# Template for the Collection of Testimonials

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| Good Practices  | TITLE of Good Practice/ExperienceUnder “Good Practices”, please report proven approaches to solving interoperability challenges for healthcare providers. You may wish to consult the two provided in the Ann* Responses required
 |
| Organization\* | Briefly describe the organization |
| Name of expert& Position in the Organization |  |
| What was the interoperability challenge for health care providers that you have addressed? (What & Why, Scope of interoperability project)\* |  |
| How was this challenge addressed?\* | For example: You may describe the workflow or the design of solution, the resources that have been used (e.g. Budget, work plan, infrastructure, SW, etc) |
| duration of the project | Year completed |
| What were the major enablers and pre-conditions? | For example: national interoperability FW, availability of interoperability specifications and assets, previous experience etc)  |
| What type of tender did you use ?\* | Direct Award of Contracts  |  |
| Prior Consultation  |  |
| Public Call  | **🗸** |
| Invitation by Grant Agreement |  |
| Other: |  |
| Cross Border Relevance (if any)\* | Information exchange for cross border patient care | **🗸** |
| Information exchange for public health and secondary use | **🗸** |
| Information exchange for the patient |  |
| Which interoperability use cases have you addressed?\* | Laboratory orders/results | **🗸** |
| Imaging orders/results |  |
| Medication Prescription/dispensation |  |
| Discharge letters |  |
| Patient summaries | **🗸** |
| Patient referrals |  |
| Teleconsultation (patient/doctor) |  |
| Telecollaboration (doctor/doctor) |  |
| Public health reporting(reportable diagnosis & key interventions) | **🗸** |
| Other:***e.g. Hospital Admissions/Bed Management at the regional level*** | **🗸** |
| Other: ***e.g. enter your UC name*** |  |
| Other: ***e.g. enter your UC name*** |  |
| What interoperability standards and profiles have you used for each of the above use cases?\* | Laboratory orders/results | e.g. HL7 CDA, IHE-XD-Lab |
| Imaging orders/results |  |
| Medication Prescription/dispensation |  |
| Discharge letters |  |
| Patients summaries | e.g. HL7 CDA, IHE-XDS |
| Patient referrals |  |
| Teleconsultation (patient/doctor) |  |
| Telecollaboration (doctor/doctor) |  |
| Public health reporting | e.g. National standard |
| Other: ***e.g. Hospital Admissions/Bed Management at the regional level*** | e.g. HL7 V2 |
| Other: ***e.g. enter your UC name*** |  |
| Other: ***e.g. enter your UC name*** |  |
| How did your project define its interoperability specifications?\* | They were created by the project based on our own selection of standards and profiles | **🗸** |
| We referenced/reused the national interoperability framework |  |
| We ask the main vendor to set these specifications |  |
| Other: |  |
| What interoperability testing strategy have you employed?\* | Used a project mandated specific set of interoperability test tools before systems where interconnected? |  |
| Reused an existing set of interoperability test tools that were customized before systems were interconnected? | **🗸** |
| Tested the point of care systems by connecting them to a lab version of central systems |  |
| Other: |  |
| What were the main implementation challenges you encountered | Spent a lot of time to connect each point of care systems |  |
| When interoperability issues occured, it was complex to decide which system is at fault |  |
| We had long discussions on which standards to select |  |
| Other:  ***e.g. enter your UC name*** |  |
| Other:  ***e.g. enter your UC name*** |  |
| Who were the perceived beneficiaries of your interoperability initiative? | Citizens/patients (e.g. improved care outcomes, improved citizen experience) | **Directly****Indirectly** |
| Health Professionals(e.g. improved workflow, access to information, re-use of data in research) | **Directly****Indirectly** |
| Hospital administration (e.g. reduction of wast, cost savings, improved monitoring) |  |
| Financial and social factors (e.g. eHealth Mmarket competitiveness, more jobs) | **Directly****Indirectly** |
| Health System (improved efficiency, quality and effectiveness, supporting learning systems) | **Directly****Indirectly** |
| Did your project used the ReEIF5 layer model to analyse its interoperability? |  |
| Based on your experience, what can you recommend to others? | Small healthcare organizations (doctors, pharmacies, etc. |  |
| Large healthcare organizations |  |
| Policy makers at EU level |  |
| Policy makers at Member State Level |  |