



Experimenting Administrations

- > COUNTY OF FUNEN - DENMARK
- > GOBIERNO DE ARAGON-HEALTH DEPARTMENT - SPAIN
- > REGIONE VENETO - ITALY:
 - Azienda Ospedaliera PADOVA
 - Azienda Ospedaliera VERONA
 - Azienda ULSS 6 VICENZA
 - Azienda ULSS 9 TREVISO
 - Azienda ULSS 12 VENEZIANA
 - Azienda ULSS 18 ROVIGO

Partners

- > HEALTH INFORMATION MANAGEMENT-BELGIUM
- > TB-SOLUTIONS TECHNOLOGIES SOFTWARE-SPAIN
- > TELEMEDICINA RIZZOLI-ITALY
- > PRICEWATERHOUSECOOPERS GMS-ITALY

BULLETIN No. 1

PROGRESS REPORT

HEALTH OPTIMUM PROJECT

HEALTHcare delivery OPTIMisation throUgh teleMedicine

www.healthoptimum.info



In the previous bulletin no. 0 the purposes and objectives of the European Health Optimum Project were presented as well as the functional and technical specifications which characterize the branches of Neurosurgical Telecounselling and Tele-laboratory applied to Homecare.

The project, which has been co-funded by the European Community and Regione Veneto, can be found in the eTEN programme (European Community Programme) which promotes the set-up of trans-European computer networks, and represents the possibility for healthcare units of the same region or in different regions or states to compare with each other.

As the Finnish Partner has withdrawn from the consortium, due to reasons unrelated to the project, the participating Administrations are: Regione Veneto (Italy) as Coordinators; Gobierno de Aragon – Health Department (Spain), who have already seen to the systems implementation; and a Danish partner (County of Funen) with considerable experience in Information and Communication Technology, whose participation is still awaiting formalization by the European Commission.

All the Partners involved in the Project are invited to quarterly Project Steering Committee meetings which are held in each member's headquarters in turn.

The next, second, Steering Committee meeting will be held on 16th and 17th December in Saragossa. The Midterm Workshop will also be held in Saragossa on 15th December where the Partners involved will present the Project to experts in this sector.



REGIONE DEL VENETO

giunta regionale



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STATO DI AVANZAMENTO DELLE ATTIVITA'



Saragossa (Spain), location of next Steering Committee Meeting and of the Midterm Workshop (15-17 December 2004).

The aforementioned **experimenting Administrations** have technological assistance and support by the Partners **Telemedicina Rizzoli (Italy)** and **TB Solutions Technology Software S.L. (Spain)**, and organisational assistance and support by the Partner **PriceWaterhouse Coopers GMS (Italy)**. The Project Manager is **Health Information Management, HIM (Belgium)**.

The Steering Committee meetings provide the opportunity for all the Partners involved to verify the progress of the project activities. As mentioned previously, the next meeting will take place in **Saragossa**: HIM will chair the meeting and each Partner is expected to relate the activities undertaken during the last quarter, specifying resources and time used.

All Partners refer to the activities and deadlines mapped out in the Technical Annex, a document which was signed by all Partners and presented to the European Commission at the start up of the Project.

Health Optimum is characterized by the subdivision of work into "Work packages". Each Work package is made up of a series of tasks assigned to Partners according to their area of competency: these tasks include Project Management and quality assurance, impact assessment and business, clinical and social plans, the definition of technical and functional architecture specifications, prototype building, field trials and dissemination of the Project itself.

The Coordinators of the project, Regione Veneto, represent the other Partners in communications to the European Commission, and also manage the administration of the Project, which entails the transferral of funds to the Partners on the basis of the respective amounts.

The Regione Veneto has involved six Healthcare Structures in the Project: **Azienda Ospedaliera PADOVA, Azienda Ospedaliera VERONA, Azienda ULSS 18 ROVIGO, Azienda ULSS 9 TREVISO, Azienda ULSS 12 VENEZIANA and Azienda ULSS 6 VICENZA.**

Each Healthcare Structure has appointed a representative for the Project for the **Neurosurgical Telecounselling** and **Tele-laboratory** branches respectively. For each specialist branch a Technical and Functional Director has been appointed. This has led to the set-up of Working Groups whose members meet monthly in each of the six healthcare structures in turn.

Having defined the technical and functional architecture specifications, the Working Groups are now concentrating on the implementation phase of the systems.

The common objectives are re-organisation of processes, clinical and technological standardization, clarity regarding responsibilities of specialists involved and close adherence to legislations concerning security and privacy.

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REGIONE VENETO WORKING GROUP

CLAUDIO DARIO: PROJECT COORDINATOR

PADOVA AREA EXPERTS:

Neurosurgical Telecounselling: RENATO SCIENZA
 Tele-laboratory: MARIO PLEBANI
 Information Systems and Telemedicine: PAOLO DE NARDI
 Healthcare Management: DANIELE DONATO



Renato Scienza
 Functional Director
 Neurosurgical Telecounselling

VICENZA AREA EXPERTS:

Neurosurgical Telecounselling UMBERTO FORNEZZA
 Tele-laboratory: GIULIANO SOFFIATI
 Information Systems and Telemedicine: LUCIO SARTORI
 Healthcare Management: GIAN FERRUCCIO DAL CORNO

TREVISO AREA EXPERTS:

Neurosurgical Telecounselling: VITTORIO BARATTO
 Tele-laboratory: LIVIO CABERLOTTO
 Information Systems : ITALO LIZIERO
 Healthcare Management: MARIA GRAZIA CARRARO
 Telemedicine: BRUNO BORTOLANZA



VENEZIA AREA EXPERTS:

Neurosurgical Telecounselling: GIUSEPPE TRINCIA
 Tele-laboratory: MASSIMO GION
 Information Systems: ANTONIO BAFARO
 Healthcare Management and Telemedicine: DARIO GALAVERNI



Massimo Gion
 Functional Director
 Tele-laboratory

VERONA AREA EXPERTS:

Neurosurgical Telecounselling: LUCIANO CRISTOFORI
 Information Systems and Telemedicine: ANDREA OLIANI
 Healthcare Management: LUCIANO FLOR

ROVIGO AREA EXPERTS:

Neurosurgical Telecounselling: PAOLO BUFFATI
 Tele-laboratory: FRANCESCO CARMIGNOTO
 Information Systems: EMANUELA TERRIBILE
 Healthcare Management: ENZO RIZZATO
 Telemedicine: ADRIANO MARCOLONGO

COORDINATING UNIT	
SILVIA GIOVANNETTI	Assistant Project Coordinator
GIOVANNI BETTIOL	Technical Architecture
ANDREA BARALDO	Project Management, interface with HIM
MARINA DONADI	Organisation and Communication
LUCIA FORTE	E.U. Administration
PIERGIORGIO FRESCURA	Technical Aspects Padova-Rovigo
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CRISTIANA MARTINI	Technical Aspects Verona-Vicenza
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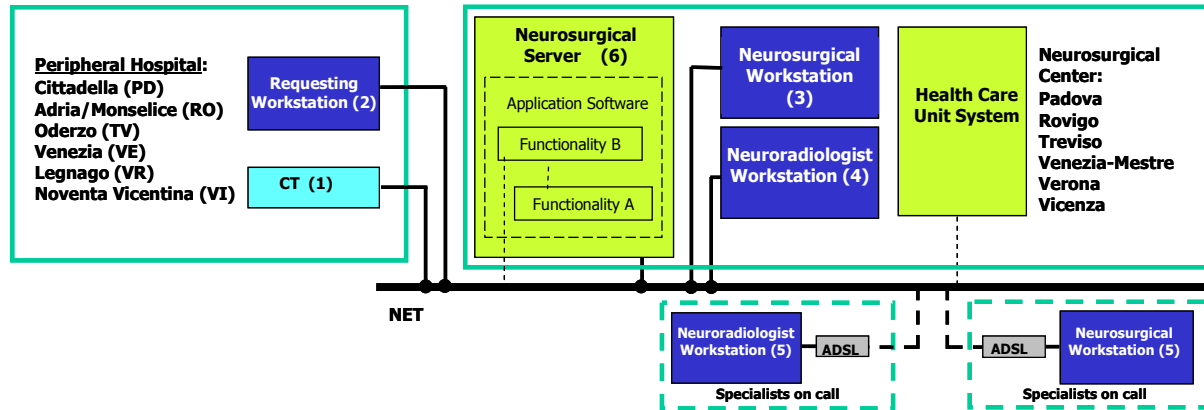


TECHNICAL PROJECT SPECIFICATIONS

NEUROSURGICAL TELECOUNSELLING



Andrea Oliani
 Technical Director
 Neurosurgical
 Telecounselling

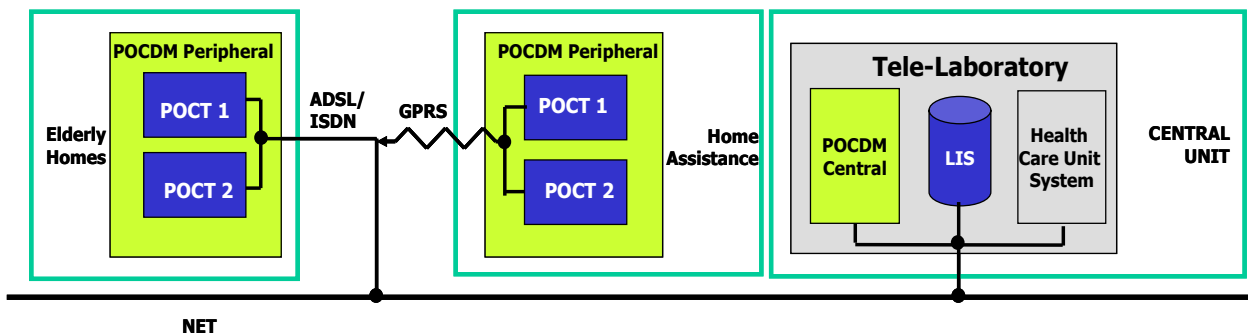


Neurosurgical Telecounselling is carried out using **CT (1)** with a DICOM module which sends the images to the neurosurgical server through TCP/IP data networks. **Workstations (2), (3), (4)** and **(5)** allow specialists to see images, reports and opinions to draw up consultancy requests for the Neurosurgeon/Neuroradiologist. Specialists on call use the company network with a private ADSL (or ISDN). The communications with the **neurosurgical server (6)** run on a ciphered transmission channel. Within the server there is a software module with a basic function (A) which is common to each structure for the Organisation of the DICOM images and the Organisation of the forms, as well as an integrated function (B) made up of a series of personalized options: organisation of images, ADT, organisation of the procedure in the Unit requesting neurosurgical telecounselling, tele-conference and video-conference systems.

TELE-LABORATORY



Paolo De Nardi
 Technical Director
 Tele-laboratory



Tele-laboratory makes use of the existing company network for connections to elderly homes and a **GPRS or similar** connection with mobile POCT devices for use in home assistance. Communication firstly takes place between **POCT** and the relative peripheral data manager (**POCDM**); secondly the transmission of the data reaches the laboratory in the **central POCDM**. The POCDM exchanges information with the Laboratory Information System (**LIS**). This dialogue follows **IHE** guidelines exchanging messages in HL7 v.3.2.1. format.

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