



HoCare

Transferable projects

Template for good practices

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I. Which good practice projects to gather?

This HoCare “Transferable projects” template aims to gather information on regional Good Practice projects (GP projects) that:

1. have been successfully funded by previous regional Operational Programmes supporting Research & Innovation;
2. have been already successfully implemented.

The overall objective of the HoCare project, which needs to be successfully targeted by the described GP projects, is to boost generation of innovative Home Care solutions in regional innovation chains by strengthening of cooperation of actors in regional innovation ecosystems using quadruple-helix approach. Therefore, this template aims to gather only information on projects:

3. including good practices of quadruple-helix cooperation in regional innovation ecosystems;
4. either including good practices of Home Care R&I or including good practices from segments other than Home Care but proving its transferability to the Home Care segment.

The HoCare project has, in addition, the following three thematic sub-objectives, therefore the listed projects:

5. need to be related also to at least one of these sub-objectives:
 - a. Generation of innovation through addressing unmet needs identified by citizens helix (formal carers – hospitals, social houses, elderly house; informal carers – family members; and elderly care recipients themselves – associations, etc.) of quadruple-helix approach
 - b. Generation of innovation through public driven innovation processes
 - c. Bring innovative Home Care solutions quicker to the market by using quadruple-helix approach

As this template aims to gather projects that are transferable, listed GP projects also:

6. need to have not only a regional relevancy, but also a potential for transfers to other regions (see HoCare Glossary of terms for further information)

II. Why to gather information about these GP projects?

The gathered GP projects regionally and also from all 8 countries of the project, together with filled in Overall Regional situation in Home Care R&I and quadruple-helix cooperation in R&I and gathered GPs in management and strategic focus of Operational Programmes, will enable the HoCare project to start intensive regional and interregional learning proces. The following steps with the gathered GP projects will be done during the 1st internal reporting meeting and the 1st regional multistakeholder group meeting to get additional inputs and feedback from regional Innovation ecosystem actors. Later on, with finalized Regional Analyses by



each partner, Interregional thematic workshops and their relevant working groups will further develop proposed good practices resulting in Policy Thematic Studies.

The logic behind gathering these GP projects is also in that information gathered by filling in this template can inspire and help regional innovation ecosystem actors in Home Care R&I of project/other country to transfer these good practice projects into their regional relevant Operational Programme calls with new and/or already proven project ideas, therefore enhancing effectiveness of the invested funds and also support for already proven project ideas.

III. Where to gather information about GP projects?

You can use several access ways to gather information on relevant GP projects from your region, including for instance :

- Managing Authority of your regional OP or its Intermediary body
- Recipients of successfully funded project
- Regional innovation ecosystem actors
- Users of home care solutions
- Innovation platforms, home care platforms
- Any other you can think about regionally...

IV. Structure of information gathered for each GP project

This template is divided into several sections describing the GP project and has been structured in a similar way as usual description of projects in applications via various calls under regional Operational Programmes. These sections are:

- 1) Relevancy of the GP project;
- 2) Quick overview of the GP project;
- 3) Transferability (strengths, weaknesses, conditions for successful transfer, key threats in project transfer);
- 4) Description of the GP project (tackled problem, time length, objectives, phases, activities, deliverables, main innovation and target group);
- 5) Impact (impact and dissemination);
- 6) Risks;
- 7) Budget (budget, additional income, public tender and financial sustainability);
- 8) Any other additional relevant information.



V. Guide for filling in this template

There are several main suggestions towards filling in this template, which we kindly request all partners to follow during filling in this template with relevant GP projects information:

- 1) Be as specific as possible;
- 2) Provide as much quantitative information as possible;
- 3) Fill in all information for all questions and sub-questions (in exceptional case of not relevant question, please write “not relevant”, in case of no available information at all, write “not available”);
- 4) Include regional innovation ecosystem actors including possibly also your regional Managing Authority of the OP (e.g. regional multi-stakeholder group members) via inclusive design as much as possible into the process to provide you information relevant for this template to help gather relevant GP projects and their information.;
- 5) Fill in this template in a good quality as we will be using the gathered GP projects internationally among the different countries (we might do a quality cross-check between 2 countries later on, quality check no.2);
- 6) Respect the maximum limit for characters in specific sections;
- 7) When you fill in fully the 1st GP template (1st project), send it to michal.stefan@dex-ic.com for a review before filling in other GP projects (quality check no.1);
- 8) Fill in all in english. For some specific questions, you will be asked to add also names in local language in brackets.
- 9) In the first round of GP project gathering (for the organization of the 1st regional multi-stakeholder meetings), please fill in the following sections: 1) Relevancy of the GP project, 2) Quick overview of the GP project, 3) Transferability, 4) Description of the GP project and 5) Impact. The rest of the sections will be filled in later on for the Regional Analysis itself. Those sections to be filled in now until 1st regional multistakeholder meetings are the **green-text** sections below.

This template has been prepared by Michal Štefan in cooperation with Jan Kubalík (both from DEX Innovation Centre), and includes feedback and further improvements from all partners of the HoCare project.

1. Relevancy of the GP project

The “Relevancy of the GP project” section provides quick check and definition of its relevancy in regards to HoCare project objectives.

Does this GP project include good practices of quadruple-helix cooperation in R&I? (If	Yes, this GP project includes good practices of quadruple-helix cooperation in R&I
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not, do not continue)	
Does this GP project include good practices of delivery of Home Care R&I?	Yes, this GP project includes good practices of delivery of Home Care R&I.
If this GP does not include good practices of delivery of Home Care R&I, please describe and prove its potential for transferability to delivery of Home Care R&I (max. 2000 characters)	
Does this GP project include good practices of innovation through answering unmet needs?	Yes, this GP project includes good practices of innovation through answering unmet needs.
Does this GP project include good practices of public driven innovation?	Yes, this GP project includes good practices of public driven innovation.
Does this GP project include good practices of innovation via cooperation for quicker delivery to the market?	Yes, this GP project includes good practices of innovation via cooperation for quicker delivery to the market.

2. Quick overview of the GP project

The “Quick overview of the GP project” section provides initial overview of the good practice project (GP project) and enables readers to see if this GP project idea is relevant for possible transfer to their organization potential innovation activities.

Name of the GP project	TELEHIPPOCRATES: Unified telemedicine network of Greece and Cyprus, with integrated broadband satellite and land (wired) networks
Region of origin of GP project	Cyprus
5 keywords that best describe the content of the	Mobile e-health, Broadband satellite



GP project	Consulting/ support Provisional care Telerehabilitation
Relevant Operational Programme name through which the GP project has been funded (+ also in local language in brackets)	INTERREG III A, the Cross-Border Cooperation Program "Greece-Cyprus" 2000-2006
Relevant support programme / intervention area name of the GP project through which it was funded (+ also in local language in brackets)	
Single or multiple recipients of the GP project?	multiple recipients
Type of lead recipient (SME, LME, research centre, innovation centre, network/association, university/school, municipality, other public body, other (specify))	Public - Nicosia General Hospital
Types of participating partners (list all participating partner types. E.g.: hospital, social house, senior house, patient association, networks, SMEs, LMEs, research actors, business supporting organizations, public institutions/regulators, other (specify))	<ul style="list-style-type: none"> - Chios General Hospital (LP/GR) - University of the Aegean (GR) - Nicosia General Hospital (CY) - National Research Centre - Democritus (GR) - Municipality of Amani (GR)
Summary of the good practice (<u>max. 5000</u>)	The Telemedicine Network of Greece and Cyprus connects with integrated broadband Satellite and Land (wired) Networks the General Hospital of Chios



<p>characters)</p>	<p>and the Nicosia General Hospital with health centers and rural surgery in remote areas in the Prefecture of Chios and in Cyprus. The network offers three main services in the field of health:</p> <ul style="list-style-type: none"> - Consulting/ support services of the Hospitals to the health centres and rural surgeries - Provisional care and rehabilitation efforts for chronic patients in their base/ home (areas of Chios and Cyprus) - Supporting services of the Hospitals to a mobile medical unit, i.e. ambulance, going to the patient’s location. Complementarily, the network is being able to support: <ul style="list-style-type: none"> - High Speed Internet services. - Sound and Visual services in streaming form. Two way communication services in real time that allows the implementation of tele-training (European Programme Emispher).
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3. Transferability

The “Transferability” section provides more detailed review of strengths and weaknesses of this GP project including description of necessary basic conditions for region and leading organization to potentially transfer it. At the end of the section, the key threats in the successful transfer open up possibility to focus on specific relevant issues important for the successful transfer.

Strengths and weaknesses of the project

<p>What are the GP project strengths? Why it was funded? (max. 500 characters)</p>	<ul style="list-style-type: none"> - Resilient infrastructure utilizing land wired and satellite networks. - Share of knowledge and expertise amongst two major hospitals - Safe treatment at home for chronic decease patients - Transparent technological complexity utilizing mature technology - Human resources cost effective
<p>What are the key weaknesses of the GP project? (max. 500 characters)</p>	<ul style="list-style-type: none"> - Maintenance cost - Initial health-care professional’s phobia of technology. - Communication overheads are very high and costly in human and monetary terms. - Difficulty of coordination.

Basic conditions for successful transfer

<p>Why is this GP project</p>	<p>Tele-Hippocrates could easily be transferred and adapted for rehabilitation,</p>
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transferable? (max. 1000 characters) – innovation, impact, financial, legal, and timeframe aspects – see HoCare Glossary of terms	monitoring and training that are required for other (chronic) health problems and diseases. Tele-Hippocrates utilizes mature and secure networking technologies to transfer video, sound and patient data in real time. Medical device communication is supported over secure communication channels.
What are the basic conditions the region needs to have to be successful in transferring this good practise? (max. 500 characters)	No specific conditions since we are addressing EU countries. For resilient networks the applicant must establish a satellite high bandwidth subscription. A specific Call for proposals targeting National/Regional/Community Social e-services provision/innovation could easily host such a project at any member state's national or regional level. Prerequisite would be the political will after definition of relevant needs.
What are the basic conditions the leading recipient from the region needs to have to be successful in transferring this good practice? (max. 500 characters)	<ul style="list-style-type: none"> - Dedicated Team of Health Professionals - Strong IT Team

Key threats in GP project transfer

What are the key potential threats for the GP project transfer? (max. 2000 characters)	<ul style="list-style-type: none"> - Patient familiarization with technology - Personnel training. - Trust issues of patients and personnel in IT. - Difficulties in cooperation among involved actors.
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4. Description of the GP project

The “Description of the GP project” section provides more detailed information on the Good Practice project (GP project) and enables readers to get further detailed inspiration and easy ready-to-use information for possible innovation transfer to other project applications. This includes: tackled problem, time length of the GP project, objectives, phases, activities and deliverables of the GP project, its main innovation and target group.

Description of the tackled problem

What was the problem / challenge tackled by the	High quality medical support to patients with chronic deceases and especially those with the need of mechanical ventilation. This target group needs
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<p>project? (max. 2000 characters)</p>	<p>continuous monitoring and treatment by multidisciplinary healthcare professionals. To achieve that the patient must either be hospitalized or admitted to a healthcare facility or visited at home by a multidisciplinary healthcare professional team. Both options have several cons such as: High cost, patient isolation from family, psychological impact to the patient and limited monitoring. In contrast to the above solutions an alternative is to utilize state of the art communication technologies to deploy tele monitoring and tele consulting at home.</p>
<p>What were the reasons for the problem? (max. 2000 characters)</p>	<p>The insular character of the Greek territory and the feeling of isolation, particularly in the mountainous and insular areas, led to the need for improvement of the services provided and especially of the services in the field of health, with the support of new technologies and tele-medicine</p>

Time length of the GP project

<p>What was the time length of the GP project in months?</p>	<p>24</p>
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Objectives of the GP project

<p>Describe the overall and specific objectives of the GP project (max. 2000 characters)</p>	<p>The objective of the project was</p> <ul style="list-style-type: none"> - the planning and the development of telemedicine services that will aim at the service of Region of North Aegean residents' needs, particularly with regards to situations of urgent medical care. These services constituted in the base of modern technologies of electronic health.
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Phases, activities and deliverables

<p>List all main phases of the GP project including their time length</p>	<ul style="list-style-type: none"> - User specific requirements - System design and specifications - Procurement and Development - Testing and Evaluation
<p>List and describe all main activities that were implemented by the GP project (max. 2000 characters)</p>	<ul style="list-style-type: none"> - Elaboration of a study on the implementation and the analytical presentation of the specifications and standards for the project. - Procurement of equipment (telecommunications material, informational systems, etc) and construction of necessary infrastructures. - Providing of Satellite - through EUTELSAT – and integrated broadband land (wired) infrastructure and services. - Training of clinical personnel - Cooperation for the development of tele-medicine applications among



	<p>Hospitals, organizations that provide with health services and Medical Centers.</p> <ul style="list-style-type: none"> - Know-how exchange on the design, development and management of health centers with the use of new technologies - Dissemination of results
List all main deliverables of the GP project	<ul style="list-style-type: none"> - High level infrastructure with the creation of the broadband communications. - Connection of remote areas with hospitals through satellite and land (wired) networks. - Improvement of disparities in the field of health. - Establishment of permanent co-operation between Greece and Cyprus.

Main innovation of the GP project

<p>What was the main innovation of the GP project? (max. 2000 characters)</p>	<ul style="list-style-type: none"> - Designation of the e-services required through definition of needs by the use of quadruple helix method (organizations representing all helixes took part through open seminars, workshops and information events) - Establish a communication channel between two major healthcare facilities in two different countries - Knowledge transfer - Patient continuous monitoring at home
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Target group of the project

<p>Who was the main target group of the GP project? (SME, LME, research organization, university, public institution, healthcare provider, business supporting organization, other (specify))</p>	<ul style="list-style-type: none"> - Severe chronic disease patients (eg Patients with mechanical ventilation support) (Public institution)
<p>Describe the main target group (max. 2000 characters)</p>	<p>Patients with mechanical ventilation at home.</p>



5. Impact

The “Impact” section provides more detailed information on the effect of the GP project implementation and dissemination of major outputs.

Impact

What was the level of geographical impact of the GP project? (village, city, county, country, international, other (specify))	National level
What were the final impact indicators including their quantification? (max. 2000 characters)	The service has been functional since 2009. 18 patients at home with mechanical ventilation are continuously monitored and supported. Nicosia’s General Hospital has established a team of multidisciplinary healthcare professionals to support the service. Mechanical ventilators are under maintenance support and the cost of treatment and care is covered by Public sector.
Describe the changes resulted from the project activities (max. 2000 characters)	The new technology has officially been adopted by the Nicosia General Hospital and is still being offered as a solution within the general health services provided by the organization.

Dissemination of outputs

Describe dissemination activities of the project outputs carried out during the GP project (max. 2000 characters)	<ul style="list-style-type: none"> - Scientific papers and conferences - Press releases - Press conferences - Banners and leaflets
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6. Risks

The “Risks” section provides more detailed review of potential risks of this GP project implementation including their defined mitigation strategies to eliminate them.

Describe risks involved in implementing this GP	<ul style="list-style-type: none"> - Commitment of the Policy Makers - Sustainability
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project including their mitigation strategies (max. 2000 characters)	- Adequate level of technological expertise
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7. Budget

The “Budget” section provides more detailed review of costs regarding the project implementation as well as operational sustainability after its end. In addition, if relevant, public tenders within the project and additional generated incomes by the project are showed and explained.

Budget

What was the overall budget of the project in EUR?	349.281,00 €
List relevant budget lines of the project including their % share from total budget	Staff Cost - 15% Administration - 5% Travelling - 12% Equipment - 40% External Expertise - 28%

Additional income generated by the project

Did the project create any additional income ?	no, the GP project did not generate additional income
If yes, specify which type of income and what amount in EUR ?	

Public tender

Did the project include any public tender ?	yes, the project included a public tender
If yes, specify what kind of contract (specific contract, general contract, other)	- Contact for External Expert - Contract for Equipment Purchase (and software)
If yes, specify in what amount in EUR	- €140.000 for equipment - €98.000 for external experts
Describe the public tender	- Open Public Calls for Tenders with Terms and Conditions



subject (max 2000 characters)	
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Financial sustainability after GP project end

Was there an operational financial sustainability plan in the project after its end ?	yes, the GP project included an operational financial sustainability plan
If yes, specify where the operational funds after project end came from ?	Ministry of Health
If yes, specify the amount of operational funds in EUR	€27.000 yearly

8. Other information

In this section, specific additional information about the GP project could be revealed.

Please describe any other relevant information about this GP project (if relevant)	
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9. Information gathered by ...

The information about this good practise (GP) project has been gathered for the purpose of the HoCare project (Interreg Europe Programme) by the following organization:

Region	Cyprus
Organization name(s) (+ in local language in brackets)	Nicosia Development Agency (ANEL) Αναπτυξιακή Εταιρεία Λευκωσίας (ΑΝΕΛ)
Name of the contact person(s)	Eleftherios Loizou & Dr. Nicolas Stylianides
Contact email(s)	eloizou@anel.com.cy & nstylianides@leafnet.com.cy