



# Practical Manual for Good Practices

November 2022

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# 1. Scope of the Practical Manual

Within the Danube Transnational Programme, the project entitled **“Developing, piloting and validating smart care service models in Danube region for supporting social innovation, improving competences and entrepreneurship”** - D-CARE envisions to tackle the socio-demographic challenges facing Danube region countries.

D-CARE aims to connect national and transnational stakeholders from the quadruple helix ecosystem (academia, public institutions, companies, and civil society) and form environments where their cooperation and collaborative co-development of new solution/product/service for the smart care area can take place. Within this framework 8 cooperation structures, so called Smart Care Labs, were established with the goal to foster innovation and to co-create, test, evaluate and validate innovative solutions all along the value chain of integrated care for older adults and medical services, including technological solutions and social innovations, **improving competences, and generating new business models, new businesses, new jobs, and new skills.**

The general aim of work package 3 of the D-CARE project is to develop a Learning Policy Center that provides tools, knowledge and a transnational platform for the improvement of local and regional authorities' capacity for the development of regional policy tools that will support smart care and smart health in the Danube region. The activities under this work package therefore aim both at the transnational as well as the national level and, specifically, the interconnection between the two. On the transnational level, the main output will be the Output T3.4 Transnational Strategy for Elders Smart Care Service Models Development and Implementation in Danube region and activities on the policy level in Danube area. This will be complemented by regional action plans furthering the transnational objectives in each project country on the regional level, and thus reflecting its needs.

The current document is based on the methodology followed by the D-CARE project for analysing, selecting, describing and evaluating Good Practices (GP). The Manual comprises 7 case-studies focused on digital healthcare skills, smart care services, elders care, social innovation models and successful policy tools that implemented public programs related to it.

Case studies are developed based on the data and information collected from the owners of synergic or complementary outputs with D-CARE: INDEED, I-CARE-SMART, DIGITAL LIFE4CE, NICELIFE, HOCARE 2.0 and other identified projects/sources.

The first part of the Practical Manual for Good Practices outlines the methodology followed by all Project Partners for identification, selection and

describing of Good Practices for policy tools for smart care support. The second part provides a description of **7 Good Practices evaluated by Project Partners**. The Good Practices are listed per country in alphabetical order and per internal numbering defined per each country.

Their description includes the following aspects:

- Title of the Good Practice
- Country of origin/ application
- Timeframe
- Objective of the Good Practice
- Short description of the Good Practice
- Owner of the Good Practice/ supported by?
- Reasons for selection of the Good Practice – how it fits to the regional/ national needs?
- Potential for learning/ transfer
- Financial dimension of the Good Practice /financial resources needed for its implementation/
- Proves for success/ achieved results
- Contact details.

The identified Good Practice will be disseminated through the activities of the Transnational Learning Policy Center and should be used as inspirational examples for public authorities to create policy tools that respond better to smart care demand and challenges, including to the development or implementation of smart care services.

## 2. Introduction

The recent unfavourable demographic processes left their significant stamp on the workforce in the care and health sector in all Danube regions. Mobility opportunities left entire regions without a qualified nursing workforce and this process was even aggravated by Covid-19 and its effects to the society and especially the care and health environment. In order to recover regions and at the same time guarantee the access to general services for the elderly population, new innovative and cross-sectoral services, including smart care and smart health services, are needed.

Therefore, D-CARE project focuses on establishing regional or national cooperation structures – the Smart Care Labs – and a transnational cooperation network in a quadruple helix environment. They design, test and implement an ILE (Innovative Learning Environment), share knowledge and experiences in smart care and health tools, service programmes and policies for elderly people 55+, care professionals as well as informal carers, policy makers and other care and health stakeholders, in 9 Danube regions. Thereby, the international community of labs, the creation, validation and deployment of smart care services that will strengthen and integrate regional social and healthcare systems by improving competences and generating innovative smart care models.

The project addresses the upper mentioned societal challenges through its three main action pillars:

1. Innovative Learning Networked Environments
2. Smart Care Pilots deployed in 5 project regions and
3. Transnational Policy Learning Center for smart care policies design.

The consortium consists of different complementary knowledge and expertise holders comprising of universities, training companies, human resource agencies, local public authorities and clusters that provide knowledge and access to know-how. They contribute to the design and implementation of Innovative Learning Environments as well as the elaboration and delivery of the Smart Care Learning programs in project regions.

In the development phase of D-CARE projects the partners from Romania, Bulgaria, Moldova, Hungary, Bosnia and Czech Republic identified significant problems with outmigration of younger and active population, elders remaining alone and without any real support. In these such, mostly rural regions the socio-medical care of elders is lacking and generates huge public costs, especially for elders with diabetes, with coronary heart disease (CHD), peripheral arterial disease (PAD), heart failure (HF), valvular heart disease, and stroke; with mild cognitive impairment, cancer, dementia,

Alzheimer; with frailty and falling risks living in isolated communities. Moreover, 80% of the elders are suffering from depression, loneliness, social deprivation, poor quality of life, cognitive decline, disability and increased risk for somatic disorders.

D-CARE project countries present the following characteristics: countries with developed regions that already have policy tools and strategic plans for using ehealth technology for delivering the socio-medical services but they lack in customizing this solutions or translate it to the fitted services to the requirements of elders; countries with structurally weaker regions that do not have policy tools or strategies related to the introduction and use of new technologies for delivering integrated care services (miss the definition of smart care, shortage of medical personnel, isolation of rural areas).

Based on the desk researches of current existing policy documents made and according to the outcomes from Regional Workshops organized in each project partners countries have identified the following **regional gaps and needs**:

#### **Austria:**

The desktop research of the policy documents includes the current governmental programs (Fortschrittskoalition Regierungsprogramm (governmental programme of the current coalition)), framework strategies (Smart Klima City Strategie Wien (smart climate city strategy Vienna)) and thematic strategies (Wiener Gesundheitsziele (Viennese health goals), Pflege und Betreuung in Wien 2030 - Strategiekonzept (strategy concept care and support 2030), Wiener eHealth Strategie (Viennese eHealth strategy) etc.) in order to concentrate on thematic focal topics in context with the digitalization of the health and care sector for better and more efficient health care for the Viennese population. Vienna aims to be among the leading health metropolises in Europe. One main focus in the field of smart care and smart health is better cooperation among stakeholders in the field, interoperability in healthcare and the identification of potential use cases for realization in different time horizons.

The regional problems identified can be summarized as follows:

- Need of certain standards and implementation monitoring so systems are compatible, suppliers/providers need to comply with those specifications (recommendation of the EU to take IHE profiles as a base, standards are constantly being further developed)
- Discussion of health portal vs. patient portal – if standards are realized it would be compatible in Austria, definition of standards, concepts, contents, who is allowed to upload what and who is allowed to look at what?

- Need of integration of existing elements on national level (ELGA (EHR electronic health records), 1450 (national hotline, first point of contact for health issues) etc.) in health portal.
- Consideration of integration of personal health devices (measuring devices, scales, blood pressure measuring devices, blood glucose measuring devices etc.) – currently no uniform devices to guarantee integration is possible.

### **Bosnia and Herzegovina:**

Smart care is well known to the Ministry of Health and Social Care of Republika Srpska. Strategic regulations are supporting the process of improvement of care systems. The ministry recognizes possibilities in the use of smart technology at least in raising the quality of life of tenants in retirements homes and similar accommodation facilities as well as the efficiency of the health sector. Some examples could be the use of tools for communication, supply of food, purchase in pharmacies or recreation modules.

The Government of Republika Srpska has shown its strategic commitment to the process of development of the information society by establishing the Ministry of Scientific and Technological Development, Higher Education and Information Society with the specific aim of improving higher education and development of the information society and encouraging innovation and economic development by using new technologies.

Some of the challenges which the care and health system is facing in the process of introduction of smart services are the complexity of decision making in Bosnia and Herzegovina, workforce outflow to Western Europe and lack of ICT workforce. On the other hand, the pandemic is highlighting the benefits of distance servicing and digital technologies overall. All sectors of economy and life are facing the process of digital transformation which also largely affects the care and health system.

Main reasons for the absence of smart services in the elderly care sector and tertiary medical sector are lack of information, financing and skills and lack of institutional support programs.

### **Bulgaria:**

Many efforts are still needed to further advance the development of smart care services in Bulgaria and should be focused on the following aspects:

First, the existing public and private smart care services for elderly should be combined. This can optimize resource allocation and management and avoid the waste of public resources.

Second, enterprises should be encouraged to develop new technologies to reduce the cost of products and services provided by smart care for elderly. Enterprises should take the initiative to achieve technical breakthroughs on the basis of industry standardization and finally make the prices of smart care services for older adults acceptable for more and more elderly people.

Third, enterprises involved in offering smart care services should implement a customer-oriented strategy. At present, disabled and elderly people have great demand for smart care services, and thus, these groups could become the main target market for them. Enterprises should develop more products and services suitable for disabled and elderly people. These services could contribute a lot to the independent living of the elderly and improve their quality of life significantly.

Social workers and informal caregivers should also be supported through training on how to use specific software that can assist them in their day-to-day work.

There also is a need to promote further the use of smart care and health services.

## **Slovenia**

The Republic of Slovenia, with a population of around two million, is well educated and has a good labour market. Two emerging trends, as in other modern societies, are an aging population and a low birth rate. Slovenia has a Bismarck-type social insurance system based on a single insurer for health insurance - Health Insurance Institute of Slovenia (HIIS). The central regulatory function lies with the Ministry of Health. Primary care is decentralized to the municipal level.

The main gaps and challenges in the field of the elderly in Slovenia are:

- Providing adequate care for those in need of long-term care.
- Promoting integrated home care and independent living.
- Improving financing arrangements.
- Improving quality and value for money.
- Promoting prevention and the use of ICT-based (smart health and care) solutions

The main gaps and challenges in the field of smart and health care for elderly in Slovenia are:

In general, there is small acquaintance with possibility of using smart care and health services in Slovenia; this applies for end-users and potential



stakeholders. In any case, stakeholders in the fields of education, health, and social should familiarise themselves with examples of good practices in our country and abroad and try to promote them.

The elderly use services to a lesser extent, and there is also a shortage of companies developing these services. However, we should also encourage innovation in this area (providing assistance and support to interested companies).

Older people over 80 have no ICT skills or have very weak knowledge. Less demanding tools are suitable for those over 80. Younger older people, however, should be referred to as the use of technology. The integration ICT into the care of older people is seen primarily by relieving the concerns of their family and other informal carers for the elderly, less for the elderly, who are not skilful. For user satisfaction, e-care must definitely be harmonized with classical social and medical care.

In addition, obstacle represents the financial burden of paying compensation for the use of such services for the elderly.

During COVID-19, the loneliness of older adults increased, along with the need for physical contact, smart services and e-learning.

### **Czech Republic:**

The Usti region belongs to the lagging behind regions with still unfinished transformation, heritage and impact of heavy industry and mining and many social and economic related problems like existence of socially excluded communities, lower income of households or even indebted (with executions), lower volume of public resources, limited capacity to source other national and European funds (especially for research, development, innovation), insufficient institutional capacity to work actively with innovation potential (responsibilities, processes, know-how...), lower the educational level of the population. The motivation, ambitions and priorities of the political representatives are therefore also influenced by those factors.

The problems and gaps were identified via many meeting within the D-Care project across all work packages (e.g. very specific requirements within the innovation call related diabetes, fall prevention...; discussion about good practices from other regions and their transferability), individual interviews with the associated partners and the most active, engaged and important stakeholders. The desk research covered e. g. Community plans of selected towns and cities, Regional Innovation Strategy, Strategy of regional development, Midterm plan of development of social services, previous or running projects and activities.

From those systemic gaps related to creating suitable environment for development and implementation of smart care models for health and social services, the Regional action plan is among others focused on:

- Insufficient institutional capacity for active approach to innovation and cooperation with innovation ecosystem,
- Low awareness on the latest trends and available solutions,
- Low awareness of potential cooperation and collaboration partners (e.g. startup ecosystem, research organization),
- Lower entry level digital and technology literacy,
- Lower international cooperation allowing transfer of good practices to services providers and policy and decision makers,
- Lower availability and accessibility of financial resources for development and testing of new solutions.

### **Germany:**

Germany as a whole and the lake of Constance region in particular are facing tremendous challenges with regards to covering the demand of care services for older adults. This trend is going to further aggravate in the coming years as the baby boomer generation reaches the age when care becomes more and more necessary.

The state of Baden-Württemberg has put political focus on health and care especially in the field of digitalisation (Gesundheitsstandort Baden-Württemberg, Digi BW, Koordinierungsstelle Telemedizin, several lighthouse projects such as the Lebensphasenhaus). Yet, a concerted effort of the like that has been taken in neighbouring Bavaria with the multi-million funded cooperative network "CARE Regio" does not exist yet.

In the lake of Constance region several initiatives exist to tackle the existing and upcoming challenges in health and care: Digi Bodensee, several health networks and individual projects by the local office for public health or universities. Here, again, stakeholders know each other on a personal level but larger joint initiatives or projects have not been realised yet. This is largely due to bureaucratic structures limiting which and how cooperations can be implemented as well as the lack of accessible and adequate funding for piloting and/or implementing smart care models.

The main challenges therefore are situated both in a thematic as well as a structural realm:

- Lack of IT-capabilities both with older adults as well as formal and informal care givers

- Access to smart care obstructed by bureaucratic structures of the health and care system
- Large scale joint efforts lacking
- Large number of insular solutions; compatibility often lacking
- Legal status of many smart health and care solutions unclear in the context of the general health and care system
- Funding opportunities are scarce; smart care services mostly not covered by regular cost coverage in the health care system

The pandemic has further stressed the importance and urgency of these matters while also stimulating faster change especially in the field of digitalisation and the acceptance thereof.

### **Hungary:**

Many good digital tools to help older people in their daily lives and care have been developed and tested in Hungary. As early as the 1990s, a home help signalling system was set up, which was widely used throughout the country and was also introduced into the social care system as a service that could be claimed.

In Hungary, the first initiative to modernise the professional care system was launched at government level in September 2013. The survey on the improving quality of life of older people was conducted among people aged 80 and over living in 32 disadvantaged municipalities. The research examined what services older people would need, in addition to home help, to spend their well-earned retirement years in the safety of their own homes (Jeneiné, 2014). The survey highlighted three distinct areas of concern for older people; preventing deterioration in health (32.9%), ensuring their safety at home (20.4%), and alleviating their loneliness (34.9%), which emerge as significant unmet needs alongside mandatory public services. All of this foreshadows an increase in demand resulting from the need for long-term care.

The need for elderly care in Hungary continues to grow. In a research prepared by Andrea Gyarmati, it is stated, that in 2019 there were 1.8 million people aged 65 and over, of whom 1.3 million live with some form of disability. However, home care (home help) is available to only 7% of this age group. Specialist care in old people's homes is available to 3% of the elderly, while the number of people waiting for care is already more than half of those who need it, and is growing. No new places have been created in the last 8 years in a centrally run state-run home for the elderly.

The National Assembly (NA) adopted the National Strategy on Ageing for the period 2009-2034 by its Decree 81/2009 (X.2.). It defines the areas to be

developed and the complex practical implementation of its provisions. In the long term, the Strategy aims to ensure adequate and timely preparation for ageing so that older people can remain active and independent for as long as possible.

Amongst all it also describes the importance of accessible - understandable and tangible - e-learning for all, e-information and e-services, and access for older people to ICT services. Targeted programmes were planned for older people to ensure digital literacy.

Nowadays, more and more research and policy proposals on the care of the elderly are appearing, all of which draw attention to the sharp increase in the number of elderly people. Waiting lists for specialised care are growing month by month, and in a significant part of primary care, people in need of care are forced to wait on waiting lists. The elderly care system is under increasing strain, while social workers themselves are ageing and there is a lack of well-trained, human resources.

### **Romania:**

The Romanian ecosystems for providing smart care services are organizations in the field of health, social assistance-services for the elderly, IT sector, local public administrations, universities, NGOs in the field of care for the elderly, private companies offering services or solutions for the care of the elderly as well as all responsible services in the field and public institutions in the field of research.

There are no sufficient structures and services that ensure the development of smart care services. In order for this to be taken care of, local public structures and services should be created and developed in partnership with the private sector and civil society to increase the degree of expertise, resources and innovation as well as the acceptability of the identified and proposed solutions in order to be implemented.

The main channels and instruments for learning in the domain of smart care are electronic methods, such as online learning platforms, webinars from the provider's side and for the older people mobile applications combined with face-to-face learning activities in workshops, that are probably a suitable combination for their cognitive, social and medical needs. An important means for awareness would be press releases, media advertisement about research in this field, debates and workshops to explain digital techniques to the target groups.

In general, it can be concluded that:

- It is important to maintain connections between stakeholders and pay a lot of attention to networking.

- Lack of funding is a huge impediment in developing new smart programs to help the older adult population in Romania.
- There is not enough support for innovation and not enough cooperation between different innovative organisations.
- There is a great potential in e-learning in the field of smart health and care especially in the current COVID-19 pandemic situation.
- The pandemic has highlighted the importance of smart health and care services and all stakeholders involved should recognise their development and implementation as a priority.

## 4. Methodology applied

The whole process of searching for suitable Good Practice is agreed by Project Partners. It is divided into different sequential steps:

1. Definition of the application field
2. Analysis of the current state in the Project Partners countries/region
3. Definition of the national/regional needs and priorities in the field
4. Identification, collection and description of the Good Practice
5. Evaluation of the Good Practice according to the defined needs

The first three points are related to the preliminary work by the Project Partners based on the results from the desktop researches and joint work with stakeholders under different events organized in the framework of D-CARE project.

Practices identified are classified as Good Practice if they will meet the following criteria:

- ✓ **Relevant** to the application field and targets of the D-CARE project;
- ✓ **Significant** under some perspective (impact, methodology, process, innovation, etc.)
- ✓ **Transferrable** (i.e., effectively feasible in other local conditions).

It is important to point out that the success of a Good Practice can only be determined when the practice is concluded or has been employed for a certain time and verified. However, in some situations an ongoing action can be considered as a Good Practice, that is if some partial objective has already achieved and there is evidence of its success.

Another important concept is the transferability of the practice. It is important to highlight that no Good Practice can simply be replicated, as it is specific to its environment: therefore, each Good Practice must be evaluated in terms of its appropriateness to the national/ regional needs and priorities, effectiveness and transferability. For these reasons, the Good Practice's description should include the element to carry out an evaluation of the Good Practice itself.

An accurate identification of the Good Practice is of a paramount importance for the success of the process as the selected Good Practice, properly analyzed, described and evaluated, will be the basis for elaboration of the regional action plans.

There are several methods used to identify a potential Good Practice: literature and internet, conferences, direct knowledge, interviews with experts and stakeholders, existing databases. The identification of Good Practices involved a long-term investigative process, carried out progressively, following different strands and elaborating step-by-step on the information gathered. To achieve a sufficient knowledge of the Good

Practice, detailed information is required, although details are not always present in literature/ internet, so direct contact with the developers/owners of the Good Practice has been initiated by Project Partners.

All Project Partners identified **7 Good Practices** for the purpose of transnational learning. They were presented during the Transnational Best Practice Event that was held in Varna, Bulgaria in April 2022.

The Good Practices were benchmarked in order to identify the ones that have been the most effective in the smart care services arena. The elements that were taken into consideration to verify whether the visits are in line with the expectations are:

- **The relevance of the presented Good Practice with reference to the national/regional needs and barriers** – it emphasized that the evaluation of the usefulness and relevance of the individual Good Practice may differ depending on priorities and identified needs of each country/ region.
- **The significance of the impact of the Good Practice** – the single impact factors can vary from Good Practice to Good Practice within the project but the question behind this criterion should be: which parts of the YWE were really affected by the Good Practice? Can the impact of the this target group be measured?
- **The effectiveness and efficiency of the Good Practice** – this concept is a measure of how and to what extend the Good Practice has achieved the desired results with respect to the allocated resources.
- **Transferability of the Good Practice** – i.e. the tangible possibility to transfer the concepts characterizing the Good Practice in the context of the partners' countries/ region.

After processing the data in compliance with the described methodology, the presented Good Practices are ranked as follows:

- 1) Good Practice #5 Simbioza BTC City Lab – 136 points
- 2) Good Practice # 1 Wiener Active and Assisted Living TestRegion – WAALTeR -135.84 points
- 3) Good Practice #3 National eHealth Infrastructure (EESZT) – 132.5 points
- 4) Good Practice #4 Active Ageing Strategy / In Slovene – 130.76 points
- 5) Good Practice #7 SMARTCARE - ICT-supported integrated care/ Italy – 128.5 points
- 6) Good Practice #6 Lokaal+: future proof education programme for vocational health care students in an aging society/ Netherlands – 127.96 points

7) Good Practice #2 Lebensphasenhaus in Tübingen – 126.29 points

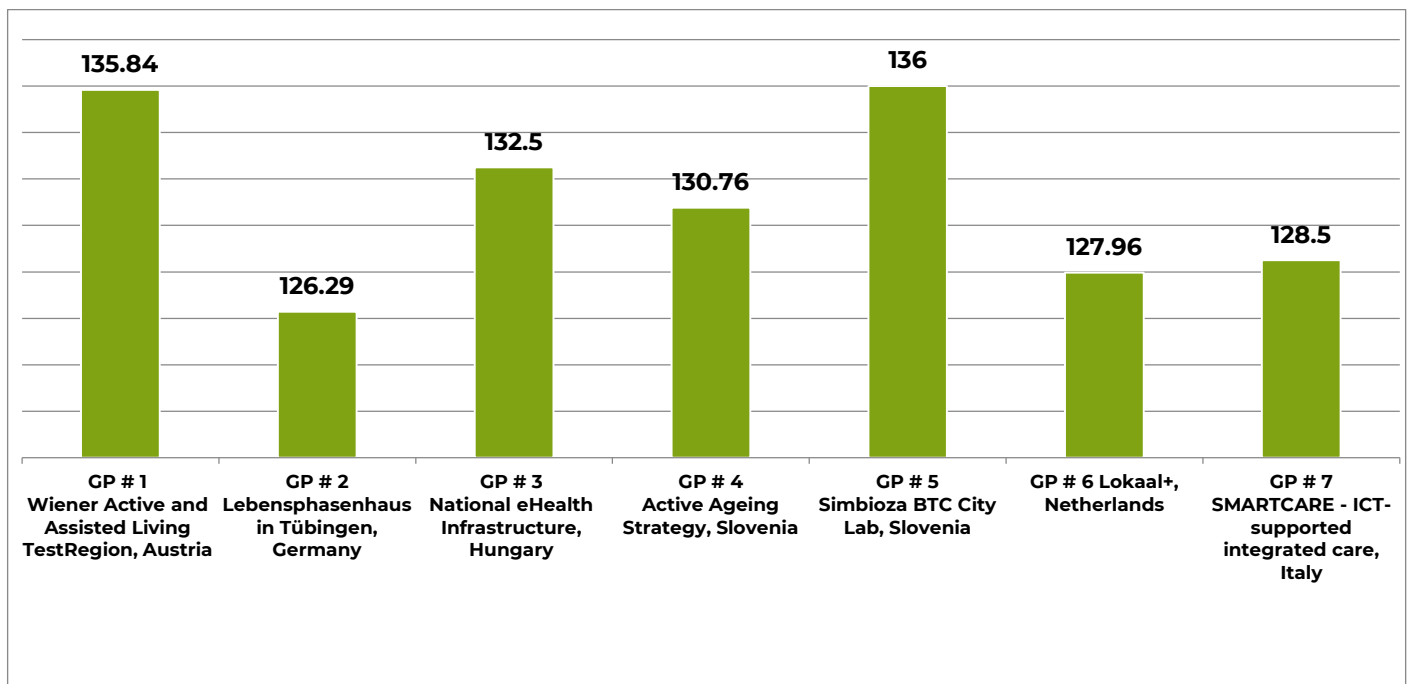


Fig.1 Ranking of presented Good Practice

Table 1: Obtained score of Good Practice per evaluation criteria

Evaluation criteria	Good Practice # 1	Good Practice # 2	Good Practice # 3	Good Practice # 4	Good Practice # 5	Good Practice # 6	Good Practice # 7
The RELEVANCE of the presented Good Practice with reference to the national/regional needs and barriers	35.17	32.29	34.67	34.17	33.88	32.63	32.5
The significance of the IMPACT of the Good Practice	34.83	31.5	34	30.13	33.83	31.5	32.5
The EFFECTIVENESS AND EFFICIENCY of the Good Practice	34.17	33.17	34.33	31.63	35.46	34	32.33
TRANSFERABILITY of the Good Practice	31.67	29.33	29.5	34.83	32.83	29.83	31.17
<b>TOTAL</b>	<b>135.84</b>	<b>126.29</b>	<b>132.5</b>	<b>130.76</b>	<b>136</b>	<b>127.96</b>	<b>128.5</b>

Analysing per set criteria it could be concluded that:

As it was expected there is no “universal” Good Practice identified by Project Partners which could meet the needs and barriers of all involved project countries/ regions. The **most relevant Good Practice to the regional needs and barriers** is evaluated to be Good Practice # 1 Wiener Active and Assisted



Living TestRegion, followed by Good Practice #4 Active Ageing Strategy / In Slovene and Good Practice #3 National eHealth Infrastructure.

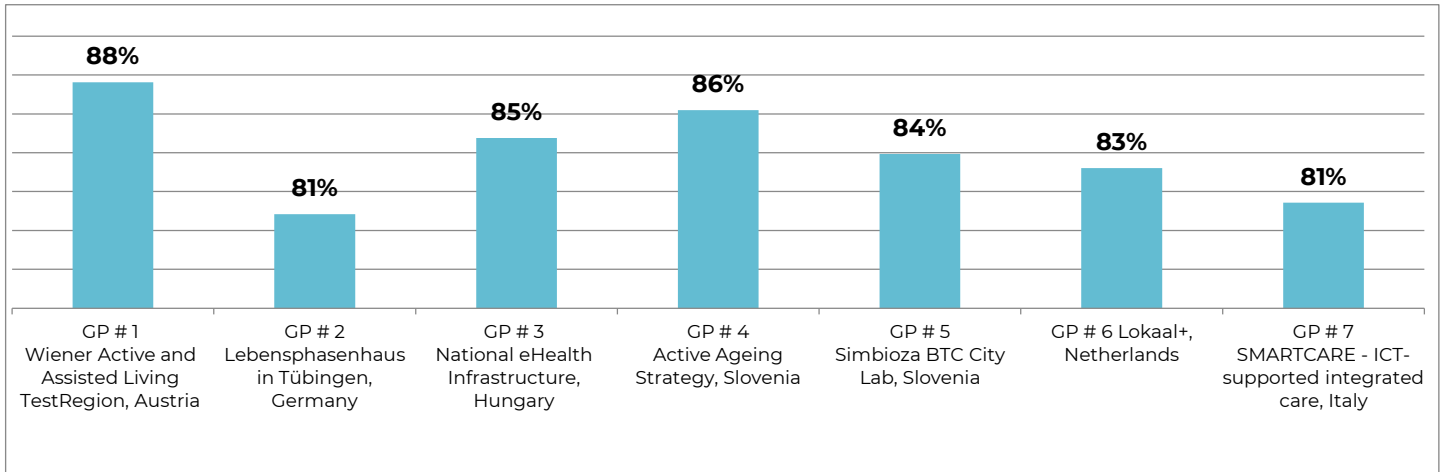


Fig.2 Relevance of Good Practice

According to the PROJECT PARTNERS the **most significant impact** has Good Practice # 1 Wiener Active and Assisted Living TestRegion, followed by Good Practice #3 National eHealth Infrastructure and Good Practice #5 Simbioza BTC City Lab.

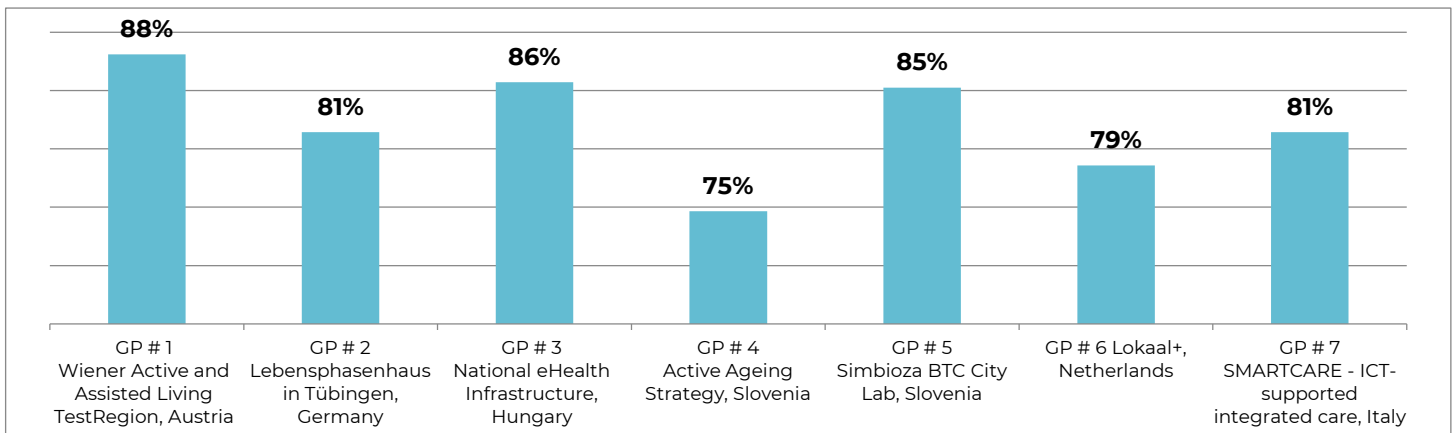


Fig. 3 Impact of Good Practice

The **highest effectiveness and efficiency** is indicated to have Good Practice #5 Simbioza BTC City Lab followed by Good Practice #3 National eHealth Infrastructure.

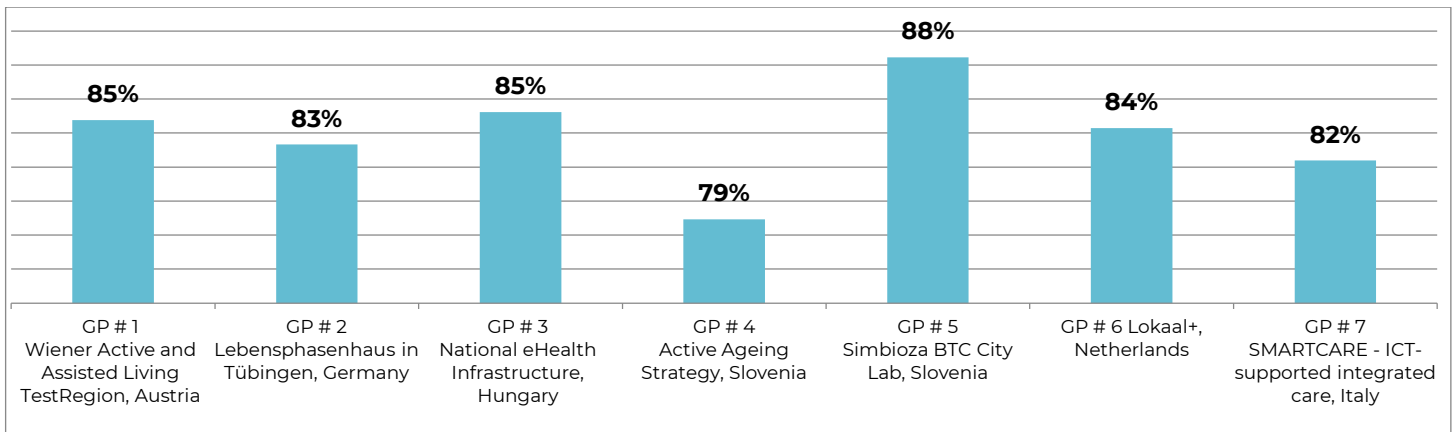


Fig.4 Effectiveness and efficiency of Good Practice

As the **most transferable Good Practice** is evaluated Good Practice #4 Active Ageing Strategy / In Slovene, followed by Good Practice #5 Simbioza BTC City Lab.

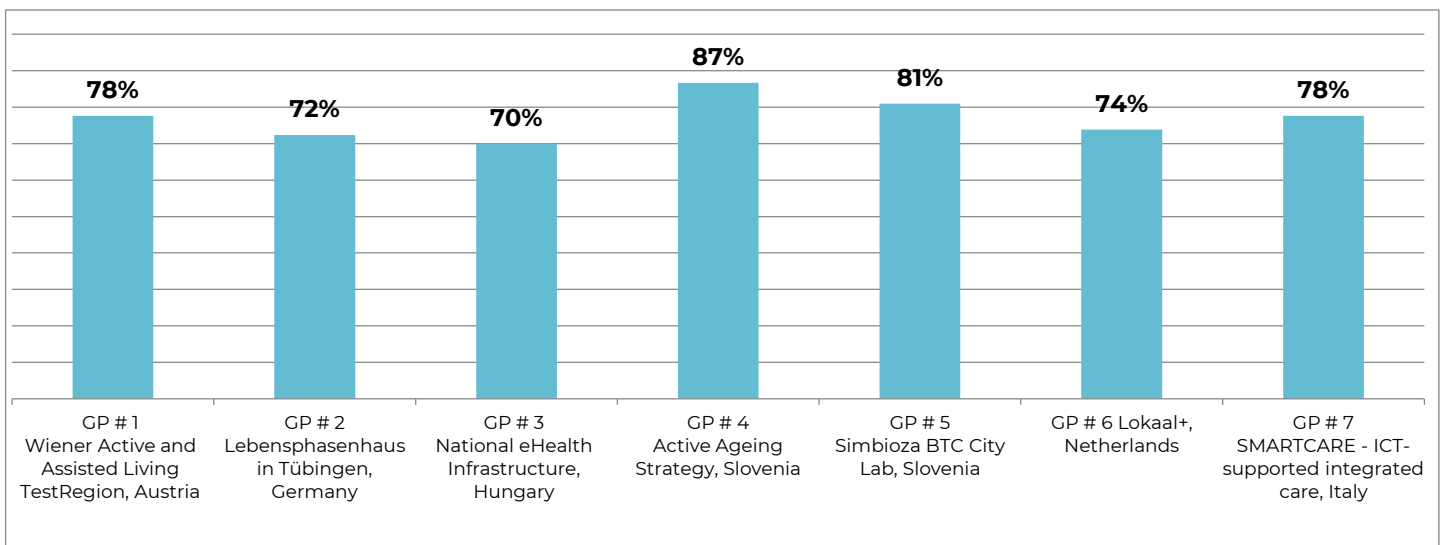


Fig.5 Transferability of Good Practice

## 5. Good Practices for Smart Care Services Policy Tools

No	Title of the Good Practice	Owner of the Good Practice	Country
1	Wiener Active and Assisted Living TestRegion – WAALTeR	UIV Urban Innovation Vienna GmbH (LP)	Austria
2	Lebensphasenhaus	University of Tübingen, Ministry of Education and Social Services Baden-Württemberg	Germany
3	National eHealth Infrastructure (EESZT)	National Directorate General for Hospitals	Hungary
4	Active Ageing Strategy/ Strategija dolgožive družbe	Ministry of Labour, Family, Social Affairs and Equal Opportunities	Slovenia
5	Simbioza BTC City Lab	Simbioza Genesis, Social Enterprise	Slovenia
6	Lokaal+: future proof education programme for vocational health care students in an aging society	Summacollege Eindhoven	Netherland
7	SMARTCARE - ICT-supported integrated care	Health Authority of Trieste	Italy

## Wiener Active and Assisted Living TestRegion – WAALTeR

### **Country**

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**Austria**

### **Area of action**

- 
- **Overall well-being**
  - **Social and digital inclusion (prevention of social isolation and loneliness)**
  - **Enhance digital literacy**
  - **Improvement of the personal sense of security (Good Practice-emergency watch, which concerned all over quality of life and self-determination)**
  - **(general digital literacy; capacity building)**

### **Time duration**

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12/2016 – 11/2019

### **Owner**

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**UIV Urban Innovation Vienna GmbH**

### **Identified by**

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UIV Urban Innovation Vienna GmbH, Austria

### **Description of the Good Practice**

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The Good Practice is developed under a project No: 856 179 : IKT der Zukunft – benefit: Demografischer Wandel als Chance (ICT of the future - benefit: Demographic change as an opportunity).

The WAALTeR integrated and evaluated existing technologies and services from 3 service packages "Social Integration", "Security" and "Health" with the cross-sectional topic "Mobility" on a user-friendly tablet plus optional services and smart home solutions concerning their effects in an evaluation study

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covering 83 experimental and 35 control households over 18 months.

Johanniter, the Viennese Social and Care Services and the Social Fund Vienna were part of the consortium so that care and support-oriented technologies and services that are really suitable for the target group are integrated in care processes, if the benefit can be demonstrably confirmed. The SMEs in the consortium provided the technologies and, in cooperation with the research partners, adapted those and integrated them into a system solution, which was then evaluated in WAALTeR. Sustainable reuse and business models were also developed, also with external experts, by SMEs, research and consortium internal experts for the exploitation of the results achieved. UIV Urban Innovation Vienna GmbH, Smart City Agency of the City of Vienna, managed the project and coordinated the cooperation with the relevant stakeholders (e.g. WAALTeR advisory board, Smart City Wien governance bodies and thus political decision-makers) to ensure the subsequent use of the results.

Research questions:

1. What impact does the intervention (tablets and safety watches with software for communication resp. social integration, safety and health applications supplemented by fall detection, blood pressure monitor and pedometer) have on mobility, social integration, safety and health, and quality of life in old age?
2. How does the necessary design of the service packages and the technical solutions for the target group look like?
3. How do you anchor the results in care and support concepts and processes?
4. Which subsequent use and business models are required for further use?.

For the test phase, the participants were equipped with a tablet with defined components and a mobile emergency call device (Good Practice-Watch). In addition, after one year, the study group was expanded to include voluntary testing of telemedical equipment (e.g., fall detection, Bluetooth blood pressure gauge and pedometer). The evaluation was performed in a randomised controlled trial with 167 volunteers, 91 of whom were in the intervention group and 76 in the control group. In parallel to the technologies, an informative and supportive social program was offered to participants of both groups.



## **Aim**

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**Familiarizing the over 60-year-olds in Vienna with the use of digital devices in everyday life in order to raise quality of life and in order to ensure social inclusion of all age groups.**



## **Key factors of success**

- 
- **Service and present-meeting with participants**
  - **Development process**
  - **Stakeholder involvement**

## € Resources needed

€ 2 310 021.00

## Potential for learning/ transfer of knowledge

- Low-threshold and everyday introduction of technology to target groups with low technology affinity and/or previous experience.
- Delivering supportive measures (accompanying social programme with regular meetings) for the development of fundamental digital competences.



photo credit: Bohmann\_Andrew Rinkhy

**Contact:**

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## Lebensphasenhaus



### Country

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Germany



### Area of action

- 
- **Supporting healthy and autonomous ageing through technical and social innovations**
  - **Initiating cooperation between partners from all four helix branches**
  - **Enhancing digital literacy of users**
  - **Building and increasing competences among care providers/care givers**
  - **Shaping policies towards fostering smart health and care innovations**



### Time duration

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2013 – on-going



### Owner

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University of Tübingen,

Ministry of Education and Social Services Baden-Württemberg



### Identified by

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Gruenderschiff UG, Germany



### Description of the Good Practice

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The Lebensphasenhaus is a cooperation of actors from all four quadruple helix branches including the university in Tübingen, the city of Tübingen, actors from medical care as well as construction companies and technical suppliers. The Lebensphasenhaus is intended to be a competence center for innovative solutions regarding societal co-living, focusing especially on a good, self-determined and societal sustainable way of life for older adults. The Lebensphasenhaus is thereby a physical space in which applications, services and solutions can be implemented and tested, in which innovative solutions and state-of-the-art research can be made accessible to a wider public and in which discussions and networking can take place. The Lebensphasenhaus strongly embraces the concept of human-centered design to tackle solutions for independent and good-quality living especially for older adults or persons with assistance requirements.

Around the Lebensphasenhaus as a living lab several cooperations have

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formed – between actors from politics, academia, industry and social service providers; through the participation in EU projects, the Lebensphasenhaus is moreover connected and embedded in the European process of furthering and developing innovative smart living and ageing approaches and interconnecting stakeholders and knowledge from different countries. The Lebensphasenhaus is moreover a reference site for innovation transfer, embedded in the EU Coral network and thus acts as a crystallization point for policy learning and innovation enhancement. With the establishment of the house a physical space could successfully be created that brings together stakeholders from all four quadruple helix branches for discourse, research and development of smart care and home solutions. It was a joint investment from three ministries with the aim of increasing capacities and capabilities in the area of smart care and living in the region. The Lebensphasenhaus evolved into a sustainable and mostly self-sustaining structure that supports technical and social innovations.

The house opened in 2015 and the project was initially financed for three years, between 2013 and 2016. It is now run by the partners involved who use it for their own events, through grants received via the participation in other EU projects and the funds of the geriatric centre of the University of Tübingen.



### **Aim**

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**To attract, scout, develop, test, validate and disseminate innovative care and smart living solutions and engage in societal and political discourse around the topics of older adult care and a good quality of life for people at all stages of their life cycle.**



### **Key factors of success**

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- **Quadruple helix approach is very effective and interesting for stakeholders**
  - **Showcase house as a valuable method of knowledge transfer**
  - **Coordination and cooperation between different partners**
  - **High level of political and media attention**



### **Resources needed**

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Support initially provided by the three ministries rather small, 550.000 € for the set-up of the network and building of the house. Current financial expenditures or funding cannot be determined as the funding is coming from several sources as described above which are not detailed in their scope



### **Potential for learning/ transfer of knowledge**

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The Living Lab approach of the Lebensphasenhaus is transferrable to other regions. It generates sustainable innovations for the smart health and care area. Stakeholders from all relevant areas are involved. It serves as a showcase



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example for innovative solutions for interested citizens and businesses. It puts research into practice. It is a mostly self-sustaining and organically evolving structure furthering research and innovation in the smart care and living area continuously. Additionally, it could be transferred the knowledge on how to:

- Build consortia that cut across all involved branches
- Develop physical space in which ideas, discussions and innovations can materialise; the Lebensphasenhaus as a consistent enabling framework structure
- Organize activities and events targeted at a broad range of stakeholders
- Be ensured inclusion of all phases in life => increase applicability, target groups and interest
- Be ensured active assistance in familiarisation with innovations necessary

### Evidence for success

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The Lebensphasenhaus continues to be an active centrepiece of a broad network of health and care stakeholder in the entire state of Baden-Württemberg and beyond. They successfully host revolving pilots of smart care related solutions and continue to engage in public health education on the topic. The success of the measure can be reflected in the following facts:

- Membership in a number of ongoing EU projects centering around smart care and health in a living lab environment (**ACcelerating SmE innovation capacities with a Living Lab approach ACSELL, Towards an Alpine Age-Friendly Environment TAAFE**);
- (political) education work in the context of presentations, conference participations



**Contact:**  
<https://lebensphasenhaus.de/>

## *National eHealth Infrastructure (EESZT)*



### **Country**

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**Hungary**



### **Area of action**

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**Health and wellbeing**



### **Time duration**

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2017 – on-going



### **Owner**

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**National Directorate General for Hospitals**



### **Identified by**

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CedarNet-Erasmus Institute Ltd, Hungary



### **Description of the Good Practice**

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EESZT is a new and innovative approach in Hungarian health service. It is a centralized communication interface using cloud-based technologies connects public and private healthcare providers, pharmacies and the population in the whole area of Hungary.

The basic principle of the eHealth is to connect previously isolated health information systems and bring data into a central, highly centralised IT system and services to enable different care settings to access the information they need. It was also an important objective to have 21st century public services that would support the spread of modern healthcare.

The focus of this development is first and foremost on **improving the efficiency of the health sector and the quantity and quality of services provided to the population.**

One of the priority areas of the eHealth development programme 2014-2020 is the **creation of a standard representation of the data available in the system, increasing the proportion of structured data and the volume of data sets included.**

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In 2017, in a first round, the most important actors of the care system - publicly funded Good Practice services, outpatient and inpatient care institutions and pharmacies - joined the Hungarian e-Health system. Furthermore, a major system development "boom" took place in 2016-2017.

By 1 November 2018, private providers that are legally obliged to report to the Central Implant Registry and the National Hip and Knee Joint Endoprosthesis Registry had to be connected.

And by 1 January 2020, all medical and dental health care providers providing non-publicly funded services had to complete their connection activities to start reporting to the EESZT from 1 June 2020.

In 2020, more than 26,000 doctors and 13,000 pharmacists were regular users of the system in Hungary. From 2020, more than 22,000 institutions, including private providers have access to EESZT.

It combines different modules, that communicate with one another

#### 1) eReferral

The majority of medical treatments can only be provided with official referral from a health professional. Until now, the physician initiating the referral prepared the referral - while observing professional reasons and legal options - on paper and recorded patient history, requests and conclusions related to the treatment requested.

#### 2) eProfile

The eProfile module ensures the possibility to record the most characteristic health summary data (Health Characteristics) of patients. The information stored here – unlike several of the EESZT modules – are not data on patients' health events, but a summary of the patient's own health.

#### 3) eMedical history

The eMedical history (EHR repository) allows for the central storage and retrieval of medical documents generated in connection with each medical encounter. Case history only stores treatment documentation, other documentation generated during health care processes is stored in other modules of the EESZT.

#### 4) ePrescription

The ePrescription module implements central services that allow support for all central functions – external to price subsidy – of prescription issuing and filling.

#### 5) Self-determination

The medical data and documents submitted to the EESZT can only be seen by the general practitioner and therapist. Pharmacy systems can only access prescription data. Patients have the opportunity to provide access in terms of your health data, through different settings that can be carried out electronically on website, as well as personally at Government Customer

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Services.

Hungarian eHealth system has several benefits for different target groups:

#### **Benefits of EESZT for healthcare institutions and their staff**

- The treating physician can access the patient's health data at any time.
- In addition to prescribing an eRecipe, the treating physician can retrieve treatment, medication and test data stored in EESZT.
- The General Practitioner can track the patient's care events.
- In the case of emergency care, the most important patient data of the patient requiring care can be immediately retrieved from the eProfile.
- Doctors can prepare in advance for the arrival of a patient with eBeutalo.

#### **Benefits of EESZT for pharmacies**

- One of the main benefits of using EESZT is drug safety: interactions, overdoses, adverse drug events can be detected more quickly.
- It is also easier to monitor therapy from pharmacy care systems. The Space also improves patient compliance and adherence, and increases the rate of prescription switching.

#### **Benefits of EESZT for the public**

- More information about the patient is available to doctors.
- Care becomes safer and more personalised.
- Paperless prescription dispensing is possible.
- Avoid unnecessary repetition of tests.
- Patient records in EESZT will no longer need to be kept on paper

### **Aim**

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The main objective of the expansion of data collection is to **improve the quantity and quality of services provided by the Electronic Health Service Space** (hereinafter referred to as EESSS). While the 2007-2013 funding cycle programme was designed to electronify existing processes, the 2014-2020 period will build on these and introduce value-added services.

Another important objective was to provide modern central services such as subsystems for issuing electronic receipts, electronic referrals and medical documents, or the eProfile, which facilitate the wide-spread adoption of modern health care.

### **Resources needed**

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The total investment was 4.87 billion Hungarian forints with support from the European Union and co-funding by the Hungarian State.

### **Potential for learning/ transfer of knowledge**

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EESZT is a government initiative to digitalize and centralize the in public health administration, it can be a good example for any other countries in the Danube region.

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The digitalization of the health care system is an important and challenging issue at a national level. The Hungarian system is now in practice, it is operating and constantly being developed. It can be a good example to study in the region.



### **Evidence for success**

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- More than 6000 General Practitioners' practices are active in the system,
  - 100 inpatient practices
  - 3,000 pharmacies
  - 8800 private care institutions
  - On average, 800,000 new electronic prescriptions (or ePrescriptions) are ordered every day.
  - By June 2020, the monthly prescription rate for electronic prescriptions has increased to 90%.
  - A total of 22,376 healthcare providers are connected, of which 21,224 are able to provide data.

**Contact:**

National Directorate General for Hospital

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## Active Ageing Strategy



### Country

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**Slovenia**



### Area of action

- 
- **Health and well-being**
  - **Assisted living at home (AAL)**



### Time duration

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June 2017 – on-going



### Owner

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**Ministry of Labour, Family, Social Affairs and Equal Opportunities**



### Identified by

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University of Ljubljana, Slovenia



### Description of the Good Practice

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The Active Ageing Strategy addresses the challenge of rapid ageing of the population which requires an adaptation of existing systems and arrangements and creating possibilities and opportunities for quality living for all generations, and for dignified ageing. To achieve that, adjustments in many areas will be required. The Strategy represents the substantive framework for the implementation of the necessary change.

The Strategy provides guidelines that are divided into four pillars:

- i) Employment (e.g., adjustments on the labour market);
- ii) Independent, healthy and safe living for all generations (e.g., access to healthcare and long-term care services);
- iii) Participation in society (e.g., use of ICT in communication...);
- iv) Environment enabling an active life throughout the life course (e.g., adjustments to the economy).

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In line with the guidelines, competent ministries are preparing action plans with concrete proposals for solutions to achieve set goals. Action plans are coordinated by the responsible ministry; however various stakeholders are actively involved in their preparation.

Main stakeholders and beneficiaries: representatives of all generations (with an emphasis on older adults), government and ministries, employers, life-long learning organisations, non-governmental organisations working in healthcare & long-term care, healthcare and social care providers.

The Active Ageing Strategy addresses the consequences of demographic changes, which are relevant not only for Slovenia but for the Danube region as a whole. Those aims are:

- to secure income and material security for the younger and middle generation once they transition to being old themselves, and equip them with the knowledge and skills for this transition;
- to ensure high-quality ageing for older people, who should be independent for as long as possible;
- to apply intergenerational cooperation in order to leverage the huge potential of the knowledge and experience of all generations.

### **Aim**

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**Active Ageing Strategy addresses the challenges of rapid ageing of the population in Slovenia. It was proposed by Ministry of Labour, Family, Social Affairs and Equal Opportunities and adopted by the Government in 2017.**

### **Key factors of success**

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The vision of the Strategy is that society and systems will ensure everyone's well-being and quality of life in the changed demographic conditions. Given the fact that changed age structures require the adjustment of the entire society, a permanent system of informing the stakeholders will be set up.

### **Resources needed**

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The Strategy was prepared within the regular work of the responsible bodies and no additional costs were incurred. However, additional funding will be required for implementation of the action plans, which have to be confirmed by the government first; therefore the costs estimate is not yet possible.



### **Potential for learning/ transfer of knowledge**

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The practice has the biggest potential for learning and transfer for regions similar to Slovenia, especially Danube regions, where rapid population ageing has not been comprehensively addressed yet.

The document includes starting points for development, key highlights of the new paradigm, the vision and objectives, and proposals for guidelines. The strategy is in line with international documents and initiatives responding to demographic change which Slovenia has joined; key among them the Madrid International Plan of Action on Ageing, which serves as the fundamental United Nations document dealing with this topic. Underpinning the Active Ageing Strategy is the concept of active ageing, which emphasises activity and creativity in all periods of life, concern for health, and intergenerational cooperation and solidarity. This will provide for the population's well-being and quality of life. The guidelines also take into consideration that human rights apply equally to all, regardless of age.



### **Evidence for success**

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An important result is that the Strategy was widely adopted by different stakeholders in Slovenia. Additional tangible results should be available when action plans will be implemented and monitored.

**Contact:**

[Link to the document](#)



## *Simbioza BTC City Lab*



### **Country**

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**Slovenia**



### **Area of action**

- 
- **Lack of digital competences of older adults**
  - **Improve social and economic inclusion of older adults**



### **Time duration**

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November 2017 – on-going



### **Owner**

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**Simbioza Genesis, Social Enterprise**



### **Identified by**

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University of Ljubljana, Slovenia



### **Description of the Good Practice**

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Simbioza Lab, the first living lab in Slovenia, is a hub for smart technologies, solutions, devices and products for users aged over 55.

Simbioza project is very successful and in innovative ways deals with challenges how to tackle unwillingness of older adults to get involved with new technologies and consequently with e-care and e-health services. It is a program based on intergenerational cooperation, solidarity and promotion of lifelong learning. The main purpose is to help the older generation gain a positive experience with a technology, strengthen their confidence and motivate them for further learning and ICT use. Participation also contributes to their social involvement and social activity.

Lab provides the following activities:

- Enables older adults to get in touch with technologies and acquire information on the use of certain ICTs.
- A program in which seniors can be admitted to internship programs of

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companies and get paid for. Depending on their needs, the companies hire trainees.

- Program for people aged 55+ who are looking for new job opportunities, which gives them insight into the world of start-ups and incorporates various modules.

Main stakeholders/beneficiaries: people 55+.

There are over 20 volunteers per year to lead the workshops, facilitate or help out the team. There are student volunteers; volunteers that are job seekers and want to bring some value to their life and also a rising number of volunteers that are maybe already in pension and want to stay active through facilitating workshops or help out the team.

### **Aim**

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**Simbioza is a program based on intergenerational cooperation, solidarity and promotion of lifelong learning. The main purpose of the project is to help the older generation gain a positive experience with a computer, inspire and strengthen their confidence, and motivate them for further learning, computer and internet use. This makes the programme relevant not only for Slovenia but for the whole region.**

### **Resources needed**

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Project costs in 2013: 125.612 EUR (approximately 50.000 EUR staff costs). Currently project employs 3 people on a daily bases full time and two people part time (approximately 5.500 EUR monthly) and is supported with volunteers. They are short staffed and would need 2 more employees.

### **Potential for learning/ transfer of knowledge**

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This Good Practice was widely recognized in EU and national level and serves as an important source of inspiration to policymakers since it importantly contributes to overcoming digital divide. It creates educational opportunities for social inclusion through intergenerational cooperation and promotes lifelong learning. Even if it is a private initiative, it was already widely recognized by policy makers and is supported through awards and funding on EU and national level.

An appropriate infrastructure enabling the implementation of workshops and a basis of volunteers would be needed to successfully transfer this Good Practice to another region. This would help older adults to gain knowledge on computer and smartphone use. It would also help to gain a positive experience with a technology.

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Follow-up, which will enable Simbioza knowledge to be used anytime later, is their manual with detailed description of the entire model of operation that could be shared with foreign partners.



### **Evidence for success**

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In 2018, there were 1149 participants with 4.6/5 satisfaction rate. Project received numerous awards (naming few):

- o European Citizen Award;
- o Award for the title "Volunteer of the Year";
- o Award for Innovations in 2011 in Central Slovenian region (silver award).

In 2015 the Statistical Office of the Republic of Slovenia has published data showing that shares of daily computer and Internet users among older people are 3x and 7x higher than in 2009, saying Simbioza contributed notably to this increase.

**Contact:**

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## *Lokaal+: future proof education programme for vocational health care students in an aging society*



### **Country**

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**Netherland**



### **Area of action**

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**Capacity building**



### **Time duration**

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2014 – on-going



### **Owner**

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**Summacollege Eindhoven**



### **Identified by**

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Regional Agency for Entrepreneurship and Innovations – Varna, Bulgaria



### **Description of the Good Practice**

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Lokaal + is a programme to connect the elderly population with vocational students in health care. Lokaal + offers communal spaces allowing students to get first-hand learning experience through offering practical services to the elderly population such as social, educational, and recreational activities.

Some insights from the Good Practice:

- Lokaal+ has demonstrated resilience and a rapid growth in terms of students and users as well as in the number of municipalities interested in the programme.

- The Good Practice provides a case of a hybrid space between a community centre and a living lab to test, develop, and implement smart health solutions

The societal challenge of an aging population leads to the situation that people who need care stay in their home. Therefore, the future jobs of the vocational care-students will be in the homes of the people. That is why

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practice-based learning spots for internship of students are created in school and in public meeting places in 5 municipalities. Students offer practical supportive services to elderly and their family carers at home and in the public meeting places during their internship. They are offering support during group activities such as organising workshops about how to use digital devices and services and about healthy food and exercises. The elderly offer in return their own living environment as learning space to students to learn in the practice of future proof supporting services delivery for independent living. It is collaboration between the education centres, elderly, municipalities, local entrepreneurs of digital solutions and health care organisations. All stakeholders benefit from this formula. It helps to improve the adaption of digital services of elderly, family carers and professionals. It offers lifelong learning to citizens and foresees in one of the solutions for municipalities to deal with the societal challenge of ageing. For the involved local companies, it is a living lab for development and implementation of smart health services. For the involved education centres, it gives more insight in the future labour market.

### **Aim**

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**To develop a future proof education programme for students in health care on a vocational level focused on the implementation of Smart Health.**

### **Key factors of success**

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The programme is a good example of quadruple helix collaboration among—educational centres, municipalities, local entrepreneurs, health care organisations, and civil society—promoting social good. The programme works as a living lab to test, develop, and implement smart health services to the elderly population.

### **Resources needed**

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Scaling is now financed by incidental money. Future scaling requires public-private financing by national vocational education fund and e.g. fees of: elderly; municipality for reduction of professional supporting costs; SME's for living lab facilities, in total +/- 180.000euro p/year.

### **Potential for learning/ transfer of knowledge**

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The concept of Lokaal+ can be transferred to other geographic places across Europe and other education programmes. It is an inspiring example for multi-stakeholder collaboration between education partners, local and regional and national government, ICT companies and health care providers to improve

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the adaptation of existing smart health solutions.

Lokaal+ has been developing a Theory of Change for their initiative to monitor their social and economic impact over several years. This methodology can be transferred to other social business initiatives.



### **Evidence for success**

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Growth: students: 20 in 2014, 300 in 2018; requests for support: 1500 in 2014, 5000 in 2018; locations: rolled out to 5 municipalities, 5 municipalities on waiting list. Impact: Elderly are more independent and more active, and experience a more purposeful life; students have more knowledge, are prouder, have more self-confidence and self-reflection; there is a better mutual understanding between elderly and students. Family carers feel supported by sharing experiences with other carers.

**Contact:**

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<https://www.aquinhuis.nl/partners/wijkleerbedrijf-lokaal/>

<https://youtu.be/ZVGd-h4Pgc4>

## SMARTCARE - ICT-supported integrated care



### Country

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Italy



### Area of action

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Health/ Policy



### Time duration

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2013 – 2016



### Owner

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Health Authority of Trieste



### Identified by

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Regional Agency for Entrepreneurship and Innovations – Varna, Bulgaria



### Description of the Good Practice

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SmartCare is a telemedicine and telecare service in Friuli-Venezia Giulia, Italy. The region is characterised by an increasing ageing population, which has for consequence to rising costs regarding non-infectious and chronic diseases. The objective of SmartCare is thus to provide health services for patients with chronic conditions and improve home-care services while reducing healthcare costs. SmartCare includes a health platform which collect data from medical devices and monitor health data. The Good Practice highlights that it has led to significant reduction in hospital admissions and duration of hospitalisation. Moreover, patients have widely accepted the ICT solutions. The Good Practice shows that such telemedicine and telecare services must involve in an inclusive and co-creation manner health care workers and general practitioners to be widely accepted and adopted. The Good Practice SmartCare has published recommendations for the deployment of such ICT-supported integrated cares that can inspire and guide regional policymakers who aim to replicate similar initiatives

Despite the good level of health and social care integration achieved in the

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FVG Region, there are rising needs in terms of ageing population, burden of non-communicable and chronic diseases, and need of better involvement of informal care givers. SmartCare in FVG has deployed telemedicine and telecare services for people in chronic conditions, improving home-care services, providing ICT supported integration of health and social care, and promoting active involvement of care recipients, family members and third sector.

The whole regional health system has been involved (17 health districts) and an integrated ICT solution has been developed to collect and share clinical and social data.

The ICT system included the following items: HEALTH PLATFORM as an online interface between medical devices and central storage unit database which collects data through home-based HUB data collector; technology devices at patients' home for clinical and environmental monitoring that communicate data to the HUB (each device has its own memory and stores data until they are transmitted to and recorded by the HUB that works in the same way towards the central storage); a call centre and help desk.

The main stakeholders and beneficiaries of the practice: around 100 health and social care professionals, 170 informal care givers and 200 patients were recruited in two pathways (ICP-Discharge and ICP-LT Care) in Primary Health Care environment, mainly for chronic diseases.

### **Aim**

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**Regional deployment of ICT-supported integrated care in FVG Region, with the involvement of different health and social care professionals and informal carers .**

### **Key factors of success**

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- Involvement of whole regional health system;
  - Good collaboration of the stakeholders.

### **Resources needed**

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The deployment was financed with around 1,5 mln Euro. The whole ICT services was externalized and was paid through services based system. The project was co-financed at 50% by the European Commission and at 50% by staff costs of ASUITs. The cost of the service was 4 euro per day/per patient.





## Potential for learning/ transfer of knowledge

SmartCare has proven potential for learning and transferability providing evidence of involvement of several stakeholders, active participation of end users and ICT solutions as support of existing care pathways and practices.

SmartCare has published also Guidelines for deployment of ICT-supported integrated care where tips and recommendations are given.

The project addressed common challenges and focused on treatment at home for patients with chronic disease, through care model and ICT solutions that are widely transferable.

ASUITs decided to keep the service operational through its own resources. Through an Interreg it was decided to develop the service and the monitoring system with mobile kits that include multi-patient monitoring devices to permit the application of the ICT solutions in different care settings (nursing homes and residential care organizations, prisons, etc) in order to explore new models of organisations of health and social care and continuity of care.



## Evidence for success

Randomized trial was carried out and evaluation gave evidence of savings in hospital admissions and duration of hospitalization, more statistically significant on post-discharge pathway than on long term.

Qualitative evaluation (QoL, PAM and other validated methods) demonstrated a very good acceptance of adopted ICT solutions from older people. SmartCare is now planned to be developed as a permanent service in FVG Region with a vision to pass from experimental to general care model.

**Contact:**

<https://asugi.sanita.fvg.it/it/>

<https://www.pilotsmartcare.eu/home/>