Proposed terminology and definitions for MOCHA Work Package 2

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| Term(s) | Proposed definition | Reference  | Task Leader | Task |
| acquired disorder | A condition that is not inherited or present at birth, but developed later in life most commonly as a result of injury or infection. |  | Maria Brenner | 2 |
| Acute care | **Acute care** refers to the secondary/tertiary care centre from which a child may be admitted or discharged to the community/primary care service. It includes “the health system components, or care delivery platforms, used to treat sudden, often unexpected, urgent or emergent episodes of injury and illness that can lead to death or disability without rapid intervention. The term acute care encompasses a range of clinical health-care functions, including emergency medicine, trauma care, pre-hospital emergency care, acute care surgery, critical care, urgent care and short-term inpatient stabilization”  | (Hirshon et al. 2013 p. 387) | Maria Brenner | 2 |
| Business model  | An abstract representation of an organization, be it conceptual, textual, and/or graphical, describing a set of strategic choices and alternatives to support an organization to create, deliver and capture different forms of value according to its purpose, goals, plans, processes, resources and rules.  | (Derived from: *Al-Debei, M. M., El-Haddadeh, R., & Avison, D. (2008). “Defining the business model in the new world of digital business.” In Proceedings of the Americas Conference on Information Systems (AMCIS) (Vol. 2008, pp. 1-11,* and Eriksson, Hans-Erik, and Magnus Penker. "Business modeling with UML." *Business Patterns at Work, John Wiley & Sons, New York, USA* (2000)) | Daniela LuziFabrizio Pecoraro | 5 |
| Business Process  | A collection of activities designed to produce a specific output for a particular customer or market.  | [IEEE] | Daniela LuziFabrizio Pecoraro | 5 |
| Care coordination | **Care coordination** may be defined as the deliberate organisation of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organising care involves the marshalling of personnel and other resources needed to carry out all required patient care activities, and is often managed by the exchange of information among participants responsible for different aspects of care  | (Mc Donald et al. 2007, Schultz &McDonald 2014). | Maria Brenner | 2 |
| cARE pATHWAY | A care pathway is a complex intervention for the mutual decision making and organization of care processes for a well-defined group of patients during a well-defined period. Defining characteristics of care pathways include: (i) An explicit statement of the goals and key elements of care based on evidence, best practice, and patients’ expectations and their characteristics; (ii) the facilitation of the communication among the team members and with patients and families; (iii) the coordination of the care process by coordinating the roles and sequencing the activities of the multidisciplinary care team, patients and their relatives; (iv) the documentation, monitoring, and evaluation of variances and outcomes; and (v) the identification of the appropriate resources. The aim of a care pathway is to enhance the quality of care across the continuum by improving risk-adjusted patient outcomes, promoting patient safety, increasing patient satisfaction, and optimizing the use of resources. | (Vanhaecht, De Witte, Sermeus, 2007, E-P-A, 2008, Panella & Vanhaecht, IJCP, 2010, Vanhaecht et al, BMC, 2010) | Maria Brenner | 2 |
| Child | A **child** refers to anyone under the age of 18 years old. | (UNCRC, 1992). | Maria Brenner | 2 |
| ChILD ProTection / SafeGarding  | **Child protection/ safe guarding** refers to methods aimed at preventing and responding to violence, exploitation and abuse of children.  | (UNICEF, 2006) | Austin Warters | 3 |
| Chronic illness | Long term condition that can be treated but not cured |  | Maria Brenner | 2 |
| Class diagram | A diagram that shows a collection of declarative (static) model elements, such as classes, types, and their contents and relationships. |  | Daniela LuziFabrizio Pecoraro | 5 |
| Clinical Care | **Clinical care**is confined to diseases and symptomatic therapeutics, which involve medical remedies and treatments. As these days patients are discharged home earlier in the course of recovery, theneed for continuing clinical/medical care has escalated. Most people who are homebound under a physician’s plan of treatment, and havean unstable acute or chronic illness require care and services that respond to their clinical care demands. A philosophy that guides the practice of health professionals in meeting clinical care demands iscommunity-based health care. Clinical care demands in community health may include:– delegated medical treatment and observation– symptom management– wound care– surveillance and referrals/follow up for acute and critical illnesses– tube feeding, etc. | <http://apps.searo.who.int/PDS_DOCS/B4816.pdf>accessed 12th Nov 2015 | Anne Clancy | 4 |
| Clinical Pathway  | A standardized plan of care against which progress towards health is measured. A clinical pathway is applied based upon the results of a patient assessment. A clinical pathway shows exact timing of all key patient care activities intended to achieve expected standard outcomes within designated time frames. A clinical pathway includes documentation of problems, expected outcomes/goals, and clinical interventions/orders.  | [HL7] | Daniela Luzi Fabrizio Pecoraro | 5 |
| Complex clinical care needs | Children with **complex clinical care needs** have substantial care needs as a result of one or more congenital, acquired or chronic conditions, with need of access to multiple health and social support services. These children may have functional limitations that often required tailored technological assistance (Cohen et al. 2011, Elias & Murphy 2012). In the context of this WP technology includes therapeutic interventions, which may be orientated to communication within a mental health setting or the use of clinical care appliances and aids. | (Cohen et al. 2011, Elias & Murphy 2012).  | Maria Brenner | 2 |
| ComPlex health Status requiring Social Care | **Complex health status requiring social care support:** This refers to the support and care required by children (and their families) with complex health needs that enables them to have an ‘ordinary life’ (Mechant, Leferve, Jones, & Luckock, 2007). This includes supports that facilitates children to live at home in a safe environment, go to school, make friends and take part in community and leisure activities. For parents of children with complex health needs, social care services may prepare parents for an enhanced caring role, provide assistance with breaks from caring, and emotional and financial support. |  | Austin Warters | 3 |
| Complex Social-Health Status | This refers to the situation where a family’s socio-economic circumstances may exacerbate a child’s complex health condition due to poverty, financial strain and other adverse family factors. In this instance parents require additional family support (beyond those outlined above) to ensure a better standard of living for their children with complex health needs. Children with complex needs who are at risk of abuse or neglect and in contact with child protection services are also included in this category.  |  | Austin Warters | 3 |
| Collaboration diagram | A diagram that shows interactions organized around the structure of a model, using either classifiers and associations or instances and links. Unlike a sequence diagram, a collaboration diagram |  | Daniela LuziFabrizio Pecoraro | 5 |
| Component diagram | A diagram that shows the organizations and dependencies among components. |  | Daniela Luzi Fabrizio Pecoraro | 5 |
| CoMMUNity Care | **Community care** is defined as ‘the blend of health and social services provided to an individual or family in his/her place of residence for the purpose of promoting, maintaining or restoring health or minimizing the effects of illness and disability’ | (World Health Organization, 2004, p. 16). | Austin Warters | 3 |
| congenital malformation | Congenital anomalies are also known as birth defects, congenital disorders or congenital malformations. Congenital anomalies can be defined as structural or functional anomalies (e.g. metabolic disorders) that occur during intrauterine life and can be identified prenatally, at birth or later in life | WHO, April 2015 | Maria Brenner | 2 |
| Continuity of care | **Continuity of care** component of patient care quality consisting of the degree to which the care needed by a patient is coordinated among practitioners and across organizations and time. | [ISO/TR 18307:2001] | Daniela LuziFabrizio Pecoraro | 5 |
| Community-based Nursing  | **Community-based nursing** covers nursing care provided to individuals, families and groups wherever they live, work, play or go to school. Community-based nursing is a philosophy of care that is characterized by collaboration, continuity of care, client and family responsibility for self-care, and preventivehealth care (Hunt, 2005). Community-based nursing focuses on an individual and is family-centred in orientation. Partnerships with clients are developed and awareness created on the influences of the community on the health and care of individuals and families. Community-based nursing applies to all nurses who practice outside the hospital. Major activities include case management, patient education, individual and family advocacy, and an interdisciplinary approach (Zotti, Brown, Stotts, 1996). According to this definition, community-based nursing is not a specialty in nursing but a philosophy that guides care, designand delivery of all nursing specialties. | <http://apps.searo.who.int/PDS_DOCS/B4816.pdf>accessed 12th Nov 2015 | Anne Clancy  | 4 |
| Community health nursing | Community health nursing is synonymous with public health nursing.Community health nursing relies heavily on the systematic process of designing and delivering health services and nursing care to improve the health of the entire community. Community health nursing is a specialty in nursing. According to the American Nursing Association (ANA), public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social and public health sciences (Waldorf, 1999). The primary goal of community health nursing is to help a community protect and preserve the health of its members, while the secondary goal is to promote self-care among individuals and families. In the health-care reform environment, the community health nurse will probably continue to care for individuals and families, particularly high-risk clients and those with communicable diseases. Community health nursing involves the identification of high-risk aggregates in the community, and the development of appropriate and workable policies and interventions to ensure accessible services for all groups of the population. | <http://apps.searo.who.int/PDS_DOCS/B4816.pdf>accessed 12th Nov 2015 | Anne Clancy | 4 |
| Community nurses knowledge and skills required | Knowledge and many diverse skills are required for community health nurses to function effectively. These are primarily related to each of the two core competencies. Clinical content incorporates knowledge from the nursing sciences and public health science, while practical knowledge relies on work experiences in the actual practice of community health nursing. Furthermore, knowledge from other community health allies is required. To gain all theknowledge required, contents and resources for learning, both as texts and from experts, must be mapped out to lay down the architecture of the courses. | <http://apps.searo.who.int/PDS_DOCS/B4816.pdf>accessed 12th Nov 2015 | Anne Clancy  | 4 |
| Competencies of nurses working in the community health-care | At least two sets of competencies – core competencies and the complementary competencies – are required to practice community health nursing. There are two core competencies; the core competencies for clinical care, and the core competencies for implementing the four functions of community healthcare. Competencies for clinical care range from health assessment, disease management, case finding, case management, observation and treatment according to delegated responsibility, etc. Competencies for the four functions rely heavily on the means and methods employed to implement each function. Complementary competencies may include cultural sensitivity, participatoryresearch, leadership, development of tools and guidelines for data collection and analysis, and experiential learning through action. Competency mapping is crucial for designing both the theory and practice aspects of communityhealth nursing courses. | <http://apps.searo.who.int/PDS_DOCS/B4816.pdf>accessed 12th Nov 2015 | Anne Clancy  | 4 |
| Contact | Healthcare activity period during which a subject of care interacts, directly or indirectly, with one or more healthcare professionals | (ISO 13940:2012) | Daniela LuziFabrizio Pecoraro | 5 |
| Enduring mental health needs | **Enduring mental health needs** in the context of this task refers to children with a mental health condition that threatens or hinders an age-appropriate mental health development, that requires input from a range of health and social care professionals, and from which long-term mental health problems and/or disabilities may be expected. |  | Maria Brenner | 2 |
| Episode of care | Time interval during which healthcare activities are performed to address one health issue and as identified and labelled by one healthcare professional  | (ISO 13940:2012) | Daniela LuziFabrizio Pecoraro | 5 |
| Family medicine (FM) or primary care teams | **Family medicine (FM) or primary care teams** can vary between countries and in size: the core team usually is the general practitioner and a nurse, but can comprise a multidisciplinary team of up to 30 professionals including community nurses, midwives, feldshers, dentists, physiotherapists, social workers, psychiatrists, speech therapists, dietitians, pharmacists, administrative staff and managers. In 2003, WHO defined a primary care team as a group of “fellow professionals with complementary contributions to make in patient care”. This would be part of a broader social trend away from deference and hierarchy and towards mutual respect and shared responsibility and cooperation”. By definition primary care/family medicine teams are patient centred, so their composition and organizational model can change over time. | <http://www.euro.who.int/en/health-topics/Health-systems/primary-health-care/main-terminology>accessed 13.11.2015 | Anne Clancy  | 4 |
| FOSter Care | **Foster care is** where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children’s own immediate family that has been selected, qualified, approved and supervised for providing such care | (United Nations, 2009). | Austin Warters | 3 |
| General practice | General practice is a term now often used loosely to cover the general practitioner and other personnel, and is therefore synonymous with primary care and family medicine. Originally, it was meant to describe the concept and model around the most significant single player in primary care: the general practitioner or primary care physician, while family medicine originally encompassed the notion of a team approach. Whenever the concept of solo practitioner (general practice) versus team-based approach (family medicine) is relevant, the distinction is still made (and important). The specificity of the general practitioner is that he/she is: “the only clinician who operates at the nine levels of care: prevention, pre-symptomatic detection of disease, early diagnosis, diagnosis of established disease, management of disease, management of disease complications, rehabilitation, palliative care and counselling”.  | [Atun R. *What are the advantages and disadvantages of restructuring a health care system to be more focused on primary care services?* WHO/Europe, 2004]<http://www.euro.who.int/en/health-topics/Health-systems/primary-health-care/main-terminology>accessed 13.11.2015 | Anne Clancy | 4 |
| Health Care | **Health care**represents diverse direct health services and careprovided to individuals, families and groups, by the communityhealth centre or similar facility. Examples of health-care demandsinclude the following:– day-to-day basic medical care for common ailments– health assessment and outreach/case finding– screening and surveillance for both communicable diseasessuch as tuberculosis (TB), HIV, dengue haemorrhagic fever(DHF), influenza; and non-communicable diseases such ashypertension, diabetes mellitus, cardiovascular diseases, etc.– immunization for vaccine-preventable diseases for all agegroups including pregnant women and children– medication management for persons with chronic and stableillnesses– disease investigations– chronic disease management– health education– health counseling/family counseling– interventions for family planning and birth spacing, etc. | <http://apps.searo.who.int/PDS_DOCS/B4816.pdf>accessed 12th Nov 2015 | Anne Clancy  | 4 |
| Health Care Activity | Activity performed for a subject of care with the intention of directly or indirectly improving or maintaining the health state of that subject of care  | (ISO 13940:2012) | Daniela LuziFabrizio Pecoraro | 5 |
| Health Care Activity Period  | Continuous period of time during which healthcare activities are performed for a subject of care  | (ISO 13940:2012) | Daniela Luzi Fabrizio Pecoraro | 5 |
| Health Care Actor | Organization or person participating in healthcare | (ISO 13940:2012) | Daniela LuziFabrizio Pecoraro | 5 |
| Health Care Professional | Healthcare personnel having a healthcare professional entitlement recognized in a given jurisdiction | (ISO 13940:2012) | Daniela LuziFabrizio Pecoraro | 5 |
| Health Care Provider | Healthcare actor participating in the direct provision of healthcare  | (ISO 13940:2012) | Daniela LuziFabrizio Pecoraro | 5 |
| Health Care Organisation  | Organisation whose healthcare personnel participate in the direct provision of healthcare | (ISO 13940:2012) | Daniela LuziFabrizio Pecoraro | 5 |
| Health Care Third Party  | Healthcare actor other than a healthcare provider or the subject of care  | (ISO 13940:2012) | Daniela Luzi Fabrizio Pecoraro | 5 |
| Health Issue | Issue related to the health of a subject of care, as identified and labelled by a specific healthcare actor | (ISO 13940:2012) | Daniela LuziFabrizio Pecoraro | 5 |
| Initial Contact | Contact that establishes a clinical process  | (ISO 13940:2012) | Daniela LuziFabrizio Pecoraro | 5 |
| Integrated care | **Integrated care** refers to the management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system | (WHO 2015, WHO 2015). | Maria Brenner | 2 |
| Interaction diagram | A generic term that applies to several types of diagrams that emphasize object interactions. These include collaboration diagrams and sequence diagrams.  |  | Daniela LuziFabrizio Pecoraro | 5 |
| Model | A system of assumptions, concepts and relationships between them allowing to describe (model) in an approximate way a specific aspect of reality.  | [Standard glossary of terms used in Requirements Engineering] | Daneila LuziFabrizio Pecoraro | 5 |
| Modelling Language | Any artificial language that can be used to express information or knowledge or systems in a structure that is defined by a consistent set of rules.  | [Standard glossary of terms used in Requirements Engineering] | Daneila LuziFabrizio Pecoraro | 5 |
| Non-contact period | Healthcare activity period without the involvement of the subject of care |  | Daniela LuziFabrizio Pecoraro | 5 |
| Nursing  | **Nursing** encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.Nurses include professional nurses, enrolled nurses, auxiliary nurses and other nurses such as dental or primary care nurses. | International council of nurses (ICN) <http://www.icn.ch/who-we-are/icn-definition-of-nursing/>accessed 15.09.2015 | Anne Clancy  | 4 |
| Object diagram  | A diagram that encompasses objects and their relationships at a point in time. An object diagram may be considered a special case of a class diagram or a collaboration diagram. See: *class diagram, collaboration diagram.* |  | Daniela Luzi Fabrizio Pecoraro | 5 |
| Primary Health Care | **Primary Health Care** is generally defined as first-contact, accessible, continued, comprehensive and coordinated healthcare provided by a single practitioner (GP/ nurse practitioner) or a multidisciplinary team of professionals in a community practice | (WHO 2008, Davy et al. 2015) | Maria Brenner | 2 |
| Primary Health Care | **Primary health care (PHC)** refers to the concept elaborated in the 1978 Declaration of Alma-Ata, which is based on the principles of equity, participation, inter-sectoral action, appropriate technology and a central role played by the health system.  | <http://www.euro.who.int/en/health-topics/Health-systems/primary-health-care/main-terminology>accessed 13.11.2015 | Anne Clancy  | 4 |
| Process  |  A set of interrelated activities, which transform inputs into outputs. | [ISO 12207]. | Daniela Luzi Fabrizio Pecoraro | 5 |
| Public Health nursing  | **Public health nursing** is the practice of promoting and protecting the health of populations usingknowledge from nursing, social, and public health sciences.Public health nursing is a specialty practice within nursing and public health. It focuses on improving population health by emphasizing prevention, and attending to multiple determinants of health. Often used interchangeably with community health nursing, this nursing practice includes advocacy, policy development, and planning, which addresses issues of social justice. With a multi-level view of health, public health nursing action occurs through community applications of theory, evidence, and acommitment to health equity. In addition to what is put forward in this definition, public health nursingpractice is guided by the American Nurses Association *Public Health Nursing: Scope & Standards of* *Practice* 2 and the Quad Council of Public Health Nursing Organizations’ *Core Competencies for Public**Health Nurses*. | <http://apha.org/~/media/files/pdf/membergroups/nursingdefinition.ashx> accessed 13.11.2015 | Anne Clancy  | 4 |
| Public Health Nursing Education | The baccalaureate degree in nursing (BSN) is recommended for entry-level public health nurses. 26 *The* *Essentials of Baccalaureate Education for Professional Nursing Practice* emphasize fundamental concepts for public health nursing practice such as clinical prevention, population health, healthcare policy, finance, and regulatory environments, and interprofessional collaboration. 27 The graduate is prepared to conduct community assessments and apply the principles of epidemiology among other competencies. | <http://apha.org/~/media/files/pdf/membergroups/nursingdefinition.ashx> accessed 13.11.2015 | Anne Clancy  |  |
| Residential / Institutionalised Care | **Residential/ institutional care** is defined as provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short and long-term residential care facilities, including group homes.  | (United Nations, 2009). | Austin Warters | 3 |
| RespIte Care | **Respite care** is provided by appropriately trained individual(s) for a specified period of time for older people, children with complex needs, or individuals with disabilities, thus providing a break from caregiving to the usual caregiver usually a parent or family member. Respite care may refer to very different types of interventions providing temporary ease from the burden of care for parents, families and informal care givers. The most common forms of respite care include: day-care services; in-home respite; and institutional respite. | (Francesca, Ana, Jérôme, & Frits, 2011). | Austin Warters | 3 |
| SCheduled Care |  |  | Ingrid Wolfe | 1 |
| Scenario | 1. A projected course of action, events or situations leading to specified result.
2. An ordered sequence of interactions between specified entities (e.g. a system and an actor).
3. In UML: an execution trace of a use case.

A specific sequence of actions that illustrates behaviours. A scenario may be used to illustrate an interaction or the execution of a use case instance. See: *interaction.*  | [Standard glossary of terms used in Requirements Engineering][ISO UML] | Daniela LuziFabrizio Pecoraro | 5 |
| Self-care period | Healthcare activity period where prescribed self-care is performed |  | Daniela LuziFabrizio Pecoraro | 5 |
| Sequence diagram | A diagram that shows object interactions arranged in time sequence. In particular, it shows the objects participating in the interaction and the sequence of messages exchanged. Unlike a collaboration diagram, a sequence diagram includes time sequences but does not include object relationships. A sequence diagram can exist in a generic form (describes all possible scenarios) and in an instance form (describes one actual scenario). Sequence diagrams and collaboration diagrams express similar information, but show it in different ways. See: *collaboration diagram*. |  | Daniela LuziFabrizio Pecoraro | 5 |
| Social Care | **Social care** is generally referred to as the care provided for any person of any age who need extra support in some of his/her daily activities (Law Commission, 2011; World Health Organization, 2004){Neményi, 2006 #38@5;World Health Organization, 2004 #964;Law Commission, 2011 #1014}. Social care needs arise when an individual’s well-being, ability to live independently, or safety is compromised. | (Law Commission, 2011; World Health Organization, 2004) | Austin Warters | 3 |
| Social Care | **Social care services** encompass *personal or targeted* support for individuals with specific needs, such as home help, respite care, carer income benefits and allowances, counselling, housing support, disability benefits, family support such as parenting advice, and child protection and welfare services including foster and residential care (Department of Health England, 2012). These services can be provided directly by the state, voluntary bodies, or for profit organisations.  | (Department of Health England, 2012). | Austin Warters | 3 |
| Social Work | **Social work** is “an intervention designed to enhance an individual’s physical, mental and social functioning through improved coping skills and use of social supports and community health care services. Those who practise social work are generally called social workers. There are many different types, specialties and grades of social worker”. | (World Health Organization, 2004, p. 52) | Austin Warters | 3 |
| Storyboard | A narrative of relevant events defined using interaction diagrams or use cases. The storyboard provides one set of interactions that the modelling committee expects will typically occur in the domain. [HL7]  | [HL7] | Daniela Luzi Fabrizio Pecoraro | 5 |
| Stakeholder | Any person who has an interest in an IT project. Project stakeholders are individuals and organizations that are actively involved in the project, or whose interests may be affected as a result of project execution or project completion. Stakeholders can exercise control over both the immediate system operational characteristics, as well as over long-term system lifecycle considerations (such as portability, lifecycle costs, environmental considerations, and decommissioning of the system).  | [TGilb] | Daniela LuziFabrizio Pecoraro | 5 |
| Statechart diagram | A diagram that shows a state machine. |  | Daniela LuziFabrizio Pecoraro | 5 |
| Subject of care | Person seeking to receive, receiving, or having received healthcare |  | Daniela LuziFabrizio Pecoraro | 5 |
| Trigger event | **Trigger event** the event that initiates an exchange of messages is called a trigger event. The HL7 Standard is written from the assumption that an event in the real world of health care creates the need for data to flow among systems. The real-world event is called the trigger event. For example, the trigger event “a patient is admitted” may cause the need for data about that patient to be sent to a number of other systems. There is a one-to-many relationship between message types and trigger event codes. The same trigger event code may not be associated with more than one message type. [HL7]  | [HL7] | Daniela LuziFabrizio Pecoraro | 5 |
| Use case diagram  | A diagram that shows the relationships among actors and use cases within a system. |  | Daniela LuziFabrizio Pecoraro | 5 |
| Unified modelling language |  A standardized general-purpose modelling language in the field of software engineering. UML includes a set of graphic notation techniques to create visual models of software-intensive systems like use case diagrams, activity diagrams, class diagrams and many more.  | [Standard glossary of terms used in Requirements Engineering]ISO/IEC 19501:2005 | Daniela LuziFabrizio Pecoraro | 5 |
| Universal Social Services | **Universal social services:** Within in this task, ‘social care services’ do not refer to universal social services designed to meet the needs of the general population (e.g. universal preschool). It is acknowledged however that individuals in contact with specialised services also interact with general social services such as social protection (i.e. cash benefits), education services, and primary health care.  |  | Austin Warters | 3 |
| UNSCheduled CAre |  |  | Ingrid Wolfe | 1 |