



WEBNURSE

GOOD PRACTICE - PROJECT



European Union
European Regional
Development Fund

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Introduction to the Good Practise:

The Hungarian Charity Service of the Order of Malta (HCSOM) provides various services in the field of elderly and disabled care, as well as health care. As HCSOM truly promotes quality ageing at home, so it has been seeking innovative tools to support informal carers in their everyday care and nursing tasks by way of launching and running an online internet portal (webnővér.hu) containing video training materials and other information sources tailored to their needs. The WebNurse as a pilot project (through implementation, development and its maintenance is managed by the project team of HCSOM assigned to this task. The professional background of the site is partially also provided by HCSOM's own staff. Besides several external experts have been involved in content development webdesign, programming, filming) and updating the website. Special emphasis is put on obtaining feedback from target groups, elderly people, elderly care institutions, professionals, as well as the members of HELPS project. Building on these reflections HCSOM attempts to make the site even more useful and user friendly. Users' feedback means a lot has been and will be incorporated in the future development of the site.

Problem:

Informal carers are of crucial importance in promoting independent, quality domestic life of elderly and/or disabled people (in some cases for sick children or adults). Informal carers providing home care hardly get any practical support in Hungary. Regarding simple care tasks (like feeding, personal hygiene) or more difficult errands (like treating decubitus or changing diapers), there was no simple, easy-to-access training material (including audio-visual elements), which could be offered to informal carers as a basis source of support.

Solution:

Support informal carers in their everyday care and nursing tasks by way of an online internet portal (webnővér.hu) containing video training material and other information sources tailored to their needs: supporting carers in carrying out their day-to-day tasks, preventing burn-out and physical injuries, providing professional help to carry out voluntary work, making every day errands easier by way of an easy-to-search database, and building up and enhancing capacities of informal carers. A new service has been developed for informal carers, basing the content and format of the portal on feedback from target groups, including elderly people, elderly care institutions and formal healthcare provider professionals. All were part of both user-centred design for the portal development, as well as its testing through user acceptance testing (UAT).

Impact:

HCSOM has involved the employees, volunteers and clients of its own institutions in the design of this innovation during the preparation phase. Certain experts and institutions have been invited to the Local Support Group set up in the frame of the project. By way of the LSG, these institutions (also representing target groups and healthcare providers) were involved in the planning, implementation and evaluation of the pilot action.

Indirect results:

- **Enhanced capacity and skills** of informal carers
- **Enhanced quality of life** of recipients of home care
- A dynamically **updated information source** and help-desk available for informal carers
- Practical, online information also available for family/relatives of home care recipients
- In the *long term*, number of elderly/disabled people choosing/able to stay in their homes instead of institutionalized care increases, as well as the number of informal carers.

1. Relevancy of the GP project

The “Relevancy of the GP project” section provides quick check and definition of its relevancy in regards to HoCare project objectives.

Good practice of quadruple-helix cooperation in R&I?	No, this GP project does not include good practices of quadruple-helix cooperation in R&I
Good practice of delivery of Home Care R&I?	Yes, this GP project includes good practices of delivery of Home Care R&I.
If not in Home Care R&I, description and proof of its potential for transferability to delivery of Home Care R&I	
Generation of innovation in home care through answering unmet needs identified by formal or informal healthcare providers?	Yes, this GP project includes good practices of innovation through answering unmet needs.
Generation of innovation in home care through public driven innovation?	Yes, this GP project includes good practices of public driven innovation.
Generation of innovation in home care via quadruple-helix cooperation for quicker delivery to the market?	No, this GP project does not include good practices of innovation via cooperation for quicker delivery to the market.

2. Quick overview of the GP project

The “Quick overview of the GP project” section provides initial overview of the good practice project (GP project) and enables readers to see if this GP project idea is relevant for possible transfer to their organization potential innovation activities.

Name of the GP project	WebNurse
Region of origin of GP project	Hungary
5 keywords that best describe the content of the GP project	Internet training portal, videos, informal carers, professional help to nursing tasks
Relevant Operational Programme name	<i>European Territorial Cooperation Programmes</i>

through which the GP project has been funded (+ also in local language in brackets)	
Relevant support programme / intervention area name of the GP project through which it was funded (+ also in local language in brackets)	<i>Interreg Central Europe Programme</i>
Single or multiple recipients of the GP project?	multiple recipients
Type of lead recipient (SME, LME, research centre, innovation centre, network/association, university/school, municipality, other public body, other (specify))	<p>The Hungarian Charity Service of the Order of Malta (NGO) has implemented this GP as a pilot in the frame of the Interreg Central Europe Project titled "HELPS".</p> <p>As it is HCSOM was not the "recipient" of the GP, but it designed and implemented it with the help of EU funding.</p> <p>The final beneficiaries of the pilot/GP were/are informal carers.</p>
Types of participating partners (list all participating partner types. E.g.: hospital, social house, senior house, patient association, networks, SMEs, LMEs, research actors, business supporting organizations, public institutions/regulators, other (specify))	<p>The Municipality of Debrecen (Hungary) was also a partner in the HELPS project, therefore they provided peer review during the pilot. Formally no other institutions participated in this pilot.</p> <p>In the frame of the project we set up a Local Support Group to provide peer review during the planning, implementation and evaluation of the pilot. Members of the LSG were:</p> <ul style="list-style-type: none"> • Integrated Health and Social Centre, Győr (public body) • Social Services Centre of the district of Újbuda, Budapest (public body) • Hungarian Evangelist Church, Methodological Department • "Hegyhát" Integrated Social Institution • Association of Village Trustees of Duna-Tisza Köze • Schweitzer Albert Elderly Home of the Reformed Church • St.Lukács Greek Catholic Charity Service • Hungarian Academy of Sciences, Department of Sociology • Several institutions of the Hungarian Charity Service of the Order of Malta
Summary of the good	The Hungarian Charity Service of the Order of Malta (HCSOM) provides various

<p>practice (max. 5000 characters)</p>	<p>services in the field of elderly and disabled care, as well as health care. As HCSOM truly promotes quality ageing at home, so it has been seeking innovative tools to support informal carers in their everyday care and nursing tasks by way of launching and running an online internet portal (webnővér.hu). The website aims to support informal carers in their everyday care and nursing tasks, containing video training material and other information sources tailored to their needs: supporting carers in carrying out their day-to-day tasks, preventing burn-out and physical injuries, providing professional help to carry out voluntary work, making every day errands easier by way of an easy-to-search database, and building up and enhancing capacities of informal carers.</p> <p>The WebNurse as a pilot project (through implementation, development and is maintenance was managed by the project team of HCSOM assigned to this task. The professional background of the site is partially also provided by HCSOM's own staff. Besides several external experts have been involved in content development webdesign, programming, filming) and updating the website. Special emphasis is put on obtaining feedback from target groups, elderly people, elderly care institutions, professionals, as well as the members of HELPS project. Building on these reflections HCSOM attempts to make the site even more useful and user friendly. Users' feedback means a lot has been and will be incorporated in the future development of the site.</p>
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3. Transferability

The "Transferability" section provides more detailed review of strengths and weaknesses of this GP project including description of necessary basic conditions for region and leading organization to potentially transfer it. At the end of the section, the key threats in the successful transfer open up possibility to focus on specific relevant issues important for the successful transfer.

Strengths and weaknesses of the project

<p>What are the GP project strengths? Why it was funded? (max. 500 characters)</p>	<p>WebNurse is a unique initiative (not only in Hungary), and it provides an easy to access and easy to understand, instant support for informal carers. It is a source of information that can easily be updated, extended and tailored to the users' needs.</p>
<p>What are the key weaknesses of the GP project? (max. 500 characters)</p>	<p>Informal carers (as they are informal) are an extremely hard-to-reach target group both during planning and then the evaluation of the invention. Therefore the needs on which this GP has been built could not have been assessed with the involvement of many target group member. The same way, the evaluation of the usefulness and effectiveness of the GP cannot be efficiently measured and monitored.</p>

Basic conditions for successful transfer

<p>Why is this GP project transferable? – innovation, impact, financial, legal, and timeframe aspects</p>	<p>The WebNővér website (webnover.hu) has been designed to include features which may be relevant to informal carers anywhere in Europe and even beyond. HCSOM provided translation to a number of languages in case of the key menu point of the website: the nursing tutorial videos. These videos (dubbed or subtitled) can be found and used freely by any interested parties on the www.webnurse.eu website.</p> <p>As for the full structure of the site, it is possible to transfer the basic programming and design to interested bodies in case they wish to reproduce the full site on their own national language. HCSOM can help this with professional advice.</p> <p>We believe that we have designed this programme to be well adaptable by other organisations in the international space. We have also put considerable effort and financial resources to provide the multi-lingual basic version of the website for those who wish to use it.</p>
<p>What are the basic conditions the region needs to have to be successful in transferring this good practise? (<u>max. 500 characters</u>)</p>	<ul style="list-style-type: none"> - There needs to be an organisation who wishes to take on board the development of such a website. Optimally it should be an organisation operating on the field of social services. - Specific needs of the target group (informal carers) in the given region/country should be well identified and taken into consideration during the preparation phase. - Internet user habits and preferences of the target group should also be investigated. - A professional expert team must be set up 1) for the design and programming of the website, 2) for the adaptation of the specific features of the website, 4) for the design and filming of the tutorial videos, 4) for the maintenance and updating of the website, and for the 4) PR of the service.
<p>What are the basic conditions the leading recipient from the region needs to have to be successful in transferring this good practice? (<u>max. 500 characters</u>)</p>	<p>Please see above.</p>

Key threats in GP project transfer

<p>What are the key potential threats for the GP project</p>	<p>This is a website, which is freely accessible (free of charge) for everyone. The current webnővér.hu and webnurse.eu sites are already accessible and can be</p>
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<p>transfer? (max. 2000 characters)</p>	<p>used by everyone who is interested.</p> <p>There are no "threats" of the transfer/adaptation of this website, but one has to consider, that the creation of the site requires quite a lot of time (especially if the tutorial videos are also re-created), and quite a lot of money, while because of its non-profit character this will be an investment which does not generate profit/income, so even the maintenance of the site must be ensured from own resources.</p> <p>The "map of services" menu point of the site is quite an important feature, but it can be a difficult one (and time consuming) to reproduce in case of a larger region or a whole country (right now webnóvér.hu offers to search in Hungary only).</p> <p>The help desk services you can see on the webnóvér.hu site require the continuous attention of a home care and a legal expert, so the contracting of these experts needs to be considered if this menu point is planned to be included.</p> <p>The largest "threat" could be if target groups (informal carers) do not use the site. As we mentioned before, ours is n "invisible" target group, hence it is difficult to target and reach them with PR and communication actions. Innovative methods of reaching this target group must be invented to avoid this risk.</p>
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4. Description of the GP project

The "Description of the GP project" section provides more detailed information on the Good Practice project (GP project) and enables readers to get further detailed inspiration and easy ready-to-use information for possible innovation transfer to other project applications. This includes: tackled problem, time length of the GP project, objectives, phases, activities and deliverables of the GP project, its main innovation and target group.

Description of the tackled problem

<p>What was the problem / challenge tackled by the project? (max. 2000 characters)</p>	<p>Informal carers are of crucial importance in promoting independent, quality domestic life of elderly and/or disabled people (in some cases for sick children or adults). Informal carers providing home care hardly get any practical support in Hungary. Regarding simple care tasks (like feeding, personal hygiene) or more difficult errands (like treating decubitus or changing diapers), there was no simple, easy-to-access training material (including audio-visual elements), which could be offered to informal carers as a basis source of support.</p> <p>The Hungarian Charity Service of the Order of Malta provides various services in the field of elderly and disabled care, as well as health care. Due to these activities HCSOM has long perceived the above deficiencies. As our organisation truly promotes quality ageing at home, it has been seeking innovative tools</p>
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	concerning this subject for long.
What were the reasons for the problem? (max. <u>2000</u> characters)	<p>In Hungary, the system of social services has changed significantly since the 1980s, especially in terms of the role of the government. During the years of the transition to a market economy the state gradually withdrew from direct interventions and central funding in favour of decentralisation. Already in 1993, a new Social Welfare Act came into effect to regulate social administration and social care, creating a framework for the new basic services and the forms in which they are provided. Among other things, the Act stipulates that agencies providing social services must have a licence issued by the local municipality, which should assure certain quality standards for and a regular quality assessment of services provided by regional professional organisations.</p> <p>Social care services designed for the elderly include local basic services (food, domiciliary social and health care), out-patient day care services (clubs for the elderly), in-residence social care services (old age homes), and a network of village caretakers. However, the providers of social care services are unevenly distributed across the country, partly due to the different features of different regions, and partly due to the limited financial capabilities of many municipalities. Sufficient provision of social services is found only in larger settlements, especially in the case of home help. According to estimates, the demand for care is at least 30 times higher than its supply.</p> <p><i>The range of services has widened with yearly amendments to the Social Welfare Act reflecting an underlying strategy aimed at supporting ageing in place.</i> Nevertheless, the accessibility of these services is somewhat limited by the fact that an increasing number of the services charge a fee. Moreover, only so-called 'basic care' is financed from the central budget, while higher quality services are accessible solely in the market, i.e. only for better-off households.</p> <p><i>The responsibility for care of the elderly or people with disabilities is increasingly being shifted to relatives, in spite of the inadequate (or the entire absence of) financial tools and other measures (e.g. training, supervision, etc.) to support informal carers.</i> Family members who take care of a relative for at least eight hours a day are eligible for a carer's allowance, which is conceived as an employment relationship, but which is extremely low (100 EUR/month). The number of informal carers who qualify for the carer's allowance is therefore very limited (approx. 50,000) and consists mainly of previously unemployed relatives. Another portion of informal carers are made up of migrants and other individuals who provide services on the 'black market', for which they are paid by the relatives of the elderly/disabled person or the care recipient him/herself.</p>

Time length of the GP project

What was the time length of the GP project in months?	The pilot project in the frame of the HELPS project run for 19 months. Since then, the website is still operational and is continuously updated.
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Objectives of the GP project

Describe the overall and	The aim of the GP project is to support informal carers in their everyday care and nursing tasks by way of an online internet portal containing training material and
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specific objectives of the GP project (<u>max. 2000 characters</u>)	other information sources tailored to their needs.
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Phases, activities and deliverables

List all main phases of the GP project including their time length	<ul style="list-style-type: none"> - Setting up pilot team (2 m) - Elaboration of web site structure (3 m) - Procurement of experts (4 m) - Webdesign, website programming (5 m) - Development and uploading of the content of various menu points of the website <ul style="list-style-type: none"> - video training material (3 m) - services menu point (6 m) - other menu points (6 m) - Maintenance and updating of the website (continuous) - Translation of certain features of the website (6 m) - Promotion of the website, including media campaign (5 m)
List and describe all main activities that were implemented by the GP project (<u>max. 2000 characters</u>)	See above.
List all main deliverables of the GP project	1 Hungarian language and 1 multi-language home care and nursing website targeted to informal carers

Main innovation of the GP project

What was the main innovation of the GP project? (<u>max. 2000 characters</u>)	<p>Solution:</p> <p>Services and support targeted to informal carers are scarce or non-existent not only in Hungary, but in most countries of Europe. Reaching this target group – which is of a crucial importance in the provision of quality home of the elderly, disabled or ill persons- is not an easy task, as they are often not “visible” to the public, and rarely ask for help and assistance. Hence this online tool (if well communicated) can be a means which reaches informal carers in an effective way, assisting them with the following innovative services:</p> <ul style="list-style-type: none"> - practical, professional help in care tasks via teaching videos, - search engine to help carers to locate the most important services and institutions related to their work, - psycho-social (mental) content to help prevent mental and/or physical illness of the carers, as this can easily happen to this people while working as an informal carer without any supervision or assistance, - dynamic, instant counselling in care-related and legal matters supported by real experts. <p>The innovativeness of the website also lays in its expandability and flexibility.</p>
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	Further content can be added to each key menu point, while existing content may be modified should there be need to do it. Other features, such as the Online Nursing Diary is already being designed to be put on the website, as well as further videos presenting more key care methods.
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Target group of the project

Who was the main target group of the GP project? (SME, LME, research organization, university, public institution, healthcare provider, business supporting organization, other (specify))	<p>Primary beneficiaries (direct target group): informal carers, who are taking care of elderly, sick, or disabled persons or sick/disabled children in their own homes or in the patient's home. The target group includes those who receive carer's allowance, and those who do not.</p> <p>Secondary beneficiaries (indirect target group):</p> <ul style="list-style-type: none"> a) Elderly people requiring home help/care b) Disabled people requiring home help/care (regardless of their age) c) Sick children requiring home care d) Adults requiring home help/care
Describe the main target group (max. 2000 characters)	See above.

5. Impact

The "Impact" section provides more detailed information on the effect of the GP project implementation and dissemination of major outputs.

Impact

What was the level of geographical impact of the GP project? (village, city, county, country, international, other (specify))	Main geographical impact via the webnővér.hu site can be detected in Hungary, plus in the neighbouring countries having a considerable Hungarian population. Further impact of the multi-language webnurse.eu website could/can be expected in Italy, Slovenia, Slovakia, Poland, Germany and in the Czech Republic.
What were the final impact indicators including their quantification? (max. 2000 characters)	n/a.
Describe the changes	The WebNővér website (and its equivalent webnurse.eu) serves as a

<p>resulted from the project activities (max. 2000 characters)</p>	<p>supplementary service besides state services and institutions which help elderly (and disabled) persons to live a quality life in their own homes. Uniquely, this service aims the helpers (informal carers) themselves and through them contributes to the wellbeing of the end beneficiaries (elderly, ill and disabled persons).</p> <p>It has to be noted, that part of the target group receives the so called care allowance in Hungary. This is a very low amount monthly subsidy, which of course does not solve the problem of missing skills of the non-professional helper.</p> <p>As a new, innovative service it fills a gap in the Hungarian social care system. It has the following impact on the direct target group (although such impact measurement has not taken place):</p> <ul style="list-style-type: none"> • increased efficiency in care tasks • improved skills and knowledge in care tasks and its professional background • lower possibility of quick burnout and physical illnesses endangering carers • more competent caregivers <p>The GP is likely to have a short and medium term impact on those who are receiving care from informal helpers, as more professional help will contribute to:</p> <ul style="list-style-type: none"> • higher quality of life • more independent living supported by quality care • lower possibility of further physical and mental illnesses • easier access to further services and social contributions via the informal helpers <p>postponement (or avoiding) the need to move into residential care institutions.</p>
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Dissemination of outputs

<p>Describe dissemination activities of the project outputs carried out during the GP project (max. 2000 characters)</p>	<p>The promotion of the website, and the reaching of the target groups is of a crucial importance. This is a short listing of the accomplished promotion activities:</p> <ul style="list-style-type: none"> • Subscribing to Google AdWords • Launching press conference (28/01/2014) • Press release • Radio/TV spot • Magazine articles • Interviews in TV talk shows • Posters and leaflets countrywide • Online banner • Social media <p><u>The PR campaign included:</u></p> <ul style="list-style-type: none"> - 10,000 leaflets and 3,000 posters placed at family doctors' offices, hospitals and other social/health institutions - 1 TV spot aired 260 times - 1 radio spot aired 75 times - 1 banner created for online promotion
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	<ul style="list-style-type: none"> - 1 direct mail sent to 7500 family doctors, other specialist organisations, employees of HCSOM, rehabilitation aid distributors/rental services - 1 press conference held - 1 press release issued - 6 articles issued in family weekly printed media - 1 specialist article published in thematic magazine - 3 advertisements in printed media - 2 roll-ups produced to be displayed at public events
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6. Risks

The “Risks” section provides more detailed review of potential risks of this GP project implementation including their defined mitigation strategies to eliminate them.

Describe risks involved in implementing this GP project including their mitigation strategies (max. 2000 characters)	n/a.
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7. Budget

The “Budget” section provides more detailed review of costs regarding the project implementation as well as operational sustainability after its end. In addition, if relevant, public tenders within the project and additional generated incomes by the project are showed and explained.

Budget

What was the overall budget of the project in EUR?	63,328 EUR
List relevant budget lines of the project including their % share from total budget	<p>Development of the website (webdesign, sitemap planning): EUR 2,506</p> <p>Elaboration of the titles and professional content of the videos (including screenplay and script), and provision of technical background for the filming: EUR 1,078</p> <p>Compilation of the Services database of the website: EUR 7,052</p> <p>Programming of the website: EUR 6,822</p> <p>Filming and dubbing the home care videos: EUR 7,666</p> <p>Translation of the text of the videos to 7 project languages: EUR 3,475</p> <p>Subtitling to 6 languages: EUR 3,000</p> <p>Promotion and dissemination and meetings&events costs linked to the pilot</p>

	(estimated): EUR 14,250 Website administration costs (up to 31/03/2014): EUR 7,340 Staff cost related to the implementation of the pilot: EUR 12,139
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Additional income generated by the project

Did the project create any additional income ?	no, the GP project did not generate additional income
If yes, specify which type of income and what amount in EUR ?	n/a.

Public tender

Did the project include any public tender ?	no, the project did not include a public tender
If yes, specify what kind of contract (specific contract, general contract, other)	n/a
If yes, specify in what amount in EUR	n/a
Describe the public tender subject (max 2000 characters)	n/a

Financial sustainability after GP project end

Was there an operational financial sustainability plan in the project after its end ?	yes, the GP project included an operational financial sustainability plan
If yes, specify where the operational funds after project end came from ?	The organisation's own budget and some donations.
If yes, specify the amount of operational funds in EUR	Approximately 14,000 EUR/year

8. Other information

In this section, specific additional information about the GP project could be revealed.

Please describe any other relevant information about this GP project (if relevant)	n/a.
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9. Information gathered by ...

The information about this good practise (GP) project has been gathered for the purpose of the HoCare project (Interreg Europe Programme) by the following organization:

Region	Hungary
Organization name(s) (+ in local language in brackets)	Hungarian Charity Service of the Order of Malta (Magyar Máltai Szeretetszolgálat Egyesület)
Name of the contact person(s)	Eszter Mészáros
Contact email(s)	meszaros.eszter@maltai.hu

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