare records.

#### Read it here:

http://www.efn.eu/wp-content/uploads/H13-EFN.pdf

Paul De Raeve and Smart4Health Co-ordinator Ricardo Jardim-Gonçalves highlight the growing need for EU-wide electronic healthcare records

## Digitalising the healthcare ecosystem in the **European Union**

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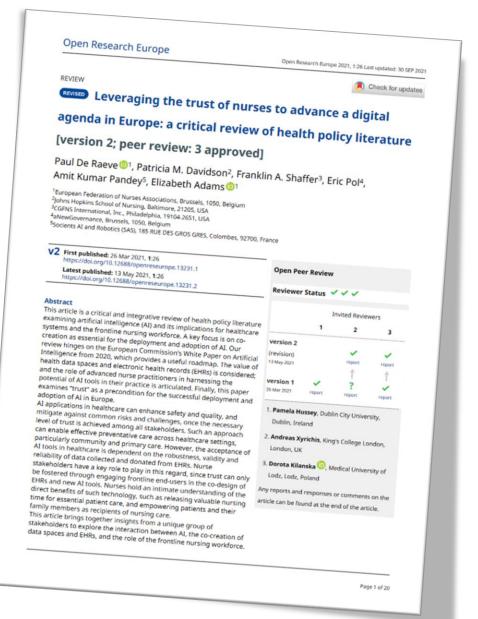
8 Health Europe Overtarly 15

# 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:

<u>https://open-research-europe.ec.europa.eu/articles/1-26/v2</u>



# 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

# 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/



# The world of cloud-based services: storing health data in 27th August 2010



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

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 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 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.

# EFN Position Statement on Nurses Co-Designing Artificial Intelligence Tools

Approved by the EFN Members in April 2021, this position statement some key recommendations towards the EU Institutions.

#### Read it here:

<u>http://www.efn.eu/wp-content/uploads/EFN-PS-on-Nurses-Co-Designing-Artificial-Intelligence-Tools.pdf</u>

#### EFN Position Statement on Nurses Co-Designing Artificial Intelligence Tools

Artificial Intelligence (AI)<sup>1</sup> is increasingly affecting the functioning of our healthcare systems, as well as our citizens' expectations of these systems. The use of AI technologies to deliver care more cost-effectively represents an opportunity to relieve the currently strained healthcare systems - particularly in the context of the ongoing COVID-19 pandemic.

All has the potential to improve nursing care - both from the nurses' and from the patients' point of view. All tools could allow nurses to better accompany, support and empower patients in their planning and delivery of frontline care. In their daily practice, nurses could benefit from unlimited access to health information and records, and thanks to Al, they would also be able to easily analyse complex data. Well-designed and implemented Al does have the power to assist frontline nurses and decrease their workload in more "automatable" areas (e.g. administrative tasks), which, in turn, gives nurses more time for direct patient care, as well as to provide support through risk assessment.

However, the success of Al in Europe largely depends on end-users. These will only use Al tools if they are involved as co-designers of these technologies from the start, if they trust them and see their added value. In this context, co-design should be understood as the process by which end-users (i.e. frontline nurses) and the technical developers in charge of the new Al technology engage together in a process within which they continuously provide mutual feedback and exchange views, needs, expectations and thoughts. Such an approach will make sure that the outcomes and deliveries developed by the technicians will fit the purpose and address the needs of the nurses at the frontline of healthcare. It is of utmost importance that nurses have the right competences to deal with Al tools, and are, therefore, equipped with a set of necessary digital skills in order to maximise the positive impact of Al tools. Lifelong learning programmes focusing on digital literacy are, consequently, essential. Most importantly, ethical challenges linked to Al deployment in the healthcare sector need to be addressed through trust-building by 1. ensuring the privacy and other rights of persons whose data will be used or stored in these systems; 2. ensuring ethical access to high-

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All refers to the simulation of human intelligence in man-made machines programmed to imitate certain human actions as closely as technologically possible. The term may also apply to machines or software programmes that are capable of problem-solving and learning (Commission White Paper on Al, 2020).

# **EFN Position Paper on Robotics in** Nursing

This EFN Position Paper, approved in 2017, encompasses the view of nurses on Robotics, and in which the EFN encourages national and European policy-makers to consider initiating legislation on robotics and artificial intelligence; calls for an extensive dialogue between all industries in all fields and the EFN; motivates nursing researchers to bring efforts and findings together to support EU policies with evidence in the field of robotics.

### Read it here:

http://www.efn.eu/wp-content/uploads/EFN-Position-Paper-on-Robotics-in-Nursing1.pdf



#### EFN POSITION PAPER ON ROBOTICS IN NURSING

Statistics draw a general picture of growing importance of robotics. Between 2010 and 2014 the average increase in sales of robots stood at 17% per year and in 2014 sales rose by 29%, the average increase in sales or 1000ts study at 1776 per year and in 2014 sales ruse by 2776, the highest year-on-year increase ever. At the same time, annual patent fillings for robotics technology

The idea of combining nurses and robotics is not completely new. Already in 2007, the European The lives or compining nurses and robotics is not completely new. Alleady in 2007, the European Commission financed the <u>TWARD project</u> that was set out to assist nurses in their daily work. The Commission manced the IWAKU project that was set out to assist nurses in their usiny work. The robots' tasks were focused on fast identification and location of patients needing immediate attention; reduction of human errors; effective cleaning in hospitals; wider reach of specialist medics, possibly attending patients remotely. Robots can perform tasks that complement the work of nurses more, lowering the workload of nurses and supporting continuity of care with technology or nurses more, rowering the workload or nurses and supporting continuity or care with technology advances, and assist nurses in their daily practice in ways that were unthinkable before. For these developments to take the right direction, a stimulating legislative framework is needed as well as a

As far as legislation is concerned, Ms. Delvaux (MEP - S&D) recently lead an own-initiative report of the Legal Affairs Committee on the topic of robotics and Artificial Intelligence (AI) adopted by or the Legal Artairs Committee on the topic of robours and Arthred Internivence (AL) adopted by the European Parliament on 16 February 2017. Although several foreign jurisdictions, like the US, Japan, China and South Korea, are considering, and to a certain extent have already taken, regulatory action with respect to robotics, in Europe this trend is still a step behind. Some Member regulatory action with respect to robotics, in curope tills trend is suil a step bening, some member states have already started to reflect on possible legislative changes in order to take account of emerging applications of such technologies and the National Nurses Associations need to take a pro-active stand to make these legal frameworks 'fit for purpose' and 'fit for nursing'.

Naturally, the first issue to be discussed and examined, is that of a definition of what qualifies as a robot" in the EU and what differentiates a robot from a machine or tool. Special attention should be given to specific aspects of those legislative initiatives impacting on the daily work of nurses. be given to specific aspects or those registrative initiatives impacting on the early work or nurses.

When it comes to liability, legal responsibility could arise from a robot's harmful action affecting potentially both the supervising professional and the producer. The division of liability could depend on various factors such as the extent of autonomy of the robot, the need (or lack thereof)

Especially when it comes to the interaction of robots and healthcare (care robots, nursing robots, medical robots), ethical consideration but also standardisation, safety and security are of vital medical ropocs), etnical consideration but also standardisation, safety and security are or vital importance. A harmonised, standardised legal environment will enable and promote cross-border cooperation between Member States. When it comes to care robots, the importance of the human cooperation between Member States, When it comes to care robots, the important to be stressed. The EFN supports care robots which would support the nursing staff of various facilities. Robots are not making nurses redundant, in contrast they support the highly qualified and motivated nursing workforce to deliver safe and high quality care.

However, the nurses' digital skills will need to be further developed, so that they can deal with those emerging technologies. For instance, working with robots in dementia care needs a different those emerging technologies, For instance, working with robots in benievide care meets a surface in mind-set and different operations. The e-skills nurses need are going way beyond the use of a pc

On the latter, existing European legislation could be applicable: Council Directive 85/37 4/EEC of 25 July 1985 on the approximation of the laws, resolutions and administrative manifelines of the Manufac Council Directive Resolutions and Administrative manifelines of the Manufac Council Directive Resolutions and Administrative Resolutions and the Resolutions and Administrative Resol On the latter, existing European legislation could be applicable: Council Directive 63/37 e/ECL of 23 July 1983 on the approximation of the laws, regulations and administrative provisions of the Member States concerning liability for defective products (OJ L 210, 7.8.1985, p. 29)

For more information on the European Nursing Research Foundation (ENRF), visit ENRF Website:

www.enrf.eu



# **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<sup>1</sup> 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

# Horizon 2020

Horizon 2020 was the EU Research and Innovation programme that dealt with nearly €80 billion of funding available over 7 years (2014 to 2020), helping to achieve smart, sustainable and inclusive economic growth.

### See here:

https://ec.europa.eu/programme s/horizon2020/en/home



# Public Health Programme (2014-2020)

With a budget of €449.4 million and throughout 23 priority areas, the Health Programme served four specific objectives: Promote health, prevent disease and foster healthy lifestyles through 'health in all policies', Protect EU citizens from serious cross-border health threats.

#### See here:

https://ec.europa.eu/health/otherpages/basic-page/eu-healthprogramme-2014-2020 en



# **Social Cohesion Funds**

The Cohesion Fund provides support to Member States with a gross national income (GNI) per capita below 90% EU-27 average to strengthen the economic, social and territorial cohesion of the EU.

### See here:

https://ec.europa.eu/regional pol icy/en/funding/cohesion-fund/



**EU Cohesion Policy** 2021-2027

**European Regional Development Fund** and Cohesion Fund

Agreed: 08/12/2020

#EUinmyRegion

# **Priorities**



Access to quality



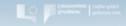
Invest in a smarter, greener, more connected, more social Europe closer to its citizens













health, educational, tourism and cultural services for all

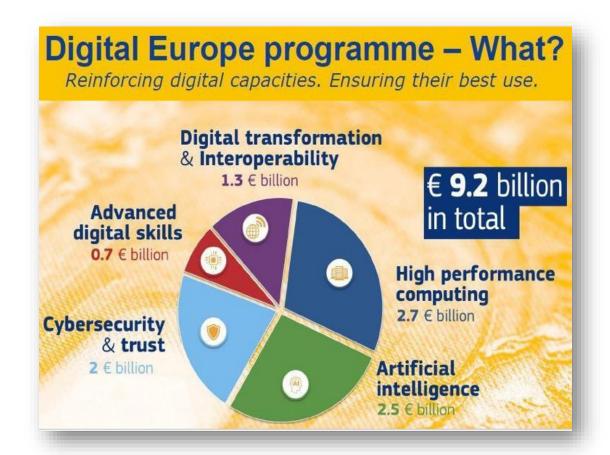
Local participation and cooperation

# **Digital Europe Programme**

The programme is a new EU funding programme focused on bringing digital technology to businesses, citizens and public administrations, and is designed to bridge the gap between digital technology research and market deployment.

## See here:

https://digitalstrategy.ec.europa.eu/en/activitie
s/digital-programme



# Lesson 2 Research & Innovation

**EU Research Topics** 

# Transforming Healthcare with AI *EIT Health and McKinsey & Company, 2020*

While recognizing that it is still early days in terms of fully understanding the potential role of AI in healthcare, the report helps define the boundaries between aspiration, reality and hype, providing intriguing insights into how much of the AI in healthcare narrative is a reality and how healthcare professionals, startup executives and investors prioritise and navigate the choppy waters of innovation, in Europe and beyond.

### Read it here:

https://eithealth.eu/wpcontent/uploads/2020/03/EIT-Health-and-McKinsey Transforming-Healthcare-with-Al.pdf

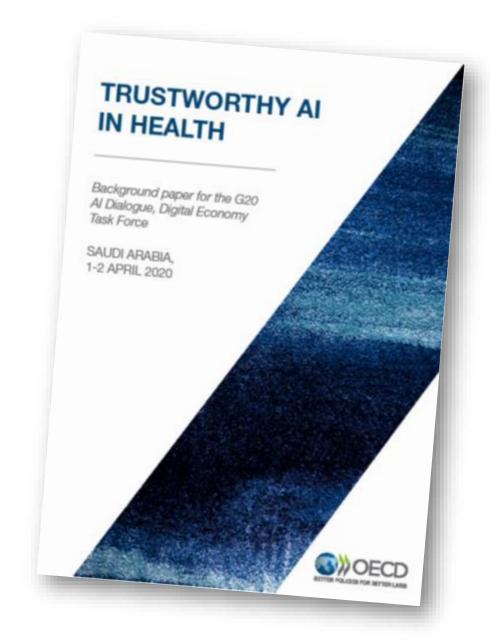


# Trusthworthy AI in Health *OECD, 2020*

This paper discusses the promises and perils of AI in health, and the key policy questions that policy makers will need to address in an uncertain landscape.

#### Read it here:

https://www.oecd.org/health/tru
stworthy-artificial-intelligence-inhealth.pdf



# EFN Position Paper on Nurses Combatting Antimicrobial Resistance (AMR)

Approved by the EFN Members in October 2016, this position paper recalls that nurses are uniquely placed to contribute within public health, infection prevention, antibiotic stewardship and coaching roles, all of which are key to combat AMR.

### Read it here:

http://www.efn.eu/wp-content/uploads/EFN-Position-Paper-on-Nurses-Combatting-AMR-Final-Oct.2016.pdf



# EFN POSITION PAPER ON NURSES COMBATTING ANTIMICROBIAL RESISTANCE (AMR)

Antimicrobial resistance (AMR) is a professional and political concern that has been high on the European and global health agenda. The European Commission estimates that antibiotic-resistant bacteria have been associated with the death of 23,000 people in the European Union (EU) alone; etc., billion each year, AMR has many aspects that can be dealt with and a lot of emphasis has until level the focus is on education of the public and professionals on the matter.

AMR is an area stimulating significant activity at the European and global level. Previously it has been highlighted together with Ebola by the G7 Health Ministers Meeting in 2015 where the OECO taken even further in the declaration of the last G7 meeting and concrete actions were concluded. At the European level the role of ECDC is central to understanding the epidemiology of resistant systems, they support a number of work programmes to compliment the use of data such as the of 'generic' guidelines on prudent use of antimicrobials.

Although a big part of the work on AMR is carried out by the ECDC, DG SANTE revised its EU Action Plan against the rising threats from AMR for which a progress report was made available in early 2015. Furthermore, DG Sante encourages NGOs to submit frontline practices Fighting Antimicrobial make reference to the Work of Council Presidencies and the Commission, it is important to to a veterinary and food perspective, also promoted in the One Health approach, which complements the WHO final report published in April 2015 providing an analysis, by region and globally, of the needed.

So, where are the nurses in this political debate? And how can 3 million nurses working in hospital and community settings, across multiple health speciality areas, contribute to the reduction of AMR within the EU?

From a nursing perspective, the International Council of Nurses (ICN) sees AMR as one of the biggest threats to global health today, which leads to longer hospital stays, higher medical costs and increased mortality. The ICN believes that nurses have an important role to play in educating the encourages the European Commission to take up more concrete solutions taken forward by frontline nurses in the EU.

Nurses, specialist infection control nurses in particular, lead and manage many quality improvement and patient safety programmes across EU member states including those that address AMR and the prevention of infection. Their leadership and contribution to multi-disciplinary teams adds both impact and balance to the delivery of care and reduction of poor patient outcomes.

Building on the EFN Position Statement on the Council Recommendations on Patient Safety and Healthcare Associated Infections, which stresses "Investing in Nurses - Investing in Safety", the EFN proposes to develop at EU level further specialist and advanced roles for nurses (i.e. stewardship and coaching) and design further eHealth services for combatting AMR (i.e. ePrescribing on which guidelines have been developed in the framework of an EU project). As foreign nurses have closer and more frequent contact with patients and carers and they are often in a

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# EFN Report on Antimicrobial Resistance - 'Nurses are frontline combating AMR'

Published in November 2017, the report explores some good practices of nurses addressing AMR, by providing a collection of examples gathered through EFN from National Nursing Associations (NNAs) actively engaged in combating AMR.

## Read it here:

http://www.efn.eu/wpcontent/uploads/EFN-AMR-Report-Nurses-are-frontline-combating-AMR-07-11-2017.pdf



# EUROPEAN FEDERATION OF NURSES ASSOCIATIONS



NURSES ARE FRONTLINE COMBATING
ANTIMICROBIAL RESISTANCE

# 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 amending surrective 2009/2012c on the recognition or professional quantications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE (2)

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 legizlative procedure  $(^{\circ}\!),$ 

Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (?) consolidated a system of mutual 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 country instances itse, and 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

- (\*) OJ 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
- (\*) Of L 255, 30.9.2005, p. 22 (\*) Of L 158, 30.4.2004, p. 77

- In its Communication of 27 October 2010 entitled Single Market Act, Twelve levers to boost growth and ample nation of the commission identified the need to modernise 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 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/EC) (\*), the European Parliament also invited the Commission to come forward with a proposal. The EU Citizenship report 2010 of 27 October 2010 entitled Dismanding the 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 Profeszional 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.

# Lesson 3

**Nursing Planetary Health** 

# **Building & Sustaining a Resilient EU Nursing Workforce &** Healthcare

The future of the European Union -Nurses Impact

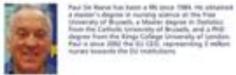
Paul De Raeve, 2021

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











# **European Green Deal**

The European Green Deal, approved 2020, is a set of policy initiatives by the European Commission with the overarching aim of making the European Union climate neutral in 2050.

### See here:

https://ec.europa.eu/info/strategy/prioritie
s-2019-2024/european-green-deal en



# Fit for 55 package

The European Commission has released its "Fit for 55" legislation package, supporting its commitment to reduce net greenhouse gas emissions by at least 55% by 2030.

#### See here:

https://ec.europa.eu/commission/
presscorner/detail/en/IP 21 3541



# "European Safeguarding human health in the Anthropocene epoch" -Report of The Rockefeller Foundation-**Lancet Commission on planetary** health

Sarah Whitmee et al., 2015

The report shows that the continuing degradation of natural systems threatens to reverse the health gains seen over the last century.

# Read it here:

https://www.thelancet.com/pdfs/journals/lancet /PIIS0140-6736(15)60901-1.pdf

#### The Lancet Commissions



#### The Rockefeller Foundation-Lancet Commission on planetary health

#### Safeguarding human health in the Anthropocene epoch: report of The Rockefeller Foundation-Lancet Commission on planetary health

g Gong, Peter Head, Richard Horton, Georgina M More, Robert Marten, Sarrued's Myers, Smin Nichter, Steward Osfylay,

the environment including climatic change, ocean identifies opportunities for action by six let achlication, land degradation, water startly, over stituencies; health professionals, research funders and exploitation of fisheries, and biodiversity loss pose serious the academic community, the UN and Bremon We

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seed to matmain and enhance human health in the to address both undernutrition and overnutrition.

such as failure to address social and environmental drivers energy, agriculture, water, fisheries, and health, Replonal

# **Global environmental change** and noncommunicable disease risks

# Howard Frumkin and Andy Haines, 2019

This article provides an overview of pathways linking global environmental changes and Noncommunicable diseases, focusing on five pathways: (a) energy, air pollution, and climate change; (b) urbanization; (c) food, nutrition, and agriculture; (d) the deposition of persistent chemicals in the environment; and (e) biodiversity loss.

## Read it here:

https://www.annualreviews.org/doi/pdf/ 10.1146/annurev-publhealth-040218-043706



Annual Review of Public Health

Global Environmental Change and Noncommunicable Disease Risks

#### Howard Frumkin<sup>1</sup> and Andy Haines<sup>2</sup>

<sup>1</sup>Our Planet, Our Health Program, Wellcome Trust, London NW1 2BF, United Kingdom email: H.Frumkin⊕wellcome.ac.uk

Department of Public Health, Environments and Society and Department of Per \*\*Department of Funne Heatin, Environments and Society and Department of Forument Heatin, London School of Hygiene and Tropical Medicine, London WCHI 98H, Un



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Annu. Rev. Public Health 2019. 40:261-82 First published as a Review in Advance on

The Annual Review of Public Health is online https://doi.org/10.1146/annurev-publicalth-040218-043706

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planetary health, climate change, noncommunicable diseases, environmental health, biodiversity, urbanization, agriculture, pollution

Multiple global environmental changes (GECs) now under way, including climate change, biodiversity loss, freshwater depletion, tropical deforestation, overexploitation of fisheries, ocean acidification, and soil degradation, have substantial, but still imperfectly understood, implications for human health. Noncommunicable diseases (NCDs) make a major contribution to the global burden of disease. Many of the driving forces responsible for GEC also influence NCD risk through a range of mechanisms. This article provides an overview of pathways linking GEC and NCDs, focusing on five pathways: (a) energy, air pollution, and climate change; (b) urbanization; (c) food, nutrition, and agriculture; (d) the deposition of persistent chemicals

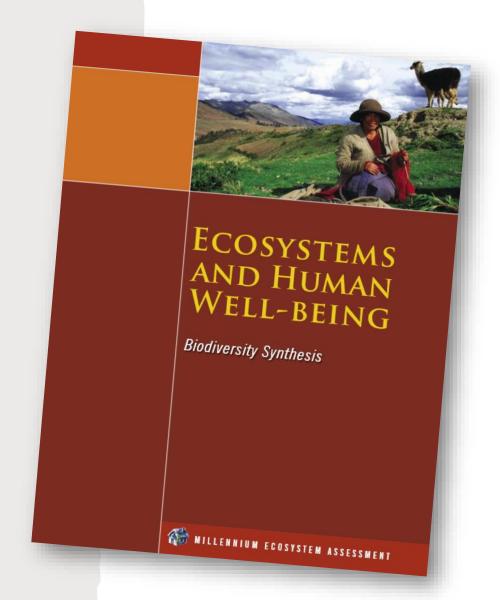
# "Ecosystems and Human Well-being: Biodiversity Synthesis"

Millennium Ecosystem Assessment, 2005

The report synthesizes findings from the Millennium Ecosystem Assessment global and sub-global assessments on biodiversity and human wellbeing.

### Read it here:

<u>https://www.millenniumassessment.org/documents/document.354.aspx.pdf</u>



# **EFN Position Paper on Continuous Professional Development**

Approved by the EFN Members in April 2016, with this paper the EFN recognises the right and duty of continuous professional development (CPD) for nurses in the light of delivering high quality care and patient safety and welcomes policy recommendations that strengthen nurses' accessibility to CPD.

### Read it here:

http://www.efn.eu/wpcontent/uploads/EFN-Position-Paper-on-CPD-Final042015.pdf



#### **EFN POSITION PAPER** ON CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD)

Continuous Professional Development is understood as "The systematic maintenance, improvement and continuous acquisition and/or reinforcement of the lifelong knowledge, skills and competences of health professionals. It is pivotal acquisions arranged removement of the menong knowledge, same and competences of meanif professionate, it is process to meeting patient, health service delivery and individual professional learning needs. The term acknowledges not only the wide ranging competences needed to practise high quality care delivery but also the multi-disciplinary

The EFN recognises the right and duty of continuous professional development (CPD) for nurses in the light of The Erry recognises the right and duty or commutate professional development (Group) for hurses in the light of delivering high quality care and patient safety. CPD helps to ensure that nursing practice is up-to-date, contributes to improving patient outcomes and increases the public confidence in the nursing profession (EFN, 2012).

However, at European level there is considerable variance of CPD across countries, with systems that are mandatory and voluntary, and formal and informal delivery of CPD activities. Notwithstanding these different approaches, there and voluntary, and format and informat delivery of OFD activities, incommissioning triese different, is a general belief of the positive outcomes that CPD has on nurses' practice and patient outcomes.

The EFN welcomes policy recommendations that strengthen nurses' accessibility to CPD and that address the main barriers currently preventing nurses to access CPD, such as lack of working time and resources, human as financial

- Nurses should have the opportunity to access CPD in all EU Member States, supported by appropriate nurses shown have the opportunity to access OFD in an ED Member States, supported by appropriate structures, according to Member States' obligation under the revised Directive on the recognition of professional
- CPD systems should be sufficiently flexible to ensure that content and form of delivery of CPD satisfy the needs and interests of the nurse. CPD that is relevant to daily professional practice is likely to strengthen the motivation and interests of the nurse. OF D that is relevant to vary professional produce is likely to submissional tre inconvenient of the professional to undertake CPD and enhance the impact of CPD on healthcare provision. The choice of OFD activities should be based on learning plans at the level of the nursing profession and of the individual
- CPD within working hours should be encouraged and facilitated by adequate agreements at systemic, sectoral CPD within working nours should be enduraged and radingtied by adequate agreements as systems and organisational level. Those nurses following CPD should be replaced to not compromise patient care.
- Competent authorities, employers and professional organisation need to work collectively to consider time and/ competents authorities, employers and professional organisation meet to work conecavery to consider time and or resources available for nurses to leave the workplace and cover the cost. When establishing or reviewing CPD systems, it is important to engage the nurses in its design as appropriate measures need to be taken to support systems, it is important to engage the nurses in its design as appropriate measures need to be taken to support the CPD accessibility. The practicability, overall effectiveness and impact on the profession on service provision
- Any decision to implement CPD or develop an existing CPD system should be made with the involvement of all rely existent to implement or or develop an existing or or system should be insue than the introduction or an assault of the stakeholders; professional organisations, regulators, government bodies, patients, educators, employers and
- Taking into account the increasing collaboration between health professionals and the need for a more integrated care system, linking health and social care, CPD activities for multidisciplinary health teams should be developed. The exchange of information at EU level may contribute to best practice models in this respect.
- Funding under Horizon 2020 should be made available to research projects focusing on CPD for health professionals. Further research at European level on the impact of CPD activities on patient outcomes and
- The European Commission should make the information on health professionals' CPD collected in the context of The Coropean Commission should make the information of meaning professionals of a confeder in the comes to the Directive on the recognition of professional qualifications available to the public and should develop a

- European Commission (2014), EU Study concerning the review and mapping of continuous professional development http://ec.europa.eu/nealth/workforce/docs/ev\_20141124\_co01\_en.pdf
- European Federation of Nurses Associations (2012), EFN Country Report on CPD in nursing, Available at: European Feueration of Morea Associations (2014), EFN Country Report on OFD in nursing. President Association (2014), EFN-Report-on-CPD-June-2006-Final-rev-22-10-2012 pdf

Registration Number 476.356.013
Clos du Parnasse 11A, 1050 Brussels, Belgium
Tel: +32 2 512 74 19 Fax: +32 2 512 35 50
Email: efn@efn.be
Website: www.efnweb.eu

# **EU Roadmap to advance Lifelong** Learning

Approved by the EFN Members in April 2019, the EFN recognises the right and duty of lifelong learning (LLL) for nurses encourages the European Institutions to undertake legislative and not legislative initiatives to implement the Principle 1 of the European Pillar of Social Rights – Education.

# Read it here:

http://www.efn.eu/wpcontent/uploads/EU-Roadmap-to-advance-Lifelong-Learning-April-2019.pdf



#### EU Roadmap to advance Lifelong Learning

The need of investing in education and skills is recognised by the European Commission as essential to sustain innovation and productivity growth, especially in the current context of rapid technological change and an ageing

Within this framework, investing in high-quality education and training of nurses is of paramount importance to ensure that their skills respond to the rise of chronic conditions, requiring long-term treatments, and are up-to-date

The EFN recognises the right and duty of lifelong learning (LLL) for nurses in the light of delivering high quality care and patient safety. LLL helps to ensure that nursing practice is up-to-date, contributes to improving patient outcomes and increases the public confidence in the nursing profession (EFN Position Paper on Continuous Professional

In particular, the EFN believes that to ensure the health workforce of the future is properly skilled to deliver longterm care services, further attention and commitment should be devoted to advance and promote LLL. The EFN encourages the European Institutions to undertake legislative and not legislative initiatives to implement the Principle 1 of the European Pillar of Social Rights – Education – and namely to:

- Guarantee that high-quality training and access to LLL constitute a high priority in the next European
- Ensure that Directive 2013/55/EU is adequately transposed to national education programmes and that policy-makers guarantee access to LLL, which ensures evidence-based practice and, therefore, better quality care and outcomes (EFN Position Paper on European Pillar of Social Rights);
- Adopt measures to guarantee access to LLL: available time, human resources and cost. Cooperation and agreements among competent authorities, employers and professionals' organisations should address
- Implement LLL in accordance with up-to-date research and scientific evidence in the nursing field;
- Include eSkills in the education and the training of nurses at both undergraduate and postgraduate level, as well as ensuring their LLL. The necessity for nurses, and all healthcare professions, patients and carers, to be equipped with the right eSkills to accompany the new technology facilitating health and social care services delivery, including e-services, is key to fully integrate IT solutions into existing health and social care
- Through the European Semester Country Reports and Country Specific Recommendations, promote among all stakeholders, including competent authorities and employers, the importance of LLL and the need to

EU Roadmap to advance Lifelong Learning – April 2019

The European Federation of Nurses Ass Registration Number 476.356.013 Clos du Parnasse 11A, 1050 Brussels, Belgium Tel: +32 2 512 74 19 Fax: +32 2 512 35 50 Email: efn@efn.be Website: www.efnweb.eu

# Study on the review and mapping of continuous professional development and lifelong learning for health professionals in the EU

In 2013, a consortium consisting of the Council of European Dentists (CED), the European Federation of Nurses Associations (EFN), the European Midwives Association (EMA), the European Public Health Alliance (EPHA), the Pharmaceutical Group of the European Union (PGEU), led by the Standing Committee of European Doctors (CPME) carried out a 12-month study containing a review and mapping of continuous professional development and lifelong learning for health professionals in the EU.

#### Read it here:

<u>http://efn.eu/wp-</u> <u>content/uploads/2022/02/cpd mapping report e</u> <u>n.pdf</u>



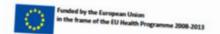


#### EAHC/2013/Health/07

Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU

Contract no. 2013 62 02

#### FINAL REPORT



This report was produced under the EU Health Programme (2008-2013) in the frame of a service contract with the Executive Agency for Health and Consumers (EAHC) acting under the mandate from the European Commission. The content of this report represents the views of the contractor and is its sole responsibility, it can in no way be taken to reflect the views of the European Commission and/or EAHC or any other body of the European Union. The European Commission and/or EAHC do not guarantee the accuracy of the data included in this report, nor do they accept responsibility for any use made by third parties thereof.

# **ENS4Care** guidelines on Prevention

There is evidence showing how to strengthen the role of nursing in the reshaping of the healthcare systems that, with the right knowledge, skills and opportunities, nurses and social care workers are uniquely placed to act as a health coach and to help prevent Non-Communicable Diseases (NCDs), by supporting healthy lifestyle. The guidelines are therefore looking into how nurses and social care workers could use eHealth services and technologies to boost prevention in healthcare.

## Read it here:

<u>www.efn.eu/wp-content/uploads/Final-ENS4Care-Guideline-1-Prevention-pv.pdf</u>



# **ENS4Care Guideline on Advanced Roles**

One of the fundamental pillars to promote high quality healthcare is through a highly educated, dedicated and skilled workforce. Specifically, the promotion of advanced roles for nurses and social care workers in ICT enabled integrated is proven to boost quality, safety and cost-effectiveness of the healthcare delivered. These roles have made an enormous difference on the governance and management of healthcare, and improve efficiency, enhance patient care, improve health outcomes, contributing ultimately to the sustainability of health systems.

### Read it here:

http://www.efn.eu/wp-content/uploads/Final-ENS4Care-Guideline-3-Advanced-Roles-pv.pdf

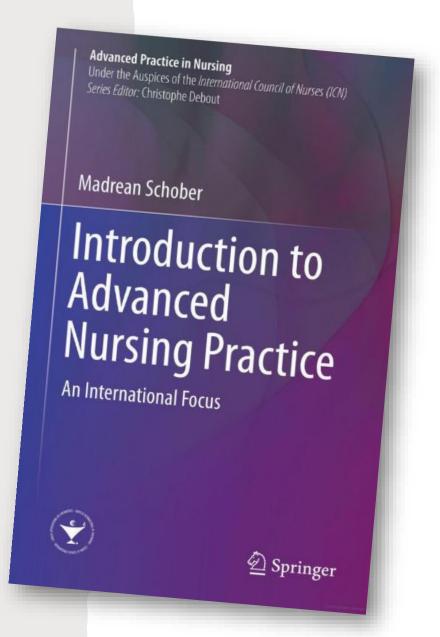


# Introduction to Advanced Nursing Practice: An International Focus Madrean Schober, 2016

Prepared under the auspices of the International
Council of Nurses (ICN), this book provides a
comprehensive overview of the rapidly emerging
field of advanced nursing practice. It addresses
central issues in the role and practice development
that are fundamental to defining and differentiating
the nature of this field.

### Read it here:

https://link.springer.com/book/10.1007/97 8-3-319-32204-9



# Nurses Contribution to Tackle Climate Change

The nursing profession, which is the most trusted healthcare profession of all, and who is at the frontline of patient care, play a pivotal role in tackling climate change within the healthcare sector and in educating their patients on how to live healthier and more climate-friendly lives.

### Read it here:

http://www.efn.eu/wpcontent/uploads/EFN-Policy-Statementon-Nurses-Contribution-to-TackleClimate-Change-Oct.2020.pdf

#### EFN Policy Statement on the Nurses' Contribution to Tackle Climate Change

EFN, the European Federation of Nurses Associations, representing 3 million EU nurses, believes that nurses' duty of care not only includes the future of our individual patients, but also that of communities locally, nationally and globally. Therefore, EFN acknowledges the direct attribute of human activity to climate change, and the urgent threat climate change poses to global health.

#### The role of Nurses

Nurses have four fundamental responsibilities: to promote health, to prevent illness, to restore health and to alleviate suffering (ICN, 2002). According to the ICN Code of Ethics for Nurses, it is their duty to advocate for equity and social justice in resource allocation, access to health care and other social and economic services (ICN, 2012).

Nurses are highly trusted professionals, and their education enables them to understand science and to communicate findings to the population. Nurses have a long tradition and are important experts in informing the public about diseases and promoting health. It is evident that nurses and nurses' organisations can take on an important role as change agents in a variety of activities concerning the climate crises.

#### Climate and health

Our planet is on fire. Sea levels are rising, coral reefs are dying, forests are burning. We are increasingly seeing the life-threatening impact of climate change on health, through air public health are intertwined. Climate change is the defining issue of our time and now is the 23.9.2019).

The burning of fossil energy (oil, gas, petrol) is the main reason, why global temperatures are raising significantly. This has many negative effects on people's health. Deaths, injuries follow these climate impacts. Healthcare itself is a major contributor to climate change' (e.g. capacity to regulate temperatures decreases if we do not react. This leads to human sin the coming years. It is expected that in bigger cities the heat will rise to 6 degrees in the coming years.

 Agricultural production is already decreasing with the consequence that the food production will be less, and a growing proportion of the world population will suffer from malnutrition with all its negative consequences for peoples - especially

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# Lesson 4

# **EU Research & Innovation Experiences from EU Projects**

# EU Funding programmes and open calls

Funding programmes support research and innovation projects.

#### See here:



# EFN involved in two H2020 EU-funded projects

Both projects that started in January 2019 are developing interoperable systems of Electronic Health Records.

### See here:

InteropEHRate: <u>www.interopehrate.eu</u>

Smart4Health: www.smart4health.eu

# Smart4Health



# EFN involved in an Erasmus+ EU project (2018-2021)

This EU project was addressing the clinical mentor's lack in nursing education and developing a clinical mentor's competence with mentor education for national and international nursing students

See here:

<u>www.qualment.eu</u>



# Other EU Projects EFN was engaged in as partner:

- > SmartCare: <a href="https://efn.eu/?page\_id=4383">https://efn.eu/?page\_id=4383</a>
- **EU Joint Action on Quality and Safety** (*PaSQ*): <a href="https://efn.eu/?page\_id=1611">https://efn.eu/?page\_id=1611</a>
- **EUNetPaS:** <a href="https://efn.eu/?page\_id=891">https://efn.eu/?page\_id=891</a>
- **EU Joint Action Workforce for Health:** https://efn.eu/?page\_id=3058
- Continuous Professional Development:
  <a href="https://ec.europa.eu/health//sites/health/files/workforce/docs/cpd">https://ec.europa.eu/health//sites/health/files/workforce/docs/cpd</a> mapping report en.
  pdf
- **EU Joint Action Health Governance Initiative:** <a href="https://efn.eu/?page\_id=1624">https://efn.eu/?page\_id=1624</a>
- Chain of Trust: <a href="https://efn.eu/?page\_id=1599">https://efn.eu/?page\_id=1599</a>
- CALLIOPE: https://efn.eu/?page\_id=895
- > ENS4Care: <a href="https://efn.eu/?page\_id=7060">https://efn.eu/?page\_id=7060</a>

# Lesson 5

Lesson 6

EU Research & Innovation Writing EU Projects

EU Research & Innovation What is a good proposal? Criteria for evaluation

&

Lesson 7

EU Research & Innovation Submitting a proposal

# **Horizon Europe**

Horizon Europe is the new EU new programme with a budget of €95.5 billion of funding available (from 2021 to 2027). The programme aims to facilitate collaboration and strengthens the impact of research and innovation in developing, supporting and implementing EU policies while tackling global challenges.

# More information here:

https://ec.europa.eu/info/researchand-innovation/funding/fundingopportunities/funding-programmesand-open-calls/horizon-europe en



# **European Social Fund Plus (ESF+)**

The European Social Fund Plus (ESF+) is the European Union (EU)'s main instrument for investing in people. With a budget of almost € 99.3 billion for the period 2021-2027, the ESF+ will continue to provide an important contribution to the EU's employment, social, education and skills policies, including structural reforms in these areas.

### See here:

https://ec.europa.eu/european-socialfund-plus/en



# Submission & Evaluation of EU project proposals

Proposals are submitted using the application forms available in the Submission System. The application form is structured in into two parts, Parts A (containing the structured Administrative Forms with data on the participants, legal declarations and contact persons), and Part B (the narrative part – containing the technical description of the project with the planned activities, work packages, costs, etc. The proposals are then evaluated and scored against selection and award criteria - excellence, impact, and quality and efficiency of implementation.

#### See here:

https://webgate.ec.europa.eu/funding-tendersopportunities/display/OM/Online+Manual

