



24/05/2023

Please read the *Good practices guidelines* on the CARES OneDrive before filling in this template.

This template is provided by Interreg Europe: <u>https://www.interregeurope.eu/submit-a-good-practice</u> Optional fields are shown in orange. All other fields are compulsory.

We have added in pink some additional guidance to help collecting information and filling in the template.

Contacts: lpcares@kujawsko-pomorskie.pl

1. Author contact information

 [Technical: Contact information comes from your community profile. You can edit it by visiting your user dashboard]

 The owner of the good practice should fill in the form. If you submit a good practice, your personal and organisational profile in the interreg Europe community will be linked to it.

 Name:
 Małgorzata Kleemann

 Email:
 m.kleemann@kujawsko-pomorskie.pl

 Telephone:
 Your organisation

 Country:
 Poland

 Region:
 Kujawsko-pomorskie

Region.	Nujawsko-pomorskie
City:	Torun
Organisation name:	Urząd Marszałkowski Województwa Kujawsko-Pomorskiego w Toruniu/ Marshal's Office of Kujawsko-Pomorskie Voivodeship

2. Organ	isation in charge of the good practice	
[If your organisation is not the one in charge of the good practice, you can indicate the relevant organisation in this section of the form. But your contact details will still be linked to the submitted good practice.]		
Is your organisation the main institution in charge of this good practice?	YES/NO	

In case 'no' is selected, the two following sections appear:

Location of the organisation in charge:	Country	Drop-down list
	Region	Drop-down list
	City	Drop-down list
Main institution in charge:	Drop-down list of organisations [Technical: it is possible to select	
	'other' to add a new one]	



Are you involved in an Interreg Europe project?	YES/ <u>NO</u>	
If you are involved in more than one project, please choose the project for which you are submitting this good practice.		
See our list of <u>approved projects</u> or visit this FAQ section for more information.		

In case 'yes' is selected, the following section appears:

Please select the project	Drop-down list of Interreg Europe approved projects
acronym:	

3. G	ood practi	ce general information
If you are submitting a good practice as part of an Interreg Europe project, the thematic objective and sub-topic are chosen for you.		
If you are not part of an Interreg Europe project, please remember to choose the most relevant thematic objective and sub- topic for your good practice.		
Thematic objective of the practice:	Increased availability of telecare and telemedicine services for the European population, making care fairer within the region	
Thematic subtopics of the practice:		
Geographical scope of the practice:	Select National/Regional/Local	
Location of the practice	Country	Drop-down list
	Region	Drop-down list
	City	Drop-down list

Practice image:	Upload your own (in compliance with the copyright rules) or select one from the pool of pre-defined images. Recommended dimensions: 440 x 450 pixels, 1MB
Title of practice:	REGIONAL REPOISORY OF ELECTRONIC MEDICAL DATA (RREDM) Regionalne Repozytorium Elektronicznej Dokumentacji Medycznej (RREDM)

4. Good practice detailed information		
Short summary of the	As part of the project "Construction of the Kuyavian and	
practice:	Pomeranian System for Providing Access to Electronic Medical Records – Stage I", a system called the REGIONAL REPOISORY OF ELECTRONIC MEDICAL DATA (RREDM) was created. The task of the Regional Repository of Electronic Medical Records (RREDM), is to provide e-Services in the field of health care, by care units, partners of the project. Through participation in the project, the necessary infrastructure for both the central part and the care units was purchased to provide efficient and secure transport of digital data. It was a core component of the project as	





What thematic area is the GP associated with (put a tick where appropriate)	the central component is designed not only to collect data, but also to secure and exchange them among units of the project, the application software that enal implementation of e-Services, the RREDM syste developed and delivered. In the next stage, Project Par be integrated with the above system. Increased availability of telecare and telemedicine services for the European population, making care fairer within the region Widespread use of innovative tools for medical care and diagnosis (easy-to-use tools that enable shorter time until diagnosis and possible treatment with the reduction of the number of hospitals stays) Greater institutional capacity and educated staff	s. As part bles the m, was
	(management platforms, coordination centers, staff	
	trainings)	
Detailed information on the practice:	 As part of the project, key functional e-services har launched: Medical records - depositing, storing, search sharing electronic medical records. Imaging data - depositing, storing, searching, and imaging records. E-Registration – search for available appointment an appointment, view and manage booked appoint Emergency data – provides direct access to the of individual patients in critical life and emergencies. Patient e-Diary – a service for the electronic acc of data on a patient's health status (past if treatments, etc.) and medications taken as para admission/hospitalization procedure or a visit treatment facility through dedicated questionnair The beneficiaries of the listed modules are the static healthcare entities (project partners) and patients u services provided by these entities. Access to e-services stored in the system will be provided via the Patient Physician Portal, patient mobile application and HIS operating in individual entities. The system will be launch participating entities centrally (currently there are 5 connected in production), in a private cloud model, in an Data Processing Center, outside the infrastructure of th partners. Such an approach will enable delegation of prelated to ensuring a high level of availability, reliad security outside the healthcare entities. Access to the services will be provided via dedicated fiber-optic links are Internet. The functionality of the RREDM system is main on the following components: Patient portal – providing access to the e-services of the system patients and their caregivers: e-Informator allows you to read health-related artit information on medical entities that are Partners of the system on medical entities that are Partners of the system on medical entities that are Partners of the system is main on the following components: 	ning and d sharing nts, book intments. data set I health cquisition linesses, art of an sit to a es. ff of the sing the and data nt Portal, systems ed for all e project rocesses bility and system's nd via the aly based RREDM cles and



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	 setting up and managing a patient's account and assigning permissions for doctors to the patient's electronic medical records; viewing electronic medical records of a patient or client; searching and booking appointments with the possibility of conducting a visit in the form of telemedicine consultation; possibility of keeping and viewing patient e-diaries, i.e. monitoring of patient's health parameters ordered by a specialist (such as glucose level or blood pressure); the possibility of filling out questionnaires, both cross-sectional (e.g. about health status) and associated with a specific booked service; receiving alerts, e.g. about an upcoming appointment date.
	Qualified Staff Portal – providing access to the e-services of the RREDM system doctors and qualified Staff:
	 creating and publishing content for the e-Informator service; viewing patients' electronic medical records (according to the authorization policy); viewing and managing patient reservations and booking appointments on behalf of the patient with another entity; managing and previewing patient e-diaries, i.e. monitoring of patient's health parameters ordered by a specialist (such as glucose level or blood pressure); managing and previewing questionnaires filled out by patients; creating and managing contracts for the implementation of orders, as well as creating and managing orders for the delivery of services by another partner medical entity. The system provides services to integrate with the system, the project partners' HIS software. Integration interfaces will be built in the next edition of the project using standards accepted in health care, such as IHE profiles, HL7 FHIR, openEHR or DICOM. The use of recognized standards will facilitate the integration of the system with the software in place at the project partners, reduce integration costs and allow more entities to join the system in the future.
Resources needed:	Value: 23,659,428.00 PLN (5 257 650 euro), including ERDF funding 20,110,513.80 PLN (4 469 003 euro)
Timescale (start/end date):	From May 2022 until December 2023
Evidence of success (results achieved):	The result of the establishment of the RREDM system is to increase the use of ICT in everyday life, increase citizen participation in public life, and consequently improve the quality of life of the region's citizens and raise the quality of medical services provided in the region by improving the availability of information and public resources. E-services improve communication between the patient and the medical entity / medical entities. The implementation of the project has contributed to the enhancement of social potential and the growth of the public's IT skills through the implementation of innovative IT solutions and the creation of new opportunities for their functioning. E-services allow users to save time needed until now for personal registration or personal receipt of results, medical certificates.



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Challenges encountered	
(optional): Potential for learning or transfer:	The project was aimed at the creation or modernization of domain systems, the creation of electronic public services made available online in the field of e-Health, and support in the process of informatization of hospitals and other health care units operating in the Kujawsko-Pomorskie Voivodeship through equipping Hospitals with the necessary equipment. The project has improved the quality of medical services provided to the public through the use of modern information technologies. The aforementioned goals were achieved through the creation of technical, IT infrastructure and environment, which allowed the introduction of specialized e-services in health care, which improved the efficiency of medical care, provided easier and faster access to medical services, while reducing the operating costs of medical institutions.
Further information:	
Keywords related to your practice	Select from existing keywords
Expert opinion	[1500 characters] [Filled in by the Policy Learning Platforms experts in case good practice is published in the Good Practices database]