D2.1 – Requirements list regarding the needs and preferences of the user groups

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D2.1

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Once completed please e-mail to WP leader with a copy to mgmt@knots-project.eu.

Deliverable 2.1	Executive Summary
This document gives an overview of the state of the art of the organisation and involvement of volunteer workers in elder care. The conducted surveys and interviews with all relevant stakeholder groups and the deduction of corresponding personas are the fundament of the respecting hard- and software requirements in the KNOTS project.	

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2 Introduction

To create a requirement list for the technical KNOTS partners, first partner HKT did a general analysis of the elderly Eco-System. After this step, JUH focused on the volunteers. For this step, interviews with employees in the context of voluntary work were evaluated to create personas and to analyse the processes, followed by interviews with professional caregivers in Germany as well as in Sweden. The results show how the planned KNOTS system could work for stakeholders including relatives and care givers from the view of care. Finally, there are plans for a technical part of the KNOTS system which offers emergency call functionalities. For that the partner CareTech named the functions which are included in there emergency-system "CareIP Mobile".

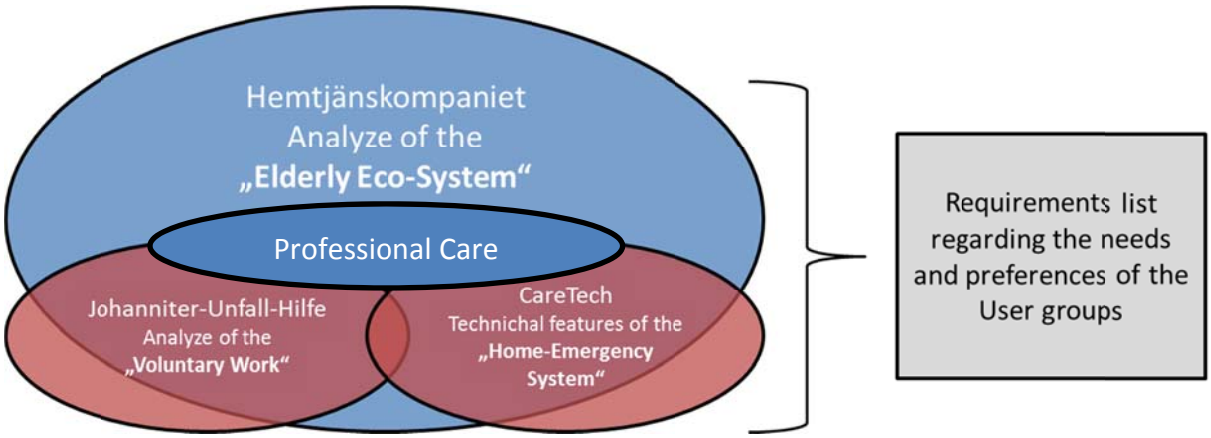


Figure 1: Acquisition of requirements list in WP2.

3 The Elderly Eco-System

During the first phase of the project in Sweden, 30 surveys and ten interviews have been carried out with stakeholders within the elderly eco-system. The intention was to determine their respective preferences and requirements regarding their information needs. Based on surveys, a workshop was held with local authorities, alarm central personnel, IT-system suppliers, and care givers. To give an overview of the elderly eco-system, the following figure has been created:

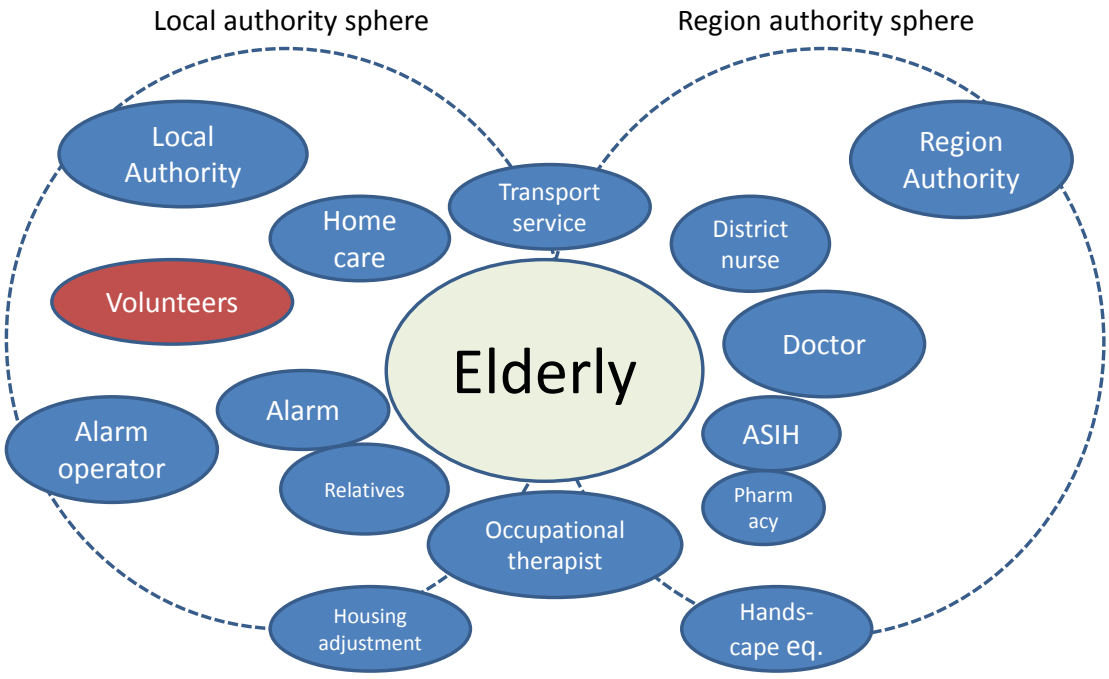


Figure 2: The Elderly Eco-System.

3.1 Results of the evaluation

The results of the evaluation reveal many things that are not working out properly in today's care, such as:

- Cooperation between district nurse, home care, and doctor
- Different authorities
- Elderly needs daily information in an easy way
- Elderly needs contact with around six different contact points to supply her/his needs if getting ill
- Alarm information should be processed in a secure digital platform
- Relatives' need for better information on what has been done during the day
- Information exchange between daily home caregiver, night patrol and alarm patrol
- Many information systems exist that are not integrated (local authority management systems, homecare planning system, follow up system, medical system, transport system etc.)

Besides this, the following needs are identified:

- Elderly are mainly interested in knowing who is coming, and at what time for caretaking and for providing help with their daily activities. Specifically, time was mentioned as being crucial for their perceived quality of life. Tying in to the time aspect is that the elderly want to know if there are any delays in the arrival of the caregivers.

- Relatives want to know who has been at the elderly and what has been done during the day. In addition, they are interested in short messages with a summary of the day and if there has been any specific things to report. They also want to know which home caregivers are planned to visit the elderly, which one is actually visiting the elderly and if the elderly has turned down any visits. Furthermore, they also want to be able to easily inform home caregivers if the elderly has an appointment, for example visiting a doctor. They also want to get "a face" of who is taking care of the elderly.
- Local authority wants to know if the needs were correctly understood, or if there has been any changes. They are interested, if the elderly has turned down any visits and/or activities during the day.
- The home care givers want to have their main tasks to be written down but are also interested in oral communication of the needs - the elderly knows its need best.
- Home care managers are interested in an "implementation plan" which indicates what should be done at the elderly and if there has been any special event during the day
- The district nurse is interested in knowing that correct medications are given
- The alarm operators indicate that they need better information about the customer to make right decisions and secure the information electronically for the home caregiver
- Interests of the advanced hospital service in the home (ASIH): when was the home care giver at the elderly and had there been any special events to be reported during the day

As many different stakeholders and problems exist, the KNOTS project board decided that KNOTS focus on a solution for **home-care** in Sweden and **volunteers** in Germany. The main target should be transfer of knowledge (which was the main target in the proposal) and then the issues of organization (e.g. by a calendar system) or contact management (e.g. by a chat system) should be tackled. Furthermore, it should be possible for other stakeholders to use the system in the future to be able to reflect the different needs mentioned above.

3.2 Proposal for solution

- Need to find one **database/information retriever** to collect all data and spread the information to the right person and secure the information is the same through the whole system (Set-up a database system to collect all the data and facilitate information access to the right person while keeping the content secure and same throughout the system)
- Changed laws, information can't be shared with local authority, hospital authority, caregivers and elderly/relatives

4 Volunteering in Germany

For people in Germany there are various reasons to engage in a volunteer capacity. The third "Freiwilligensurvey" [1] (the word "Freiwillige" is German for volunteers) by order of the Federal Government shows data related to work of volunteers in Germany and points out reasons like participation, social co-determination, qualification profit or also just being involved as an older person (older than 60) as well as social exchange with others. Volunteers can be found predominantly in the middle class. They volunteer in associations, projects or institutions on average 2-3 hours weekly for a period invested for years. In "Niedersachsen" (German federal state "Lower Saxony"), an increase of 10% stood out in comparison to the elevation point 2004, all over the country, 36% of the German citizens are volunteers, currently more older people, unemployed people or migrants.

4.1 Volunteering at the Johanniter-Unfall-Hilfe

The reasons of about 30,000 volunteers within the Johanniter-Unfall-Hilfe (JUH) [2] are the same as mentioned before. Charity is the focus. The volunteers understand volunteering as a sensible turning to the community which they want to form and experience. The possibilities to be involved are put up broadly, visit services or hospice-work can be called here. Other examples are school-service, till the old age, ore education in first aid.

Every employment/mission starts with basic educations, advanced trainings on special subjects and common meetings are offered regularly. In each case, the volunteers have supervisors and are supervised professionally. Volunteers mostly work in a regional level. The press plays a vital role that volunteers are dedicated within the JUH. Furthermore, the work by public events e.g. with medical duty, often is carried out by volunteers.

4.2 Pflegneuausrichtungsgesetz

The Pflegeneuausrichtungsgesetz (PNG) (English translation would be roughly "Strategic reorientation in care division") is a new care-adjustment law (in place since 01.01.2015). With this law, low level care and discharge achievements will be set up as a new achievement area in the nursing assurance [3]. For claim beneficiary of ambulant material achievements (nursing step 0-III) this means that they can allow to refund the costs for a lot of broader spectrum of achievements, e.g., with the nursing cash for themselves. The achievements offered by the JUH are distinguished in support and discharge offers and contains the following activities:

Support-offers	Discharge-offers
Support service for groups	Household
tea and coffee time	cleaning up the household
sportive groups	helping cleaning the curtains
art groups	flower care, repotting flowers / plants
literary groups	help by putting the garbage cans to the street

play groups	old glass/paper decontamination
lunch	laundry care (washing, drying, folding)
excursion	changing of the lines
watching TV/ film events	cleaning the house hall
Individual support service	feeding pets
read out small-talk	washing up
shopping, taking a walk	Accompanying and driving services
cooking or baking together	Purchasing of food / clothes / utility items
doing handicraft	small provisions like bread roll, newspaper
decorating	accompanying to the doctor/the bank or to the office
talking	errands to chemist's shop, library, mailbox
playing games	accompanying to the graveyard, cinema, church, restaurant, theatre, museum
watching pictures / photos	
drinking tea or coffee	accompanying to the organisation of move, meeting friends, birthday party
regular short visits	

Table 1: Offers of the JUH

5 Context of use and functional requirements (Voluntary work)

For the analysis of the context of use of the KNOTS system to be developed, two single interviews and one group interview with coordinators as well as accommodation managers for voluntary help of the JUH were carried out. To create a clearer image of the user-interaction with the planned KNOTS system, personas of the different user-groups were provided by the JUH. Furthermore the main processes around the service of the volunteer-work by the JUH were analyzed.

In the following, the words coordination and coordinator will be abbreviated by the acronym **CO**, the words volunteering and volunteer will be abbreviated by **VL** and the word clients by **CL**.

5.1 Method: Persona

The method “Persona” creates a descriptive model of a typical user available. Besides this, a specific product should be identified for the special demands and the aims of a user group. A Persona shows a typical person of the target group and defines qualities like, demographic information, a background, aims, wishes, fears, occupation, motivation, technology readiness and wide qualities. The Persona reflects qualities, demands, expiries, duties, relevant objects of the everyday life and communication and interaction with subjects of the target group [4].

In the following, the developed Personas are summarized.

5.1.1 Persona: Coordination

Name: „Mrs. Johann“

Age: 35 years

Status: Hired

Technics: Experienced

Frau Johann works fulltime for the JUH. Her main task is to coordinate the volunteers.

EXPECTATIONS:

- Trust in volunteers / reliability / independence of the volunteers
- Being able to support the volunteers (short VL) and clients (short CL) without putting too much energy into structuring work or administration

COMPETENCE/ ABILITIES:

- Motivate the VL / marketing/production and care
- Human knowledge , to put the VL and CL together- communication

Managing structures / Creation of processes / sequences / administration

DUTIES:

- Cost-covering work / bill of cost / budget
- PC knowledge
- Organization of trainings / advanced trainings / team-meetings
- Statistical work
- Networking with VL and CL
- Data acquisition / bill of costs for VL and CL
- Making of CL/VL and their personality care
- Public relations
- ”Emergency calls” from institutions like health insurances (ill or pregnant women with children, who needs immediately help)
- Care of contacts / consulting / intervention
- Have in view range of articles and legal default to volunteers

PROBLEMS:

- Administrative processes and account processes needs too much time or takes too many steps by having papers which have to describe into the technical system (source of error)
- Long ways of communication / often just using the telephone
- ”Emergency calls” -needs short ways of decision
- To many working hours of the volunteers causes research-processes

5.1.2 Persona: Voluntary (VL)

Name: „Hannes“

Age: 54 years

Status: Pensioner

Technics: known/interested

Hannes works as a volunteer for the JUH.

EXPECTATIONS:

- Self-affirmation /- Self-realisation
- Esteem / recognition
- Having useful Tasks / to earn money
- Mentioned in his curriculum vitae
- Organisation of his work by:
  - Accounting
  - Work-plan
  - Trainings / advanced trainings / team-meetings / support

COMPETENCE/ ABILITIES:

- Interested in advanced training of key qualifications / basics
- Transfer of own skills.

DUTIES:

- Assistance by requirement communication
- Accounting (own) and helping the client to do this
- Empowerment like:
  - Trainings before working as a volunteer and later advanced training
  - Basic knowledge/ soft-skills / appearance
  - Team-meetings / supervision / helpful consultation

PROBLEMS:

- Percipience of things which are not normal
- Experience in some situations or by doing some observation
- Have an eye at own bills, cost and legal default hourly contingent

5.1.3 Persona: Client (CL)

Name: „Mrs. Büchner“

Age : 84 years

Status: Handicapped

Technics: Afraid / careful/ reserved

Since one year she uses the volunteer-service from the JUH twice a week. She gets help cleaning up the household and purchasing of food. She often needs help to get to the doctor while her daughter has no time.

EXPECTATIONS:

- Help only if needed / Keep an independent lifestyle / Living safety at home / no worries“ vs. Peculiarity / Self-determined life

COMPETENCE/ ABILITIES :

- Being able to communicate
- Open for other people / help
- To be mature
- Financing

DUTIES:

- Signing calculations / bills Paying bills
- Readiness to provide information around the service.
- Arrange services with regard to appointment and extent and feedback about satisfaction

PROBLEMS:

- Working with multimedia systems
- Trust in Foreign
- Accounting procedures
- Perception of the service vs. friendly relationships
- Having branches with deficits, care and discharge offers needed

5.1.4 Summary of Personas

To sum up, the following requirements are collected from the Personas respective areas

Coordinator	- Software-supported capture of customers and volunteers - Coordination and organisation of volunteer's work and achievements - Providing and organising of information (clarification and trainings) - Communication with volunteers and customers - Control of the working hours and achievements
Volunteer	- Software-supported coordination and organisation of activities - Capture of own abilities and wishes in a data bank - Consideration of personal data with allocation of duties by the coordination - Access to a catalogue of information (clarification and trainings) - Communication / exchange between volunteers - Capturing of working hours and achievements
Client	- Software-supported capture of received achievements - Communication with all stakeholders - No unnecessary functions

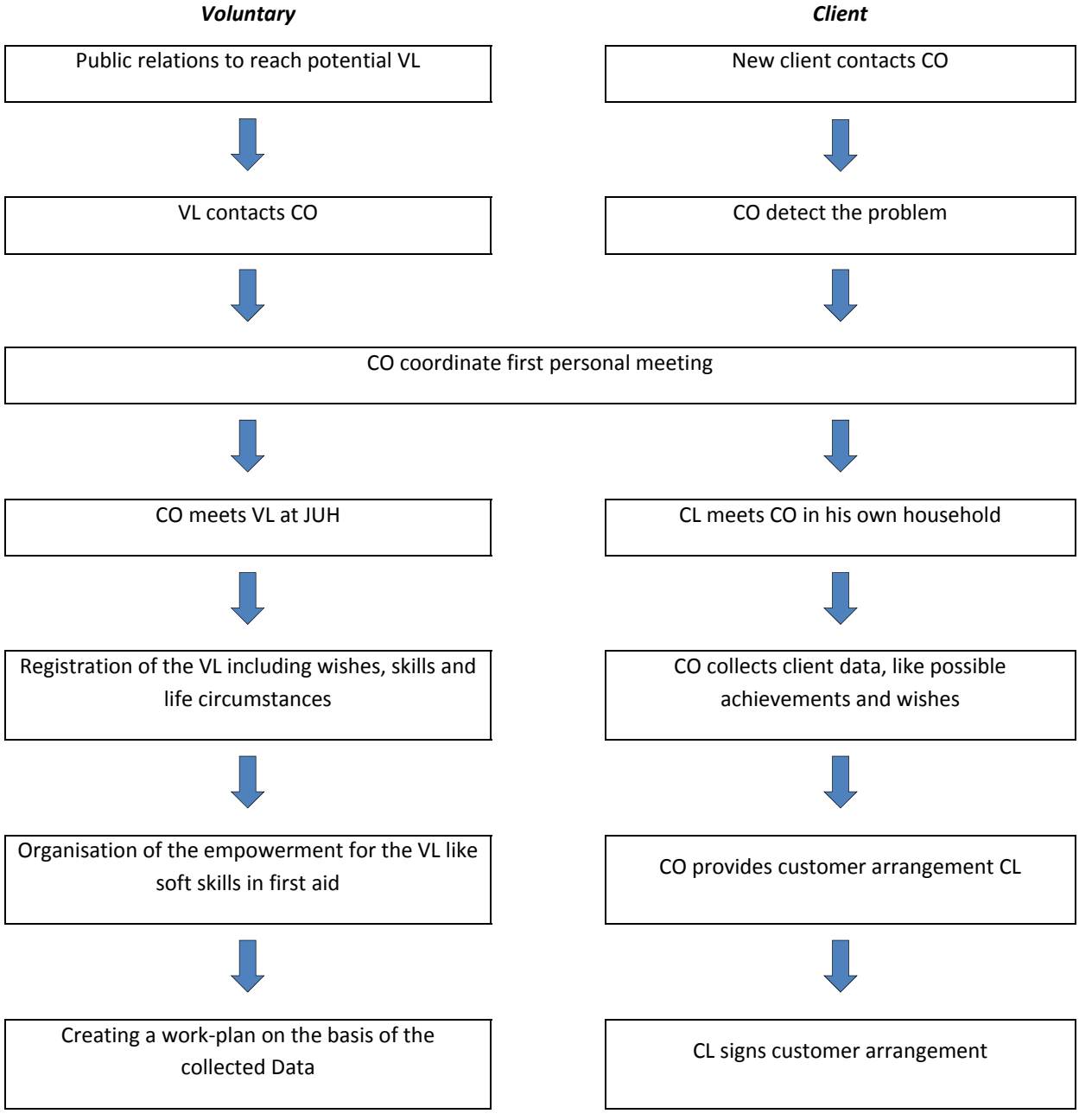
5.2 Processes of the voluntary work at the JUH

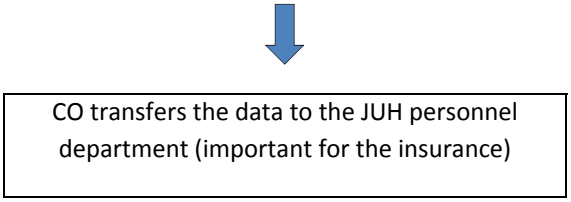
On basis of the interviews, it was understood that the coordination involves the following processes:

- Registration of customers/clients as well as volunteers
- Achievement capturing and billing
- Empowerment of the volunteers by trainings
- Crisis management

All available Documents and templates can be found the appendix in Section 9.

5.2.1 Process: Registration

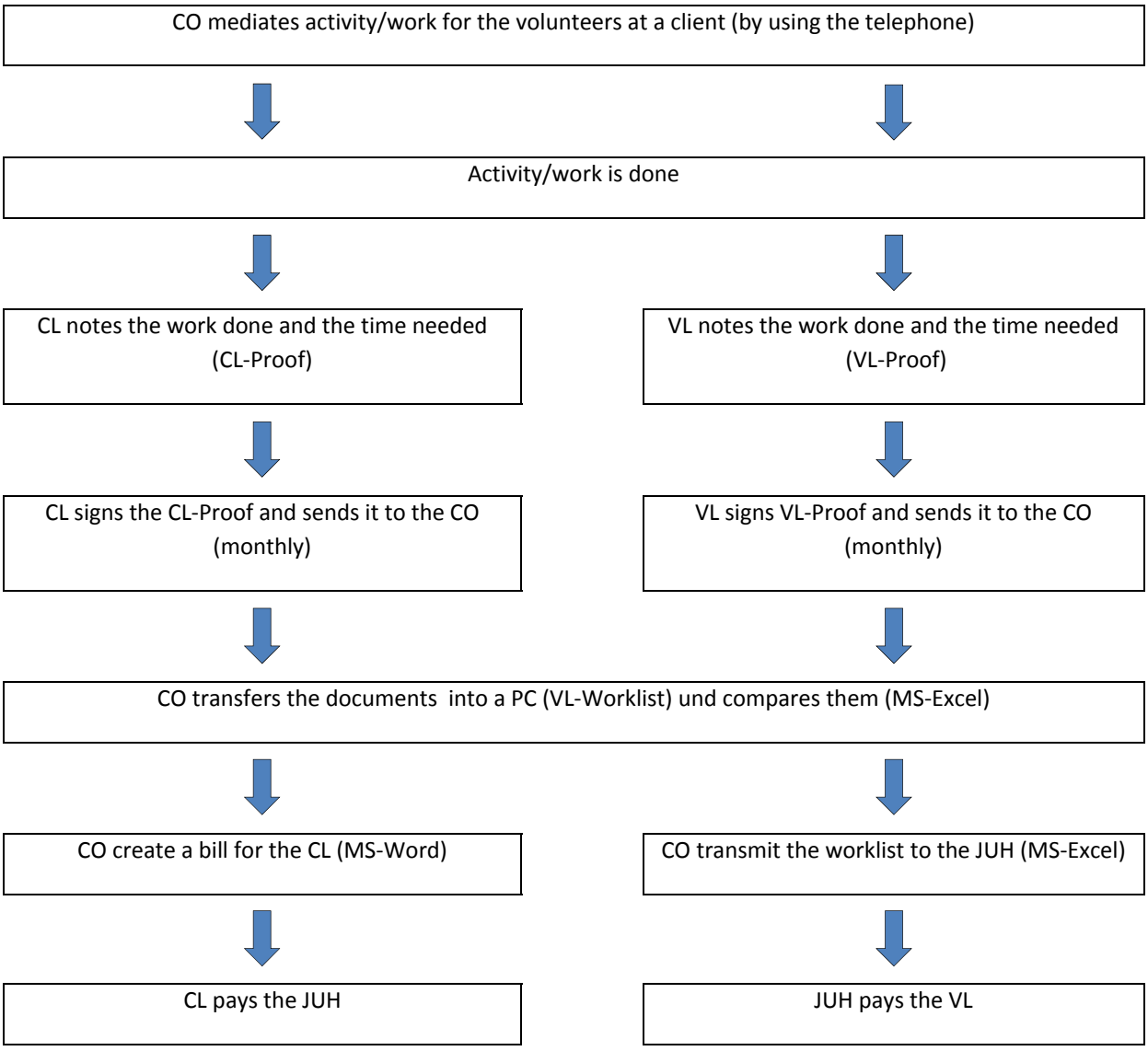




From this process the following approaches for technical assistance can be derived:

- Digital capture of new customers/clients
- Organisation of advanced trainings (search, registration)
- Production of individual application plans
- Data transfer of forms within the JUH

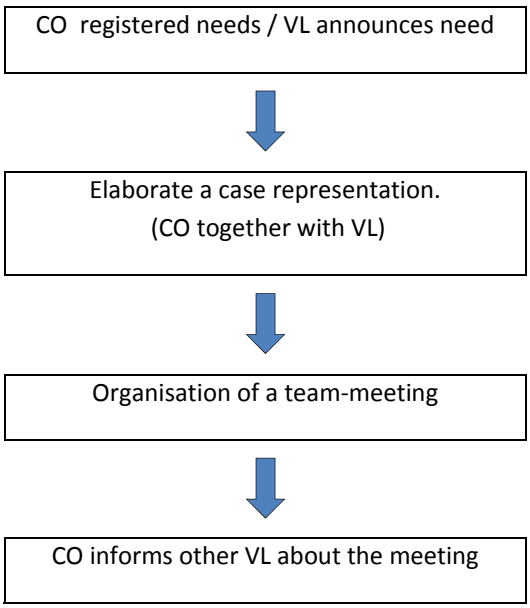
5.2.2 Process: Achievement capturing / Billing



From this process the following approaches for technical assistance can be derived:

- Digital production and capture of achievement proofs
- Monthly comparison of the proofs
- Production of calculations as well as expense allowances

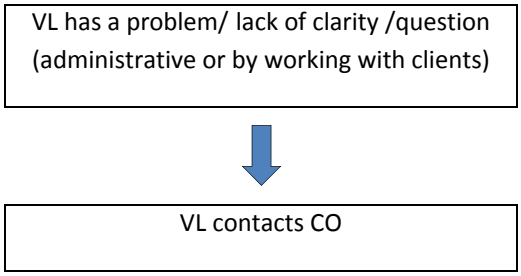
5.2.3 Process: Empowerment by trainings

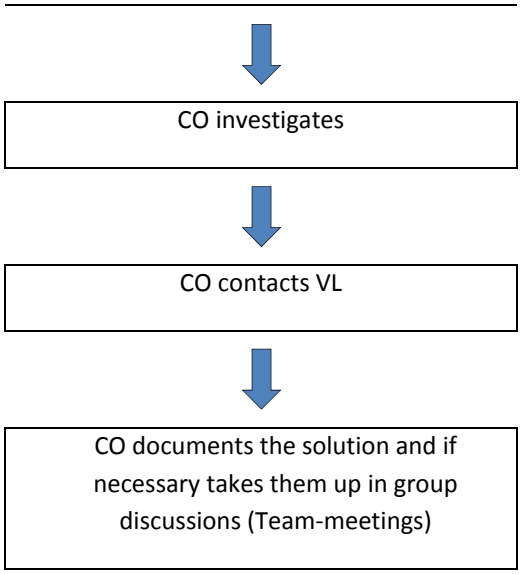


From this process the following approaches for technical assistance can be derived:

- Entering problem cases and communication to coordinator by the volunteers
- Appointment inquiries and regulation to volunteers by coordination
- Control of information for often appearing questions of the volunteers

5.2.4 Process: Crisis management





From this process the same approaches for technical assistance as in the process at 2.2.3 can be derived.

5.3 Summary: Context of use and of functional requirements (Voluntary work)

By the analysis of the processes and taking the Personas into account the following needs can be summarized for the technical support in the KNOTS-System for the voluntary work:

- Capturing of all volunteers, clients and tasks in a data bank to have an overview and a better organisation
- Simplistic capturing and comparing of working-hours and achievements
- Simplistic account procedures for the coordination
- Communication for an empowerment between all actors

6 Context of use and functional requirements (Professional care)

To get information about the requirements of the professional caregivers regarding the KNOTS-idea, three groups were interviewed: one group consisting of four professional caregivers (nurses), one with two managers (CEO's) of caregiver/nursing services in Germany and a group with three professional caregivers from Sweden.

The following topics were addressed:

1. Participants and their technical experiences
2. Technical systems at work, especially ambulant nursing services
3. Voluntary care givers and helpers in care and communication needs

4. Other relevant stakeholders
5. Important information for the different stakeholders
6. Evaluation of the devices (mobile/stationary)
7. Additional ideas about the functions
8. Important aspects for the hardware

6.1 Results of the interviews

1. Participants and their technical experiences

All participants have worked or are still working as professional or as a manager for caregivers. In private, the most of them use a smartphone. Some participants (three out of nine) have problems using it. Both managers don´t have any problems with computers or smartphones in there private life.

There were no relevant differences between the Swedish and the German participants identified.

2. Technical systems at work, especially ambulant nursing services

The German participants showed a general acceptance about care software and smart devices for work. The managers talked about the fact that they tried to introduce software called MediFox[1] but it makes “things complicated”. At the moment they only work with software like office and don’t have any smart devices.

In Sweden the participants use different systems. Primary they use a local authority’s management system for information regarding the elderly, care planning, care status and daily reports. Caregivers use software called icare[2]. With that they can organize their work and see what tasks should be done.

3. Voluntary care givers and helpers in care and communication needs

All German participants said that there is a big need for helpers. They do a lot of work which they can´t do because of missing time or that these work is not an official care-service (see also Table 1). Significant helpers are relatives, neighbors or friends. Mostly they communicate via phone or personal meetings.

The participants in Sweden said that there is no integration of voluntary helpers.

[1] https://www.medifox.de/
[2] http://icare.nu/

4. Other relevant stakeholders

As the Swedish stakeholders were mentioned in Section 3, the Germans asked the participants about which persons could be important in the German setting.

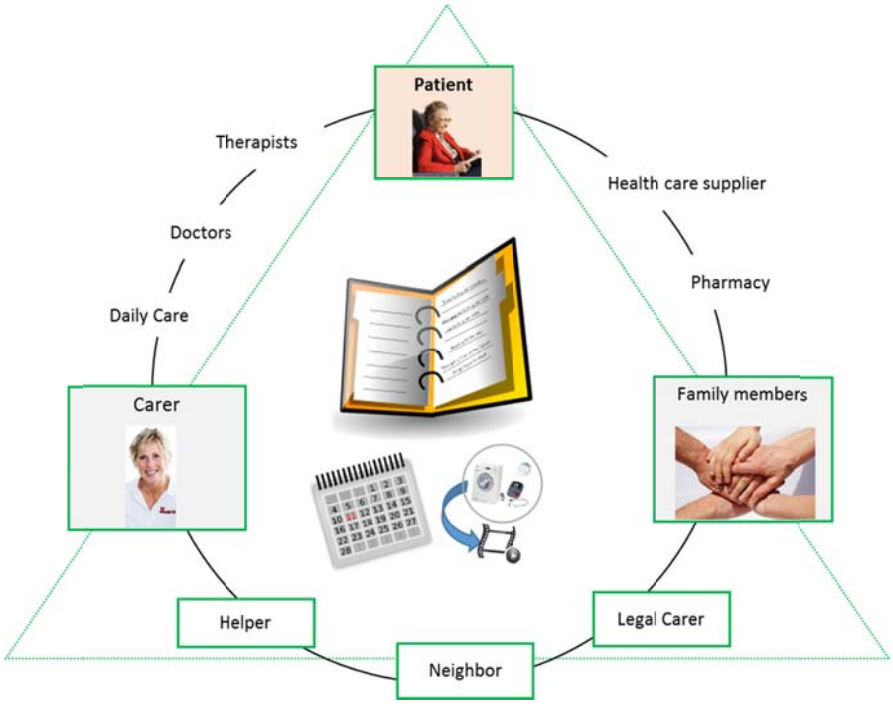


Figure 3: Possible stakeholders in Germany.

The figure above shows that the most important stakeholders besides the patients are the caregivers, the family members, neighbors, and the legal caregivers.

5. Important information for the different stakeholders

In Sweden the important information for the user are: who is coming, when will someone come, who should I contact for any problems, what have been done at the elderly (for the relative).

In Germany the participants named a lot of different information. The following table gives an overview about the results:

Table 2: Information of KNOTS

Technical helpers (healthcare)	Technical devices (@ home)
Stairlift Sleep apnea device Insulin pump Oxygen apparatus Electric Wheelchair Nutrition pumps blood glucose meter Hearing aids	Washing machine Modern technologys like smartphones or tablets Television Devices in the kitchen
About the person	**Wound care**
Biographical work Infaormation about medicins Drinkig behaviour Sleeping behaviour Information about special Diets Health and mobility in general Status of pains Simple reminders	Stoma care Vacuum bandages

6. Evaluation of the different devices (mobile/stationary)

All participants would prefer a (stationary) tablet as a KNOTS device. For recording videos it could be better to use a smaller device like a smartphone.

7. Additional functions

Different additional functions were mentioned: Regular communication (like phone), order lunch, order pharmacy, order elderly taxi, contact with doctor, laundry etc.

Also some participants said they would like to create notes (write and speak).

8. Important aspects for the hardware

Aspects of hardware: long battery time, waterproof, bumpy proof, easy push function, lightweight, should have a microphone for speech recognition, should have the option to use by pen.

6.2 Summary of the interview results:

Because of the time limitations of professional caregivers at work, a KNOTS system should be organized by other ones except from them. Beside the knowledge transfer the main function of KNOTS should be the transfer of notifications. Users should be able to create those notifications by different ways. Some would prefer speech recognition others would like to use a pen to write on the system. Beside information about AAL technologies KNOTS should have information about other technical healthcare devices (cf. Table 2).

7 Software and Hardware requirements

7.1 Current State

All employees of the JUH work on a network connected to central servers in the land association. Within the project, this server will not be available for internal directives and data security reasons. Therefore storage of the data has to be connected to an external server on which all users have access to the internet.

The following table gives an overview of the actual used terminals and operating systems by the project-partners which involve the final users:

Area	Hardware	Operating System
Employees of the JUH (incl. coordination)	PC / Laptop	Microsoft Windows 7
Technical Service employees by JUH	Smartphone / Tablet	Apple iOS
Caregivers	Smartphone	Mostly Android
Management of caregivers	PC / Laptop	Microsoft Windows 7

Table 3: Current hard- and software in use.

7.2 Target State

Primarily the coordinator works in the office on a Windows PC. Nevertheless, by regular house visits for new registrations a mobile solution is important. For that, a smartphone or tablet with an Android System is recommended.
The volunteers should work with their own smart phones. Android will be considered first since it is the most commonly used mobile operating system. Later iOS must be included too. Customers should use a tablet because of the easier handling. Additionally they can use the emergency device. All devices have to be able to connect to the internet.

8 Home Emergency System

The Home Service Emergency Device consists of a German health care insurance approved, genuine, digital carephone. This carephone "CareIP Mobile" is connected to the customer's router. With "DHCP" it gets a free IP address and is immediately online. Also the device can always be reached from a technical supporters via internet e.g. to change programming (such as volume, programming of the buttons or additional services). This remote programming is done via up- and download of the programme data including authenticity certification. Should the Internet or router fail, the home emergency device with a built-in M2M SIM card and GSM / GPRS will set up a call to the corresponding call centre or another public-safety answering point (PSAP), including the data transfers with the XML protocol.

8.1 Power failure

Until there is no internet connection in case of a power failure the device immediately switches to battery backup mode (low power consumption). The emergency would be guaranteed in this case via GSM / GPRS in the XML protocol.

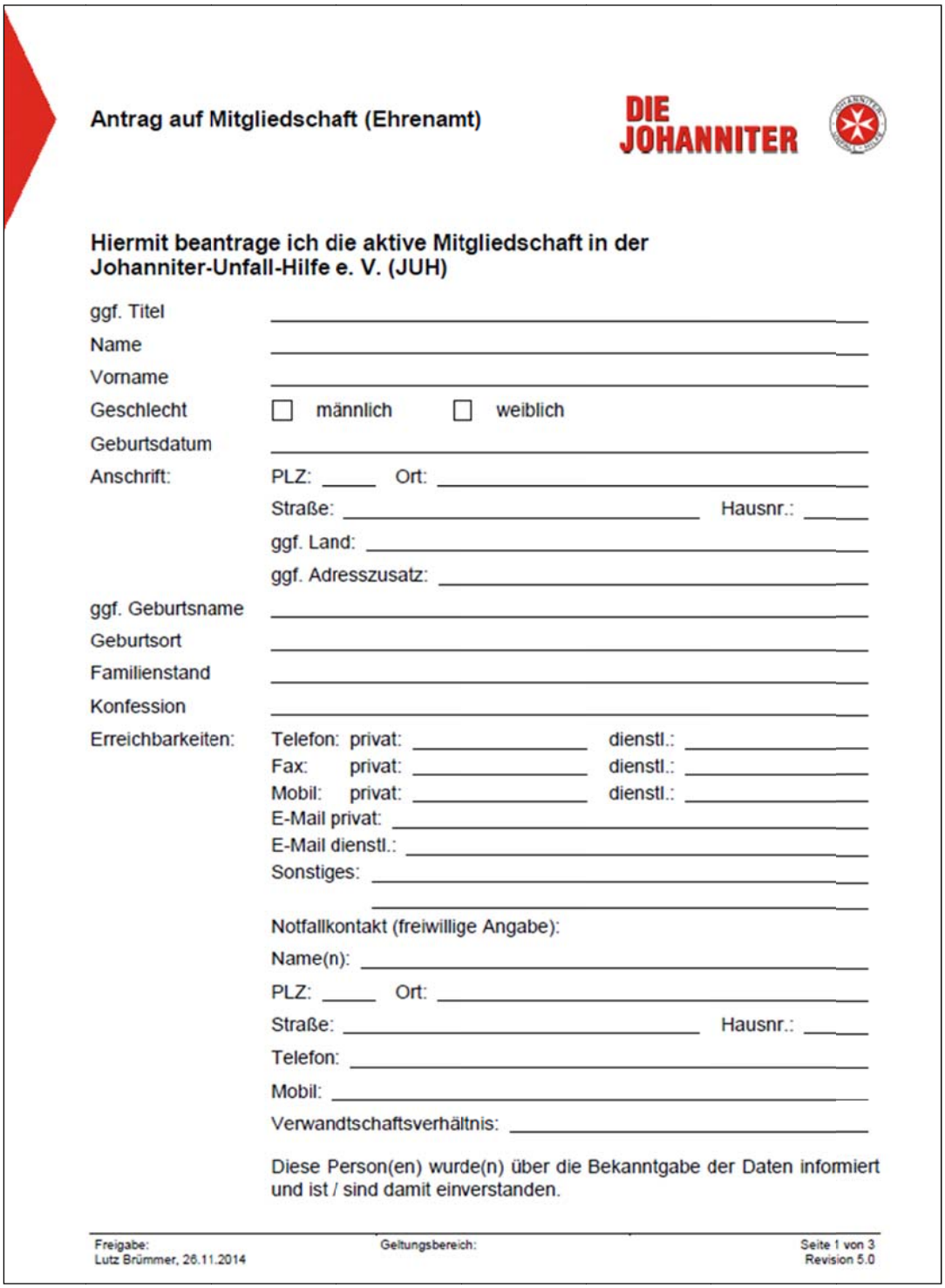
8.2 Telecare Accessories

CTK provides a comprehensive range of telecare accessories. This is to connect wireless devices such as smoke detectors, motion sensors or intruder alarm, which also offer the customer an extra safety feature, providing a longer life in the home environment.

In addition, the home emergency device via the SNMP protocol with other vendors' products, e.g. CIBEK Paul (TSA project) or My Asina can be joined by Exelonix.

9 Appendix

Registration-document for voluntary work (p.1)



Antrag auf Mitgliedschaft (Ehrenamt)

DIE JOHANNITER

Hiermit beantrage ich die aktive Mitgliedschaft in der Johanniter-Unfall-Hilfe e. V. (JUH)

ggf. Titel _____

Name _____

Vorname _____

Geschlecht ☐ männlich ☐ weiblich

Geburtsdatum _____

Anschrift: PLZ: _____ Ort: _____

Straße: _____ Hausnr.: _____

ggf. Land: _____

ggf. Adresszusatz: _____

ggf. Geburtsname _____

Geburtsort _____

Familienstand _____

Konfession _____

Erreichbarkeiten: Telefon: privat: _____ dienstl.: _____

Fax: privat: _____ dienstl.: _____

Mobil: privat: _____ dienstl.: _____

E-Mail privat: _____

E-Mail dienstl.: _____

Sonstiges: _____

_____

Notfallkontakt (freiwillige Angabe):

Name(n): _____

PLZ: _____ Ort: _____

Straße: _____ Hausnr.: _____

Telefon: _____

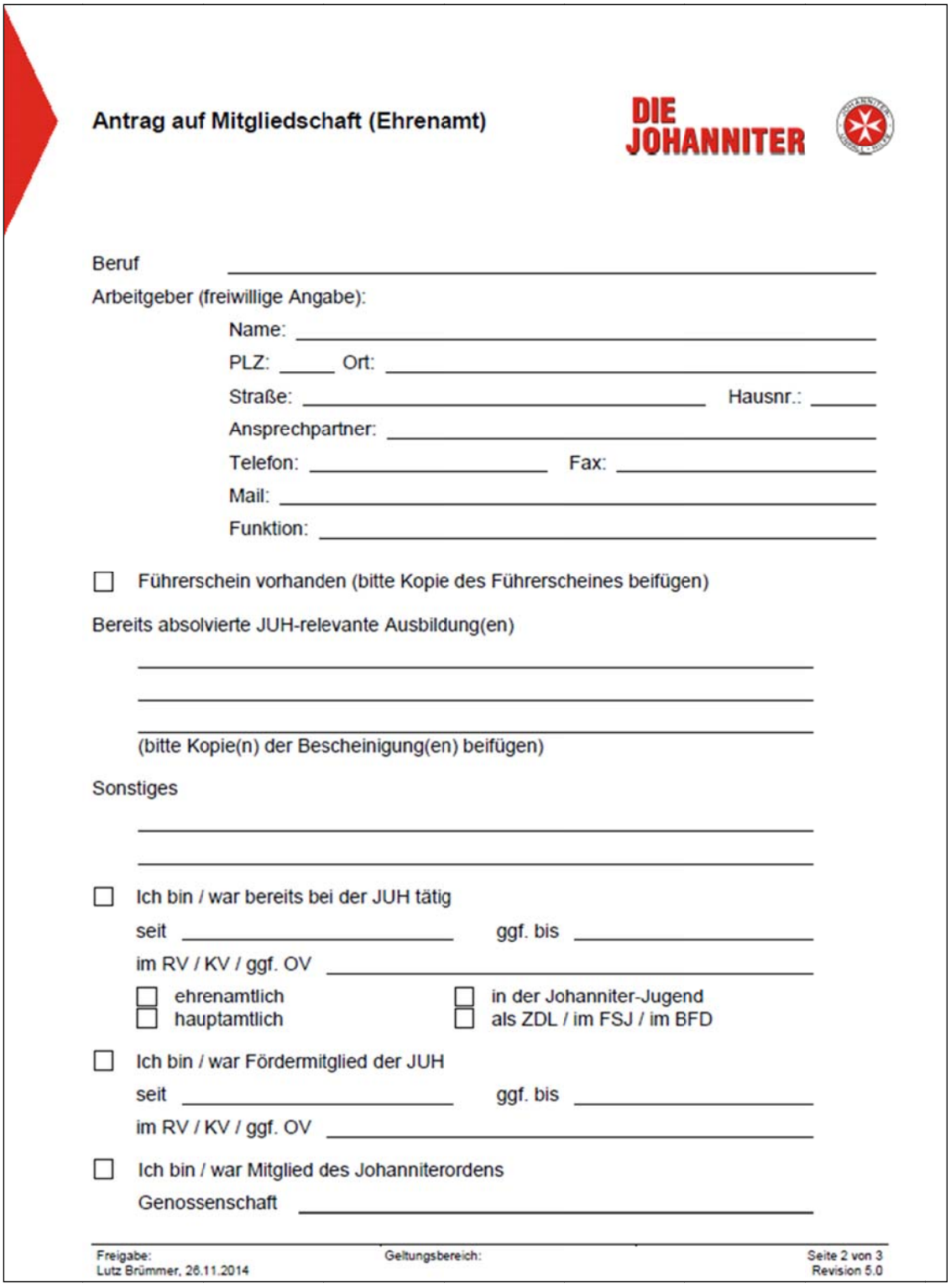
Mobil: _____

Verwandtschaftsverhältnis: _____

Diese Person(en) wurde(n) über die Bekanntgabe der Daten informiert und ist / sind damit einverstanden.

Freigabe: Lutz Brümmer, 26.11.2014 | Geltungsbereich: | Seite 1 von 3 Revision 5.0

Registration-document for voluntary work (p.2)



Antrag auf Mitgliedschaft (Ehrenamt)

DIE JOHANNITER

Beruf _____

Arbeitgeber (freiwillige Angabe):

Name: _____

PLZ: _____ Ort: _____

Straße: _____ Hausnr.: _____

Ansprechpartner: _____

Telefon: _____ Fax: _____

Mail: _____

Funktion: _____

☐ Führerschein vorhanden (bitte Kopie des Führerscheines beifügen)

Bereits absolvierte JUH-relevante Ausbildung(en)

_____

_____

_____

(bitte Kopie(n) der Bescheinigung(en) beifügen)

Sonstiges

_____

_____

☐ Ich bin / war bereits bei der JUH tätig

seit _____ ggf. bis _____

im RV / KV / ggf. OV _____

☐ ehrenamtlich ☐ hauptamtlich ☐ in der Johanniter-Jugend ☐ als ZDL / im FSJ / im BFD

☐ Ich bin / war Fördermitglied der JUH

seit _____ ggf. bis _____

im RV / KV / ggf. OV _____

☐ Ich bin / war Mitglied des Johanniterordens

Genossenschaft _____

Freigabe: Lutz Brümmer, 26.11.2014 | Geltungsbereich: | Seite 2 von 3 Revision 5.0

Registration-document for voluntary work (p.3)

Antrag auf Mitgliedschaft (Ehrenamt)

DIE JOHANNITER

Ich erkenne die Satzungen, Dienstordnungen sowie alle anderen Richtlinien, über die ich in Kenntnis gesetzt worden bin, an.

Mir ist bekannt, dass ich einen jährlichen Mitgliedsbeitrag nach der Mitglieds- und Beitragsordnung zu entrichten habe.

Datenschutz:
Ich erteile meine Einwilligung, dass die JUH die ihr im Rahmen der Zweckbestimmung des Mitgliedschaftsverhältnisses anvertrauten personenbezogenen Daten unter Beachtung der geltenden Datenschutzbestimmungen verarbeitet oder durch Dritte verarbeiten lässt. Der Erfassung der Daten in die Helferdatenbank zum Zwecke der elektronischen Datenverwaltung stimme ich zu.

Ich möchte meine Mitgliedschaft im

RV / KV / ggf. OV _____ ausüben.

Datum: _____ Unterschrift: _____
Unterschrift des Antragsstellers
(gilt auch für minderjährige Antragsteller)

Bei minderjährigen Antragstellern:
Einverständniserklärung des / der Erziehungsberechtigten:

Ich bin / Wir sind damit einverstanden, dass mein / unser Kind die aktive Mitgliedschaft in der JUH beantragt und bestätige(n) die gemachten Angaben.

Name(n): _____

PLZ: _____ Ort: _____

Straße: _____ Hausnr.: _____

Telefon: _____

Mobil: _____

Mit der Erfassung meiner/unserer Daten und der Daten meines/unseres Kindes in die Helferdatenbank bin ich /sind wir einverstanden.

Datum: _____ Unterschrift: _____

Unterschrift: _____

Freigabe:
Lutz Brümmer, 26.11.2014

Geltungsbereich:

Seite 3 von 3
Revision 5.0

List of Working-hours (Client-Proof)

DIE JOHANNITER

Johanniter-Betreuungsdienst **Ortsverband Aller-Leine**

Stundennachweis

Name des Kunden: _____

Anschrift: _____

Abrechnungsmonat: _____

Tag	Betreuung	Verhinderungs-pflege	Sonstiges*	Gesamt-stunden	gefahrene Kilometer**	Mitarbeiter
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

* hauswirtschaftliche Hilfe, Einkaufsdienst, Arztbegleitung
** bei Beförderung eines Kunden im Johanniter-Fahrzeug oder im eigenen PKW

Ort, Datum Unterschrift des Kunden

VL-Proof

SFN - GfB Stundennachweis /Abrechnung

DIE JOHANNITER

Monat/ Jahr:

Empfänger
Name, Vorname:
Geb.Datum:
Kostenstelle:
Verband:

Abrechung für:
bitte auswählen:

- [ ] GfB
- [X] SFN
- [ ] GfB + SFN
- [ ] EA - Freibetrag

Bitte den gesamten Monat abbilden.

Monatsarbeitszeitnachweis (je Mitarbeiter und Monat nur ein Formular je Kostenstelle)

Datum	von	bis	Stunden**	Minuten **	Tour/ Einsatzort/ Kurs- Nr.	EURO
Summe					=	

*es gelten die Entgeltgrenzen gemäß dem SFN Personalstammblatt
**Std./Min. ohne genommene Pause

		Stunden-vergütung	
		Betrag	

Durch die Personalabteilung/Vorgesetzten auszufüllen	
Summe Auszahlung als SFN*	
Summe Auszahlung als GFB	

Datum / Unterschrift Mitarbeiter / sachlich richtig

Freigabe:
Andreas Bähre, 11.10.13

Geltungsbereich:
Landesverband Niedersachsen/Bremen

1 von 1
Revision 1.3

VL-Worklist

Johanniter-Unfall-Hilfe e. V. **Ortsverband ...**

DIE JOHANNITER

Johanniter-Betreuungsdienst

Kunde: Name
Straße
PLZ/ORT

Abrechnungsmonat: September 14

Tag	Betreuung	Verhinderung	Sonstiges	Stunden insg.	Betrag	Kilometer*	Fahrtkosten*	Gesamtbetrag	Mitarbeiter
1			3,0	3,0	33,00 €	54,0	16,20 €	49,20 €	
2			3,5	3,5	38,50 €	119,0	35,70 €	74,20 €	
3				0,0	0,00 €		0,00 €	0,00 €	
4				0,0	0,00 €		0,00 €	0,00 €	
5				0,0	0,00 €		0,00 €	0,00 €	
6			3,5	3,5	38,50 €	59,0	17,70 €	56,20 €	
7				0,0	0,00 €		0,00 €	0,00 €	
8			2,0	2,0	22,00 €	59,0	17,70 €	39,70 €	
9			2,5	2,5	27,50 €	59,0	17,70 €	45,20 €	
10				0,0	0,00 €		0,00 €	0,00 €	
11			4,5	4,5	49,50 €	141,0	42,30 €	91,80 €	
12			1,0	1,0	11,00 €	3,0	0,90 €	11,90 €	
13				0,0	0,00 €		0,00 €	0,00 €	
14				0,0	0,00 €		0,00 €	0,00 €	
15			2,5	2,5	27,50 €	59,0	17,70 €	45,20 €	
16				0,0	0,00 €		0,00 €	0,00 €	
17				0,0	0,00 €		0,00 €	0,00 €	
18				0,0	0,00 €		0,00 €	0,00 €	
19				0,0	0,00 €		0,00 €	0,00 €	
20				0,0	0,00 €		0,00 €	0,00 €	
21				0,0	0,00 €		0,00 €	0,00 €	
22			3,5	3,5	38,50 €	59,0	17,70 €	56,20 €	
23				0,0	0,00 €		0,00 €	0,00 €	
24				0,0	0,00 €		0,00 €	0,00 €	
25				0,0	0,00 €		0,00 €	0,00 €	
26				0,0	0,00 €		0,00 €	0,00 €	
27				0,0	0,00 €		0,00 €	0,00 €	
28				0,0	0,00 €		0,00 €	0,00 €	
29			3,0	3,0	33,00 €	59,0	17,70 €	50,70 €	
30				0,0	0,00 €		0,00 €	0,00 €	
31				0,0	0,00 €		0,00 €	0,00 €	
				29,0	**319,00 €**	**671,0**	**201,30 €**	**520,30 €**	

* 0,30 € Fahrtkosten pro gefahrenen Kilometer

Expense allowance (VL)

DIE JOHANNITER

Johanniter-Unfall-Hilfe e.V.

Frau/Herr
Name
Straße

PLZ / Ort

Unser Zeichen	Telefon/Mobiltelefon	E-Mail	Datum

Bitte bei der Zahlung unbedingt angeben:

Kundennummer:
Rechnungsnummer:
Kostenstelle Nr.:
IK-NR.:

Johanniter-Betreuungsdienst

Für die erbrachte Leistung im Monat September 2014 stellen wir Ihnen in Rechnung:

Kunde:	Name Straße PLZ/Ort
Gesamtstunden:	29,0 Std. (siehe Auflistung)
Gesamtsumme:	319,00 EURO
zzgl. Fahrtkosten:	201,30 EURO (siehe Auflistung)
Rechnungsbetrag:	**520,30 EURO**

Wir bitten um Überweisung des Rechnungsbetrages auf das unten genannte Konto. Zahlung sofort netto.

Mit freundlichen Grüßen

Johanniter-Unfall-Hilfe e.V.
Ortsverband…

Präsident:
Dr. Arnold von Rümker
Bundesvorstand (§ 26 BGB):
Wolf-Ingo Kunze
Wolfram Rohleder
Jörg Lüssem

Landesvorstand:
Thomas Mähnert
Ralph Edzard Wedekind

Regionalvorstand:
Uwe Beyes
Jens-Michael Emmelmann
Hermann Fraatz

Bank für Sozialwirtschaft
BLZ 370 205 00
Kto.-Nr. 431 23 00
BIC BFSWDE33XXX
IBAN DE79370205000004312300

DZI Spenden-Siegel Zeichen für Vertrauen

TÜV CERT Zertifiziert im Qualitätsmanagement

Vereinsregister-Nr. 17661 B, Amtsgericht Charlottenburg

10 References

[1] Schmiade, N., Müller, D., Kausmann, C., Vogel, C., Ziegelmann, J.P., & Simonson, J. (2014). Der Deutsche Freiwilligensurvey 2009, 2004 und 1999. Kurzbeschreibung Kurzbeschreibung der Scientific Use Files: SUF FWS 2009, 3.0, SUF FWS 2004, 3.0 und SUF FWS 1999, 3.0. Berlin: Deutsches Zentrum für Altersfragen. DOI:10.5156/FWS.2009.D.006

[2] Jahresbericht 2013 der Johanniter-Unfall-Hilfe, http://static2.johanniter.de/user_upload/DoCLmente/JUH/BG/Publikationen/Jahresbericht/Jahresbericht2013.pdf , Berlin

[3] https://www.bundesgesundheitsministerium.de/glossarbegriffe/p-q/pflege-neuausrichtungs-gesetz.html, Berlin, 2014

[4] http://www.usetree.de/methode-personas/, Berliner Kompetenzzentrum für Usability Maßnahmen, 2014