European digital content for the global networks

EDC-22071 KOM2002/27938

Groupware for Distributed Content Production

KOM2002

D 1.3 - Quality Assurance Plan

Security (distribution level)	**Public**
Contractual date of delivery	T06 = December 31, 2002
Actual date of delivery	December 31, 2002
Deliverable number	D1.3
Deliverable name	Quality Assurance Plan
Type	D
Status & version	Final 1.5
Number of pages	30
WP contributing to the deliverable	WP1
WP / Task responsible	ABIT
Other contributors	KTH, OG, NetDoktor, FP
Author(s)	Fabio Piccini (ABIT), Jacob Palme (KTH), Michele Carenini (OG), Jamie Brammer (NetDoktor)
EC Project Officer	Kimmo Rossi
Keywords	Medical quality; Internal Project Quality; Editorial Guidelines; Information Structure and Policies
Abstract (for dissemination)	This report identifies the main guidelines which will be followed in order to ensure the highest quality in medical response; defines internal quality procedures; defines the editorial policy for content production and information structure; defines appropriate strategies for community outreach and prevention of abuse

Table of Contents

Introduction

This document represents a general quality plan for the project.

Its main aims are:

check the interaction between the consortium members during the work execution;
check the progress of the work;
detail how and when the documentation must be exchanged by the partners.
set out editorial standards for project contents
set policies to prevent abuse of the project website and to protect users anonimity

This document is split into six parts, each of them detailing one topic.

PART I details how the partners can interact during the project; in particular, it defines a strategy to fix the meetings, mailing lists and fora, video or audio/phone conferences.

PART II explains how the progress of the work can be monitored by means of Progress Reports, a deadline agenda, and the monitoring of costs.

PART III provides details about the rules for documentation: the report typology, the file name attribution, the file storing, the deadlines, etc.

PART IV sets out editorial standards for all content to be produced in the project.

PART V explains how to prevent and handle abuse and how to protect anonymity for users of Web4Health website

PART VI presents useful appendixes regarding documentation and subjects to be discussed before the final version of the Quality Assurance Plane is delivered to the EU Commission.

PART I - Communication

I.1 Meetings

I.1.1 Plenary Consortium meetings

Plenary Consortium meetings involve all the consortium partners. Missing one plenary meeting requires well motivated justification. All efforts will be made in order to fix meetings which are comfortable to all partners. Meetings are usually held at one partner's site (identified, especially on a volunteer base) at previous meetings or via e-mail communication. The hosting partner is in charge of the overall organisation of the meeting, taking care of both the infrastructure (room, Internet connection - if required -, projector, photocopies facility, etc.) and circulation of information (logistics, list of hotels, etc.).
For further details, refer to KOM2002 Technical Annex (TA).

I.1.2 Workpackage meetings

The Workpackage meetings are organised to focus about a specific WP or task. In particular, the meetings could be organised before the official project reviews, for instance one month before each scheduled review. All the partners involved in the specific workpackage should participate to the meetings. Workpackage meetings may also be organised as parallel sessions to be held during plenary meetings.

I.1.3 Management Committee (MC) meetings

The Management Committee, as defined in the TA, will meet upon request of one or more of its members. The MC is composed by one representative of each partner. It is advisable to hold one even short MC meeting during Plenary meetings.

I.1.4 Technical Committee(TC)/Scientific (SC) Committee meetings

The Technical Committee and the Scientific (Users) Committee, as defined in the TA, will meet upon request of one or more of its members, should important matters arise, and after approval of the MC.

I.2. Mailing lists

To improve the communication between the partners, it has been agreed to use several mailing lists.
There is a general mailing list: *kom2002@dsv.su.se* including all the persons working in the project.
There are also three other mailing lists:

kom2002-med@dsv.su.se for discussion on medical topics
kom2002-adm@dsv.su.se for administrative issues
kom2002-tech@dsv.su.se for technical issues

To subscribe/unsubscribe to/from a mailing list, the request must be sent via e-mail to *jpalme@dsv.su.se* .
It is agreed that the mailing lists will be the main tool for distributing links or notifications and also for distributing documents. This last aspect must be interpreted as complementary of the policies for files exchange detailed in chapter 3 of PART III.

I.3. Forum - Video and audio/phone conferences

Phone conferences have been identified as the best way to replace face-to-face meetings involving three or four partners at most. We will also try using chat sessions.

PART II - Progress of Work

II.1. Periodic Reports

Periodic reports shall be submitted by all partners to both the Technical Project Co-ordinator and the Administrative-Financial Co-ordinator every six months, following the layout provided in Appendix B. Periodic Reports will have to be submitted to the Technical Project Co-ordinator by the end of the second week after the end of the pertaining reporting period, which is set as in the following table:

PPR No:	**End of reporting period:**
Periodic Report No. 1	**31.12.02**
Periodic Report No. 2	**30.06.03**
Periodic Report No. 3	**31.12.03**
Periodic Report No. 4	**30.06.04**

Periodic reports must include the following:

A detailed description of the work done;
A summary of the resources which have been spent;
Possible deviations from the original plan of activities;
Dissemination activities;
Results obtained.

The Technical Project Co-ordinator shall send a copy of Periodic Reports to the Administrative-Financial Project Co-ordinator for cost monitoring.

2. Cost Statements

Cost Statements shall be submitted by all partners to both the Technical Project Co-ordinator and the Administrative-Financial Co-ordinator every six months, following the layout provided in the Contract. The Technical Project Co-ordinator must receive the electronic version of Partners' Costs Statement by the end of the second week after the end of the pertaining reporting period, which is scheduled in the following table:

Cost Statement No:	**End of reporting period:**
Cost Statement No. 1	**31.12.02**
Cost Statement No. 2	**30.06.03**
Cost Statement No. 3	**31.12.03**
Cost Statement No. 4	**30.06.04**

The Administrative-Financial Co-ordinator must receive 3 copies of signed original Partners' Cost Statements by the end of the second week after the end of the reporting period, to allow the Administrative-Financial Co-ordinator to send all Partners Cost Statements together to the EC on due date.

II.2. Deadline agenda

The Technical Project Co-ordinator maintains a general Action list for monitoring project deadlines related to meetings, deliverables, reports, cost statements, etc.

II.3. Monitoring of costs

The Technical Project Co-ordinator maintains a general resource list for monitoring project resource consumed, etc.

PART III - Documentation

III.0. Preface

This section sets guidelines for the production of documentation in the KOM2002 project.

This section specifies general rules for the generation, exchange and storage of all the electronic documents. Moreover, it details how to establish the deadlines in the production of the deliverables and how to access the public and non-public deliverables.

The aim of this section is to facilitate all the steps concerning the production of the reports and to avoid any waste of time due to the use of different file formats, different fonts or missing established deadlines.

In the following, one chapter is devoted to each different topic. The distinction between Deliverables and Periodic Reports will be made only if necessary, otherwise the word *report* will be used both to refer to the technical documentation (the deliverables, as specified in the TA) and to the Management and Periodic Reports due to the Commission.

III.1. File format

III.*1.1 Text editor*

It is established that all the reports will be edited by using the *Microsoft Word* text editor both for PCs and Macintosh.

III.*1.2 Font*

The documents will use the *Arial* font, using a normal style with 12 pts dimension for the text and a 12 pts (bold) dimension for the sections' and subsections titles.

III.2. Graphical layout

The proposed graphical layout can be found in Appendix A for deliverables and in the Appendix B for Periodic Reports.
Here follows the structure of deliverables for eContent projects:

Deliverables shall be designed to contain the following elements:

Part I	Front or **identification sheet** including an abstract and keyword list If more than 5 pages: Table of Contents, preferably automatically generated
Part II	**Executive summary** (1-2 p.), summarising the non-confidential results or conclusions of the work
Part III	**Full description** of deliverable content
Part IV	**Bibliography** and references

They shall have a running header with the following information: Project ref. No. + acronym, date, page number/number of pages (see header/footer on present document).

Periodic Reports cover page must contain the following data:

- the report identifier;
- the author(s);
- the responsibility;
- the date;
- the Workpackage.

The report identifier is a string like PR-1/6-1.0, where

PR means Management Report;
1/6 is the covered period (in the example, from month 1 to month 6);
1.0 is the version.

III.3. File exchange

The files containing the reports will be exchanged by also be sent as attachments. RTF format is preferred. If the file size is larger than 500k it shall be compressed using zip format.
Any partner involved in the production of the report must send her/his contribution to the partner responsible for the report, who is in charge of the final editing. The latter must send the final version of the report to the both the Administrative-Financial and Technical-Scientific Project Managers by adopting either the following means:

send the file via e-mail;
upload the file via Web and store it directly on the project document host (see chapter 4). The URL address to upload documents will be communicated to all the partners by the Administrative-Financial Project Manager.

III.4. File storing

The final version of the reports will be stored on the project document host, both in a RTF format and in HTML format or PDF format. The criteria to attribute a name to the reports are explained in sub-chapter 4.1.
To get the final version of the reports, the partners can download the files by connecting to the project web site at the URL address that will be specified.
The project web site will host the official pages of the KOM2002 project and, beside general information about the project, it will contain a private area for downloading and uploading the reports. The access to the reports will be restricted by username and password.
The reports classified as **public** will be downloadable by ANYONE, the other ones (**restricted** or **confidential**) only by the consortium partners. Username and password will be provided to individual persons by the Administrative-Financial Project Manager.

III.*4.1 File name attribution*

The file name will be created by using the deliverable identifier as specified in the TA and the version of the report, and by appending the file format suffix (e. g. *.rtf*). For instance, for the first version of the report D1.1 Existing content evaluation the file name will be D1.1-1.0.rtf.
The proposed naming convention for other documents is the following:

meningful_title.fn.000000.for

where:
fn = initial of the author: first name and name;
000000 = date of last editing in EU format (e. g. 280802 = 28 August 2002);
for = file format (e. g. rtf, gif, html, etc.).

The name of this file then is **Quality_Process.MC.270802.doc**.

It is the task of the Technical Project Co-ordinator to convert files which are not native HTML or PDF into HTML or PDF format and store them on the project document host.

III.5. Responsibility

The Task responsibility is specified in the TA. Independently from the Task responsibility, each deliverable must be sent (in the final version) to the -Technical Project Co-ordinator, that is in charge of sending the number of copies specified in the Contract to the Commission.

The partner responsible for the deliverable must send the final version to the -Technical Project Co-ordinator within the dates specified in chapter 6.

The partner responsible for the deliverable defines the report framework together with the partners involved in the task, and defines which kind of contribution has to be produced by every partner. Moreover, the partner responsible for the deliverable checks that the partners involved in the production of the deliverable are correctly working and are able to send the contribution within the specified deadline.

6III. Deadline

The official deadlines are specified in the TA. In order to match the dates, it is established that

if a Project Review is scheduled contextually with the official deadline, the Technical Project Co-ordinator must receive the final version of the report 15 days before the Review date, in order to facilitate the work to the reviewers and independently from the deadline specified in the TA;
if a Project Review is not scheduled, the Technical Project Co-ordinator must receive the final version of the report at least one week before the deadline specified in the TA;
in both cases a draft version of the report should be sent to the Technical Project Manager one month before the deadline.

It is the duty of the Technical Project Co-ordinator to submit all reports to the Commission except for Cost Statements, which are submitted by the Administrative-Financial Co-ordinator - as well as to the reviewers, if this is required by the Commission - via express courier.

PART IV - Editorial Process Quality

IV.0. Preface

This sections sets out editorial standards for all content produced within the KOM2002 project.

It covers editorial quality and process. These guidelines apply to all those involved in producing content for KOM2002 and are mandatory.

Editorial guidelines will be reviewed every year.

General quality assurance is ensured through following external guidelines such as those set by HON. Additionally KOM2002 will set quality standards covering editorial process, author identification and individual content type standards.

IV.1. Introductory statements

IV.1.1 Areas within which the guidelines are operative

These guidelines are the main connecting thread for the production and handling of all content produced by KOM2002 partners. They are designed to ensure the **quality** of the content and specify the **editorial process**. They are mandatory.

IV.1.2 Period of validity

This edition (First Edition) is the first annual review of editorial policy. This edition will be valid from November 1st 2002 until a new edition replaces it, which should be no later than October 31st 2003.

IV.1.3 Implementation

Every KOM2002 editorial partner agrees to have read and understood these guidelines and undertakes to follow them by signing this document.

Further responsibilities of specific employees as well as the guideline implementation process may be defined by individual partners. Partners may create separate, task-related, mandatory instructions for the individual team members. Internal guidelines regulating grammar, spelling and graphics are determined by the final editor. Separate instructions for authors may be designed and distributed by the responsible chief editor for freelance writers and the medical experts. Every chief editor must define the instructions for authors, which will be stored by the final editor. The general nature of these instructions must conform to KOM2002 editorial policy.

IV.1.4 Editorial teams

Each medical partner will define an editorial team with the following titles. It may be appropriate that one person holds multiple titles. There should only be one responsible editor (though this may be the same person as the editor). The titles used in the editorial guidelines are:

Author: The original person creating the content. This may well be the same person as the Editor, Responsible Editor or Expert.
Responsible Editor: The editorial director with the overall responsibility of the content. The Responsible Editor will usually be a medical qualified doctor, or a clinical psychologist/psychotherapist with the overall responsibility for medical-psycological accuracy
Editor: Editorially competent persons with an ability to structure information in a manner that can be understood by the general public.
Expert: a qualified expert in the field in which they practice. There must be evidence of qualifications. This person may be external to KOM2002.

IV.2. General rules for the quality of all KOM2002 content

IV.2.1 Quality characteristics and quality control process

All KOM2002 content will be produced according to the ethical guidelines of the KOM2002 project laid down in the contract with the European Commission.
These guidelines incorporate the principles of the HON code, established by the Health-on-the-Net foundation, Switzerland (http://www.hon.ch/HONcode), as well as the principles of the DISCERN, an instrument developed to help consumers and patients to assess the value of medical information (http://www.discern.org.uk/discern__instrument.htm)

These guidelines require:
- Medical and health-oriented information based on highest scientific standards and evidence-based medicine (EBM), best practice or the experience of highly capable expert professionals, and using unbiased controlled studies wherever possible.
- Up-to-date content.
- Political and economic independence.
- Understandable presentation.
- Transparency of the content related to the authors and the date of production.

The quality of the content produced is guaranteed by two factors:

(i). Through the abilities and the qualifications of the persons working for each KOM2002 partner, which are improved constantly through internal and external training, and of the external contributors.
(ii). Through the work and the production processes themselves.

All content production has to follow a scheme that contains at least the following steps:
- Author's version, produced according to the editorial guidelines.
- Revision by an Editor.
- Revision by medically qualified staff or an external expert (optional).
- Author's sign-off or implied sign-off on revised version.
- Final revision and release by the Responsible Editor.

The Responsible Editor is responsible for the production of the content and adherence to the production process.

IV.2.2 The necessity of identification

The following rules apply to all KOM2002-produced content:

Every article contains the name of the Author(s) and the date of production or of the last revision.
Author identification where applicable includes name, academic title or degree and specialisation.
The user has the facility to obtain more information about the Author by a source link that links to a separate page indicating the Author and other sources.

The following additional rules apply to local medical content in other languages than English:

The last Editor who edited or corrected the article will be recognised as the medical person responsible for that document. This is either a doctor or specialist in the respective KOM2002 country.
In those cases where the original article is written by a doctor from another KOM2002 country:

a) Provided only a few changes are made by the local specialist, then the doctor who wrote the original article will be mentioned at the end of the article thus; “Based on a text from: doctor xx, city, country”

b) If a local specialist revises the article and substantial changes are made, the name of the original author will be deleted, or, if the authors agree, both authors will be specified as author of the revised document

When a specialist writes an article related to his specialisation his specialisation will be mentioned.
The local medical partner in each language region is responsible for all content in that language.

For medical content in English, multiple authors can be specified if a text has been substantially revised by several partners. Responsible is the last person who substantially modified such text.

IV.3. Overview of KOM2002 content categories and associated editorial quality guidelines

KOM2002 produces content in 2 categories each of which has slightly different characteristics and quality processes associated with them in addition to the general processes described above.

IV.3.2 Ask the doctor/expert

IV.3.2.1 Characteristics

“Ask the doctor” is a KOM2002 service where users have the facility to ask questions over the Internet to the medical staff of KOM2002 or experts who are chosen by KOM2002 staff.
The answers are general health information geared to the needs of the individual user.
The answers do not contain diagnostic or special treatment advice.
This service is not for emergency cases. This is explained to the user in the preamble. The user has to accept this as well as the KOM2002 privacy policy before the question can be submitted.

IV.3.2.2 Quality control

The Responsible Editor is responsible for the category “Ask the doctor/expert”.

The following criteria are important for the **choice of an Expert**:

The Responsible Editor selects the Experts based on the medical knowledge and specialty of the Expert. The Experts must be specialists, or residents in the last year of their residency.

Experts with a not generally recognized specialisation (travel medicine, diving medicine) have to be able to provide a special certification or evidence for this specialisation.
The Expert is responsible for the answer and ensures that the answer is in accordance with the latest medical guidelines.

The “Ask the expert” category has to follow the following quality control guidelines:

The user can ask the question only through a special interface and has to agree to all the KOM2002 conditions prior to submitting a question.
The Responsible Editor chooses a selection of questions and sends them to an Expert. The number of questions to be answered is determined by the Responsible Editor. The choice of question is influenced by the relevance of the question and the chance of it being answered adequately by the Expert.
A user whose question is forwarded to an expert will get a standard message within two working days, which will tell them that their question has been selected to be answered and that it has been forwarded to an Expert.
Users whose questions are not forwarded to an Expert will get a standard message within two working days, which will tell the user that the question cannot be answered at the moment and that he should look in the archives for a similar question which has been answered previously.
The answering Expert has to answer according to the answering guidelines, and within 1-5 working days.
The Expert’s answer has to go online within 1 working day after submission to KOM2002.
The Editor is responsible for this. He has to check the answer for spelling and grammar. He is also responsible for checking whether the answer corresponds to the answering guidelines.
The answers that go online are signed by the Expert’s name and specialisation.
The rejected questions will be answered by a standard answer written and signed by the Responsible Editor.

IV.3.3 Frequently Asked Questions (FAQs)

IV.3.3.1 Characteristics

The FAQs contain user-oriented advice for general questions on health, disease and welfare.
The health advice fact sheets have no particular structure but in addition to the requirements stated above will often try to include the following:

1. Explanation: “What is XY?”
(Short explanation of the problem)
2. “What can I do/ what do I have to look for?”
3. “Which problems can develop?”

Further questions are possible if desired by the users. These sheets are geared more to a user-specific question than to a specific disease fact sheet. Links to other relevant pages both within the text and at the end of the article are useful.

IV.3.3.2 Quality control

The Responsible Editor is responsible for the production of the FAQs. He selects the authors and the editors and coordinates the production process. He is in charge of the structuring of the fact sheet.

A health advice fact sheet will usually go through the following steps:

1. Original text produced by the author (medical doctor, psychologist or editor)
2. If it was not written by a doctor or psychologist, it is reviewed by a doctor or psychologist.
3. It is translated to English.
4. The English text is reviewed by another medical partner, and available for review by all the medical partners.
5. If a text is found to be controversial, it may be discussed by all the partners.
6. Either the original author or the reviewer produces the final text in English.
7. Each medical partner decides which fact sheets are to be translated from English to their local language, and can make additional modifications during translation.

The Responsible Editor can choose special FAQs that have to be revised by an Expert.

FAQs are updated by default every 12 months.

PART V - Abuse Prevention and Protection of Privacy

V.0. Preface

This section sets guidelines and general rules for prevention of abuse and protection of privacy for the end-users of WEB4HEALTH website.

By abuse is meant that people write offensive and disruptive messages which can cause other people to stop participating activities and which also may lead to bad publicity and even legal actions against KOM2002 or its users.

Abuse prevention guidelines will be tested during the first six months of use of the the site and then reviewed every six months.

Different Web4Health language regions might choose different policies depending on difference in cultures in different parts of Europe.

V.1. Moderation of mailing lists

All postings directed to the mailing lists will be pre-moderated during the first six months of test run of the website.

This means that an appointed staff member will read every posting directed to the mailing lists and will decide which postings to accept and which postings to delete. Contributions will be excluded or deleted if they are deemed to be obscene, inappropriate or not genuine. Contributions containing advertisements will be deleted.

Moderation policies and the choice of moderator roles will be defined by the medical partners of the project before the test run starts. The policies for forums and mailing lists will control who may participate by reading and writing, and rules for protection of the privacy of patients, their relatives and friends. These policies could be changed as needed.

After the first six months of test run, an evaluation of effectiveness, advantages and disavantages of moderation strategies will be performed by the medical partners of the project. Review of results will be executed and opportunity for changes of policies evaluated.

V.2. Access to chats

A chat is an interactive part that is divided into 2 sub-categories:
(a) Public chat; where the users communicate with each other.
(b) Chat with an expert; where the users can communicate with an expert.

There are different rules according to the chat sub-categories.
(a) The public chat is not moderated and not censored.
(b) The chat with the expert is moderated by an in-house editor. Contributions will be excluded or deleted if they are deemed to be obscene, inappropriate or not genuine. Contributions containing advertisements will be excluded or deleted.

Chats sub-categories will be be tested on an experimental basis.

In the test run phase of the project, Chats will only run at special announced times, and will be monitored by an expert (sub-category b). The choice of the expert name will be always need to be approved by the medical partners of the project.

V.3. General rules for participation to mailing lists, forum and chats

The following rules for participation will be made available to all users of Web4Health forums and chats.

The text below is draft text, the final texts may be modified as needed from experience with usage of Web4Health.

Rules for use of Web4Health
Web4Health is intended for serious exchange of information and experience on psychological problems. If you want to discuss your own or your friends' or relatives' problems, you can participate pseudonymously (your real name is secret), but you still have to adhere to these rules.

- Be nice and respectful to each other, do not say nasty, threatening or defamatory things.
- You may not use Web4Health to say illegal things, such as racial agitation, pornography, slander, etc. or to write information which is known to be false.
- Treat information, which you get about other people in Web4Health, as information given in confidence. Do not copy or forward the information outside of the forum where you read it.
- Do not write anything in forums in Web4Health, which you want to keep confidential.
- Be careful with the use of irony, people will easily believe that you mean what you write. Mark irony with ":-)".
- You may not use Web4Health for commercial marketing without permission from the Web4Health maintainers.

Web4Health reserves the right to remove contributions which are against these policies.
If you do not adhere to these rules, we may cancel your Web4Health account. If you participate pseudonymously, we will try to cancel your account without identifying who you are.
Web4Health reserves the right to remove unsuitable contributions from forums and chats.
You can make a complaint against abuse of Web4Health by writing e-mail to cmc-cmc-comment@dsv.su.se.

V.4. Privacy

The privacy of users of Web4Health website will be protected and guaranteed by allowing them to participate anonymously to all the service areas offered by the website.

When a pseudonym will be used, no attempt will be made to trace the real person behind the pseudonym, unless this is required by law or if this is necessary to stop gross misuse of Web4Health website.

No registration of personal information for identified persons will be done without their permission.

The following Privacy statement will be made. The text below is draft text, the final texts may be modified as needed from experience with usage of Web4Health:

Privacy statement
If you want to learn about or discuss your own or your friends' or relatives' problems, you can choose to participate in Web4Health pseudonymously (with your real name secret). Other users must register using their real names.
If you choose to participate with your name, Web4Health will give you a password, which you can use so that other people cannot participate using your name.
If you choose to participate pseudonymously, you will be asked to select a secret name, a pseudonym. If you keep this name secret, other users will not know who you are. You will still have a password, so that other people cannot participate using your pseudonym.
If you indicate that you want your e-mail address to be kept secret, then we will not divulge your e-mail-address to anyone.
We will do our utmost to preserve the secrecy of your pseudonym. We may have to break your secrecy if the police or a court order requires us to identify you.
If you misuse your account, we may cancel your access to Web4Health, but still without identifying who you are. If we have cancelled your account, but you continue to misuse Web4Health, then we may have to identify who you really are in order to stop your misuse of Web4Health.
Web4Health may be used for research on psychological problems by Web4Health partners. The researchers will however never know the real name behind your secret name (pseudonym) without your explicit permission.
Other researchers may not use Web4Health for research without approval from the Web4Health consortium.

4. Server Protection

A virus scanning software and a firewall software will be installed and regularly updated and maintained on the project servers.

This is meant to prevent viral infections being spread among users participating to forums and mailing lists and to prevent hackers attacks to the Web4Health website.

Technical partners of the project will provide competence and know-how to install, upgrade and maintain protection software.

PART VI - APPENDIXES

Appendix A - Deliverables' graphical layout

Here follows the proposed graphical layout for the deliverables. (Fields filled out with examples)

---------- cut here----------

European digital content for the global networks

EDC-22071 KOM2002/27938

Groupware for Distributed Content Production

KOM2002

Security (distribution level)	**Public**[1]
Contractual date of delivery	T06 = December 2002[2]
Actual date of delivery	23 December 2002[3]
Deliverable number	D1.3[4]
Deliverable name	Quality Assurance Plan
Type	D[5]
Status & version	Final 2.0[6]
Number of pages	40
WP contributing to the deliverable	WP1
WP / Task responsible	ABIT
Other contributors	KTH, OG
Author(s)	Fabio Piccini (ABIT), Jacob Palme (KTH), Michele Carenini (OG)
EC Project Officer	Name
Keywords	Medical quality; Internal Project Quality[7]
Abstract (for dissemination)	This report identifies the main guidelines which will be followed in order to ensure the highest quality in medical response.[8]

Table of Contents

1 Status as specified in the Deliverables List in Annex I (Confidential, Restricted, Public); for "restricted" deliverables, specify distribution list.

2 Project Month as in Annex I + Calendar Date.

3 Calendar Date.

4 According to Annex I.

5 According to Annex I, e.g. Demonstrator; Report; Specification; Tool; Lingware; etc.

6 Reports: Draft/Pre-final/Final, e.g. "Final 2.0"; Software: Alpha-release/Beta-release/Reference used in Annex I, e.g. "Beta Rel. 2.5"

7 Maximum 10 keywords.

8 Maximum 15 lines.

See the table of contents at the beginning of this document to identify style. Generally speaking the table of contents of deliverables should be generated automatically (especially if longer than 5 pages).

Executive Summary

1-2 pages outlining the non-confidential key issues/results of the deliverable.

Main body of deliverable

The deliverable itself.

Bibliography and references

The suggested structure for bibliography entries is the following:

volumes/books:
Smith, E., Medin, D., 1981: *Categories and Concepts*, Harvard University Press, Cambridge, Mass.

with reference in the main text: Smith and Medlin (1981)

articles:
Smith, E., Osherson, D., 1984: "Conceptual Combination with Prototype Concepts", in *Cognitive Science*, 11, pp. 337-61.

with reference in the main text: Smith and Osherson (1984)

In case of multiple references (same author(s), year), complete year with "a", "b", etc. as in Smith and Medlin (1981a).

Appendix B - Periodic Reports graphical layout

Here follows the proposed graphical layout for semestrial Periodic Reports. (Fields filled out with examples)

---------- cut here----------

European digital content for the global networks

Periodic Report No. 1 (PR1-6)

Project Ref. no.:	EDC-22071 KOM2002/27938
Acronym:	KOM2002
Full Title:	Groupware for Distributed Content Production
Reporting period:	1 July 2002 - 31 December 2002
Project coordinator[9]:	Name: Jacob Palme Institution/Company: University of Stockholm Address: Forum 100 S-16 440 Kista Phone: +46-8-16 16 67 Fax: +46-8-703 90 25 E-mail: jpalme@dsv.su.se Public project web site:www.KOM2002.org

0. Table of Contents

Preferably automatically generated

1 page

1. Summary

Progress towards stated objectives, concentrating on:

- Technical aspects
- User and market related aspects
- Management and partnership aspects

1 page

2. Status

Tabular overview covering the **whole six-month period since last Progress Report**.

1 Page

9 Or Project Manager, responsible for the current report, if different from the coordinator's contact person as indicated in Annex I.

2.1. Resources

Project effort for the 6-month reporting period (person-months)										
Participant's short name	**WP 00**	**WP 01**	**WP 02**	**WP 03**	**WP 04**	**WP 05**	**WP 06**	**WP 07**	**WP 08**	**Total**
KTH										
ABIT										
OG										
Ioannina										
Emergis										
NIPN										
Systran										
FP										
FH NON										
Netdoktor										
Total										

For person-months, use the format X,XX (preferably no more than two decimal digits).

2.2. Cumulative

Status of deliverables				
Deliverable	**Current status[10]**	**On schedule[11]**	**Original completion date [12]**	**Actual/planned completion date[13]**
D0.1				
D0.2				
D0.3				
D0.n				

Project effort in person-months			
Participant's short name	**Old Total, carried over from last Progress Report**	**This period's Total, carried over from 2.1. Resources**	**New Total**
KTH			
ABIT			
OG			
Ioannina			
Emergis			
NIPN			
Systran			
FP			
FH NON			
Netdoktor			
Total			

10 Completed/Underway.

11 Yes/No.

12 Project Month as in Annex I + Calendar Date.

13 Calendar Date.

3. Achievements (description per deliverable)

Outline description of the deliverables (reports, specifications, software ...) pertaining to the reference period, including for each deliverable:

Summary description;

Assessment of the breadth (coverage) and depth (of analysis), with respect to the original plans, including planned revisions and enhancements.

1 page

4. Management

Problems, deviations and outstanding issues:

Deviations from the workplan: justification and consequences on the subsequent 6-month period, regarding project milestones and delivery schedules;

Assessment of partnership, including changes in roles and contributions;

Corrective actions undertaken or envisaged, including changes to the Contract

1 page

5. Awareness

User involvement, concertation and awareness, promotion and dissemination:

Project user group activities;

Concertation with other projects;

Actions undertaken / envisaged to raise user and industrial awareness.

1 page

6. Any other remarks

Possible remarks to be validated by the Administrative-Financial or Technical-Scientific Project Manager.

7. Conclusion

Summary and actions proposed to / requested from the EC.

0,5 page

Appendices

A number of documents can be attached to Periodic Reports, in case they show to be relevant:

Cost statements;
Relevant deliverables and reports;
Updated information dissemination file, including project summary, updated promotion and dissemination plan, etc.;

Relevant events (table detailing consortium meetings, project user group meetings, concertation meetings, conferences and workshops, etc.);
Records of relevant meetings;
Updated work plan from Annex I for approval.[14]

It is the task of the Administrative-Financial or Technical-Scientific Project Manager to consider and possibly attach such appendices to the consolidated

[14] Important deviations may necessitate a formal amendment to the contract, and should be discussed with the Project Officer beforehand.

Appendix C – Abuse Prevention Strategies

Proposed Actions to Reduce the Risk of Abuse

Action	Discussion
Require all users to accept usage rules before being accepted in forums and chats	May at least make it easier to throw out those who do not obey the rules.
Use only pre-moderated forums.	Reduces severely the spontaneity and interactive in forums with less than about 100 participants. In forums with hundreds of participants, pre-moderation is usually necessary to reduce the large amount of irrelevant messages.
Allow moderators to remove unsuitable contributions.	A less restrictive method which may be better than pre-moderated forums for smaller forums (less than about 100 participants).
Allow moderators/ administrators to forbid certain individuals from using the forum and chat facilities.	This is probably the most effective way of handling individuals who repeatedly abuse the services.

Proposed Actions to Forbid Abusers From Using Website Services

Action	Discussion
Stop a user from using his login name and password.	Will not stop the same person coming back under a new name.
Set a permanent cookie in the computer of the user.	Only works if a single person uses a single computer. If several people use the same computer, they will all be stopped, even if only one of them abuses. If one person uses different computers, that person can continue to abuse the services.
Store the IP number of a disruptive user.	Will only work if the user's computer has a permanent IP number. Many Internet users, however, have dynamically allocated IP numbers.
Stop a whole series of IP numbers.	To stop a single individual, all individuals using the same ISP (Internet Service Providers) have to be stopped from participating.
Find the real identity of users through their ISPs, and ask their ISP to cancel their accounts.	Will only work if the abuse is illegal usage or against the abuse rules of the ISP involved.

Appendix D - The Web4Health User Registration Page

Here is a draft text for the Web4Health user registration page English. The layout below is not exactly as on the web site, to view the page, go to http://Web4Health.info/en/personal/.

Info

Register in Web4Health Forums and Chats

Rules for Using the Web4Health Forum Facilities

more info

Web4Health is intended for serious exchange of information and experience on psychological problems. If you want to discuss your own or your friends' and relatives' problems, you can participate pseudonymously (your real name is secret), byt you still have to adhere to these rules.

☐ **I accept**

If you are a non-expert, and want to learn about or discuss problems of yourself, your friends or relatives, you are allowed to participate anonymously, using a secret name chosen by you and only known to yourself. Other users must give their real name below.

☐ **I accept**

Be nice and respectful to each other, do not say nasty, threatening och defamatory things.

☐ **I accept**

You may not use Web4Health to say illegal things, such as racial agitation, child pornography, slander, etc. or to write information which is known to be false.

☐ **I accept**

You may not use Web4Health for commercial marketing without permission from the Web4Health maintainers.

☐ **I accept**

Be careful with the user of irony, people will easily believe that you mean what you write. Mark irony with ":-)".

☐ **I accept**

Web4Health reserves the right to remove contributions which are against these policies.

If you do not adhere to these rules, we may cancel your Web4Health account. If you participate pseudonymously, we will try to cancel your account without identifying who you are.

Web4Health reserves the right to remove unsuitable contributions from forums and chats.

You can make a complaint against abuse of Web4Health by writing e-mail to Web4Health-abuse@Web4health.info.

Registration Form

more info

Fill in the form and click on the "Register" button below.
TIP: Use the TAB button to jump between the fields.

Your name(or secret name known only to yourself for people with psychological problems, their relatives and friends):

more info

◉ My real name
○ A secret name

Choose a short, unique login id:

more info

Your email address (not required): (if you do not specify any address, KOM will give one to you)

more info

Do not show my e-mail address to other users

Choose a password:

Choose a password:

Male **Female** **(not required)**

I want mailing list contributions via e-mail.

I want a newsletter by e-mail once a day

Default for text input: Plain Text Smart HTML

Command Language: English

all languages are not fully supported: more info

Personal homepage (not required):

Short presentation of yourself (not required): Plain Text Smart HTML

Test e-mail to yourself (not required): Plain Text Smart HTML

You have been added as user of "SALUT Forums and Chats" with the login id "foo" and the password "bar". You can access KOM through the URL http://salut.nu/forum/uno/.

You can change your personal settings by clicking "Personal" and then "Personal settings".

You can see which forums/mailing lists you are subscribed to by clicking "All forums" and then

Appendix E: EU Guidelines For Quality Criteria For Health Related Websites

Guidelines for Quality Criteria for Health Related Websites

Definitions and Guidance Notes

Definitions of key terms in the draft Guidelines for Quality Criteria for Health Related Websites are listed below.

Accessibility

every effort should be made to make the content of a website accessible to people with disabilities, including sensory impairments and learning difficulties. Guidelines for making websites and their content accessible to all users have been developed by the Web Accessibility Initiative, a working group of the World Wide Web Consortium.

Accountability

a system by which a named person or persons have a duty to respond to the questions and issues raised by users in a reasonable time. In a small organisation this may be one person who simultaneously performs many other tasks. Easy to use tools for providing feedback to a site should be used where ever appropriate.

Commercial Purposes

The term is defined as in Directive 2000/31/EC on Electronic Commerce, Article 2, to include any form of communication designed to promote, directly or indirectly, the goods, services or image of a company, organisation or person pursuing a commercial, industrial or craft activity or exercising a regulated profession.
The Directive states that the following do not in themselves constitute commercial communications:

- information allowing direct access to the activity of the company, organisation or person, in particular a domain name or an electronic-mail address,

- communications relating to the goods, services or image of the company, organisation or person compiled in an independent manner, particularly when this is without financial consideration.

Credentials

where information is provided by a person or organisation on the basis of profession, such as physician, nurse, midwife or other health professional the qualification and where and when obtained should be made clearly visible on the site. Where possible links to the organisation issuing the qualification should be provided.

Funding

any financial, material or in kind support provided by organisations or individuals towards the development or maintenance of the website.

Opting-in

no personal data should be collected unless the site user has given his or her informed consent through actively giving consent to such collection through an opt-in procedure, as opposed to withholding such consent by selecting an opt-out clause.

Personal data

is defined within in the terms of Directive 95/46/EC on Data Protection to mean any information relating to an identified or identifiable natural person; an identifiable person is one who can be identified, directly or indirectly, in particular by reference to an identification number or to one or more factors specific to his physical, physiological, mental, economic, cultural or social identity.

Privacy, security and confidentiality policies and tools

state of the art tools exist for ensuring that privacy, security and confidentiality should ensure the availability, authenticity, and integrity of data. Security is defined in the terms of Directive 95/46/EC on Data Protection, Article 17:

Security of processing:

1. Member States shall provide that the controller must implement appropriate technical and organisational measures to protect personal data against accidental or unlawful destruction or accidental loss, alteration, unauthorised disclosure or access, in particular where the processing involves the transmission of data over a network, and against all other unlawful forms of processing.

Having regard to the state of the art and the cost of their implementation, such measures shall ensure a level of security appropriate to the risks represented by the processing and the nature of the data to be protected.

Any such tools being used by a website should be clearly described on the website, as required by Recommendation 2/2001 on Certain minimum requirements for collecting personal data on-line in the European Union of the Article 29 Data Protection Working Party.

Provider

any natural or legal person who owns or operates the website. The information to be provided should comply with the requirements of general information on a service provider as set out in Directive 2000/31/EC on Electronic Commerce, Article 5:

General information to be provided:

1. In addition to other information requirements established by Community law, Member States shall ensure that the service provider shall render easily, directly and permanently accessible to the recipients of the service and competent authorities, at least the following information:

(a) the name of the service provider;

(b) the geographic address at which the service provider is established;

(c) the details of the service provider, including his electronic mail address, which allow him to be contacted rapidly and communicated with in a direct and effective manner;

(d) where the service provider is registered in a trade or similar public register, the trade register in which the service provider is entered and his registration number, or equivalent means of identification in that register;

(e) where the activity is subject to an authorisation scheme, the particulars of the relevant supervisory authority;

(f) as concerns the regulated professions:

- any professional body or similar institution with which the service provider is registered,

- the professional title and the Member State where it has been granted,

- a reference to the applicable professional rules in the Member State of establishment and the means to access them;

(g) where the service provider undertakes an activity that is subject to VAT, the identification number referred to in Article 22(1) of the sixth Council Directive 77/388/EEC of 17 May 1977 on the harmonisation of the laws of the Member States relating to turnover taxes - Common system of value added tax: uniform basis of assessment(29).

2. In addition to other information requirements established by Community law, Member States shall at least ensure that, where information society services refer to prices, these are to be indicated clearly and unambiguously and, in particular, must indicate whether they are inclusive of tax and delivery costs.