Interreg Co-funded by the European Union

Alpine Space

HACK-IT-NET

D1.2.1 - Digital Interactive Use-Case Catalogue on suppliers & solutions supporting AS Health & Care

Report

Version 1

07 2025

Document control

Document Summary	
Project Number	ASP0500442
Project Title	HACK-IT-NET
Work Package/ Activity	A1.2. Solution Mapping of Research, Innovation, Knowledge & Technology & Suppliers Relevant for supporting enhanced AS Health and Care OUTCOMES (Green, Custom Tech Transfer & System Service)
Deliverable	D1.2.1 Digital Interactive Use Case Catalogue on suppliers & solutions supporting AS Health & Care
Deliverable Responsible (if applicable)	PP6/BVF & LP1/PROMIS
Deliverable Reviewer (if applicable)	All PPs
Deliverable Due Date	Period 3

Dissemination Level		
PU	Public	
PP	Restricted to other programme participants	
RE	Restricted to a group specified by the consortium	
CO	Confidential, only for members of the consortium	CO

Document History			
Date	Version	Issuer	Description of changes
22.07.2025	V1.0	MCR	1st version issued to BVF
29.07.2025	V2.0	MCR	2nd version reviewed internally

1. Executive Summary

1.1. Project Overview

HACK-IT-NET aims to design, pilot and expand a multi-actor, social innovation-based user acceptance FRAMEWORK (TOOLKIT, NETWORK & APPROACH) to 1) enhance Alpine Space health and care actors' capacity to uptake innovation, and 2) create a healthier, digital and green Alpine Space, with work on UN Sustainable Development Goals (e.g. No.3 Health/Wellbeing).

HACK-IT-NET improves Alpine Space health and care delivery conditions by improving innovation transfer between Eco-System Innovation Actors and Healthcare Actors (doctors, nurses, policymakers, system administrators, end-users and citizens) powered by novel methods and digital tools. PPs design a transnational toolkit (O1.1) and operating model (O1.2) with Letter of Commitment enabling the APPROACH to address common OUTCOMES. PPs pilot the APPROACH (O2.1) in 3 Transnational Innovation Sandboxes (with 9 test zones and 9 extension zones). PPs take lessons and derive long-term solution (O3.1) and policy brief (O3.2) to enable FRAMEWORK's lasting use, via Lighthouse projects and transfer to Advisory Board and other Alpine Space / EU-territories with Memorandum of Understanding and Capitalization Plan.

The innovative system reflects specific Alpine needs, ensuring coordinated exploitation and unique Consortium-mix (policy, business support organizations, and hospitals) goes beyond existing initiatives in the sector and area.

1.2. Scope of Document & Summary

According to the Application Form, PP6/BVF leads on Activity 1.2 where PPs map existing excellent Suppliers Solutions (Research, Innovation, Knowledge & Technologies) emerging from EU initiatives (DEP, Horizon + other Public/Private Initiatives, via EHTEL, Vanguard, etc.) and based on real Alpine Space Relevant Use-cases related to the Spotlight OUTCOME topics, e.g. Green & E-Hospitals, Customized Tech Transfer & System Level Service Improvement highlighted in the interviews implemented (A1.1). LP1/ProMIS is then responsible to create a visually-appealing digital e-book of the 90+ Cases mapped and plan the dissemination via Website & LinkedIn through the communication plan.

This document introduces the 90+ Solution Suppliers harvested by the project partners directly showcasing solutions to the Health and Care challenges identified within D1.1.2. Thus this deliverable D1.2.1 is structured as follows:

- Introduction and project background
- Methodology on Solution Supplier harvest
- Analysis of 90+ Solution Supplier
- Conclusion & Next Steps

1.3. Audience

This document is directed at all project partnership members, because all members of the partnership should participate in WP1 ideation and implementation, more specifically A1.2 through this report. It should be considered an internal document, and the appropriate status should be reflected in the "Dissemination Level" table.

1.4. Change Control Procedure & Structure

PP6/BVF created this implementation paper, and it is under standard project change control, whereby PPs are requested to give feedback on the stated definition or tools in writing to the deliverable responsible (here PP6/BVF) in a timely manner (within 10 working days). As per normal procedure, at any time partners believe a project methodology should change, the request should be brought to the work package or work stream leader (in this case PP4/CUAS) and Lead Partner (in this case LP1/ProMIS), to consolidate feedback from other partners, and integrate and disseminate the final agreed changes. A new version of the document should be created, and recorded in the document's "Document History" table.

Table of Content

List of Figures

List of Tables

2. Introduction

The goal of this document is to share the results emerging from the implementation of A1.2 to map 90+ AS Relevant Use-cases relevant to the OUTCOME topics (Green & E-Hospitals, Customized Tech Transfer & System Level Service Improvement) identified in the AF and further specified based on the real ecosystem needs identified through the interviews in A1.1. It should be noted, that this is a useful "pre-requisite" read, to understand the solutions already developed within Europe in relation to the H&C challenges identified within D1.1.2. and get inspiration while developing the pilots in WP2. It should be remembered that all HACK-IT-NET activities are interlinked, it should constantly be considered when completing all objectives.

2.1. Background and Project's context

HACK-IT-NET aims to design, pilot and expand an innovation transfer FRAMEWORK (NETWORK, TOOLKIT and APPROACH) to: 1) enhance Alpine Space Health and Care Actors' (doctors, nurses, administration staff, policymakers, end-users) capacity to take up innovation (research, technology, know-how) and link to Innovation Actors (RTOs/BSOs/Enterprises), and 2) create a healthier, digital and green Alpine Space, boosting delivery conditions by addressing key Alpine Space and SDG Health and Care OUTCOMES (advancing green and e-hospitals, improving system-level service provision and boosting customized technology transfer, etc.).

The activities that guide project partners toward achieving the project's goals are structured under three work packages:

- **WP1 Focus on Design, Develop & Co-Create** - Co-creates a capacity building Toolkit (O1.1) and Network (O1.2) that identifies and promotes advanced Health and Care OUTCOMES via a Social Approach to enhance links, transfer and uptake between EU / Alpine Space innovation suppliers and Alpine Space Health and Care Ecosystem Actors.
- **WP2 Focus on Pilot, Test & Transfer** - Innovation transfer path enhancing pilot (3 transnational sandboxes, 9 Alpine Space test zones + 9 expansion zones) to support Alpine Space Health and Care OUTCOMES (advancing green and e-hospitals, improving system-level service provision and boosting customized technology transfer) in 3 Actor Arenas (eg. health and care workers, policymakers/administration and end-users).
- **WP3 Focus on Policy & Solution Expansion** - Exploit pilot results to a sustainable solution, link HACK-IT-NET's Innovation Transfer Tools and Approach to policy activities and enable conditions (policy/operational) for ongoing transfer of Alpine Space relevant innovation to Health and Care Ecosystem Actors.

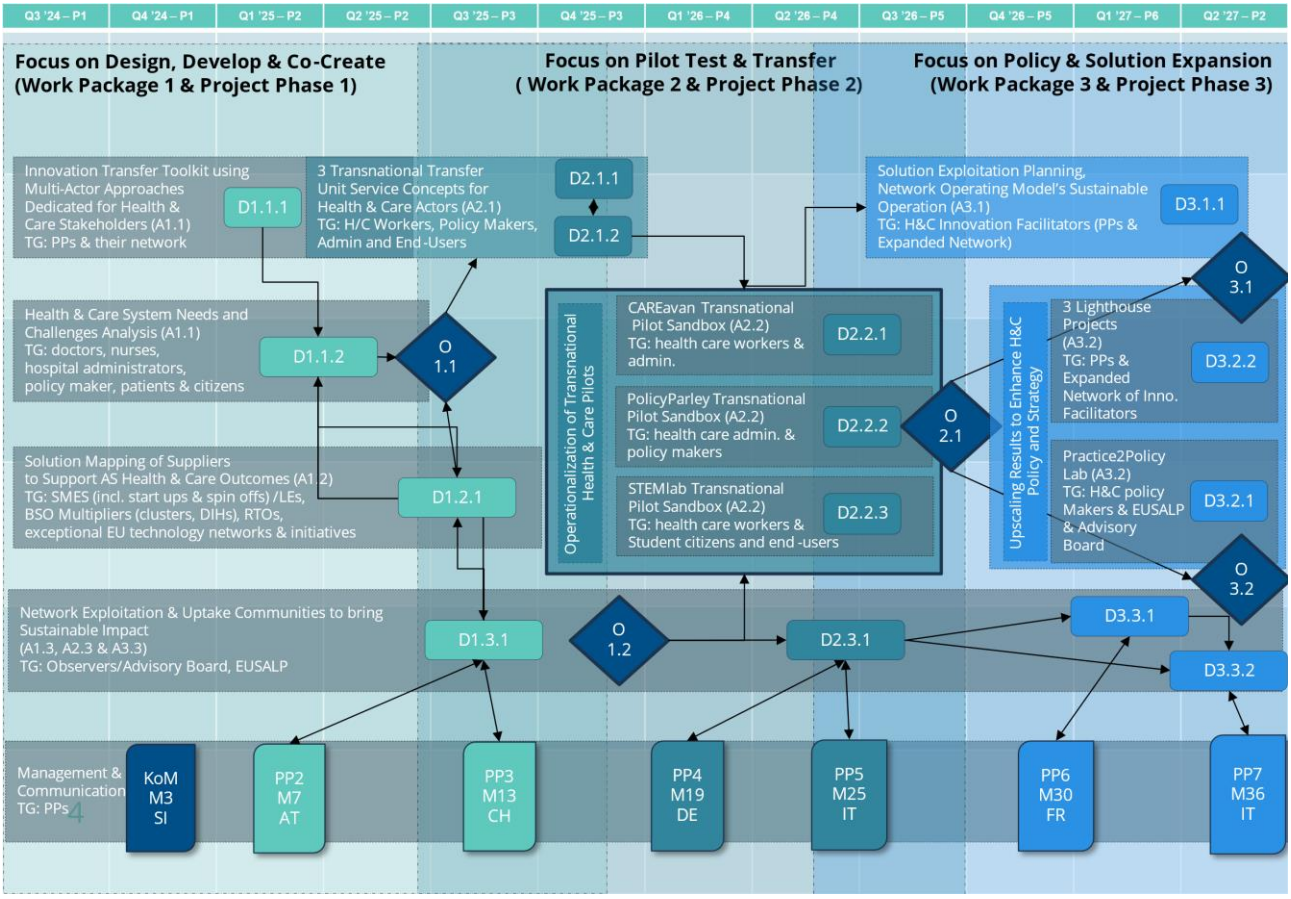


Figure 1 Project Deliverables and main Outputs (source: Project Generated, 2024)

The purpose of the Work Package 1 is to:

- **A1.1:** Co-create capacity building through hybrid Co-Creation Camps to promote the exchange of innovation transfer methodologies for improved user acceptance with health and care actors. Develop a multi-actor approach transfer toolkit for health and care actor engagement by designing tool portfolios for CAREavan, STEMlab, and PolicyParley. Conduct Alpine Space Health and Care Ecosystem Needs Gathering and Analysis by conducting over 90 interviews, organizing 18 Town Halls, and 9 Focus Groups to identify key Health and Care Outcomes (e.g., advancing green and e-hospitals, improving system-level service provision, and boosting customized technology transfer).
- **A1.2:** Solution mapping of research, innovation, knowledge, technology, and suppliers relevant to supporting enhanced Alpine Space Health and Care Outcomes (e.g., advancing green and e-hospitals, improving system-level service provision, and boosting customized technology transfer). Deliver an e-book gathering 90+ Alpine Space relevant solution suppliers to cope with challenges identified in A1.1. BVF/PP6 lead on the Solution Supplier harvest and analysis to support the Project Partner getting a better understanding on existing knowledge to cope with identified H&C challenges; LP1/ProMIS lead on the creation of the publicly available e-book gathering all 90+ solution suppliers.

- **A1.3:** Establishment of the HACK-IT NET network operating model (via online workshops), including EUSALP and Advisory Board feedback loop outreach via 9 regional and 3 inter-regional Exploitation/Uptake Communities. A Communication, Dissemination, and Exploitation Toolkit is established to help push outcomes to the network via the derived model.

Two outputs emerge from WP1:

- **Output 1.1:** Creation of the Capacity Building Toolkit, which includes the Social Innovation (SoI) Multi-Actor Approach (MAA) Methodological Framework, AS Health Need Outcomes, and Solution Use Cases.
- **Output 1.2:** Establishment of the Network Operating Model, including a Letter of Commitment (LoC) and the first Outreach and Uptake Events (HackITAthons) for anchoring.

The illustration below showcases the interconnections between activities and deliverables in WP1, as well as the two main outputs:

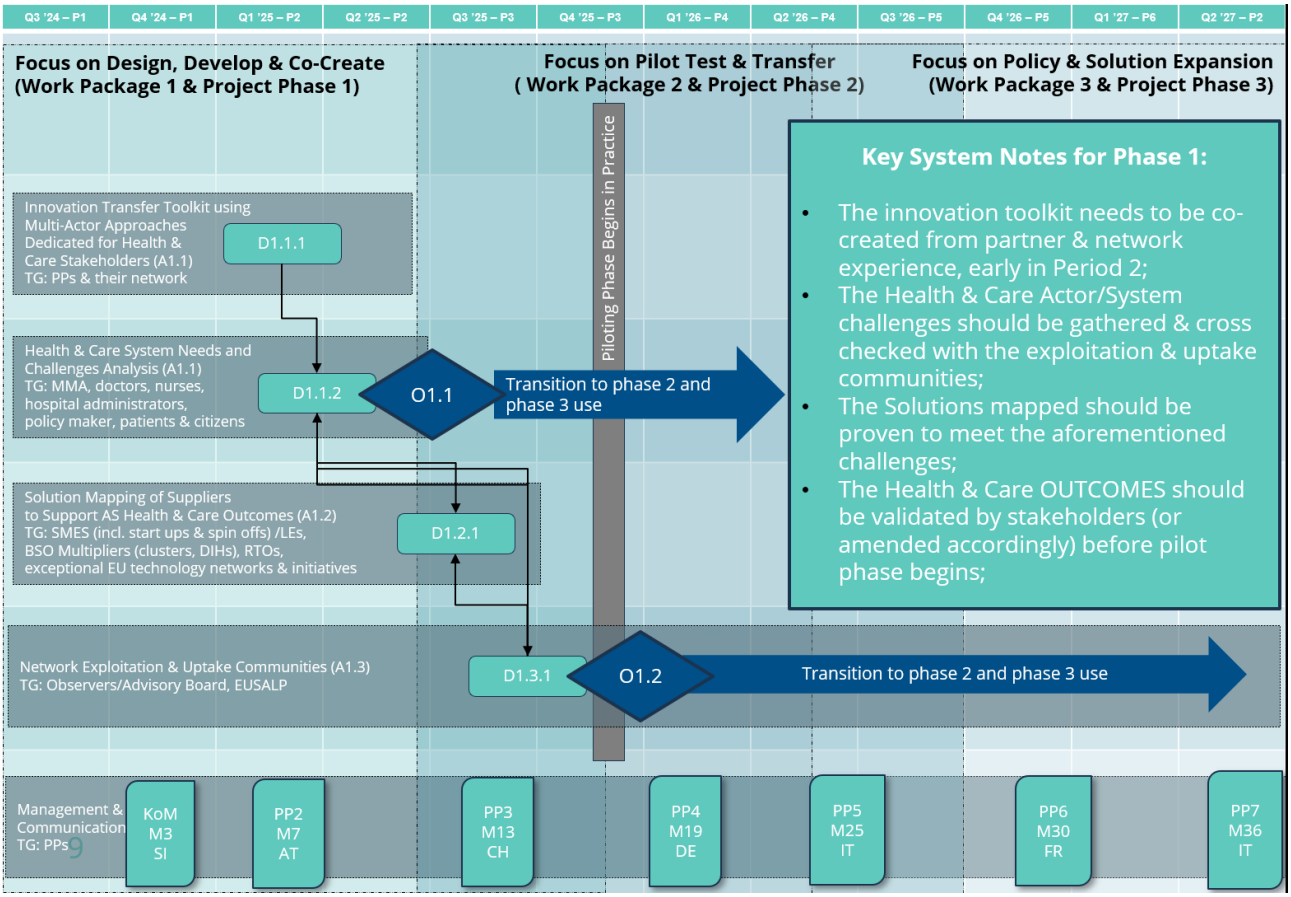


Figure 2 WP1 Deliverables and Outputs (source: Project Generated, 2024)

2.2. Mission Statement and Objective of D1.2.1

D1.2.1 is a Digital, interactive catalogue with 90+ AS relevant Health & Care Technology use cases, showcasing Best Practices on how to cope with healthcare key challenges identified in D1.1.2 in relation to the Health & Care OUTCOMES & other needs emerging from the interviews run in D1.1.2.

The aim of this deliverable is to showcase best practices and tested solutions in relation to the main health and care challenge experiences in the Alpine Space area. These tested solutions address Research, Innovation, Knowledge and Technologies especially emerging from already implemented initiatives (EU, regional, local).

An implementation paper, finalized in February 2025, outlined the process to deliver 90+ uses cases, providing key information to the partners on

- Responsibilities: each PP gathered minimum 10 solution suppliers/use cases and fill-in 10 templates to upload on the Google Drive.
- Timeline: all solution suppliers' templates have been delivered and uploaded on the project Google Drive by the 30th of June 2025 (project partner meeting in Genova).
- Communication & reporting: each solution supplier is represented through one template (see Section 6 - Solution Supplier internal catalogue).
- Each solution supplier is associated to at least one approach (CAREavan: green e-hospital, STEMlab - customized technology transfer, PolicyParley - system service provision) in relation to the H&C Outcomes associated. Thus, each solution supplier reflects the needs of the Alpine Space in relation to the challenges identified in D1.1.2.

PP6/BVF delivers D1.2.1 which analyzes and summarizes the 90+ use cases and LP1/ProMIS translates it into a visual e-book to be further disseminated to the general public and directly sent to parallel relevant initiatives addressing similar topics in Europe.

2.3. Differenciation between D1.1.1 & D1.2.1

D1.1.1 & D1.2.1 are interlinked but pursue different objectives that should be clear to all PPs while harvesting the required information for both project's outputs:

- D1.1.1 focuses on delivering a portfolio on tools/ methods and use cases/ best practices that help reaching out to key stakeholders. Methods focuses on defining processes directly engaging with relevant stakeholders. Use Cases showcase examples of initiatives implementing solutions through the 3 APPROACHES (CAREavan, STEMlab, PolicyParley). The use cases are more associated to the how to implement each approach.
- D1.2.1 focuses on delivering a catalogue of solutions harvested from local, regional and European initiatives answering the key challenges identified within D1.1.2 in relation to the 3 Health and Care Outcomes (advancing green and e-hospitals, improving system-level service provision, boosting customized technology transfer). These solutions are named "Solution Suppliers" within our project HACK-IT-NET. The solution suppliers are more

associated to the challenges identified in D1.1.2 and to bring inspiration on how to cope with them.

2.4. Further use of D1.2.1

As showcased in the Figure 2 WP1 Deliverables and Outputs (source: Project Generated, 2024), D1.1.1 & D1.1.2 directly feeds into A1.2 *Solution Mapping of Research, Innovation, Knowledge, Technology, and Suppliers relevant for supporting enhanced AS Health and Care outcomes (Green, Custom Tech Transfer, and System Service)*. Activity A1.2 builds upon the Health and Care Outcomes (e.g., advancing green and e-hospitals, improving system-level service provision, and boosting customized technology transfer) defined and validated by different stakeholders within Activity 1.1, using them as a baseline for mapping existing supplier solutions (Research, Innovation, Knowledge, and Technologies emerging from EU - DEP, Horizon, and other public-private initiatives via EHTEL, Vanguard, etc.). This process is based on real Alpine Space relevant use cases related to validated Health and Care Outcome topics, ultimately resulting in an interactive catalog with over 90 Alpine Space relevant Health and Care Technology use cases summarized in D1.2.1 *Digital Interactive Use-Case Catalogue on suppliers and solutions supporting AS Health and Care*.

The challenges and needs identified in D.1.1.2 and the use cases/solutions mapped in D1.2.1 should be a red-line of purpose for each Partner when it comes to onward identification of potential Pilot activities (Phase 2 Operations in the project).

2.5. Definitions

APPROACH: The APPROACH is a 'branded' name for the methodological framework which HACK-IT-NET develops to promote social-innovation oriented exchange in a multi-actor context to improve how innovation is transferred to the health & care sector – namely the CAREavan, the PolicyParley and the STEMLAB. However, the broader APPROACH definition also includes the network operating model which sets the network-agreed exchange which promotes the ongoing knowledge, innovation, transfer exchange towards the social innovation contexts directly with H&C actors.

OUTCOMES: The OUTCOMES is a branded name for the specific, need-driven targeted improvements that the HACK-IT-NET consortium fosters through the APPROACH. All of the OUTCOMES were predetermined at the time of project writing, but should be adjusted to the territorial needs of the Alpine regions involved in the project. This adjustment occurs within the stakeholder interaction formulated as part of the project's Phase 1.

Solution Suppliers: Solution suppliers is a term used in the Application form to determine the best practices/ tested solutions emerging from current and past local, regional or transnational initiatives which could be replicated/ adapted to challenges identified in the Alpine Space areas.

3. Methodology

All along the project, all PPs work closely together to deliver the projects Outputs. This section showcases the methodology to follow to ensure the delivery of the project's outputs especially regarding A1.2.

3.1. Cooperation Matrix

In relation to the HACK-IT NETwork Operating Model (A1.3, A2.3 & A3.3), it is crucial to determine the base for cooperation among partners connected to their ecosystem. Thus, the following cooperation model should be used as a base to implement the project and should be completed all along the project duration. This cooperation matrix is tangibly used to collect/harvest the 90+ Cases mapping solution suppliers (best practices/ tested solutions which could be replicated & adapted to challenges identified in the Alpine Space areas).

3.1.1. Regional ecosystem

Each project partner (PP) must develop a cooperation's scheme to interact with its regional ecosystem, ensuring to collect the best use cases as well as to disseminate the project's results as broadly as possible. Using its strength of representing 6 different countries within the project partnership, each PP ensures the relationship with its regional ecosystem including the Observers (Pilot & Strategic Experts supporting project's implementation), already identified in the phase of writing the project proposal (see each PP description). To map the most relevant 90+ use cases, all PPs are invited to look at the project they are themselves involved in as well as the ones their strategic and pilot observers are involved in.

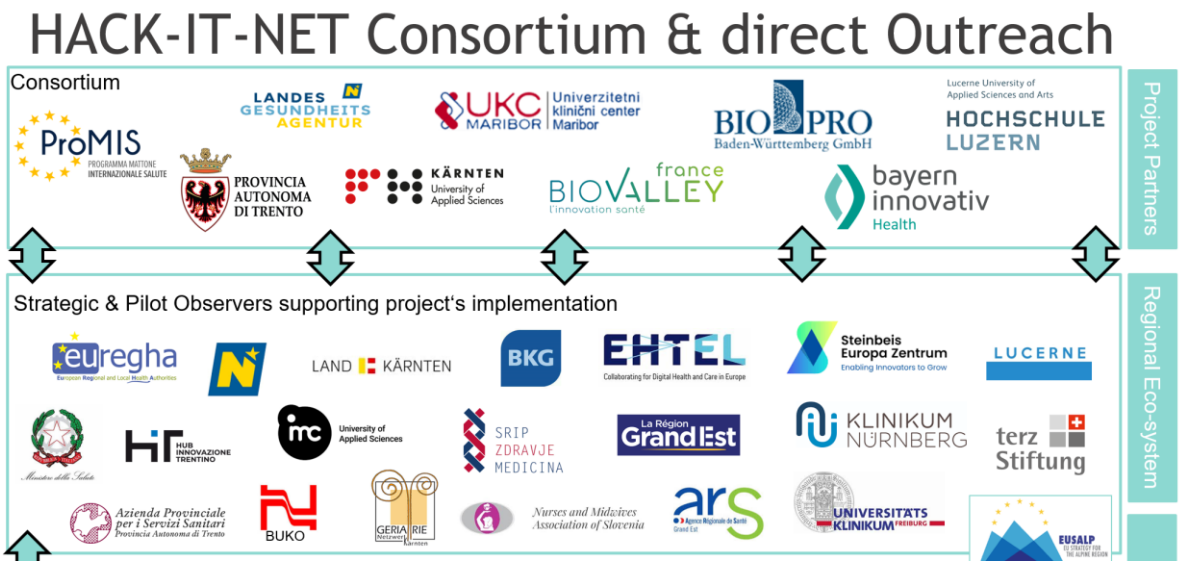


Figure 3 - HACK-IT-NET Project Matrix - Internal Use Only (Source: Project Generated) [1]

[1] Strategic & Pilot Observers have approved their participation to the project but not provided official logos. These logos could be not actual and therefore can't be used for public purposes.

3.1.2. Transnational Alpine Space cooperation matrix

Directly from A1.3, the HACK-IT-Network operating model connect regional ecosystems from the Alpine Space programme as well as to the broader European ecosystem. The transnational cooperation is showcased by the graph below.

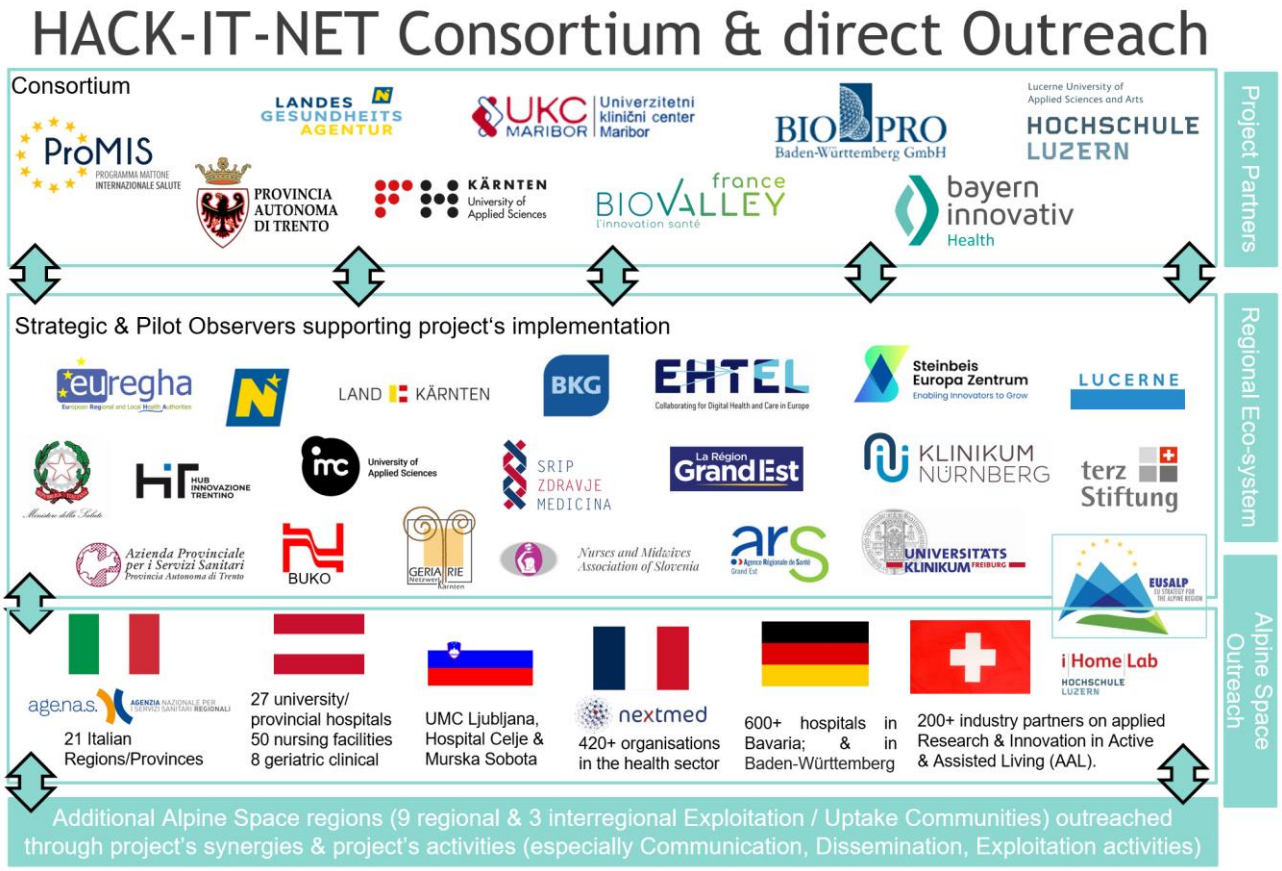


Figure 4 - HACK-IT-NET Project Expanded Cooperation Matrix - Internal Use Only (Source: Project Generated)[2]

This figure showcases the cooperation between all PPs ecosystems. Indeed, not only PPs will ensure cooperation at national level but also cross-learning and knowledge transfer between territories, enhancing transnational cooperation. This figure showcases the connections between all PPs' ecosystems cooperating at AS level mainly. The connection to the European eco-system and other programs is developed through the connection to 9 regional & 3 interregional Exploitation/Uptake Communities.

3.2. Mapping Solution Supplier (D1.2.1)

3.2.1. Process overview

The cooperation matrix serves as base for each activity and is crucial to harvest the 90+ Solution Suppliers. Each PP has the responsibility to implement it in order to ensure project's objective. Thus, each PP must develop its understanding and connection towards its regional ecosystem working on

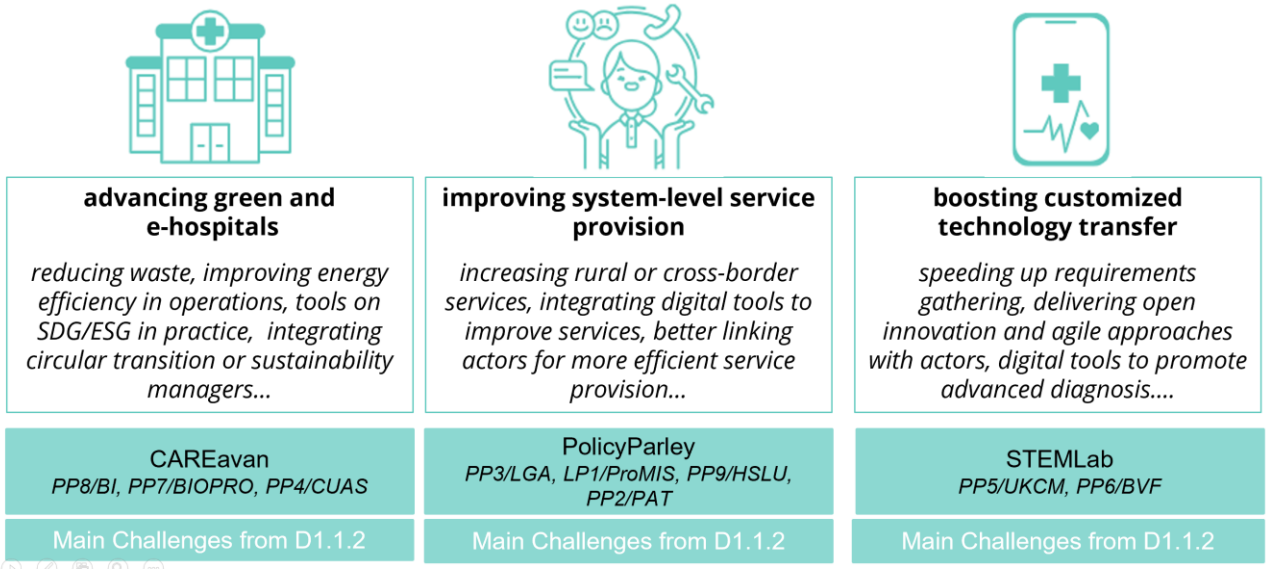
[2] Strategic & Pilot Observers have approved their participation to the project but not provided official logos. These logos could be not actual and therefore can't be used for public purposes.

health and care innovations and integration, supporting organisations to learn from best-in class. In this aim, D1.2.1 and D1.1.3 connect the experts who have already developed relevant Health and Care Technology/ Solutions with the interested regional multi-stakeholder ecosystem interested to learn and improve their practices. D1.2.1 maps 90+ Use Cases/ Solution Suppliers (min 10/PP) fostering the collection of best practices on Research, Innovation, Knowledge, Technology & Suppliers relevant for supporting enhanced AS Health and Care OUTCOMES (Green, Custom Tech Transfer & System Service). D1.2.1 (delivered in Period 2) directly answers challenges identified in D1.1.2. D1.1.3 supports the dissemination of these practices, ensuring regional ecosystem connections within the whole project duration (from period 1 to period 6).

The process for mapping Solution Suppliers use cases was implemented as follows:

1) Prepare the harvest, including:
    a. familiarizing yourself with Health & Care challenges & opportunities in your territory (Analysis through 90+ interviews - D1.1.2);
    b. familiarizing yourself with tools & processes fostering relevant actors' engagement (Toolkit for multi-stakeholder engagement for each pilot arena – CAREavan, STEMlab, PolicyParlery - D1.1.1);
    c. identifying potential channels for local & regional dissemination.
2) Harvest and gather the solution suppliers/ use cases, including talking to the direct organisations or observers to gather local knowledge and fill out the appropriate templates to capture this knowledge.

These process steps were described in more detail in the implementation paper delivered in February 2025.



Solution Suppliers should be Use-cases reflecting research, innovation, knowledge transfer & technologies which have emerged from initiatives (local, regional or European level). D1.2.1 gathers over 90 Solution Suppliers mapped by all PPs (**min 10/PP**).

Overall objective: Solution Suppliers are supporting the PPs gathering best practices and uses cases which can support AS ecosystems coping with main H&C challenges. An e-book is created by the LP1/ProMIS and spread by all PPs as part of the communication/ dissemination strategy to showcase the 90+ Solution Suppliers to the general public and any interested party.

Project Objective: Within the project, D1.2.1 directly builds on D1.1.2 (mapping the challenges and refining the H&C Outcomes) and support pilots' delivery by providing PPs with a large number of good examples and practices to learn from. Mapping Solution Suppliers also supports project exploitation and broadens the HACK-IT-NETwork in relation to A1.3.

Template example: As lead of this deliverable, BVF/PP6 created one example included in the implementation paper in February 2025 for Project partners to better understand how to fill-in the templates. (see Section 6.60 - CLINNOVA: federating digital medicine in Europe).

3.2.2. Ensure broad dissemination - link to A1.3

Identifying Best Use Cases (Solution suppliers) to support each partner to implement their pilots in relation to the challenges identified in D1.1.2 is the primary goal of D1.2.1. However, this activity focuses not only on finding and gathering knowledge on how to cope with AS Health & Care challenges but also on bringing this knowledge to a large multi-stakeholder community that needs to be built. Thus, the objective is to develop an efficient e-book (under the lead of LP1/ProMIS) to foster these two aims:

- Supporting the PPs gathering the relevant Best Practices to build on-ward their pilots and bring solutions to the identified challenges contributing to deliver the H&C Outcomes
- Supporting the Alpine Space (AS) community to join the HACK-IT-NETwork and further exploit HACK-IT-NET project's results to enhance Health & Care in AS.

The e-book goal is to give the Solution Suppliers / use cases mapped as much visibility as possible, and build a community of interested parties in each PP's own territory and in AS (especially through EUSALP) to transfer knowledge and create dialogue across the project duration.

Under the lead of ProMIS/LP1, PPs comit to participate in the dissemination of the 90+ Solution Suppliers. ProMIS/LP1 delivers a Communication Plan which is part of the Management rules of the project and provides further information on Communication tools used to disseminate the project's results. Through posts on social media, outreach to networks and parallel initiatives (local, regional or European), local and regional press releases, ProMIS/LP1 organises the dissemination with the support of all the PPs. Thus:

- Each PP must search for regional/national/territorial networks & initiatives enabling a broad dissemination of the Solutions suppliers in Alpine Space.

- Each PP must repost all the material developed by ProMIS/LP1 on their own social media (with a possibility of translating if necessary).
- BIOPRO/PP7 & PAT/PP2 ensure the exploitation of the e-book through the definition of the HACK-IT NETwork Operating Model (A1.3, A2.3 & A3.3), the establishment of the Advisory Board Outreach Loops creating the key link between the PPs and their Observers & the outreach to 9 regional 3 interregional Exploitation/Uptake Communities.

3.2.3. In practice

In practice, each project partner harvested min 10 Solution Supplier and completed the associated template (see Section 6 - Solution Supplier internal catalogue). All templates were planned to be gathered by the 01.06.2025, including a review round enabling BVF to ask question on the templates filled-in by the project partner. In reality all templates were submitted by the 17.06.2025 and review was completed by the 30.06.2025.

3.3. Analysis of Solution Supplier mapped

Based on the context of the D1.2.1 Solution Supplier template, which was designed to collect structured and unstructured data about health and care initiatives at different levels, this section highlights the methodology used to analyse the data collected.

3.3.1. Overview

The Solution Supplier mapped are gathered by BVF which creates an analysis of all 91 Solutions Suppliers. This deliverable D1.2.1 provides an overview of the 91 templates filled-in by the partners on solutions found to cope with the Health & Care (H&C) challenges identified in the Alpine Space regions represented by the project partners.

Each template (provided in Section 6 - Solution Supplier internal catalogue) provides information on:

- Administrative information on the solution supplier mapped – the overall initiative/ project where the solution has been developed and implemented. It includes
    - the name of the initiative,
    - the project partner associated which has mapped it,
    - the starting and end date,
    - the webpage (if relevant),
    - the connection of the project partner to the initiative/ Solution Supplier and how the PPs found out about it
    - the relevancy for the HACK-IT-NET further activities: where this solution supplier can be further involved in the project
- Information on the solution receiver: Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them. It includes:

- The Organisation's name which is facing a H&C challenge identified as key within the AS area (in D1.1.2)
- The type of organisation and country/ city of operation
- A short description of this organisation, especially its main activities of operation
- Any additional information which could be useful for the HACK-IT-NET project.

- Information on the solution provider - Supply side/organisation supporting/providing the solution
- Information on the Solution Supplier collected in relation to the HACK-IT-NET project,

3.3.2. Quantitative analysis

In the template, quantitative data refers to numerical or categorical information collected about solution suppliers and their initiatives—such as type of funding (e.g. public/private), geographical location, scope of implementation, or frequency of engagement types (e.g. number of events or activities ticked).

This data can be analyzed using descriptive statistics, such as counts, percentages, or frequency distributions, to identify patterns across the 91 mapped solution suppliers. For instance, analysis will reveal how many initiatives address the challenge "Digitalization and Innovation" (DI) or how often the solution receiver is an industry or a public service.

The quantitative analysis helps:

- Compare trends across regions or types of organizations.
- Highlight dominant challenge areas (e.g., workforce shortages).
- Identify correlations

By quantifying these elements, the HACK-IT-NET project can support evidence-based decisions, prioritize impactful solutions, and inform strategic planning across the Alpine Space Health & Care network.

3.3.3. Qualitative analysis

Within this template, qualitative data includes descriptive, narrative responses that provide context and meaning behind the initiatives—for example:

- Descriptions of the Health & Care (H&C) challenges addressed
- The initial situation and how the solution was implemented
- Tangible results, transferability potential, and organizational impact
- Open comments on relevancy, third-party involvement, or strategic connections

This data is typically analysed through thematic analysis or content coding, where recurring ideas, terms, or concepts are identified and grouped into categories. For instance, multiple narratives may

point to recurring themes such as “lack of digital infrastructure,” “cross-border cooperation,” or “barriers to funding access.”

By coding and clustering these responses:

- Common strategies, needs, or barriers across initiatives can be recognized
- Best practices and lessons learned can be synthesized
- Qualitative insights can complement quantitative patterns, enriching the analysis

Qualitative analysis thus allows the project team to go beyond numbers, uncovering motivations, experiences, and contextual details essential for shaping policy recommendations and innovation transfer strategies in the Alpine Space H&C network.

3.3.4. Potential bias and limitation

While the D1.2.1 Solution Supplier template offers a structured approach to gathering comprehensive information on health and care initiatives, it also presents several potential limitations.

First, the standardized format may constrain the depth of qualitative responses, limiting respondents' ability to fully describe complex challenges, innovative processes, or nuanced outcomes. In some cases, important contextual details may be oversimplified or omitted.

Second, the tick-box and categorical options, though useful for comparability, may not capture the full diversity of funding models, organizational types, or stakeholder involvement—leading to possible loss of specificity.

There is also a risk of inconsistent data quality due to varying levels of respondent engagement, interpretation, or familiarity with the template terminology. As a result, some entries may be less informative or harder to compare.

Lastly, the integration of both quantitative and qualitative data may require further analysis and harmonization efforts to ensure meaningful cross-case insights, particularly when entries vary in detail or completeness.

Despite these limitations, the template remains a valuable tool for mapping and comparing initiatives when complemented with careful data interpretation and follow-up where necessary. This deliverable supports the project partners developing and improving their pilots and creating long lasting solutions out of the HACK-IT-NET project.

3.4. Timeline & Critical Path

The Solution Suppliers mapping marks the end of the first project phase (WP1). Indeed, it follows the definition of the main AS H&C challenges (D1.1.2), fostering the most relevant H&C outcomes and enabling the partners to learn from the “best in class” practices in Europe. These Solution Suppliers will provide the consortium with a better understanding on solutions to cope with specific regional challenges as well as a strong base to test (pilot) and start building a strong cooperation

ecosystem in Alpine Space through the HACK-IT-NETwork (including EUSALP, Advisory Board, 9 regional & 3 interregional Exploitation/Uptake Communities). The table below showcase the critical path to ensure the completion of the activity in due time according to AF expectations. The responsibilities are defined and attributed following the RACI methodology (R: Responsible, A: Accountable, C: Consulted, I: Informed):

Task to achieve	Deadline	Responsibilities (RACI methodology)
D1.1.2 – Main H&C challenges identified + 3 refined H&C Outcomes	PPs meeting in Klagenfurt 05-06.02.2025	R: LGA/PP3; A: All PPs
D1.2.1 - First version of the implementation paper ready for review	PPs meeting in Klagenfurt 05-06.02.2025	R: BVF/PP6, C: LP1/ProMIS, PP4/CUAS; I: All PPs
D1.2.1 - Final version of implementation paper D1.2.1 (reviewed by PPs)	21.02.2025	R: BVF/PP6; A: All PPs
D1.2.1 - Be ready to present 1 Solution Supplier + have at least 2 templates on 2 different H&C outcomes filled in & uploaded on the Google Drive/ per partner → Feedback loop: potential update on the template to gather Solution Suppliers.	PPs meeting 14.03.2025	R: BVF/PP6; A: all PPs; C: Observers (especially Pilot observers)
D1.2.1 - Engage stakeholders to bring at least 1 Solution Suppliers/ Use Cases within your 2nd Town hall	10-31st March	R: BVF/PP6; A: all PPs; C: Observers (especially Pilot observers)
D1.1.2 - Report on outcome of Health & Care System analysis (90+ interviews, 18 Regional multi-actor town halls & 9 Focus Groups)	30.04.2025	R: LGA/PP3; A: All PPs
D1.2.1 - Gather min 10 Solution Suppliers/ Use Cases from min 10 different organisations per partner (total of 90+ Use cases collected + fill in min 10 template/PP)	17.06.2025	R: BVF/PP6; A: all PPs; C: Observers (especially Pilot observers)

+ search regional databases/ networks to disseminate the stories and add it to the canva board.		
D1.1.1 – Co-Create Capacity Building, Multi Actor Approach Transfer Toolkit issued	30.06.2025	R: CUAS/PP4, A: All PPs; I: all stakeholders interested included Observers.
D1.2.1 written draft ready for PPs review	22.07.2025	R: BVF/PP6; A: all PPs
D1.2.1 officially issued (reviewed by the PPs)	PPs Meeting 01.09.2025	R: BVF/PP6; A: all PPs; C: Observers (especially Pilot observers)
D1.2.1 - E-Book structure established	15.09.2025*	R: ProMIS/LP1; A: All PPs;
D1.3.1 – Exploitation Communities established by each PP	30.09.2025	R: BIOPRO/PP7 & PAT/PP2, A: All PPs, C: Observers, I: uptake communities
D1.2.1 - E-book publicly issued and spread by all PPs + to EUSALP working groups	31.10.2025*	R: ProMIS/LP1; A: All PPs; I: all stakeholders interested included Observers.

* Actual timeline for these two tasks is established by ProMIS/LP1 as lead on the publicly-available e-book.

4. Analysis

This section provides the project partner with an overview on all the solution suppliers mapped and help them using these solution suppliers to develop their pilot actions through a quantitative and qualitative analysis.

4.1. Quantitative Analysis

This section is dedicated to numerical or categorical information collected in the solution suppliers' templates.

4.1.1. Overview

91 solution suppliers were mapped by the project partners. As the objective of the solution suppliers is to help the project partners developing and improving their pilot concepts, each solution supplier had to be linked to at least 1 APPROACH (CAREAVAN, POLICYPARLEY, STEMLAB).

It was recommended within the implementation paper that partners try to map 6 solution suppliers from their pilot approach and 2 on each of the additional approaches which according to the new groups formed in the project partner meeting in Klagenfurt (M6):

- CAREAVAN: BI, BIOPRO, CUAS
- POLICYPARLEY: PAT, PROMIS, HSLU, LGA
- STEMLAB: UKCM, BVF

Should have resulted in:

APPROACH	Prevision number for 90 solution suppliers mapped	Actual number for 91 solution suppliers mapped
CAREAVAN	36 →33%	36 → 30%
POLICYPARLEY	40 → 37%	43 → 35%
STEMLAB	32 → 30%	43 → 35%
Total	108 → 100%	113 → 100%

Note, the prevision lacked to illustrate the possibility of having a solution supplier which can address more than one APPROACH.

We notice that the prevision was close to the actual number when it comes to the association of the solution supplier to the APPROACHES according to their H&C Ouctomes: CAREavan: green e-hospital, STEMlab - customized technology transfer, PolicyParley - system service provision.

Additionally, the project partners were invited to identify in which further project activities they could use the solution suppliers or even involve the stakeholders associated to these solution suppliers (either solution receiver, either solution providers).

For instance, out of the 91 Solution Suppliers mapped, 37 were identified as potentially engaged within the HACK-IT-NET Network, 21 in the HACKITathons. It is interesting to notice that project partners are already foreseeing the coming activities and trying to create key connections with the material already produced and activities which will occur until the end of the project in June 2027. For instance, 17 solution suppliers have been identified by the project partners to be involved in the exploitation workshops, 19 in the Pilot Open Innovation Days etc. The table below shows the overall overview of the connection of the Solution suppliers with the project activities.

Table 1 - Overall Overview on potential link of the solution suppliers with project's activities (Source: D1.2.1 - 2025)

Relevancy for HACK-IT-NET	LP1 - ProMIS	PP2 - PAT	PP3 - LGA	PP4 - CUAS	PP5 - UKCM	PP6 - BVF	PP7 - BIOPRO	PP8 - BI	PP9 - HSLU	Total
Alpine Health & Care Innovation Transfer Forum (A3.3), alongside EUSALP Presidency Prep in IT (M36, LP1/PP2).	2					2		1		5
Capitalization plan (A3.1) - Memorandum of Understanding from 18+ AS regions (priority on PP territories + 9 Pilot Expansion Regions)			2					3		5
Connected to the Advisory board (Pilot or strategic observers)	2	1	1			2	1			7
Exploitation workshops (A2.3) & Exploitation in Practice Workshops (A3.3)	1	2	6	1				7		17
External events (e.g. EU week of Regions & Cities)	6	1	4	1				7		19
Final public conference. (Led by PP2, RP6 delivery, A3.2 & A3.3)	1		1			8		2		12
Focus Groups (A1.1)		4	2	2		1	1	5	1	16
HackITAthons (A1.3)		4	3			9		3	2	21

Lasting Lighthouse Projects (A3.2)	1	1	2					2		6
Other, please specify						1	1			2
Partner meetings		1		1						2
Pilot Open Innovation Days (A2.3)	1	6		3		1	2	5	1	19
Policy briefs (A3.2) + feedback to improve strategic positioning of Network & Tools for sustainable use.	2	2	3							7
Regional multi-actor Town Hall (A1.1)		4	2	1			1	4		12
Social media & press releases	3	1	4	2				1		11
Taking part of the HACK-IT-Network (1.3)		1	7	8		10	4	5	2	37
Uptake and link to EUSALP working groups		1	1					1		3

As we can see most of the project partners have associated the solution suppliers mapped to more than one activity in the project which contributes to the exploitation and the impact of the HACK-IT-NET project.

Additionally, each of the project partners had to provide information on its connection to this solution:

1. Either local which means that project partners have a direct access to the solution supplier they have mapped (either by being themselves included or through their observers)
2. Or expansion which means that the project partners are not yet connected to this solution supplier but would like to establish a connection.

As shown by the graph below, there is almost the double number of local connections (62) as of expansion connections (29).

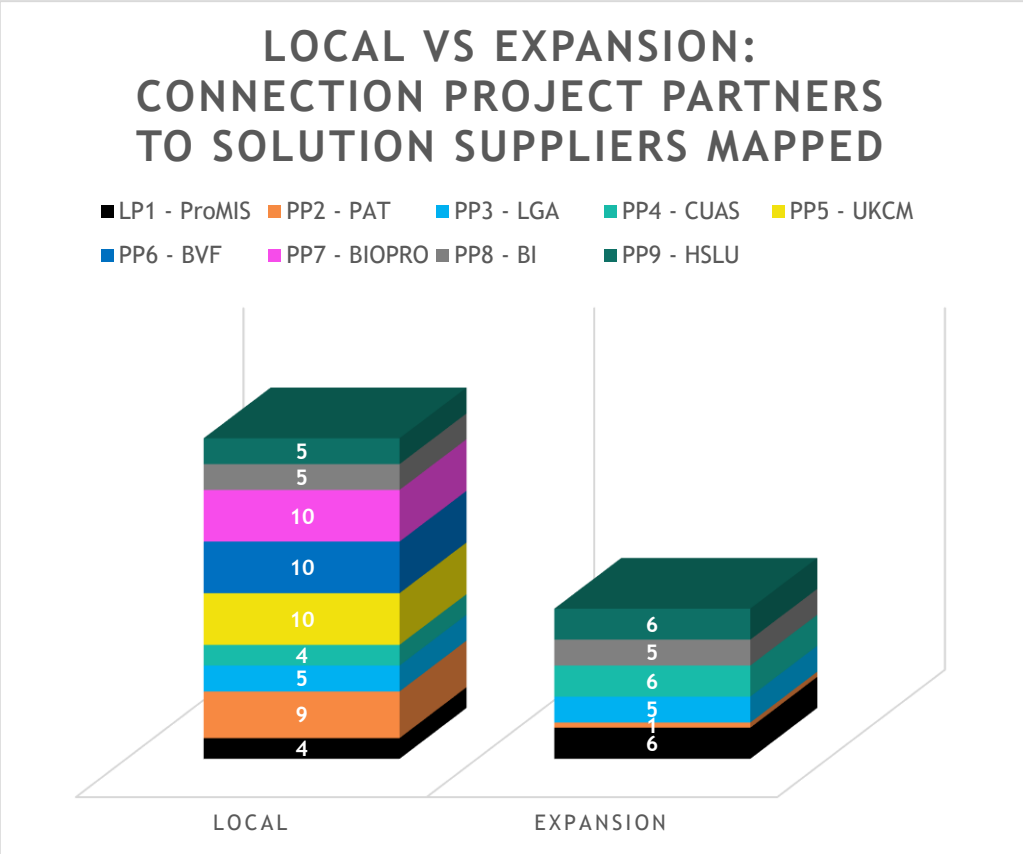


Figure 5 - Local vs Expansion: Connection Project Partners to Solution Suppliers mapped (Source: D1.2.1 - 2025)

Table 2 - Local vs Expansion: Connection Project Partners to Solution Suppliers mapped (Source: D1.2.1 - 2025)

Type of Connection	LP1 - ProMIS	PP2 - PAT	PP3 - LGA	PP4 - CUAS	PP5 - UKCM	PP6 - BVF	PP7 - BIOPRO	PP8 - BI	PP9 - HSLU	Total
Local	4	9	5	4	10	10	10	5	5	62
Expansion	6	1	5	6	0	0	0	5	6	29
Total	10	10	10	10	10	10	10	10	11	91

Finally, most of the solution suppliers mapped are funded through European programs (38%) or national/regional funding (32%) as showcased in the figure below.

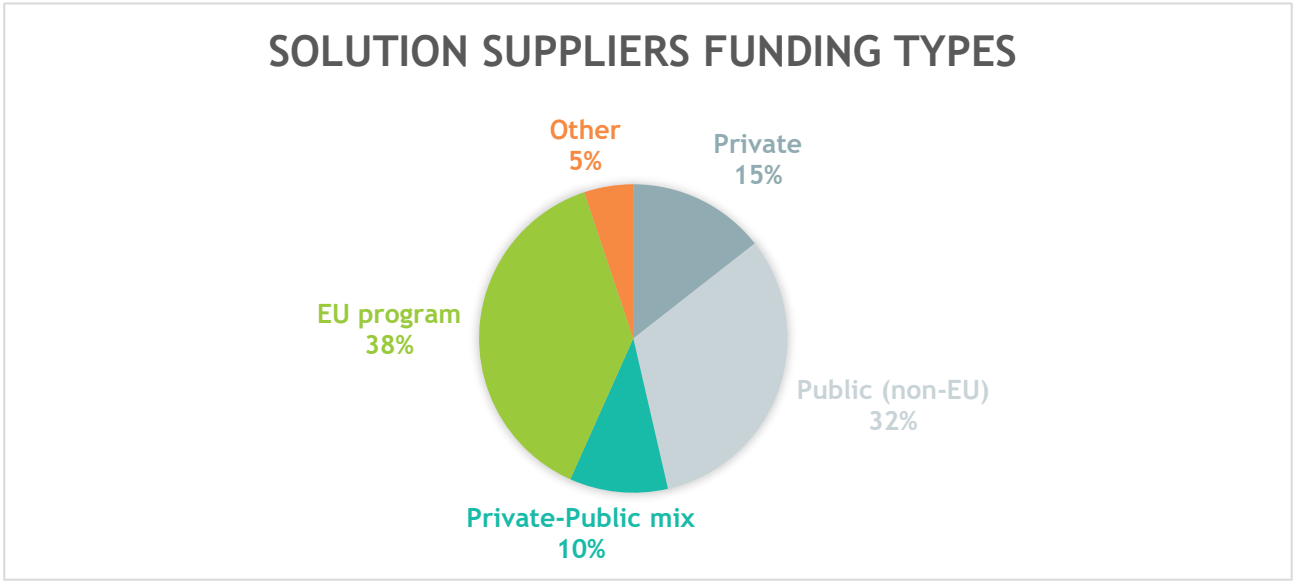


Figure 6 - Solution suppliers funding types (Source: D1.2.1, 2025)

4.1.2. H&C Outcomes addressed

Each APPROACH is directly associated to one H&C Outcome (from Application Form):

- CAREavan: advancing green and e-hospital
- STEMlab: boosting customized technology transfer
- PolicyParley: improving system-level service provision

Project Partners were asked to connect each of their Solution Supplier mapped to at least one of these 3 H&C Outcomes. As H&C Outcomes are inter-connected, some of the Solution Suppliers address more than one Solution Supplier which explains that overall, we have 91 Solution Suppliers and 122 H&C Outcomes addressed.

Table 3 - H&C Outcomes addressed by the Solutions Suppliers mapped per Project Partners (Source: D1.2.1 - 2025)

H&C Outcome addressed	Total
advancing green and e-hospitals – main focus for CAREavan	36
boosting customized technology transfer – main focus for STEMlab	43
improving system-level service provision – main focus for PolicyParley	43

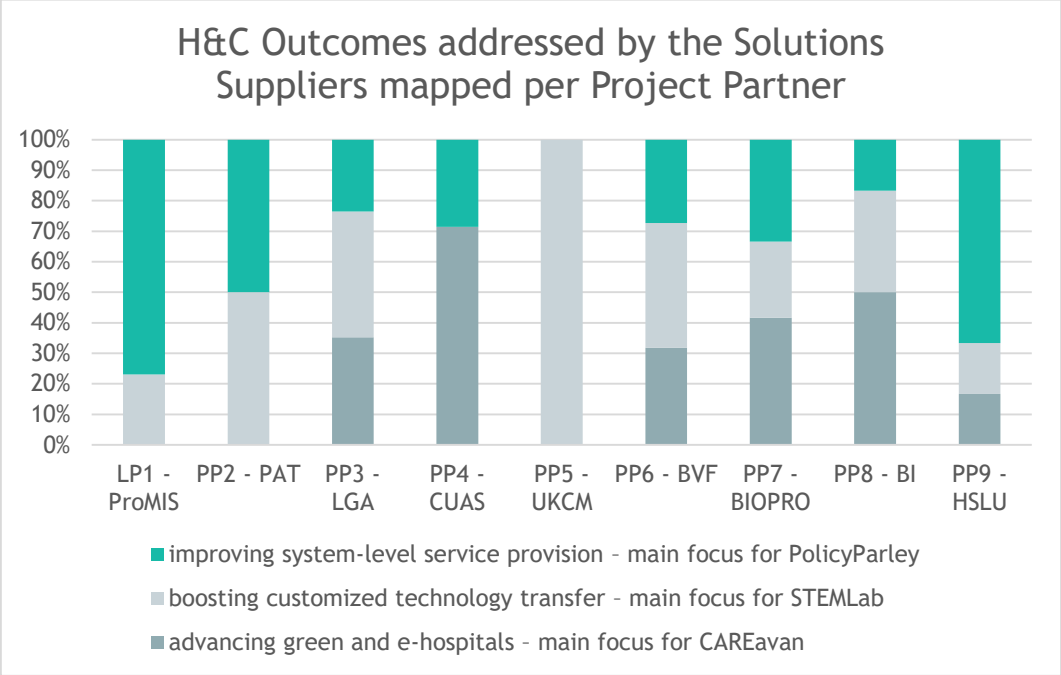


Figure 7 - H&C Outcomes addressed by the Solutions Suppliers mapped per Project Partners (Source: D1.2.1 - 2025)

The graph below shows the repartition of the solution suppliers when the project partners were asked which H&C outcomes their solution supplier mapped directly addressed. As emphasized in the overview section (section 4.1.1 above), the repartition is relatively even (each between 30-35%).

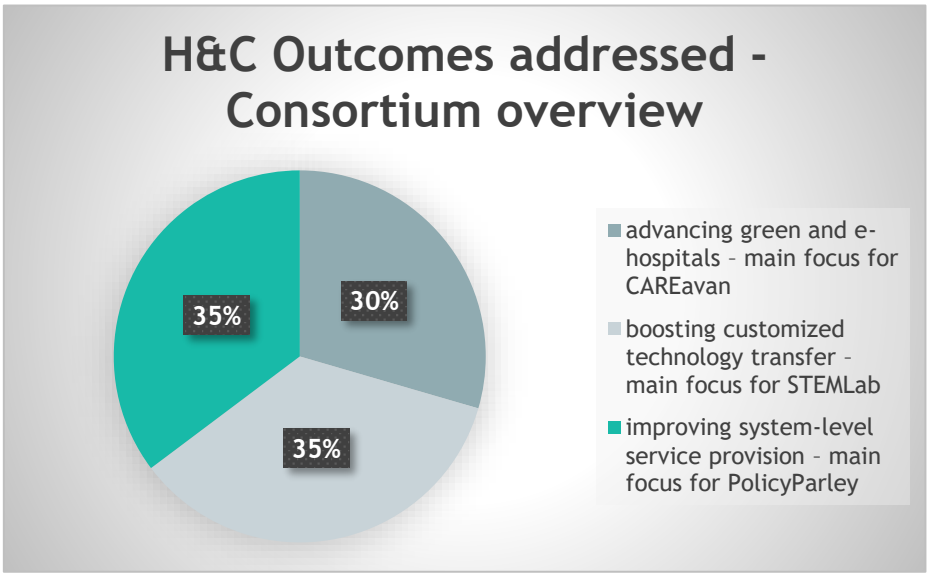


Figure 8 - H&C Outcomes addressed - Consortium overview (Source: D1.2.1 - 2025)

However, when the question is asked differently and the project partner are asked to associate their solution suppliers to the 3 APPROACHES then we get the repartition showcased below:

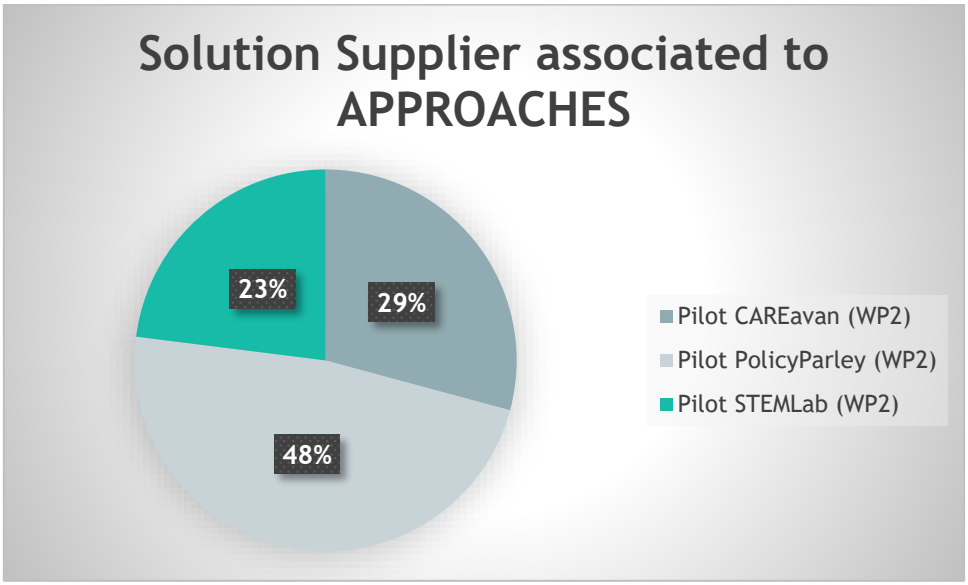


Figure 9 - Solution Supplier associated to APPROACHES (Source: D1.2.1 - 2025)

The divergence between these two results emphasizes the fact that solution suppliers can be placed and used by different APPROACHES and therefore each project partner should acknowledge all 91 solution suppliers mapped and not only the ones associated to their pilot approach. However, for the rest of the analysis, the association with the H&C Outcomes has been privileged.

4.1.3. H&C Challenges addressed

In D1.1.2, 8 types of challenges were identified as a result from the interviews run. Each solution supplier is directly linked to at least one of these H&C challenges identified.

4.1.3.1. Consortium

Within the deliverable D1.1.2, the biggest H&C challenges in the Alpine Space were as follows:

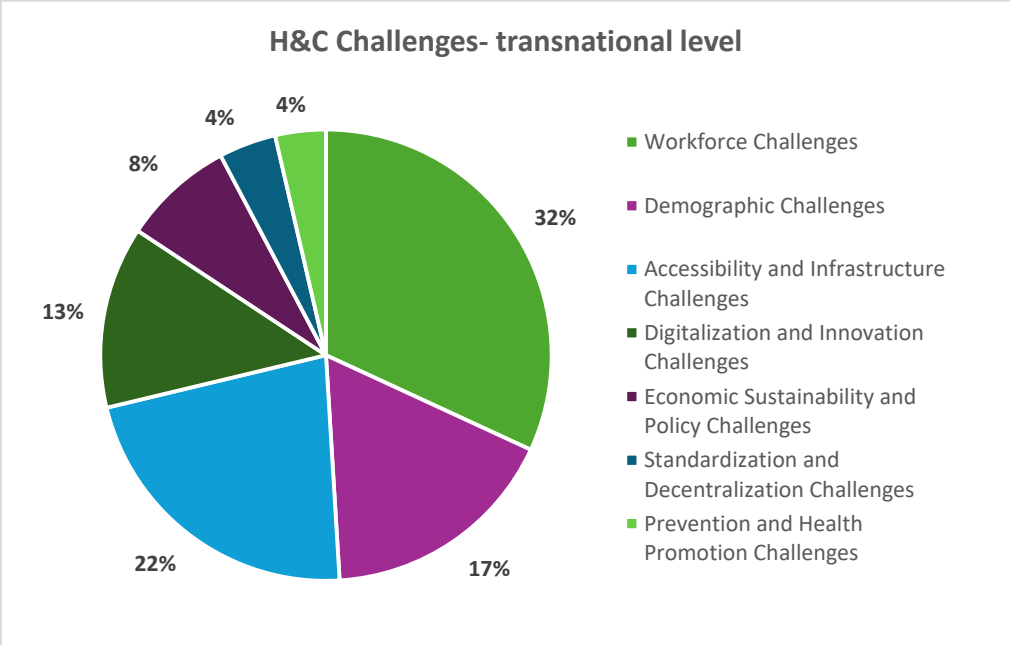


Figure 10 - Main challenges in the H&C sector at transnational level (source: D1.1.2, 2025)

In response to these challenges, the project partners mapped the solution suppliers:

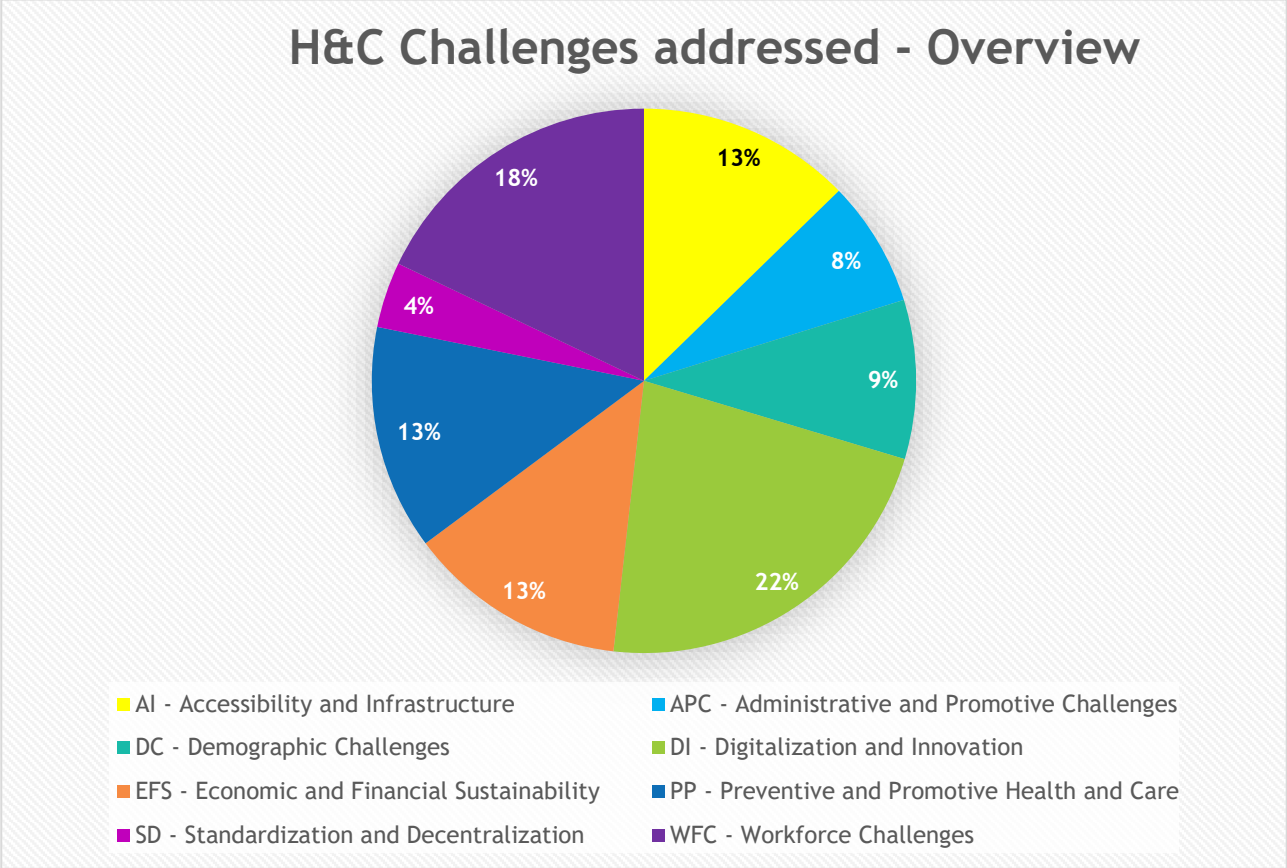


Figure 11 - H&C Challenges addressed - Overview (Source: D1.2.1 - 2025)

The table below highlights the variations in the repartition between the importance of the H&C challenges according to the survey run in D1.1.2 and the solution suppliers mapped. As we can see, all H&C challenges are addressed by the solution suppliers mapped.

Table 4 - H&C Challenges addressed – Overview in percentage (Source: D1.2.1 - 2025)

H&C Challenges categories	H&C Challenges identified in D1.1.2	H&C Challenges addressed by Solution Supplier mapped	Absolut Number of Solution Suppliers addressing the associated H&C challenges
AI - Accessibility and Infrastructure	22%	13%	39
APC - Administrative and Promotive Challenges	1%	8%	23
DC - Demographic Challenges	17%	9%	29
DI - Digitalization and Innovation	13%	22%	68
EFS - Economic and Financial Sustainability	8%	13%	40
PP - Preventive and Promotive Health and Care	4%	13%	41
SD - Standardization and Decentralization	4%	4%	12
WFC - Workforce Challenges	32%	18%	55

We can notice that AI – Accessibility and Infrastructure, Demographic Challenges and Workforce challenges are slightly underrepresented through the Solution Suppliers mapped in comparison to the weight found through the H&C challenges analysis run in D1.1.2.

However, each H&C Challenge is supported by at least 12 Solution Suppliers (lowest number associated to the H&C Standardization and Decentralisation) and by max 68 Solution Suppliers (highest number for Digitalisation and Innovation).

4.1.3.2. Italy

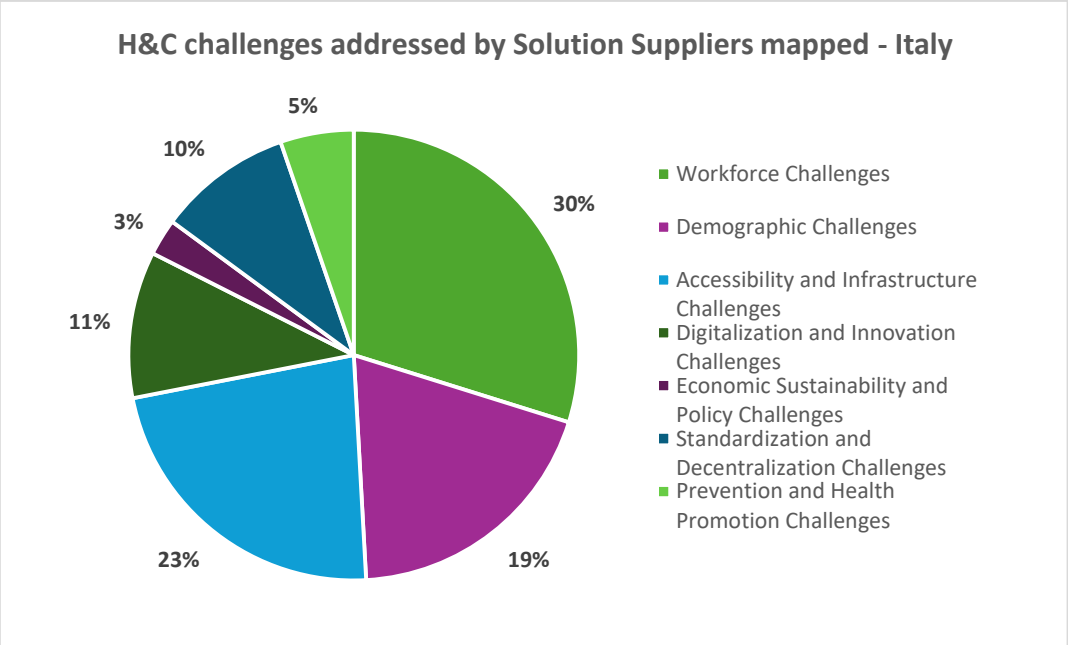


Figure 12 - H&C challenges addressed by Solution Suppliers mapped - Italy (Source: D1.2.1, 2025)

The table below puts in relation the H&C challenges identified in D1.1.2 for Italy and the H&C challenges addressed by the Solution Suppliers mapped by the two Italian Project Partners.

Table 5 - H&C challenges addressed by Solution Suppliers mapped - Italy (Source: D1.2.1, 2025)

H&C Challenges addressed	H&C Challenges identified in D1.1.2 for Italy	H&C challenges addressed by Solution Suppliers mapped by Italian PPs	
		LP1 - ProMIS	PP2 - PAT
AI - Accessibility and Infrastructure	23%	2	1
APC - Administrative and Promotive Challenges	n.a.	5	1
DC - Demographic Challenges	19%	4	2
DI - Digitalization and Innovation	11%	8	6
EFS - Economic and Financial Sustainability	3%	4	1
PP - Preventive and Promotive Health and Care	5%	4	4
SD - Standardization and Decentralization	10%	0	0
WFC - Workforce Challenges	30%	3	2

The two figures below illustrate this table above and show the repartition of the H&C challenges addressed through the solution suppliers mapped by ProMIS/LP1 and PAT/PP2.

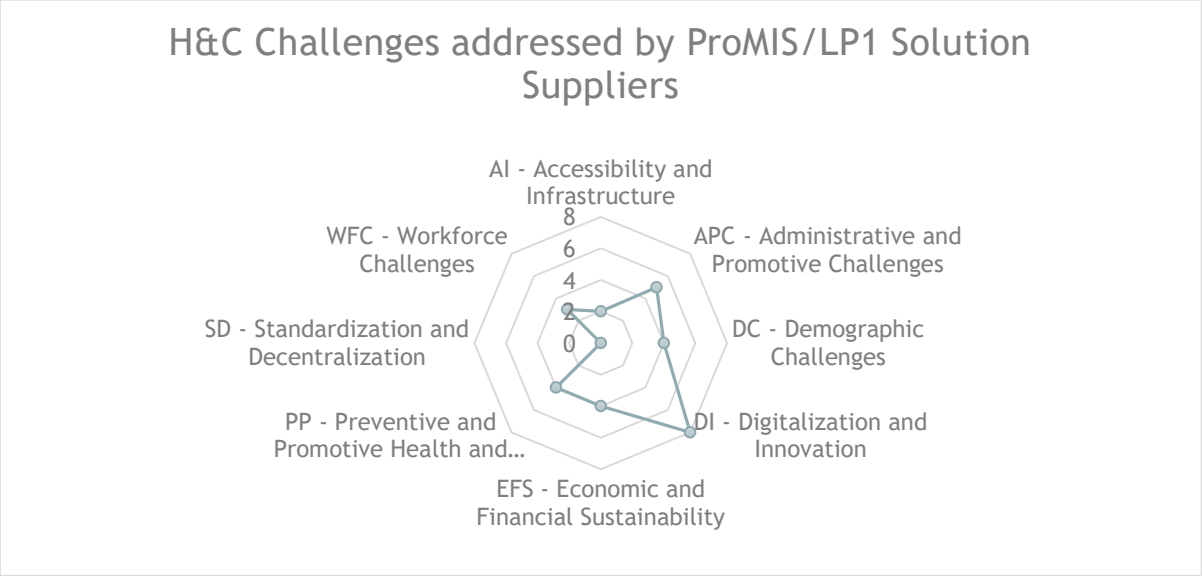


Figure 13 - H&C Challenges addressed by ProMIS/LP1 Solution Suppliers (Source: D1.2.1, 2025)

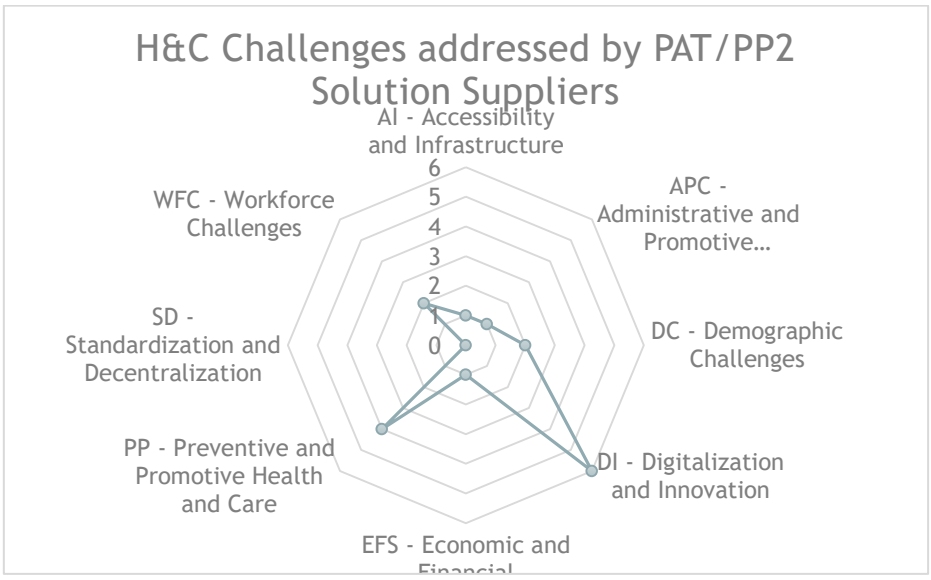


Figure 14 - H&C Challenges addressed by PAT/PP2 Solution Suppliers (Source: D1.2.1, 2025)

4.1.3.3. Austria

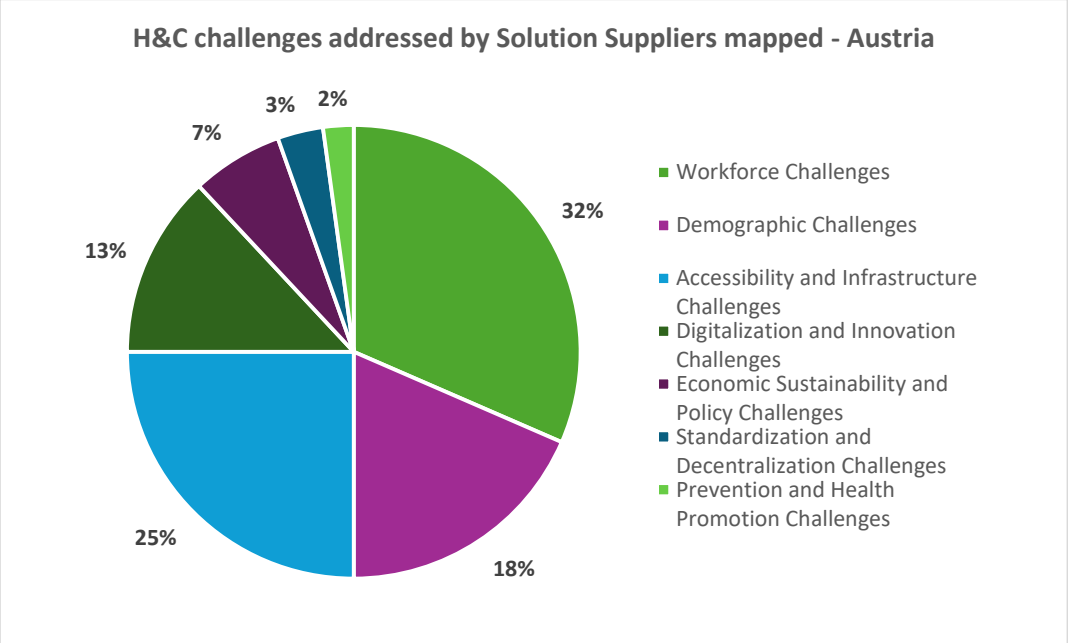


Figure 15 - H&C challenges addressed by Solution Suppliers mapped - Austria (Source: D1.2.1, 2025)

Table 6 - H&C challenges addressed by Solution Suppliers mapped - Austria (Source: D1.2.1, 2025)

H&C Challenges addressed	H&C Challenges identified in D1.1.2 for Austria	H&C challenges addressed by Solution Suppliers mapped by Austrian PPs	
		PP3 - LGA	PP4 - CUAS
AI - Accessibility and Infrastructure	25%	6	9
APC - Administrative and Promotive Challenges	n.a.	1	9
DC - Demographic Challenges	18%	2	3
DI - Digitalization and Innovation	13%	9	6
EFS - Economic and Financial Sustainability	7%	6	8
PP - Preventive and Promotive Health and Care	2%	4	3
SD - Standardization and Decentralization	3%	2	2
WFC - Workforce Challenges	32%	6	8

The two figures below illustrate this table above and show the repartition of the H&C challenges addressed through the solution suppliers mapped by LGA/PP3 and CUAS/PP4.

Figure 16 - H&C Challenges addressed by LGA/PP3 Solution Suppliers (Source: D1.2.1, 2025)

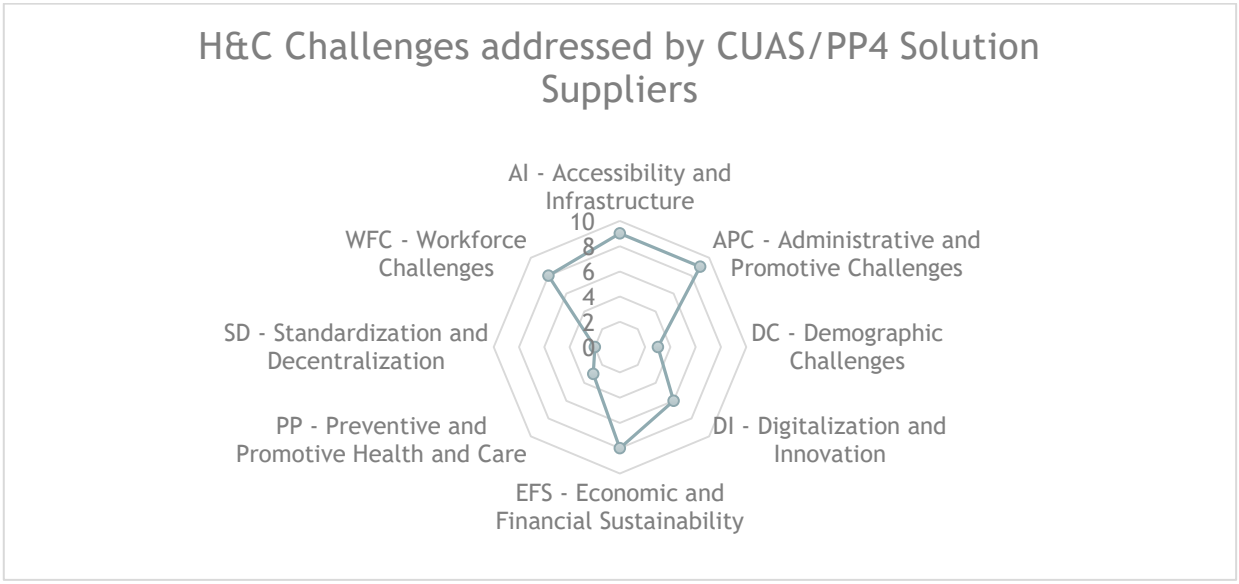


Figure 17 - H&C Challenges addressed by CUAS/PP4 Solution Suppliers (Source: D1.2.1, 2025)

4.1.3.4. Slovenia

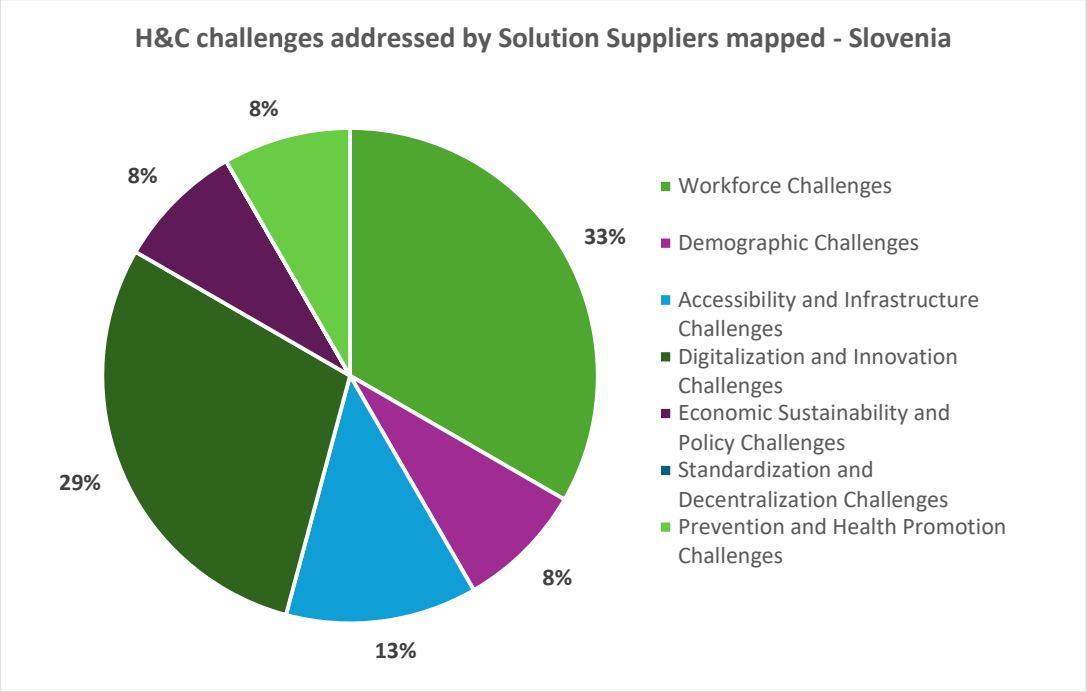


Figure 18 - H&C challenges addressed by Solution Suppliers mapped - Slovenia (Source: D1.2.1, 2025)

Table 7 - H&C challenges addressed by Solution Suppliers mapped - Slovenia (Source: D1.2.1, 2025)

H&C Challenges addressed	H&C Challenges identified in D1.1.2 for Slovenia	H&C challenges addressed by Solution Suppliers mapped by Slovenian PP: UKCM/PP5
AI - Accessibility and Infrastructure	13%	10
APC - Administrative and Promotive Challenges	n.a.	0
DC - Demographic Challenges	8%	8
DI - Digitalization and Innovation	29%	10
EFS - Economic and Financial Sustainability	8%	10
PP - Preventive and Promotive Health and Care	8%	4
SD -Standardisation and Decentralization	0%	3
WFC - Workforce Challenges	33%	10

The figure below illustrates this table above and shows the repartition of the H&C challenges addressed through the solution suppliers mapped by UKCM/PP5.

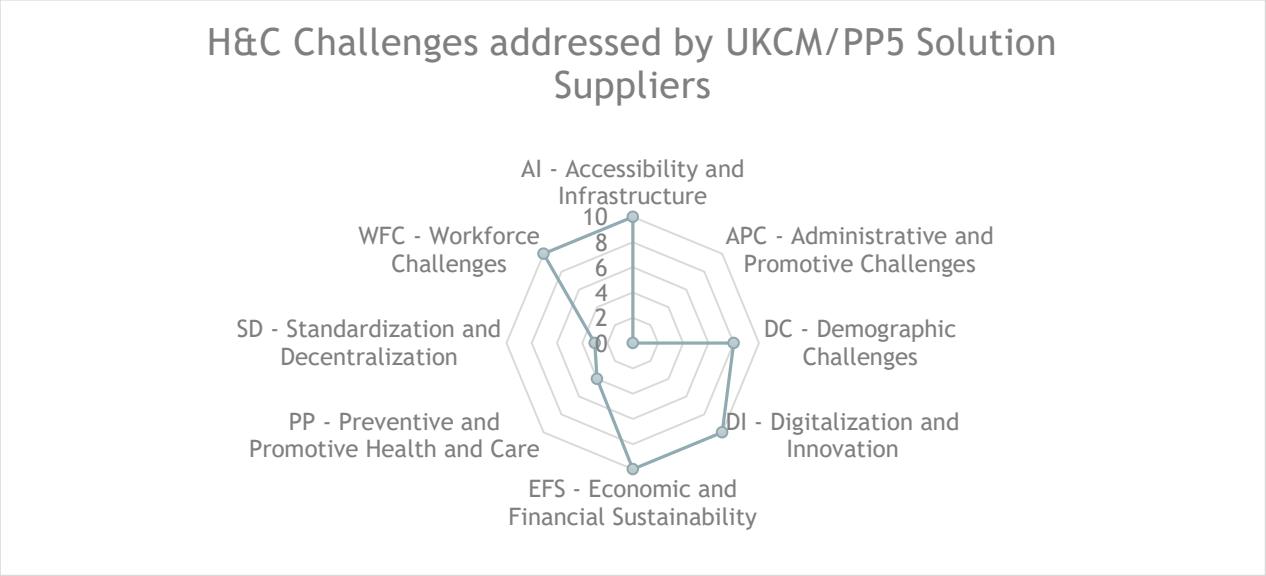


Figure 19 - H&C Challenges addressed by UKCM/PP5 Solution Suppliers (Source: D1.2.1, 2025)

4.1.3.5. France

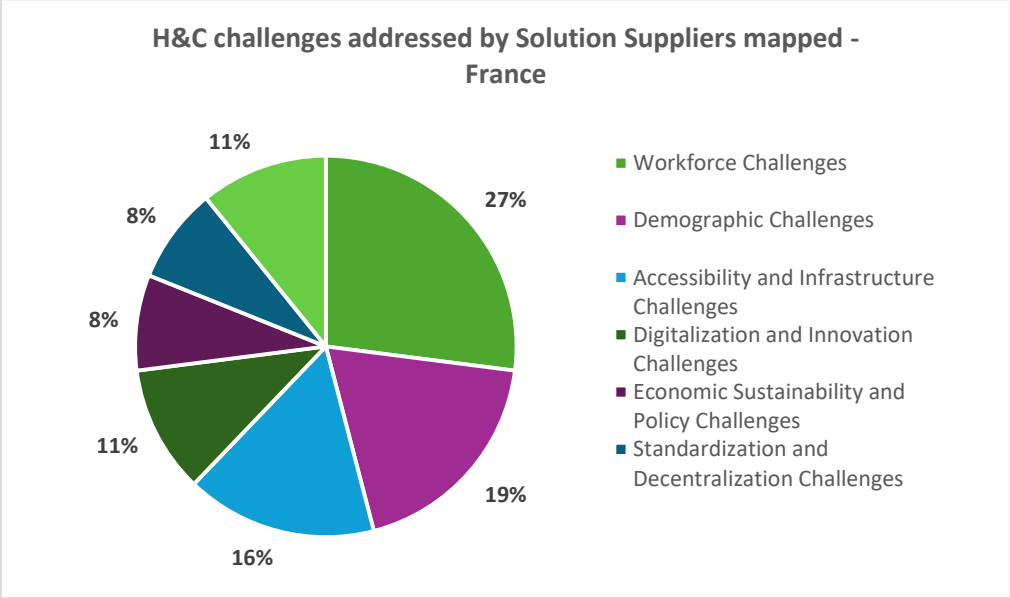


Figure 20 - H&C challenges addressed by Solution Suppliers mapped - France (Source: D1.2.1, 2025)

Table 8 - H&C challenges addressed by Solution Suppliers mapped - France (Source: D1.2.1, 2025)

H&C Challenges addressed	H&C Challenges identified in D1.1.2 for France	H&C challenges addressed by Solution Suppliers mapped by French PP: BVF/PP6
AI - Accessibility and Infrastructure	16%	3
APC - Administrative and Promotive Challenges	n.a.	2
DC - Demographic Challenges	19%	2
DI - Digitalization and Innovation	11%	10
EFS - Economic and Financial Sustainability	8%	0
PP - Preventive and Promotive Health and Care	11%	6
SD -Standardisation and Decentralization	8%	1
WFC - Workforce Challenges	27%	9

The figure below illustrates this table above and shows the repartition of the H&C challenges addressed through the solution suppliers mapped by BVF/PP6.

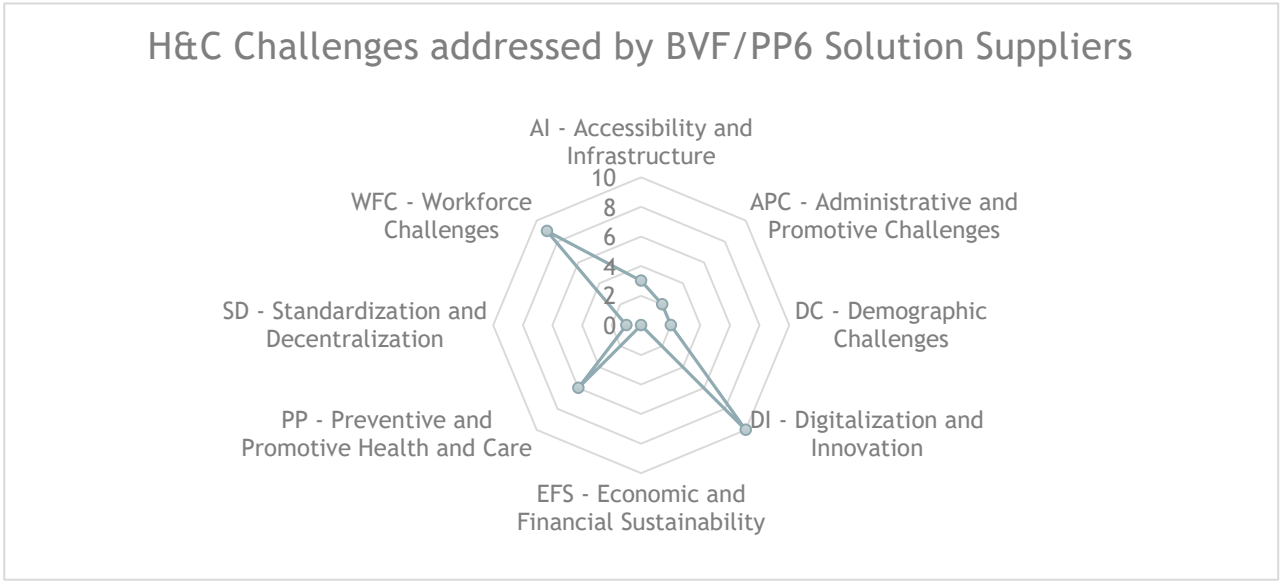


Figure 21 - H&C Challenges addressed by BVF/PP6 Solution Suppliers (Source: D1.2.1, 2025)

4.1.3.6. Germany

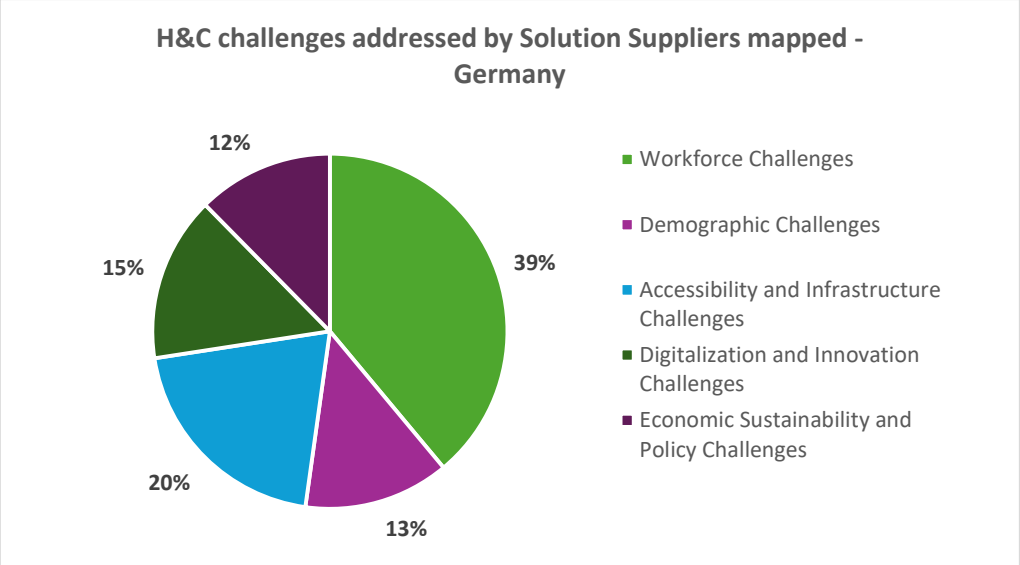


Figure 22 - H&C challenges addressed by Solution Suppliers mapped - Germany (Source: D1.2.1, 2025)

Table 9 - H&C challenges addressed by Solution Suppliers mapped - Germany (Source: D1.2.1, 2025)

H&C Challenges addressed	H&C Challenges identified in D1.1.2 for Germany	H&C challenges addressed by Solution Suppliers mapped by German PPs	
		PP7 - BIOPRO	PP8 - BI
AI - Accessibility and Infrastructure	20%	5	3
APC - Administrative and Promotive Challenges	n.a.	2	2
DC - Demographic Challenges	13%	2	1

DI - Digitalization and Innovation	15%	9	8
EFS - Economic and Financial Sustainability	12%	6	5
PP - Preventive and Promotive Health and Care	0%	5	2
SD -Standardisation and Decentralization	0%	3	1
WFC - Workforce Challenges	39%	6	3

The two figures below illustrate this table above and show the repartition of the H&C challenges addressed through the solution suppliers mapped by BIOPRO/PP7 and BI/PP8.

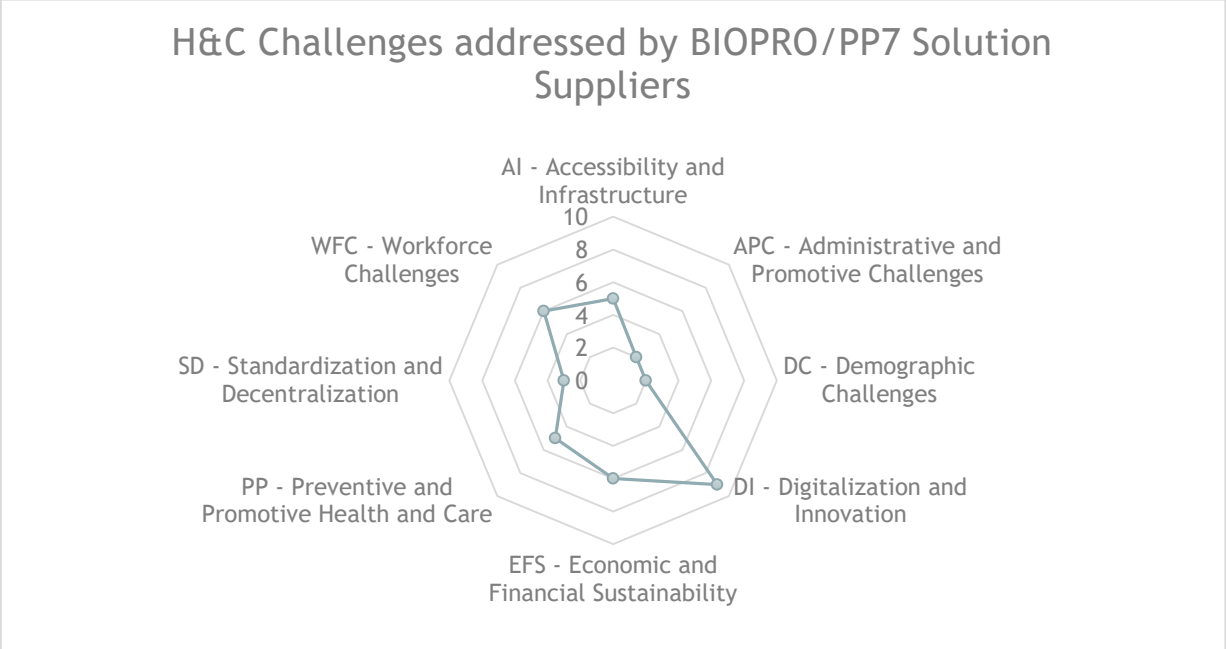


Figure 23 - H&C Challenges addressed by BIOPRO/PP7 Solution Suppliers (Source: D1.2.1, 2025)

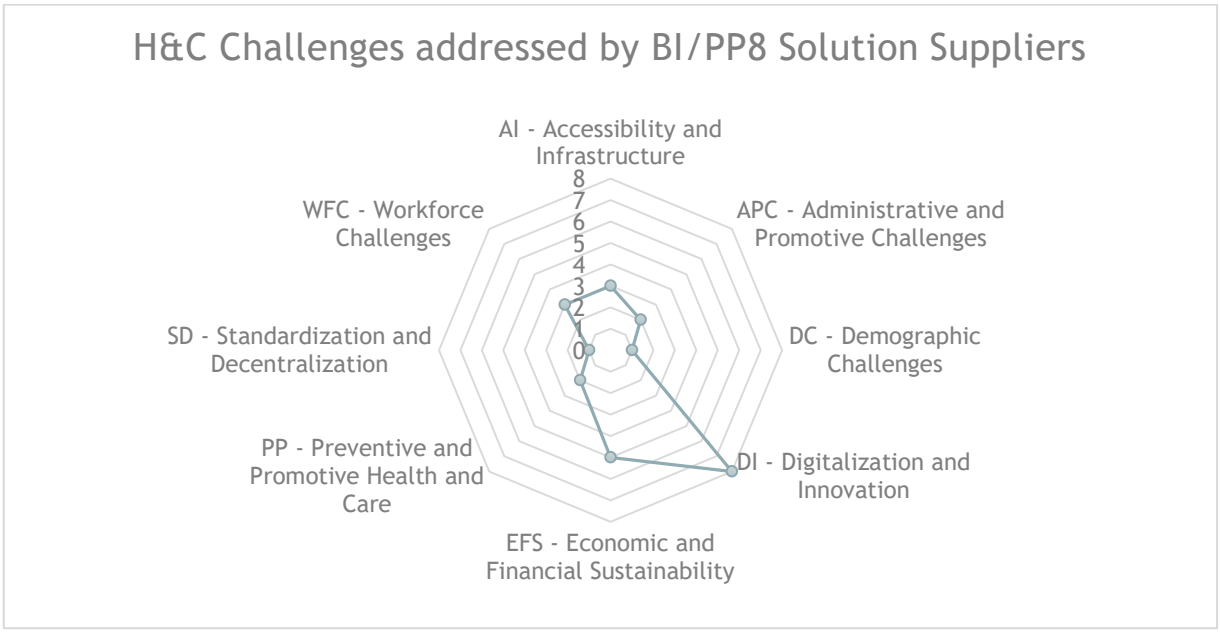


Figure 24 - H&C Challenges addressed by BI/PP8 Solution Suppliers (Source: D1.2.1, 2025)

4.1.3.7. Switzerland

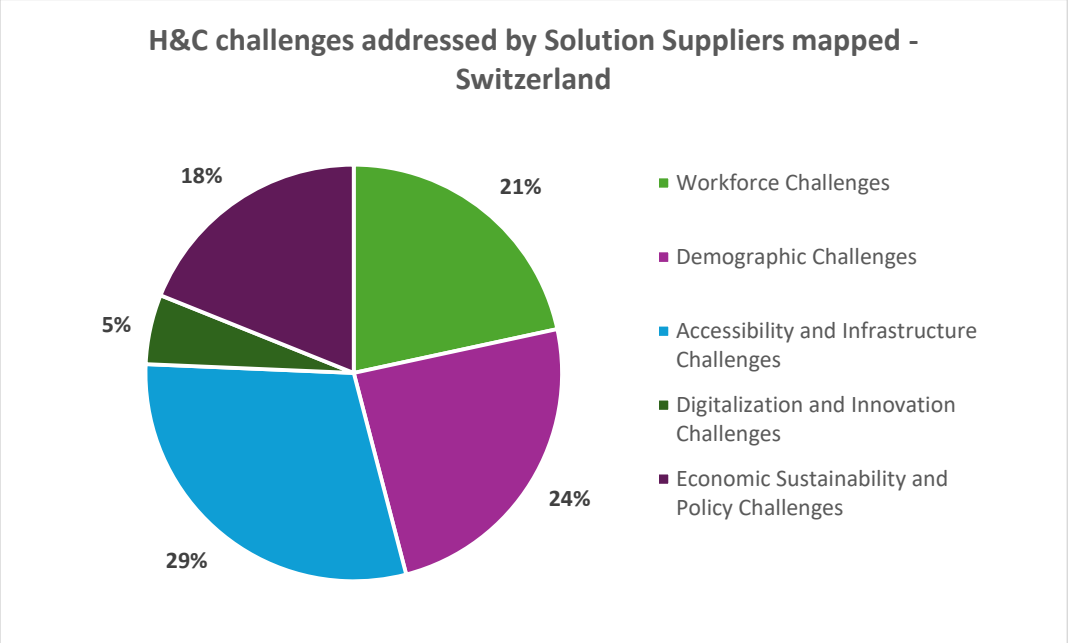


Figure 25 - H&C challenges addressed by Solution Suppliers mapped - Switzerland (Source: D1.2.1, 2025)

Table 10 - H&C challenges addressed by Solution Suppliers mapped - Switzerland (Source: D1.2.1, 2025)

H&C Challenges addressed	H&C Challenges identified in D1.1.2 for Switzerland	H&C challenges addressed by Solution Suppliers mapped by Swiss PP: HSLU/PP9
AI - Accessibility and Infrastructure	29%	0
APC - Administrative and Promotive Challenges	n.a.	1
DC - Demographic Challenges	24%	5
DI - Digitalization and Innovation	5%	2
EFS - Economic and Financial Sustainability	18%	0
PP - Preventive and Promotive Health and Care	0%	9
SD -Standardisation and Decentralization	0%	0
WFC - Workforce Challenges	21%	8

The figure below illustrates this table above and shows the repartition of the H&C challenges addressed through the solution suppliers mapped by HSLU/PP9.

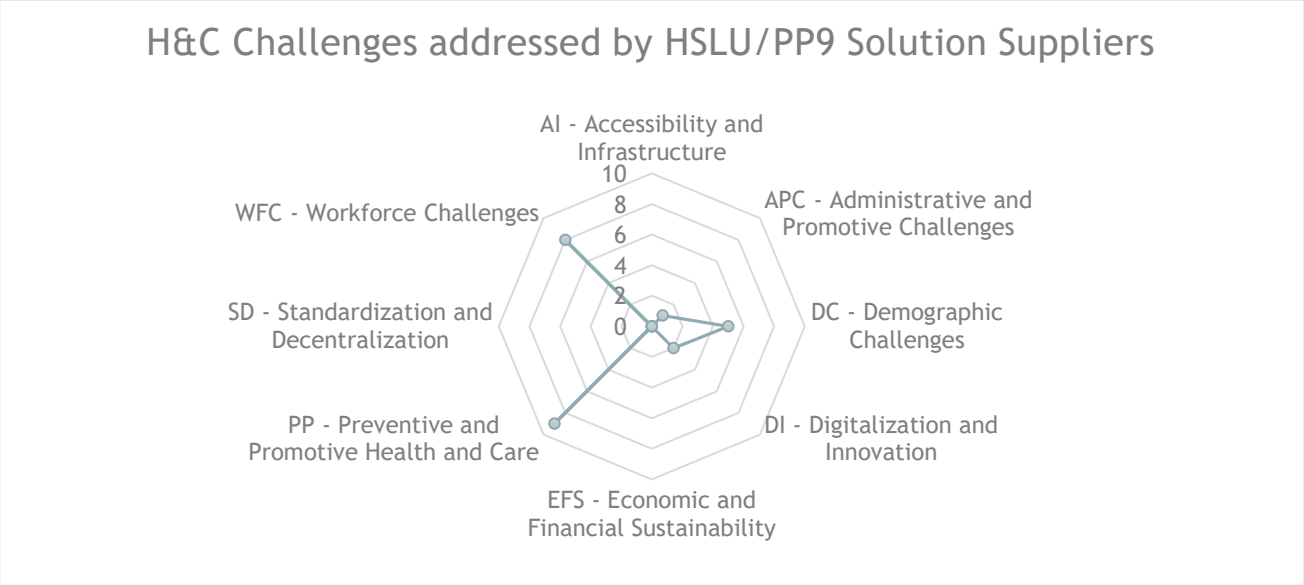


Figure 26 - H&C Challenges addressed by HSLU/PP9 Solution Suppliers (Source: D1.2.1, 2025)

4.1.3.8. Conclusion

Through the 91 solution suppliers mapped, all H&C challenges are addressed as showcased within the following table:

Table 11 - H&C Challenges addressed by 91 Solution Suppliers (Source: D1.2.1, 2025)

H&C Challenges addressed	LP1 - ProMIS	PP2 - PAT	PP3 - LGA	PP4 - CUAS	PP5 - UKCM	PP6 - BVF	PP7 - BIOPRO	PP8 - BI	PP9 - HSLU	Total
AI - Accessibility and Infrastructure	2	1	6	9	10	3	5	3	0	39
APC - Administrative and Promotive Challenges	5	1	1	9	0	2	2	2	1	22
DC - Demographic Challenges	4	2	2	3	8	2	2	1	5	29
DI - Digitalization and Innovation	8	6	9	6	10	10	9	8	2	68
EFS - Economic and Financial Sustainability	4	1	6	8	10	0	6	5	0	41
PP - Preventive and Promotive Health and Care	4	4	4	3	4	6	5	2	9	41
SD - Standardization and Decentralization	0	0	2	2	3	1	3	1	0	12
WFC - Workforce Challenges	3	2	6	8	10	9	6	3	8	55

4.1.4. Solution Receiver & Providers

The description of each solution supplier identified includes

1. At least one challenge which is associated to at least one of the 8 categories mentioned above (AI, APC, DC, DI, EFS, PP, SD, WFC)
2. a solution receiver which is the organisation or type of stakeholder which is directly facing the challenge.

3. A solution provider which brings a solution to the solution receiver.

The two sub-sections provide information on (1) the solution receiver and (2) the solution provider. Each section is organised as follows:

- Type of stakeholder
- Country

4.1.4.1. Solution Receiver

The graph below provides an overall overview of the type of stakeholders addressed as part as solution receivers. We can see that 55% of the solution supplier directly targets government and public services which includes hospital, medical care centers etc. Then 20% supports the general public which includes patients, elderly people etc. 17% of them provides solutions for industry/ businesses and 8% for academia including medical university for instance.

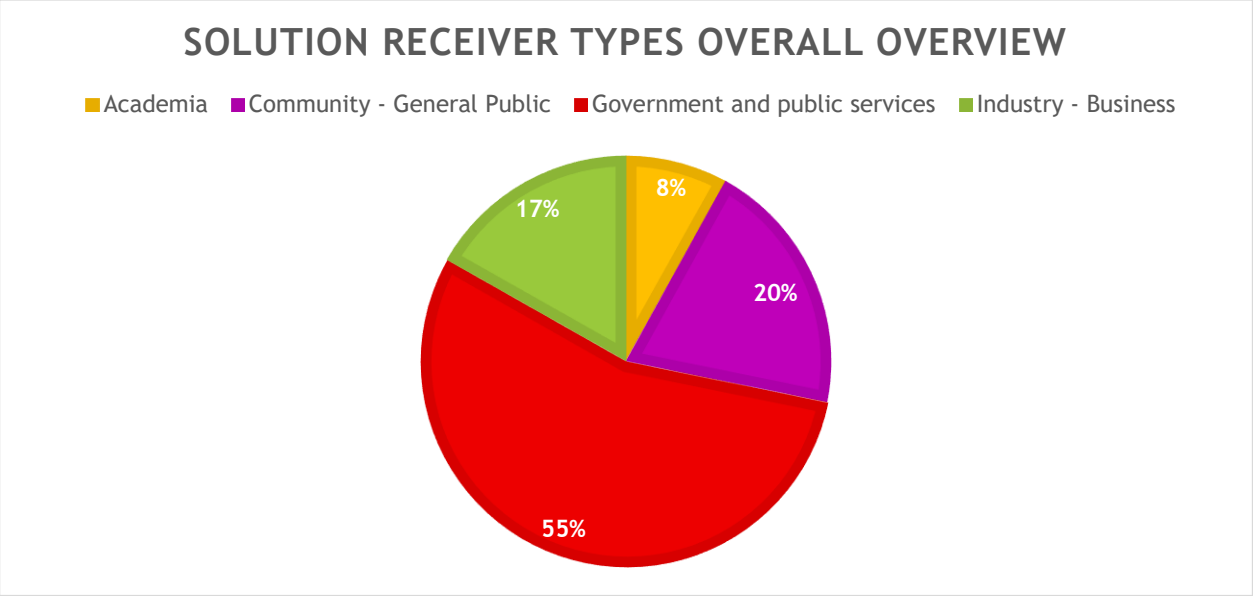


Figure 27 - Solution receiver types overall overview (Source: D1.2.1, 2025)

The table and graph below provide an overview of this outreach per project partner.

Table 12 - Solution receiver types per Project Partner (Source: D1.2.1, 2025)

Solution receiver - type of organisation	LP1 - ProMIS	PP2 - PAT	PP3 - LGA	PP4 - CUAS	PP5 - UKCM	PP6 - BVF	PP7 - BIOPRO	PP8 - BI	PP9 - HSLU	Total
Academia	1	4	1		1	0	3	2	0	12
Community - General Public	1	8	3	2	4	0	5	3	4	30
Government and public services (incl. hospital and public medical care)	10	9	7	8	10	9	9	9	11	82
Industry - Business	0	3	4	2	1	2	7	3	3	25
Total	12	24	15	12	16	11	24	17	18	149

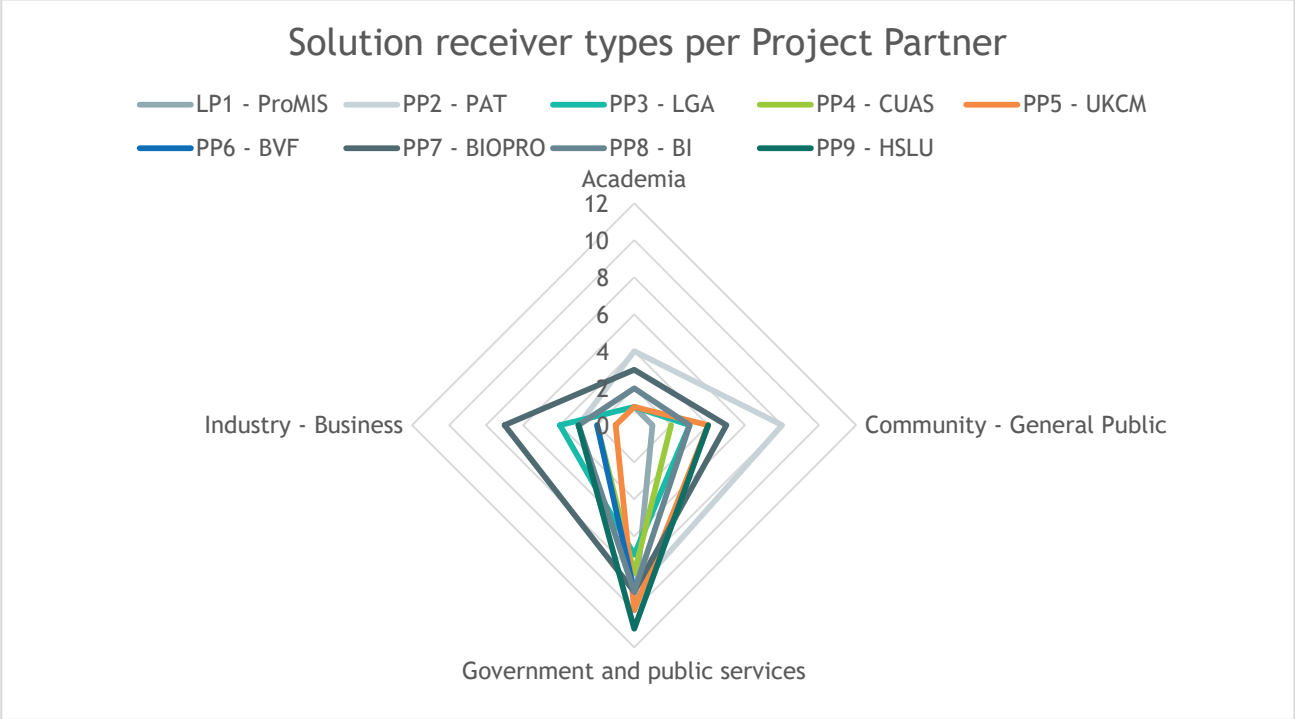


Figure 28 - Solution receiver types per Project Partner (Source: D1.2.1, 2025)

Finally, the graph below shows the countries of the solution receivers mapped.

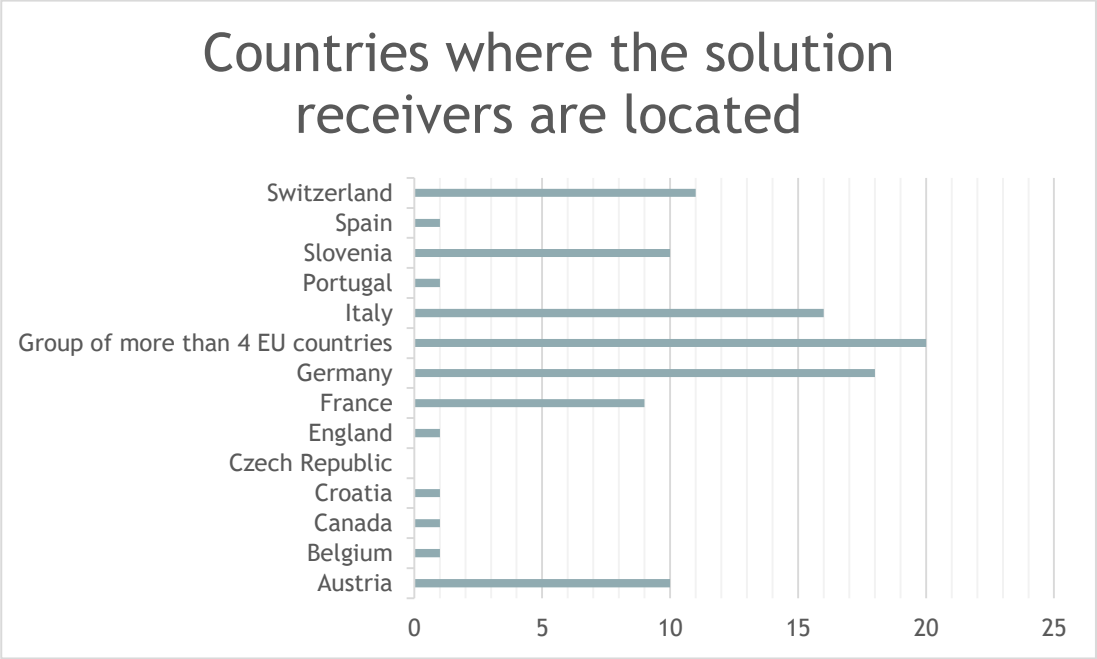


Figure 29 - Countries where the solution receivers are located (Source: D1.2.1, 2025)

We can notice that the highest numbers of receivers are in the countries of the Project Partners: Italy (16), Austria (10), Slovenia (10), France (8), Germany (18), and Switzerland (11) as well as in projects implementing solutions in more than 4 European Countries. This category: "Group of more than 4 EU countries" is the most represented with 20 solution suppliers addressing as receiver more

than 4 EU countries. It is important to note that 4 EU countries can include again Austria, Italy, France etc. without being counted as singular.

4.1.4.2. Solution Provider

Under the same model as for the solution receiver, the graph below provides the project partners with an overview of the type of organisations represented as solution providers in the solution suppliers mapped by the HACK-IT-NET consortium. As showcased below the main solution providers are industry and business including SMEs and Big corporations (34%) followed very closely by government and public services (30%) which include public authorities as well as hospital and medical care administrations. The academia is also a great solution provider (23%) bringing academic and research knowledge mainly. Finally, EU consortia also represent great solution providers (10%), fostering solution sharing among EU ecosystems.

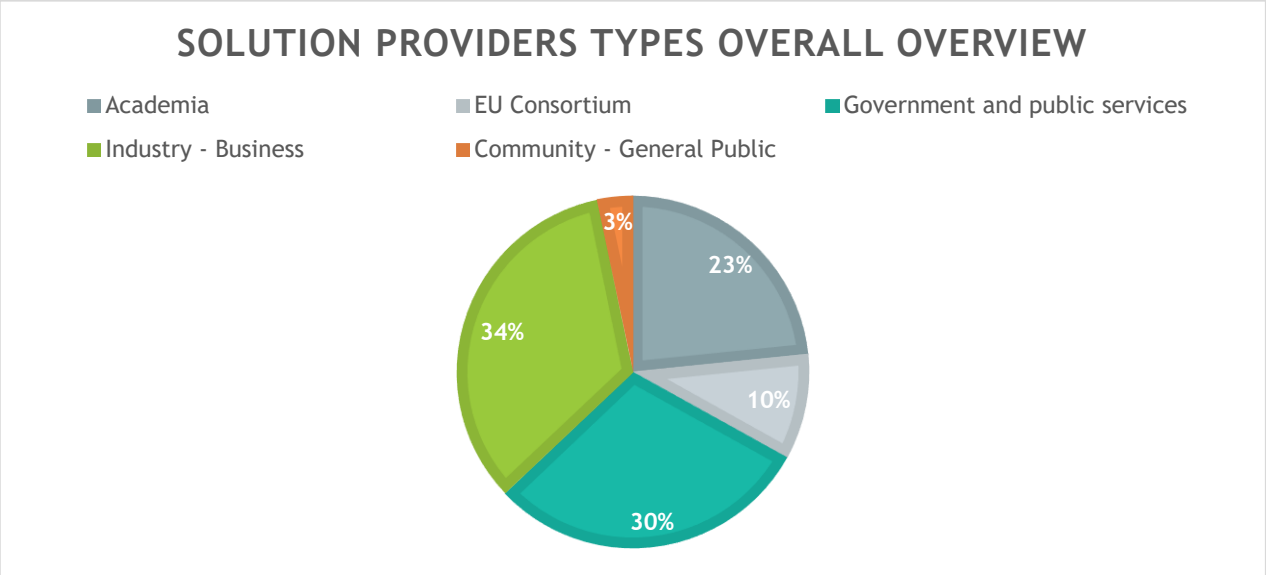


Figure 30 - Solution Providers types overall overview (Source: D1.2.1, 2025)

The table and graph below provide an overview of this outreach per project partner.

Table 13 - Solution providers types per Project Partner (Source: D1.2.1, 2025)

Solution provider - type of organisation	LP1 - ProMIS	PP2 - PAT	PP3 - LGA	PP4 - CUAS	PP5 - UKCM	PP6 - BVF	PP7 - BIOPRO	PP8 - BI	PP9 - HSLU	Total
Academia	4	3	3	0	5	0	6	3	5	29
EU Consortium	0	6	1	1	0	1	1	2	0	12
Government and public services	8	3	3	6	1	0	6	5	5	37
Industry - Business	2	4	4	3	4	9	7	4	5	42
Community - General Public	0	3	0	0	0	0	1	0	0	4
Total	14	19	11	10	10	10	21	14	15	124

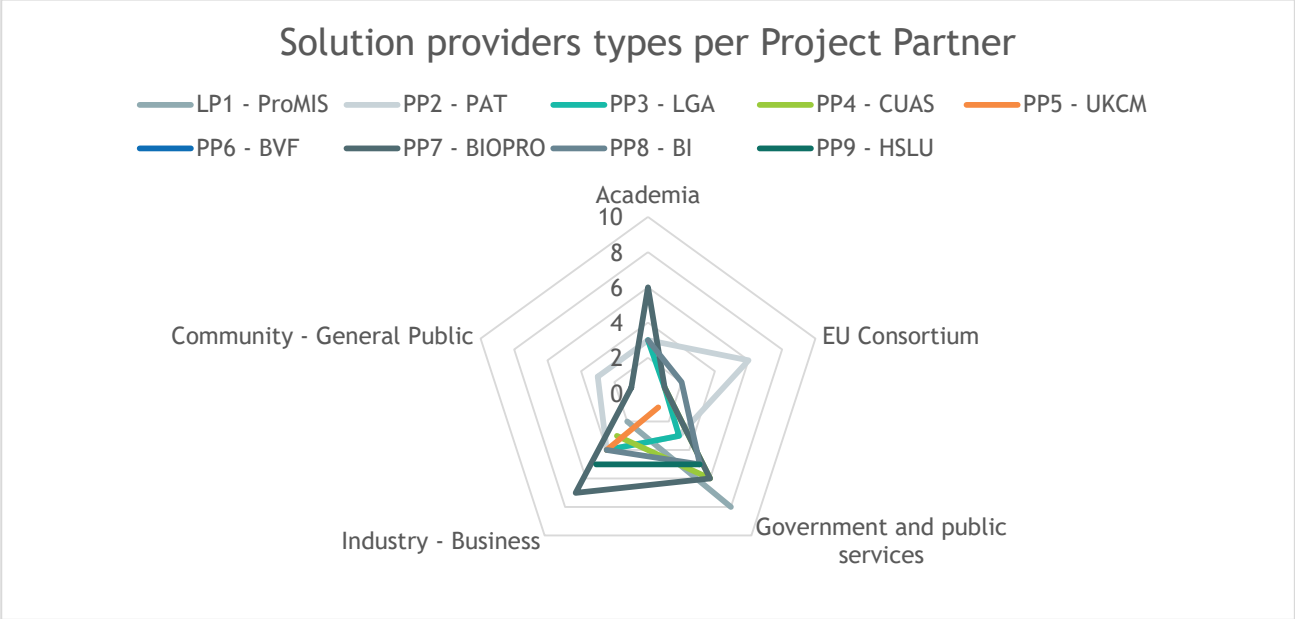


Figure 31 - Solution providers types per Project Partner (Source: D1.2.1, 2025)

Finally, the graph below shows the countries of the solution providers mapped. Here again as for the solution receiver, the main represented countries are the countries of the Project Partners: Italy (8), Austria (17), Slovenia (5), France (11), Germany (21), Switzerland (11) as well as the groups of more than 4 EU countries (11) very often representative of a European initiative consortium. As it is for the solution receiver, the category "more than 4 EU countries" can also include countries mapped also singular such as Italy, Austria etc.

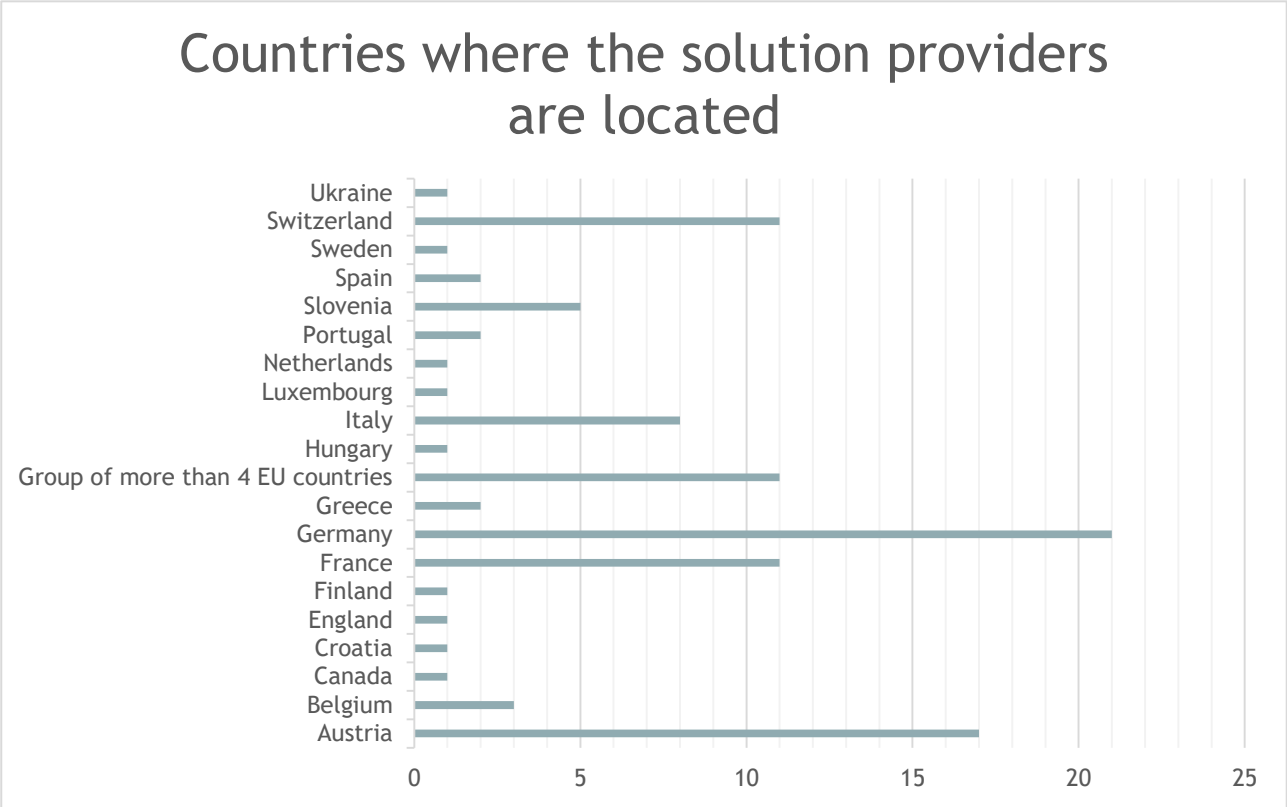


Figure 32 - Countries where the solution providers are located (Source: D1.2.1, 2025)

4.2. Analysis per approach

This section is structured with the 3 project APPROACH: CAREavan, STEMlab, PolicyParley. Each Project partner is associated to one APPROACH dealing with different objectives and different methodologies. All 3 APPROACHES aim at improving the health & care sector sustainability and fostering smart and tailored innovation.

Project partners are specifically invited to have a look at the section associated to their APPROACH. However, as all 3 APPROACHES aims towards the same overall goal, project partner are also highly encouraged to have a look at the other two sections.

These 3 sub-sections (1 for each APPROACH) provides a qualitative analysis of :

1. The initial situation acknowledged
2. The challenge/ need identified
3. The solution which addresses this challenge
4. The potential transfer of results to other territories or organisations.

This qualitative analysis also capitalizes on the quantitative analysis performed in the previous section (Section 3)

4.2.1. CAREavan

In this section, 36 solution suppliers are studied, they have been categorized by the partner to address the CAREavan specific Health and Care outcome: **advancing green and e-hospitals** (e.g. *reducing waste, improving energy efficiency in operations, tools on SDG/ESG in practice, integrating circular transition or sustainability managers).*

Table 14 - List of Solution Supplier addressing the CAREavan H&C Outcomes (Source: D1.2.1, 2025)

CAREavan from H&C Outcome addressed	PP associated	H&C Challenge addressed	Receivers type	Providers type
Klimawandel und Gesundheit im Kontext von Laienpflege (see Section 6.21)Klimawandel und Gesundheit im Kontext von Laienpflege	PP3	AI, DC, DI, EFS	Community - General Public	Industry - Business
Climate-Friendly Healthcare Facilities Advisory Program (see Section 6.23)	PP3	WFC, AI, DI, EFS, SD	Public and private healthcare providers	Public health promotion and advisory body
Climate Awareness: The Hospital as a Promoter Towards Patients and Staff (see Section 6.24)	PP3	WFC, AI, DI, EFS, SD	Public Hospital	Public Hospital

IHNES – Interregional Hospital Network for Energy Sustainability (see Section 6.26)	PP3	DI, EFS	Hospitals and healthcare providers	Public Hospital
Project PUR – Integration of the assistive robot Lio in elderly care facilities (See Section 6.29)	PP3	WFC, AI, DI	Non-profit elderly care facility	Private techn company
SYNECOTEC Heat Recovery Project at Salzburg Regional Hospitals (See Section 6.30)	PP3	DI, EFS	Public healthcare provider	Technology and engineering company specializing in heat recovery and sustainable energy solutions
Anesthesia Gas Recycling (See Section 6.31)	PP4	WFC, EFS, APC	General Hospital	General Hospital
The chAnGE project—Climate change and healthy Ageing: co-creating E-learning for resilience and adaptation (see Section 6.32)	PP4	WFC, AI, DC, DI, PP, APC	Health institutions and nursing homes	Eu consortium
eHealth Strategy Austria (2024-2030) (see Section 6.33)	PP4	WFC, AI, DI	Healthcare system	National authority
Environmental Coaches (Umweltcoaches) (see Section 6.34)	PP4	WFC, AI, EFS, APC	Hospital/ Public service	Hospital/ Public service
Greening the AGR fleet (see Section 6.35)	PP4	WFC, AI, EFS, APC	Hospital/ Public service	Hospital/ Public service
Heat Protection Plan (see Section 6.36)	PP4	WFC, AI, DC, EFS, PP, SD, APC	General public, with a particular focus on vulnerable groups including the elderly, children, and individuals with pre-existing health conditions	Public servic - federal ministry
KLIC Health 2050 („KLIC Gesundheit 2050“) (see Section 6.37)	PP4	WFC, AI, DC, DI, EFS, PP, SD, APC	H&C facilities	Competence Center
Reutte Hospital – Smart Hospital Transformation (see Section 6.38)	PP4	AI, DI, EFS	Hospital	Public Company
Rudolfinerhaus (see Section 6.39)	PP4	AI, DI, EFS, APC	Hospital	Engineering consultancy

Smart:MOBIL (see Section 6.40)	PP4	WFC, AI, DI, EFS, APC	Regional authority	Research and consulting organization
Pixacare (see Section 6.56)	PP6	WFC, DI, PP	H&C facilities	private company
CLINNOVA: federating digital medicine in Europe (see Section 6.60)	PP6	DI, PP	University hospital	project consortium
Synovo Group (see Section 6.51)	PP6	WFC, DI, SD	Hospital	private company
HOPImedical (see Section 6.54)	PP6	WFC, AI, DC, DI	H&C facilities	private company
OPTACARE (see Section 6.55)	PP6	WFC, DI, AI, APC	Hospital	private company
Visible Patient Lab (see Section 6.58)	PP6	DI, PP, WFc	Hospital	private company
PraxySante (see Section 6.59)	PP6	WFC, DI, APC	Hospital	private company
Title of the campaign: “Gemeinsam für Gesünder” (Meaning in English: Together for better health) (see Section 6.62)	PP7	WFC, AI, DI, PP	healthcare professionals and junior staff, researchers, industry representatives and the interested public	Strategic Dialogue/Network
Alliance for Sustainable Medical Technology (see Section 6.61)	PP7	WFC, EFS, PP	Players in the healthcare value chain, with a focus on the medical technology sector	Network
Forum Health Region Baden-Württemberg (see Section 6.63)	PP7	WFC, AI, DC, DI, EFS, PP, SD, APC	hospitals and care facilities, health insurance companies, research institutes and universities, biotech, pharmaceutical and medical technology companies	Forum/ Network
MINTful Future (see Section 6.67)	PP7	WFC, DC, DI, EFS	Students, jobseekers, labs, hospitals, educational institutions, companies.	Network for health and life sciences, cluster management
Digital Health Truck by the Bosch Digital Innovation Hub (BDIH)	PP7	WFC, AI, DI, EFS, PP	Citizens and representatives of	nonprofit organization, sectoral agency

– Koordinierungsstelle Telemedizin Baden-Württemberg (KTBW) (see Section 6.70)			the healthcare professions	
Green Hospital Plus (see Section 6.73)	PP8	DI, EFS	Hospitals	Regional authority
UNITE (United in Digital Health) (see Section 6.74)	PP8	WFC, EFS, APC	Hospitals and rehabilitation clinics	Multi-stakeholders association
Plan H: Planetary Health- Course for sustainable and climate-resilient healthcare facilities (see Section 6.75)	PP8	DI, EFS	Healthcare facilities, including hospitals and care institutions	Multi-stakeholders associatio
MOVECO (Mobilising Institutional Learning for Better Exploitation of Research and Innovation for the Circular Economy) (see Section 6.76)	PP8	DI, EFS	political decision-makers, business support organizations and companies, research and development institutions, and civil society organizations	Eu consortium
MiHUBx (Medical Informatics Hub in Saxony) (see Section 6.77)	PP8	AI, DI, PP	Health Care Providers and Receivers	University
Circularmed (see Section 6.78)	PP8	EFS, DI	Hospital	Business
Green Hospital - Ressourceneffizienz bei Schweizer Spitälern (see Section 6.84)	PP9	PP	Public health institutions / hospitals Pilot healthcare providers	Research funding body / public programme Consortium-led research initiative
Healthcare without harm (see Section 6.85)	PP9	WFC, PP	Public institutions Hospitals NGOs Networks/ coalitions	International NGO / Global network

The table below shows how the solution supplier associated to the CAREavan APPROACH responds to the different H&C challenges identified in D1.1.2. The table below highlights the actual number as well as the percentage of solution supplier addressing specific H&C challenges in relation to all solution suppliers mapped for this APPROACH.

Table 15 - H&C Challenges addressed by Solution Supplier addressing CAREavan H&C Outcomes (Source: D1.2.1, 2025)

H&C Challenges addressed	Total Number of Solution Supplier addressing specific H&C Challenges	Percentage of Solution Supplier addressing specific H&C Challenges

AI - Accessibility and Infrastructure	19	52,78%
APC - Administrative and Promotive Challenges	12	33,33%
DC - Demographic Challenges	7	19,44%
DI - Digitalization and Innovation	28	77,78%
EFS - Economic and Financial Sustainability	22	61,11%
PP - Preventive and Promotive Health and Care	13	36,11%
SD - Standardization and Decentralization	6	16,67%
WFC - Workforce Challenges	24	66,67%

Figure 33 - Number of solution supplier per H&C challenge category, CAREavan Approach (Source: D1.2.1, 2025)

4.2.1.1. Initial situations

Through a qualitative analysis, the 36 solution suppliers specifically address the following initial situations:

1. Climate & Environmental Sustainability:

- **Climate Change & Resilience**: climate change, heat waves, climate resilience, infrastructure to face climate change
- **Carbon & Emissions**: environmental impact, CO_2 emissions, healthcare sector carbon footprint, energy demand, energy efficiency, energy management
- **Circular Economy & Waste**: circular economy, waste management, recycling systems
- **Regulation & Prioritization**: sustainability regulation, environmental regulation, awareness on climate protection

2. Digitalization & Data Management

- **Digital Infrastructure & Integration**: digital infrastructure, digital integration, interoperability, centralized platforms
- **Data Issues**: fragmented data, data security, standardized data

- **Digital Literacy & Acceptance**: digital literacy and skills, digital acceptance, eHealth awareness
- **Innovation & Technologies**: AI integration, personalized medicine, digital diagnostics & therapies

3. Healthcare Workforce & Staff

- **Staffing & Skills**: workforce shortages, shortage of STEM specialists, continuous skills development/training, staff attractiveness
- **Workload & Operations**: time pressure, administrative burden, reactive planning, shift planning, operational coordination
- **Organizational Resistance**: resistance to change, lack of awareness on innovation and sustainability

4. Patient Care & Health Equity

- **Demographics & Care Needs**: aging population, elder care, autoimmune/inflammatory diseases, infectious disease risk
- **Access & Inequality**: territorial inequalities, unequal access to e-learning or digital resources, vulnerable groups
- **Prevention & Health Literacy**: prevention strategies, climate-related health risk literacy, awareness of health impacts

5. Infrastructure & Mobility

- **Physical Infrastructure**: facilities for electric cars, energy infrastructure, comprehensive systems, elder-care centers
- **Transport & Logistics**: medical transport management, autonomous shuttles, mobility habits, pandemic disruption

6. Cost & Financial Pressure

- **Financial Constraints**: cost pressure, rising costs, funding issues, long-term financial benefits, investment challenges
- **Budget & Regulation**: budget allocations, regulatory requirements, provinces/cooperation in governance

7. Stakeholder Engagement & Organizational Support

- **Multi-Stakeholder Involvement**: stakeholder engagement, forums/exchanges, cooperation, provinces cooperation
- **Innovation Ecosystems**: support for SMEs, support for innovation, pilot scalability

8. Quality & Service Delivery

- **Service Quality**: quality of service, patient monitoring, late detection, misinterpretation in diagnostics
- **Continuity & Coordination**: continuity of care, fragmented communication, reactive vs. preventive planning

As a summary, the 36 solution suppliers categorized for the CAREavan APPROACH address these 8 categories:

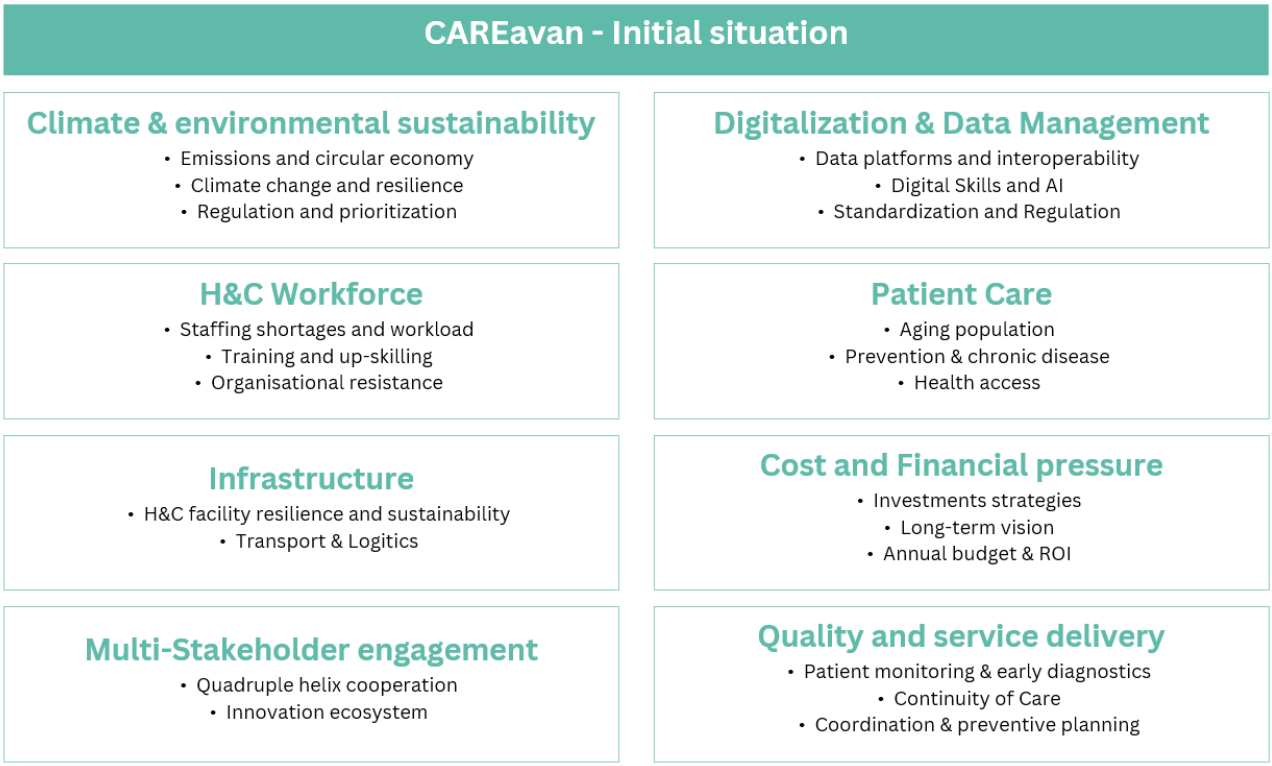


Figure 34 - CAREavan - Initial Situation analysis (Source: D1.2.1, 2025)

4.2.1.2. Challenges/ Needs addressed

Therefore the 36 solution suppliers mapped addressed the associated challenges/ needs

1. **Climate Change & Environmental Sustainability**

- **Carbon & Energy Efficiency:** Reduce emissions, optimize energy use, adopt circular economy practices
- **Climate Risk Preparedness:** Implement heat protection, emergency planning, and support for vulnerable groups
- **Sustainability Integration:** Build long-term vision, embed climate strategies in healthcare, raise awareness

2. **Digital Infrastructure & Interoperability**

- **Secure & Integrated Systems:** Address fragmented IT systems, ensure data privacy, and enable interoperability

- **Data Standardization:** Develop uniform data formats and promote compatibility across platforms
- **Smart Technologies:** Deploy digital tools for diagnostics, monitoring, and predictive healthcare

3. Workforce Development & Training

- **Capacity Building**: Upskill healthcare staff, address shortages, and expand digital training access
- **Change Management**: Overcome resistance through awareness, acceptance, and leadership engagement
- **Modern Training Methods**: Use e-learning, micro-modules, and immersive tools like VR/xR

4. Service Delivery, Quality & Continuity

- **Quality Assurance:** Maintain high care standards during tech and climate transitions
- **Efficiency Improvements:** Reduce routine workload and streamline administrative processes
- **System Resilience:** Prepare for disruptions, ensure hospital continuity, and adopt preventive strategies

5. Access and Equity

- **Healthcare Accessibility**: Expand mobile care, teleconsultation, and decentralized services
- **Equity in Services**: Ensure inclusive access to digital tools and preventive care for all populations
- **Support for Vulnerable Groups**: Focus on elderly, rural, and at-risk communities

6. Innovation & Technological Integration

- **Advanced Technologies**: Implement AI diagnostics, smart imaging, and digital documentation
- **Infrastructure Modernization**: Invest in sustainable, scalable systems for hospitals and clinics
- **Innovation Deployment**: Transition pilots into long-term, system-wide applications

7. Governance, Regulation & Multi-Stakeholder Engagement

- **Policy Alignment**: Harmonize regulations with sustainability and innovation goals
- **Collaborative Governance**: Foster public-private partnerships and multi-level cooperation
- **Strategic Incentives**: Promote certification, recognition, and shared strategic roadmaps

8. Economic Feasibility & Cost Management

- **Sustainable Funding**: Mobilize investment for digital and green transitions
- **Cost-Efficiency**: Balance innovation with long-term financial value
- **Preventive Investment**: Allocate resources upfront to prevent future healthcare costs, crises, or system failures.

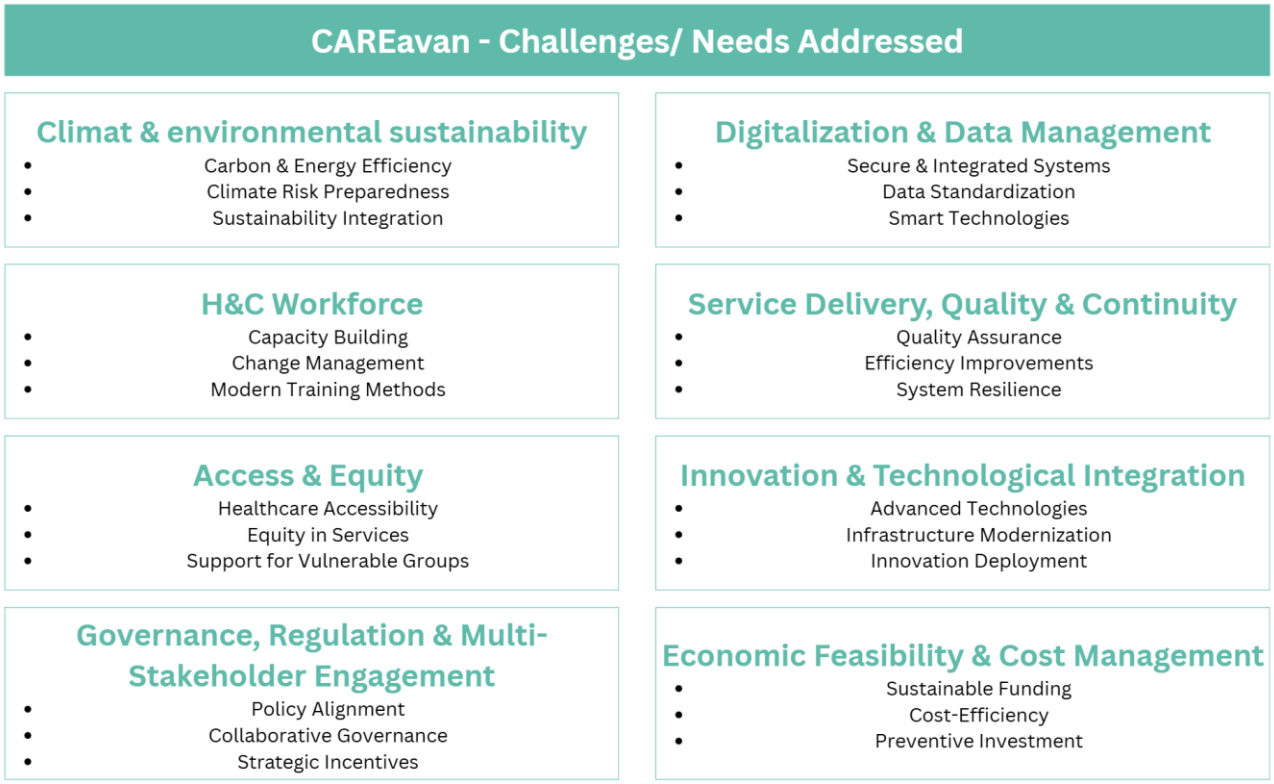


Figure 35 - CAREavan - Challenges/ Needs Addressed Analysis (Source: D1.2.1, 2025)

4.2.1.3. Solutions showcased

In order to answer these challenges/ needs, the mapped solutions providers cover the following solutions:

1. **Digital Health Tools & AI Integration**
   - **AI-Powered Healthcare Solutions**: Use AI for diagnostics, hospital planning, wound healing monitoring, and predictive tools to anticipate care needs
   - **Integrated Digital Platforms**: Centralized patient records, decision-support systems, and digital research/therapy hubs to streamline care delivery
   - **Interactive & Mobile Technologies**: Tools such as mobile platforms and 3D anatomy models to personalize and improve care efficiency
2. **Environmental Sustainability & Energy Efficiency**
   - **Institutional Climate Action**: Support from healthcare institutions to lower environmental impact and adopt climate-smart practices

- **Energy & Waste Optimization**: Best practices for energy savings, CO_2 reduction, and sustainable waste/energy systems
- **Circular Economy Tools**: Virtual marketplaces and toolboxes for reusing materials and minimizing waste in operations

3. **Training, Education & Awareness**
   - **Sustainability & Climate Training**: Structured programs to upskill staff on climate resilience and sustainability practices
   - **Digital & Health Literacy Initiatives**: Interactive learning experiences, Digital Health Trucks, and education materials to boost acceptance and skills
   - **Engagement & Incentive Systems**: Recognition programs and accessible micro-credentialing to motivate workforce participation
4. **Institutional & Multi-Stakeholder Cooperation**
   - **Cross-Sector Collaboration**: Coordination between institutions, regions, and disciplines to address complex health and climate challenges
   - **Policy & Network Engagement**: Platforms like the Forum Health Region and committed clinic networks to promote shared strategie
   - **Climate Health Leadership**: Climate-smart health networks and dedicated climate managers leading integration efforts
5. **Infrastructure & Operational Innovations**
   - **Automation & Robotics**: Use of robots and autonomous shuttles to enhance operations and mobility
   - **Sustainable Logistics**: Solutions for medical freight with improved cost-efficiency and data security
   - **Operational Ecosystems**: Waste stream digital management and tools for evaluating high-impact sustainability decisions
6. **Climate Resilience & Preventive Strategies**
   - **Heatwave & Risk Preparedness**: Strategic plans to protect facilities and populations from rising climate threat
   - **Preventive Health Integration**: Merging climate-related risks into regular preventive care planning
   - **Sustainable Long-Term Planning**: Aligning resilience practices with cost savings and environmental sustainability goals.
7. **Governance, Regulation & Strategic Alignment**

- **Policy Dialogue Platforms**: Forums and structured exchanges to guide regulatory adaptation
- **Climate Governance** Models: Health systems integrating climate strategies within operational and policy structures
- **Regional & Strategic Health Planning**: Tools for aligning environmental and care goals at system level

8. Economic Feasibility & Cost Optimization

- **Cost Savings Through Sustainability**: Long-term reductions in operating costs through energy and material efficiency
- **Efficient Resource Management**: Data-driven decisions to reduce financial and environmental waste
- **Investment in Preventive Infrastructure**: Upfront investments to minimize future climate and health-related expenses

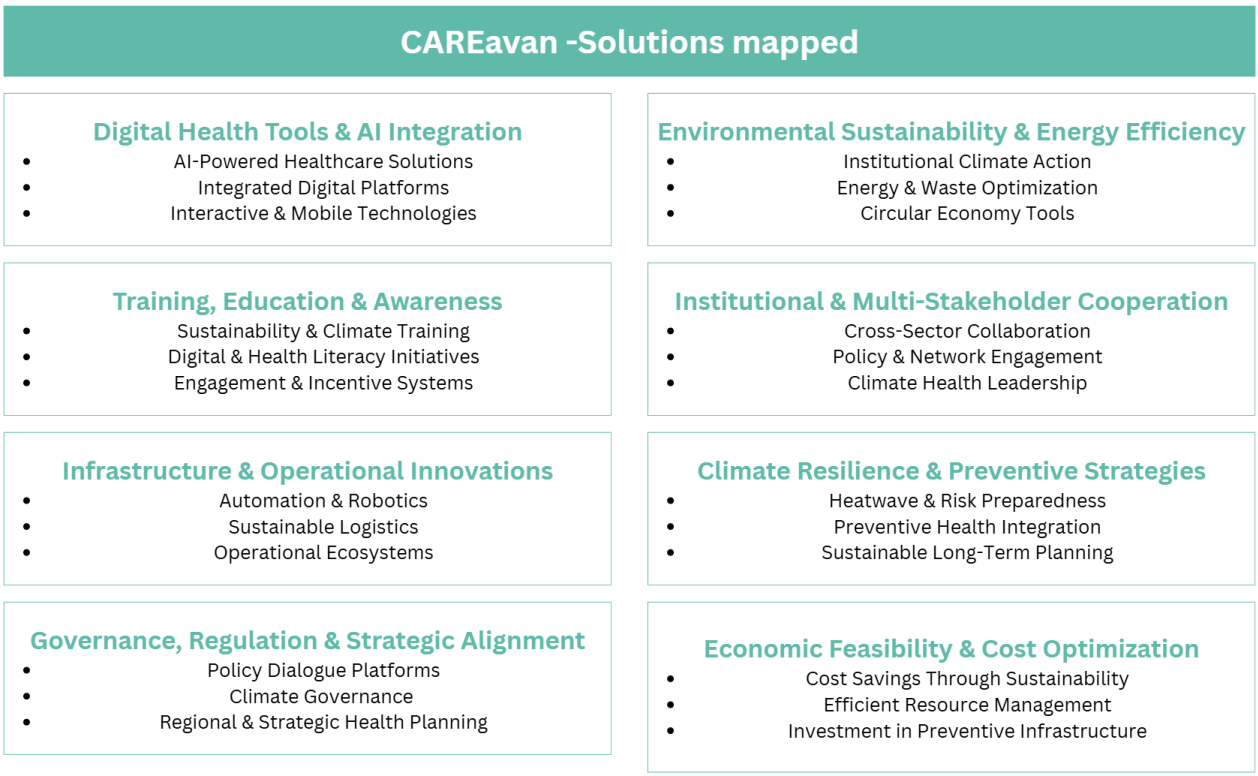


Figure 36 - CAREavan - Solution mapped analysis (Source: D1.2.1, 2025)

4.2.1.4. Transferability

These solution suppliers offer a great variety of solutions to cope with the challenges identified in D1.1.2 and specified in this deliverable. They support the project partner

- getting inspiration to develop and implement their pilot
- get new ideas for further projects (e.g. flagship projects by the end of the project)

- increase connection and cooperation between territories of the Alpine Space
- foster awareness on existing initiatives coping with similar challenges
- learn from previous/running project to avoid mistakes and increase impact

The transferable items can be categorized as follows:

1. **Modular & Scalable Models**

- Modular, open-source components and standardized data formats
- Pre-built ETL packages reducing technical barriers
- Step-by-step sustainability models for hospital staff engagement
- Toolbox, online platforms, and training modules
- Adaptable toolkits and policy guidance
- 3-pillar approach (energy, environment, people) with certification processes

2. **Cooperation & Network Models**

- Cooperation models for energy efficiency
- Interdisciplinary cooperation models
- Alliance/network for sustainability awareness in healthcare
- Forum/platform for multi-stakeholder dialogue and innovation
- Network for long-term exchange among climate managers
- Cross-sector and multi-level coordination for heat protection plans

3. **Digital & AI-Enabled Solutions**

- AI-assisted diagnostics and mobile healthcare solutions
- AI-powered tools for hospital management and anticipation
- Secure AI-supported mobile platforms for documentation and follow-up
- Interactive 3D patient anatomy models
- Modular digital health showrooms and low-threshold access platforms
- Austrian eHealth model (ELGA architecture and governance)

4. **Training, Education & Capacity Building**

- E-learning and micro-credential systems with healthcare worker input
- Climate-health profiles and KLIC methodology for building climate competencies
- Training staff as climate managers focused on practical low-cost measures
- STEM education models and mobile showrooms to attract talent

- Staff engagement approaches aligned with incentives for green energy and mobility

Example: Micro-credential programs on climate resilience and health literacy that can be adopted by healthcare facilities globally.

5. Operational & Environmental Management Models

- Heat recovery and anesthetic gas recycling models
- Regulatory compliance and infrastructure compatibility models
- Medical freight transport management solutions
- Structured approaches to waste management through digitalization and standardization
- Methods and tools for sustainable impact assessments (LCA & S-LCA).

6. Policy & Strategic Frameworks

- Climate-smart health networks and regional planning strategies
- Models aligned with incentives for green energy and mobility
- Climate protection activity databases and interactive maps
- Certification and incentive-aligned sustainability frameworks
- Evidence-based decision-making tools with climate-health profiles

7. Public Engagement & Awareness Raising

- Virtual exhibitions and mobile health trucks for digital health literacy
- Awareness campaigns integrated with warning systems for heat protection
- Cooperative approaches for raising sustainability awareness in healthcare

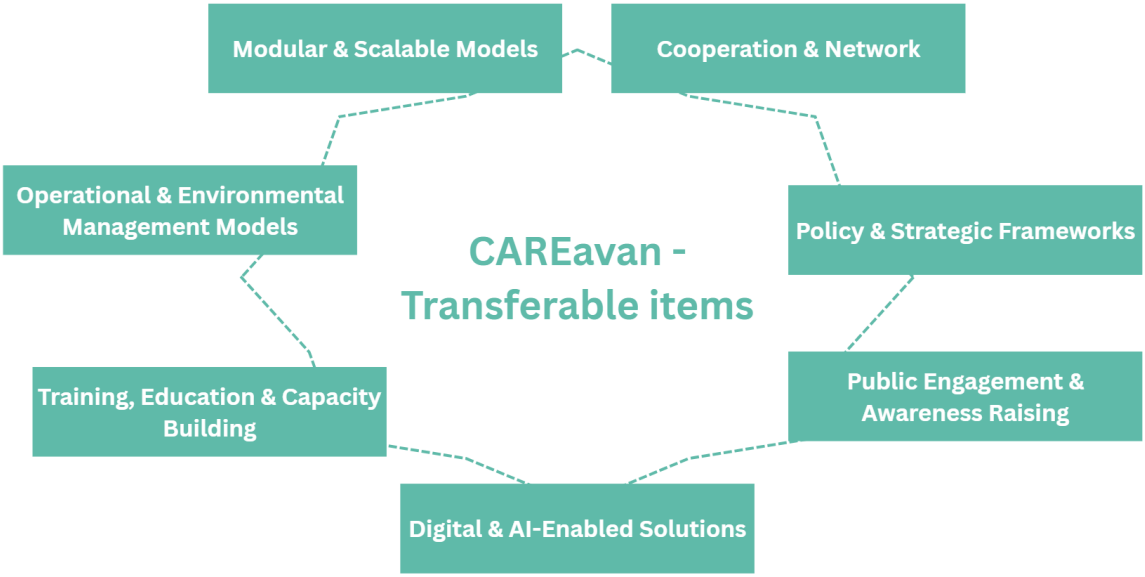


Figure 37 - CAREavan - Transferable items (Source: D1.2.1, 2025)

4.2.2. STEMlab

In this section, 43 solution suppliers are studied, they have been categorized by the project partners to address the STEMlab specific Health and Care outcome: improving system-level service provision, increasing rural or cross-border services, integrating digital tools to improve services, better linking actors for more efficient service provision.

Table 16 - List of Solution Supplier addressing the STEMlab H&C Outcomes (Source: D1.2.1, 2025)

STEMlab from H&C Outcome addressed	PP associated	H&C Challenge addressed	Receivers type	Providers type
HERCULES – Health Empowerment through Regional Collaboration by fostering innovation from the demand-side (see Section 6.6)	LP1	DI, PP, APC	Public Administrations	Public Health Agency
Medtech4 Europe – Optimizing the impact of public policies in favour of research and innovation facilities in the field of medical technologies (see Section 6.7)	LP1	DC, DI,APC, WFC	Public institutions supporting innovation and economic development in health and care sectors	Regional Public Authority
NOTRE – Novel Methods Improving Production Innovation Potential with Examples of Senior Care-Related Solutions (see Section 6.8)	LP1	WFC, DC, PP	Regional Public Authority / Local Authority / Employment Agency	Non-profit business support organization
JADECARE - Joint Action on implementation of Digitally Enabled integrated person-centred CARE (see Section 6.15)	PP2	DC,DI	Health authorities and healthcare systems	EU project consortium
TELEMECHRON study - Telemedicine for home-based management of patients with chronic diseases and comorbidities: analysis of current models and design of innovative strategies to improve quality of care and optimise resource utilization (see Section 6.16)	PP2	DI	Regional healthcare systems	Competence centre
TreC Arianna - Development and Application of Telemedicine Tools for Breast Cancer Patients (see Section 6.17)	PP2	DI, PP	Healthcare system	Competence centre
Trentino Salute+ (see Section 6.18)	PP2	DI, PP	Citizens	Competence centre
VANGUARD Initiative (see Section 6.20)	PP2	DI, EFS	Regional authorities and governments, industry actors and business organisations,	Alliance of industrial regions in Europe

			research institutions and academia, civil society.	
Klimawandel und Gesundheit im Kontext von Laienpflege (see Section 6.21)	PP3	Ai, DC, DI, EFS	Community - General Public	Industry - Business
Pilotprojekt „Gesundheit.Region.Waldviertel“ (see Section 6.22)	PP3	WFC, AI, DC, EFS, PP	Industry - Busines	University
DigiCare4CE_ INTERREG Central Europe (see Section 6.25)	PP3	DI, PP	Nursing and care center	EU consortium
Climate Awareness: The Hospital as a Promoter Towards Patients and Staff (see Section 6.24)	PP3	WFC, AI, DI, EFS, SD	Public Hospital	Public Hospital
Know – Center – COMET Center (see Section 6.27)	PP3	WFC, AI, DI, PP	Clinicians	Research Center / Public-privat partnership
N!CA – Digitalisation of Innovative Care Processes to Unburden and Empower Nurses (see Section 6.28)	PP3	WFC, DI, PP, APC	Public healthcare provider Private nursing home provider	Public University
Project PUR – Integration of the assistive robot Lio in elderly care facilities (see Section 6.29)	PP3	WFC, AI, DI	Non-profit elderly care facility	Private techn company
HosmartAI: Hospital Smart Development Based on AI (see Section 6.41)	PP5	WFC, AI, DI, EFS	Hospital - Surgeons, nurses, and patients in the Department of Surgery.	Academic institution
SHIELD: Comprehensive Surveillance of High-risk Individuals and Health Integration for Early Detection of Pancreatic cancer Utilising Innovative Multiplex Immunoassays (see Section 6.50)	PP5	WFC, AI, DC, DI, EFS, PP, SD	Hospital - Patients, doctors	Private Tech Company
Persist: Patients-centered SurvivorShip care plan after Cancer treatments based on Big Data and Artificial Intelligence technologies (see Section 6.42)	PP5	WFC, AI, DI, EFS	Hospital - Patients (cancer survivors)	Academic institution
eCREAM: Enabling Clinical Research in Emergency and Acute Care Medicine (see Section 6.43)	PP5	WFC, AI, DC, DI, EFS	Hospital - Doctors, nurses and also patients (to ensure better services).	Research Foundation
TARA: Disrupting the Migraine Continuum of Care for Resource Constrained Settings (see Section 6.44)	PP5	WFC, AI, DC, DI, EFS	Hospital Patients with migraines (the general public), as well as	Research Foundation

			researchers and medical professionals, who seek to better understand the causes and prediction of migraine episodes.	
DIOPTRA: Early Dynamic Screening For Colorectal Cancer Via Novel Protein Biomarkers Reflecting Biological Initiation Mechanisms (see Section 6.45)	PP5	WFC, AI, DC, DI, EFS, PP	Hospital - Department of Gastroenterology	Biotech Company
Bio-Streams: Multi-Pillar Framework for Children Anti-Obesity Behavior Building on an EU Biobank, Micro Moments and Mobile Recommendation Systems (see Section 6.46)	PP5	WFC, AI, DC, DI, EFS	Hospital - Children with obesity and their parents or caregivers, doctors	Academic institution
FoodDataQuest: Fuelling the Quest for Sustainable Food Systems with Data-driven Innovations (see Section 6.47)	PP5	WFC, AI, DC, DI, EFS	Hospital - Patients, hospital staff, food service providers and suppliers	Private Tech Company
EUnetCCCJA: EU Network of Comprehensive Cancer Centres Joint Action (see Section 6.48)	PP5	WFC, AI, DC, DI, EFS, PP, SD	Hospital - Cancer patients, researchers, healthcare professionals, policymakers and the general public	Public Healthcare Institution
CERTAIN: Certification for Ethical and Regulatory Transparency in Artificial Intelligence (see Section 6.49)	PP5	WFC, AI, DC, DI, EFS, PP, SD	Hospital - Healthcare professionals, patients, policymakers, researchers and technology developers	Private Tech Company
HOCOIA (see Section 6.53)	PP6	WFC, AI, DI, PP	Governmental administrations, companies and hospitals	private company
Pixacare (see Section 6.56)	PP6	WFC, DI, PP	H&C facilities	private company
RDS (see Section 6.57)	PP6	WFC, DC, PP, DI	Hospital	private company

Synovo Group (see Section 6.51)	PP6	WFC, DI, SD	hospital	private company
InSimo (see Section 6.52)	PP6	WFC, DI, PP	Training Centers	private company
HOPImedical (see Section 6.54)	PP6	WFC, AI, DC, DI	H&C facilities	private company
OPTACARE (see Section 6.55)	PP6	WFC, DI, AI, APC	Hospital	private company
Visible Patient Lab (see Section 6.58)	PP6	DI, PP, WFc	Hospital	private company
PraxySante (see Section 6.59)	PP6	WFC, DI, APC	Hospital	private company
Forum Health Region Baden-Württemberg (see Section 6.63)	PP7	WFC, AI, DC, DI, EFS, PP, SD, APC	hospitals and care facilities, health insurance companies, research institutes and universities, biotech, pharmaceutical and medical technology companies	Forum/ Network
INSPIRE Living Lab (see Section 6.64)	PP7	DI	Start-ups and SMEs	research institution
PC3-AIDA (Advanced Imaging Utilization by Digital Data Application in Baden-Württemberg) (see Section 6.68)	PP7	AI, DI, EFS, SD	University hospitals, patients (planned in possible follow-up projects: regional hospitals)	DE Project consortium
EDIH DigiCare (see Section 6.71)	PP8	DI	SMEs in the healthcare sector & healthcare providers	Multi-stakeholders association
Myoncare (see Section 6.72)	PP8	DI, PP, APC	Health Care Providers, Doctors, Hospitals, Patients	Busines
MiHUBx (Medical Informatics Hub in Saxony) (see Section 6.77)	PP8	AI, DI, PP	Health Care Providers and Receivers	University
DECIDE: Decentralized digital Environment for Consultation, data Integration, Decision making and patient Empowerment (see Section 6.80)	PP8	WFC, AI, SD	Hospital, research Institutes	DE project consortium

Patient Innovation (see Section 6.87)	PP9	DI, PP	Citizens / End-users Online community Informal innovation ecosystem	Non-profit organization Digital platform / initiative University-based research initiative
SHIFT (see Section 6.88)	PP9	DI, PP, APC	Hospitals Public institutions Healthcare consortia	Research consortium Innovation alliance (academia, industry, healthcare) Flagship R&D project

The table below shows how the solution supplier associated to the STEMlab APPROACH responds to the different H&C challenges identified in D1.1.2. It highlights the actual number as well as the percentage of solution supplier addressing specific H&C challenges in relation to all solution suppliers mapped for this APPROACH.

Table 17 - H&C Challenges addressed by Solution Supplier addressing STEMlab H&C Outcomes (Source: D1.2.1, 2025)

H&C Challenges addressed	Absolut Number of Solution Supplier addressing specific H&C Challenges	Percentage of Solution Supplier addressing specific H&C Challenges
AI - Accessibility and Infrastructure	22	51,16%
APC - Administrative and Promotive Challenges	8	18,60%
DC - Demographic Challenges	16	37,21%
DI - Digitalization and Innovation	40	93,02%
EFS - Economic and Financial Sustainability	16	37,21%
PP - Preventive and Promotive Health and Care	22	51,16%
SD - Standardization and Decentralization	8	18,60%
WFC - Workforce Challenges	28	65,12%

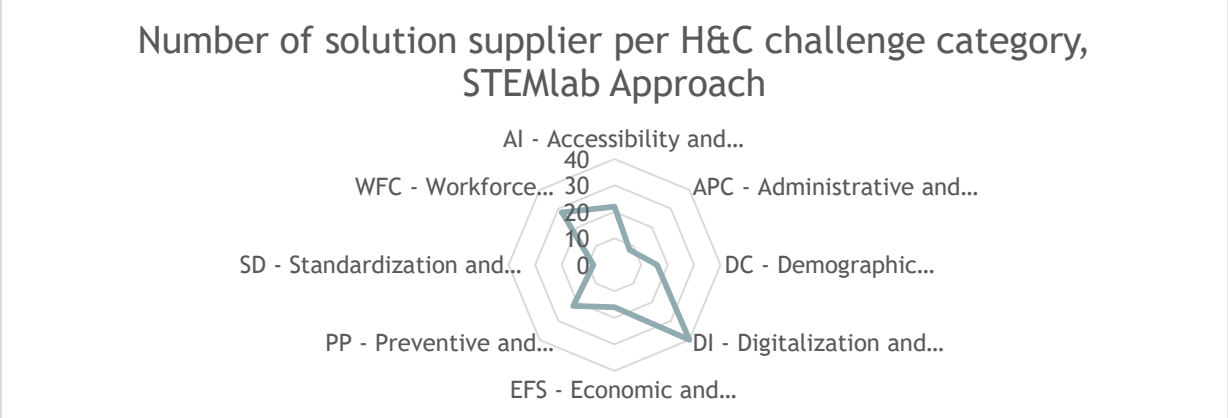


Figure 38 - Number of solution supplier per H&C challenge category, STEMlab Approach (Source: D1.2.1, 2025)

4.2.2.1. Initial situations

1. **Healthcare System Challenges**

- **Workforce Shortage & Overload**: Shortage of healthcare professionals, increased patient-to-doctor ratio, and workforce burnout due to stress and time pressure.
- **Chronic & Aging-Related Health Issues**: Rising burden of chronic diseases, cancer, obesity, and the growing needs of an aging population requiring long-term and elderly care.
- **Quality & Continuity of Care**: Difficulties maintaining consistent, high-quality care across settings, with disruptions in patient flow and service availability.
- **Administrative & Financial Burden**: High healthcare costs, bureaucratic workload, and limited resources affecting operational efficiency and service delivery.

2. **Medical Innovation & Technology**

- **AI & Robotics Integration**: Emerging tools like AI-powered diagnostics and robotic systems are being explored but face challenges in adoption and regulation.
- **Personalized & Advanced Diagnostics**: Innovations such as personalized medicine and advanced diagnostic imaging are under development but not widely implemented.
- **Innovation Ecosystem Development:** Testing environments, support forums, and innovation promotion are necessary to scale and validate healthcare tech solutions.
- **Ethical & Regulatory Disruption**: New tech raises issues of ethics, safety, and compliance, especially in sensitive areas like patient care

3. **Digitalization & Data Management**

- **Data Governance & Privacy**: Concerns about patient data security, privacy, and compliance with regulations like GDPR.
- **Fragmentation & Lack of Standards**: Disconnected systems, non-standardized monitoring, and lack of centralized platforms hinder effective data use.
- **Infrastructure & Interoperability Gaps**: Insufficient digital infrastructure and poor system integration make real-time data access and sharing difficult.
- **Low Adoption & Resistance to Change**: Digital solutions face resistance due to cultural, technical, or skill-related barriers in healthcare institutions.

4. **Access, Equity & Territorial Inequalities**

- **Uneven Access to Care**: Disparities in access to cancer care, healthcare facilities, and technologies across regions.
- **Geographic & Demographic Disparities**: Territorial inequalities and demographic shifts (e.g. aging rural populations) exacerbate access gaps.

- **Policy Inconsistencies**: Misalignment between national, regional, and local policy frameworks reduces efficiency in addressing inequalities.
- **SME Participation & Innovation Access**: Small and medium-sized enterprises face hurdles in entering or scaling within the healthcare system.

5. **Public Health & Prevention**

- **Underdeveloped Preventive Care**: Limited proactive care models, especially in early detection, prediction, and emergency response.
- **Awareness & Education Gaps**: Insufficient public awareness campaigns and educational programs on nutrition, cancer screening, and health literacy.
- **Diagnostic Accuracy**: Misinterpretation in diagnostics leads to delayed treatment or mismanagement of preventable conditions.
- **Nutrition & Lifestyle Factors**: Health challenges linked to food waste, poor dietary habits, and lifestyle-related diseases like child obesity.

6. **Workforce & Training**

- **Skills & Training Deficits**: Gaps in digital, clinical, and interdisciplinary training for healthcare professionals.
- **Workplace Well-being & Support**: Stress, burnout, and low support systems contribute to high turnover and dissatisfaction.
- **Planning & Budget Constraints**: Poor workforce planning, coordination challenges, and limited funding for support systems.
- **Stakeholder Collaboration**: Need for cross-sector forums and stronger multi-stakeholder engagement for workforce resilience.

7. **System Fragmentation & Governance**

- **Poor Communication & Coordination**: Disconnected systems and fragmented patient data reduce care continuity and efficiency.
- **Governance Complexity & Gaps:** Multiple layers of unclear governance and lack of unified strategy hinder innovation and service integration.
- **Digital Ecosystem Silos**: Systems operate in isolated silos, preventing shared decision-making and comprehensive care planning.
- **Lack of Strategic Policy Support**: Weak or inconsistent policy frameworks slow digital transformation and organizational change.

8. **Logistics & Infrastructure**

- **Transport & Medical Mobility Issues**: Gaps in transport planning affect patient transfers, medical freight, and emergency accessibility.
- **Surgical & Operational Practice Limits**: Outdated or inconsistent practices in surgery and hospital logistics strain capacity and quality.
- **Reactive Instead of Proactive Planning**: Many logistics systems are built to respond to crises rather than prevent them or forecast needs.

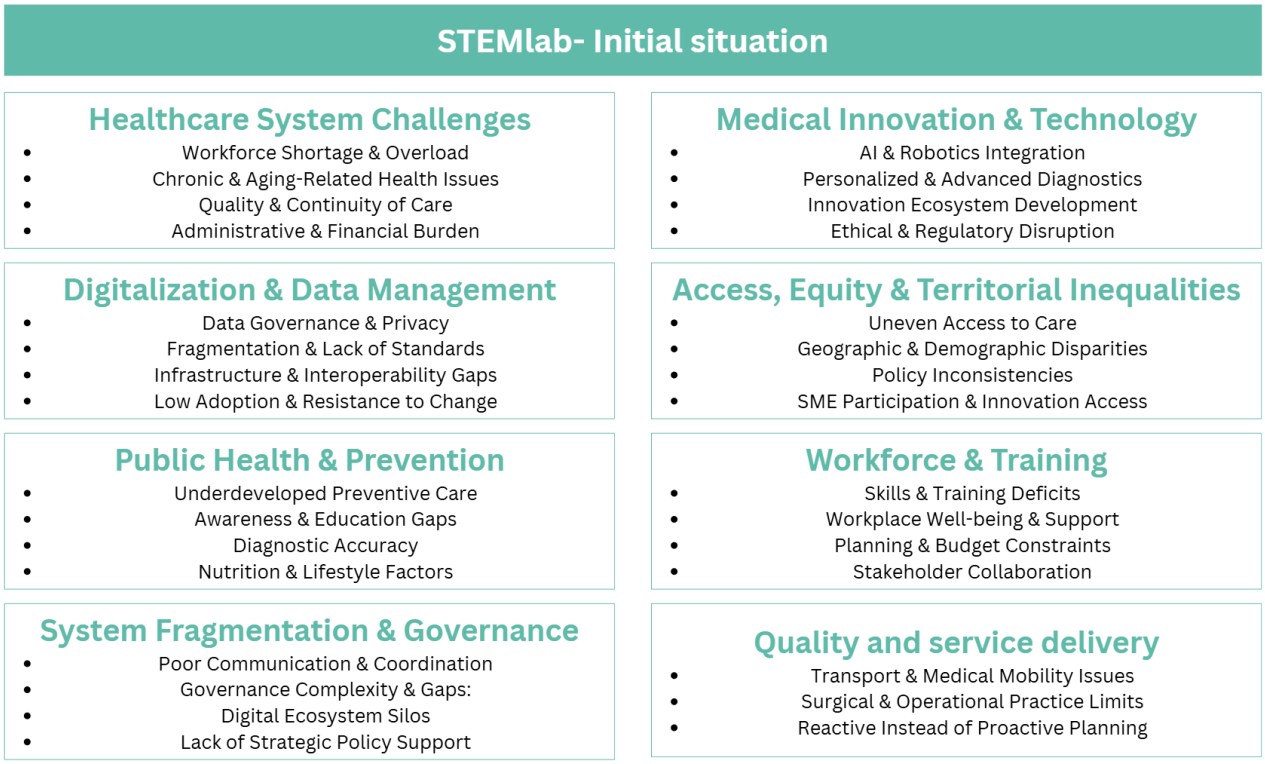


Figure 39 - STEMlab Initial Situation Analysis (Source: D1.2.1, 2025)

4.2.2.2. Challenges/ Needs addressed

1. **Healthcare System & Workforce Challenges**

- **Staffing & Capacity Pressure**: Shortages in staff, high workloads, and challenges in recruitment/retention strain service delivery and care quality.
- **Aging & Chronic Care Demand**: Elderly care and chronic illness management are increasingly complex and resource-intensive.
- **Operational Gaps & Errors**: Time-consuming admin tasks, surgical errors, and inadequate emergency services reduce care effectiveness.
- **Lack of Integration & Monitoring Tools**: Weak systems for AI integration and patient monitoring limit digital transformation in clinical settings.

2. **Digital Transformation & AI Integration**

- **Fragmented AI Adoption**: Robotics, diagnostics, planning tools, and post-treatment care systems face scattered implementation and poor integration.
- **Ethical & Regulatory Uncertainty**: Compliance with evolving frameworks like the EU AI Act poses legal and technical challenges.
- **Human-Technology Tensions**: Resistance to digital tools, particularly due to fears of reduced human interaction and rapid tech change, impedes adoption.
- **Tool Usability & Scalability:** Many decision-support tools and digital models lack standardization or are difficult to scale across healthcare contexts.

3. Data, Interoperability & Infrastructure

- **Disconnected Systems**: Inadequate interoperability, fragmented formats, and weak data governance lead to siloed information and inefficiencies.
- **Lack of Secure Infrastructure**: Many healthcare providers lack centralized and secure platforms for data collection, analysis, and sharing.
- **Data Standardization Barriers**: Differences in data formats, imaging systems, and digital infrastructures hinder effective collaboration and real-time use.
- **Trust & Privacy Risks**: Patient data privacy and security concerns reduce willingness to share or adopt new digital health services.

4. Access, Equity & Mobility

- **Territorial Disparities**: Rural or underserved regions struggle with access to care, infrastructure, and telehealth options.
- **Infrastructure & Transport Gaps**: Inadequate transport systems and mobile health services hinder patient mobility and access in emergencies.
- **Policy & Coordination Issues**: Misalignment of health policies across regions and poor coordination limit coherent service delivery.
- **Digital Divide in Care Access**: Telemedicine platforms often face accessibility issues for digitally excluded or remote populations.

5. Cost, Efficiency & Sustainability

- **Operational Inefficiencies**: High costs and slow processes, especially in hospital management and billing, reduce sustainability.
- **Funding & Investment** Barriers: Healthcare systems face challenges in accessing or distributing funds effectively for transformation.
- **Unsustainable Models**: Current healthcare delivery models are often reactive and expensive, lacking cost-effective alternatives.

- **System Burden from Aging & Chronic Care**: Rising needs from elderly patients and long-term conditions increase financial pressure.

6. Public Health, Prevention & Patient-Centered Care

- **Underdeveloped Preventive Measures**: Insufficient tools for early diagnosis, risk prediction, and preventive services in public health strategies.
- **Low Patient Engagement**: Patients lack easy-to-use platforms, digital literacy, and meaningful involvement in their own care.
- **Fragmented Pathways & Personalization Gaps**: Lack of integrated, patient-centered journeys, from prevention to long-term care.

7. Innovation, Research & Collaboration

- **Weak Innovation Ecosystems**: Limited access to infrastructure, real-world testing, and innovation support slows technology adoption.
- **Fragmented Policy & Governance**: National and EU policies are often misaligned or insufficiently harmonized (e.g. in cancer care).
- **Low Stakeholder Engagement**: Gaps in multi-stakeholder collaboration, including clinicians, researchers, industry, and patients.
- **Barriers to Scaling Solutions**: Lack of organizational and funding models that support EU-wide diffusion of effective solutions.

8. Nutrition & Agri-Food Health Integration

- **Neglected Nutritional Strategies**: Food waste and poor nutrition practices remain under-addressed in clinical care settings.
- **Lack of Data & Monitoring Tools**: Real-time monitoring and digital support systems for nutrition are still rare in hospitals and care homes.
- **Disconnected Value Chains**: Fragmented agri-food systems make it difficult to coordinate dietary health with broader health strategies.

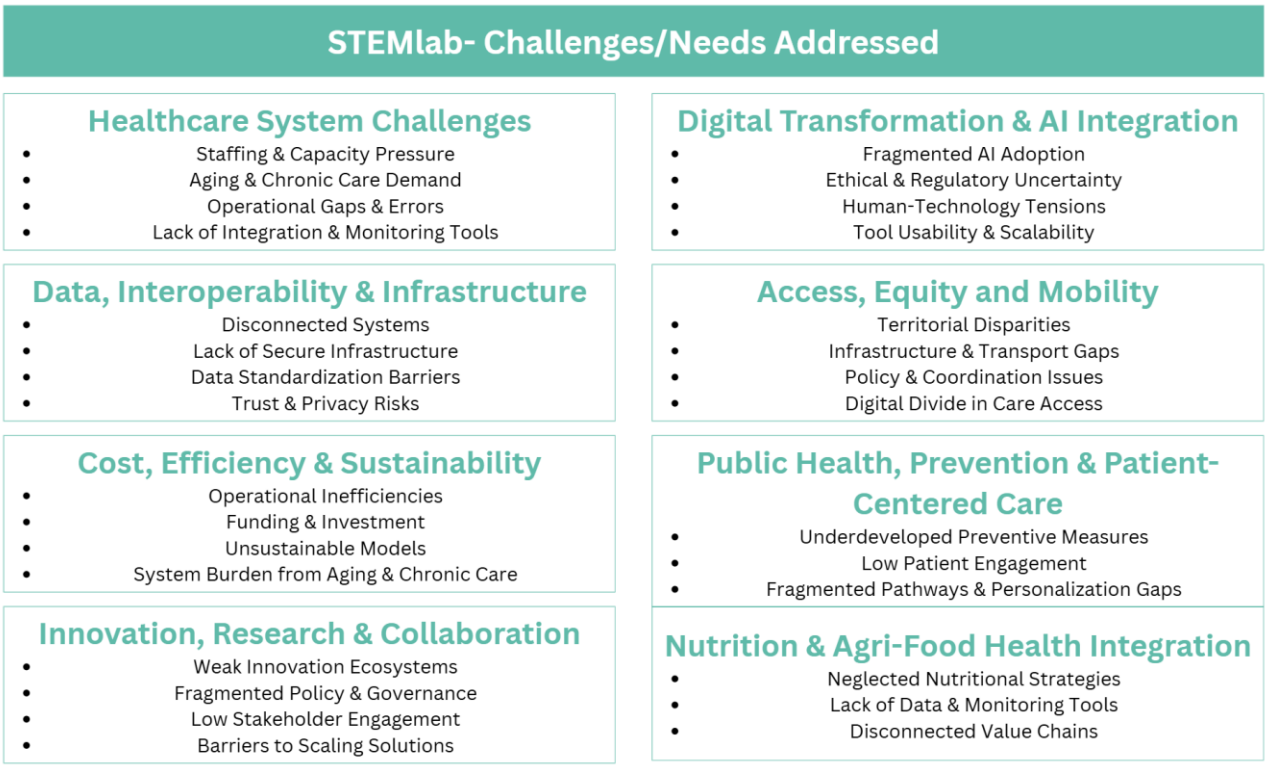


Figure 40 - STEMlab - Challenges/ Needs Addressed Analysis (Source: D1.2.1, 2025)

4.2.2.3. Solutions showcased

1. **Healthcare Delivery & Access**
   - **Mobile Healthcare Solutions**: Telemedicine platforms and mobile health applications targeting underserved areas to improve access to healthcare services. These tools allow remote consultations, diagnosis, and monitoring.
   - **Digital Patient Pathways**: Integrated systems like web portals and mobile apps that streamline patient care by providing digital access to appointment scheduling, medical records, and communication between patients and healthcare providers.
   - **Interdisciplinary Cooperation for Integrated Care**: Collaborative care models that bring together healthcare professionals from different fields to provide holistic and patient-centered care, supported by digital platforms and data sharing.
   - **Remote Monitoring and Emotional Support**: Tools such as the ALBA virtual coach for emotional well-being and high-precision devices for continuous health monitoring that empower patients to manage their conditions remotely.
2. **AI & Technology Integration**
   - **AI-Assisted Diagnostics**: Machine learning and AI algorithms that assist clinicians in diagnosing conditions, such as image analysis tools for radiology or pathology, improving diagnostic accuracy and speed.

- **AI-Powered Hospital Management & Planning Tools**: AI-driven systems designed to optimize hospital operations, from scheduling and resource allocation to predictive planning for patient flow and staffing.
- **Human-AI and Human-Robot Cooperation Models**: Collaborative workflows between humans and AI/robotics, ensuring both technologies and healthcare professionals complement each other to enhance patient outcomes.
- **Simulation-Based Surgical Training Tools**: Advanced technologies like VR or AR for training medical professionals in surgical procedures, allowing hands-on practice in a controlled, risk-free environment.

3. **Data Integration, Interoperability & Digital Ecosystems**
   - **Interoperable Digital Tools & Data Integration Centers**: Platforms and systems designed to allow seamless data exchange and integration across various healthcare tools and institutions, ensuring consistent and up-to-date patient information is available.
   - **Secure Exchange of Imaging Data**: Tools such as Teamplay and NORA that facilitate secure sharing of medical imaging data between hospitals and institutions, ensuring accuracy and privacy compliance.
   - **Real-Time Data Collection & AI Insights**: Systems that gather patient data in real time, supported by AI analysis to provide clinicians with actionable insights for better decision-making.
   - **Collaborative Research Platforms**: Digital ecosystems designed to support multidisciplinary collaboration in research, enabling real-time data sharing and insights, and driving innovations in diagnostics and treatment.
4. **Training, Skills & Workforce Support**
   - **Simulation-Based Surgical Training**: VR/AR-based platforms for surgeons and medical professionals to train in complex procedures in a risk-free, immersive environment.
   - **Skills and Training Modules for AI & Digital Health**: Educational resources and training programs designed to upskill healthcare professionals on AI tools, digital health technologies, and data management systems.
   - **Workload Reduction & Well-Being Support**: Solutions aimed at reducing administrative tasks, optimizing workflows, and enhancing healthcare staff well-being through AI tools and process automation.
   - **Caregiver Support Tools**: Digital tools, such as apps or web platforms, that provide caregivers with the necessary information, reminders, and guidance to support patients effectively.
5. **Stakeholder Engagement, Governance & Cooperation**

- **Multi-Stakeholder Engagement Platforms**: Digital platforms that enable collaboration between healthcare providers, technology developers, policymakers, and patients, driving innovation and informed decision-making.
- **Cross-Sector Governance & Policy Platforms**: Platforms designed for interdisciplinary governance, linking healthcare systems with tech, policy, and community sectors to drive comprehensive healthcare reform.
- **Platforms for Enhanced Interdisciplinary Cooperation:** Tools and platforms to foster communication and collaboration among diverse healthcare professionals to streamline patient care and improve service delivery.
- S**trategic Foundations for Partnerships**: Frameworks and strategic models that facilitate long-term cooperation between sectors (e.g., public-private partnerships), especially for technology integration and healthcare innovation.

6. **Innovation Support & Real-World Testing**
   - **Living Lab for Real-World Testing**: A testing environment where startups, SMEs, and healthcare innovators can pilot new healthcare technologies and solutions, refining them before widespread deployment.
   - **Comprehensive Service Hubs for Healthcare Digitalization**: Centers that offer support for healthcare organizations in adopting and scaling digital solutions, providing resources like funding, expertise, and training.
   - **Certification & Standardization for Healthcare Tech**: Frameworks that ensure technologies meet regulatory and quality standards, facilitating their adoption across healthcare systems (e.g., EU certification for cancer care).
   - **Digital Tools for Innovation Monitoring**: Tools and dashboards that track and assess the progress of healthcare innovation projects, ensuring they meet targets and standards while identifying areas for improvement.
7. **Policy & Institutional Development**
   - **Regional Policy Action Plans for MedTech**: Policies at the regional level designed to promote the growth of the medical technology sector, including funding, innovation incentives, and infrastructure improvements.
   - **Strengthening Institutional Capacity for Personalized Care**: Initiatives to build and enhance the capabilities of healthcare institutions to deliver personalized, patient-centered care through better resources, training, and technology.
   - **Innovation Policy Instruments**: Tools and policy frameworks designed to promote innovation in healthcare, such as tax incentives, grants for startups, and regulations that foster R&D.

- **Care Coordination Models**: Structured models to improve patient care coordination across multiple providers and healthcare settings, ensuring a seamless patient experience and better outcomes.

8. **Patient Engagement & Community Health**

- **Mobile/Web Dashboards for Patient Engagement**: Digital tools that allow patients to track their health, access medical records, and communicate with healthcare providers, encouraging active participation in their care.
- **Community-Driven Health Culture**: Apps and platforms that foster a community-focused approach to health, using social engagement to promote healthy behaviors and collective wellness.
- **Economic Incentives for Healthy Behavior**: Programs offering financial rewards or subsidies to encourage patients to adopt healthy lifestyles, such as discounts for regular physical activity or healthy eating.
- **Cross-Sectoral Awareness Programs**: Collaborative programs involving healthcare providers, community organizations, and other sectors to raise awareness about key health issues like cancer prevention or mental health.

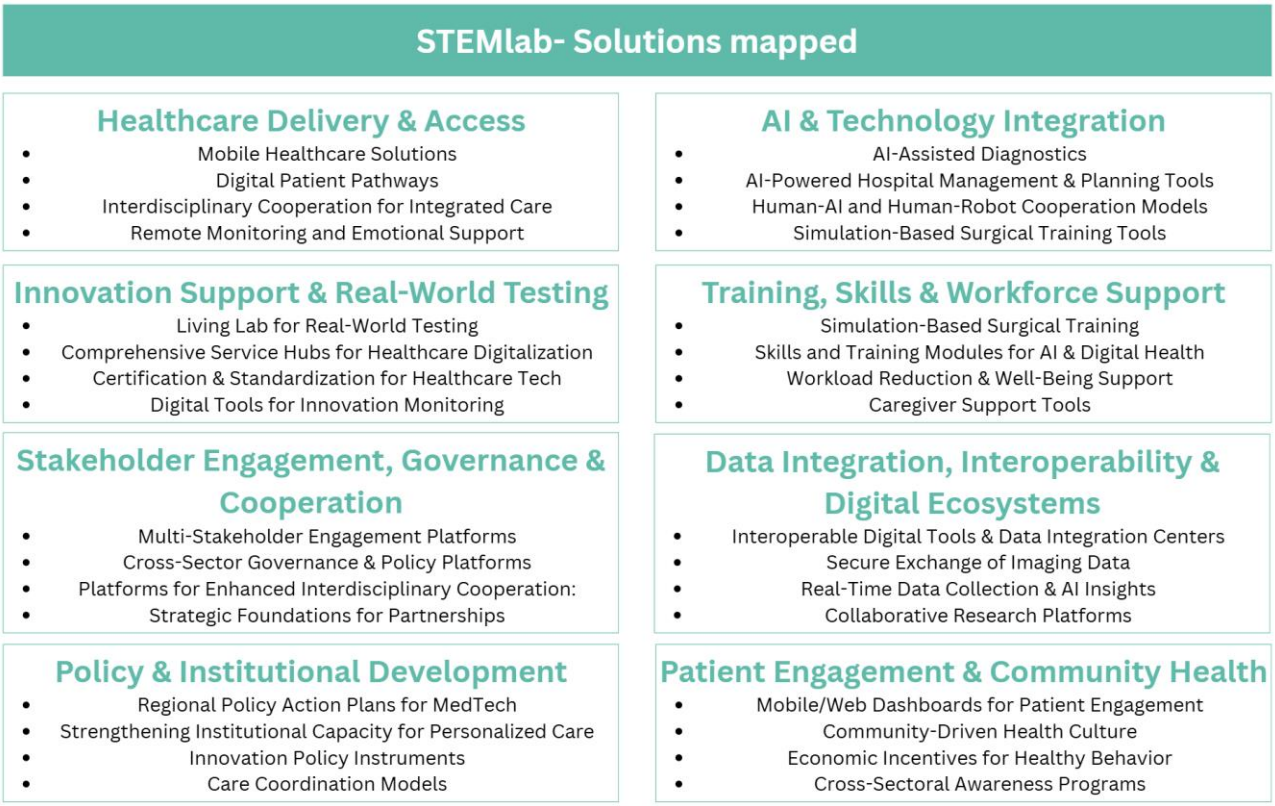


Figure 41 - STEMlab - Solutions mapped Analysis (Source: D1.2.1, 2025)

4.2.2.4. Transferability

These solution suppliers offer a great variety of solutions to cope with the challenges identified in D1.1.2 and specified in this deliverable. They support the project partner

- getting inspiration to develop and implement their pilot
- get new ideas for further projects (e.g. flagship projects by the end of the project)
- increase connection and cooperation between territories of the Alpine Space
- foster awareness on existing initiatives coping with similar challenges
- learned from previous/running project to avoid mistakes and increase impact

The transferable items can be categorized as follows:

1. **Models, Frameworks & Methodologies**
   - AI-based cooperation model
   - Certification framework / model
   - Modular and patient-centered concept
   - Funding model and Project structures for regional scaling and EU-wide support
   - Governance frameworks & Policy recommendations
   - Collaborative model (e.g. DECIDE)
2. **Digital Tools & Platforms**
   - Mobile app and user-friendly interfaces
   - Platform for remote patient/doctor communication and monitoring
   - Tools to extract meaningful data
   - Systems for data management (e.g. data compliance infrastructure)
   - Platform architecture (e.g. Teamplay), open-source components and standardized data formats
   - Modular biobank design and personalized intervention tools.
3. **AI, Robotics & Smart Technologies**
   - AI-powered tools for hospital management
   - AI-assisted diagnostics
   - AI-driven solutions tailored for healthcare professionals
   - Interactive 3D models of patient anatomy
   - 3D smart sensors for fall prevention

- Robotic nurse / robot integration
- Modular robot design with interoperability

4. **Access & Outreach Solutions**
   - Mobile healthcare solutions (underserved areas)
   - Freight/medical transport management
   - Screening programs & non-invasive cancer detection technology
   - Cross-region cooperation strategies
5. **Testing, Training & Simulation**
   - Simulation-based training tools
   - Surgical simulation technology
   - Living Lab model for real-world testing (e.g. INSPIRE)
   - Forum platforms for multi-stakeholder dialogue and innovation
6. **Preventive & Community-Oriented Tools**
   - Prevention & proactive strategies
   - Caregiver support tools
   - Health literacy & climate change education
   - Community health engagement
   - Patient-centered design

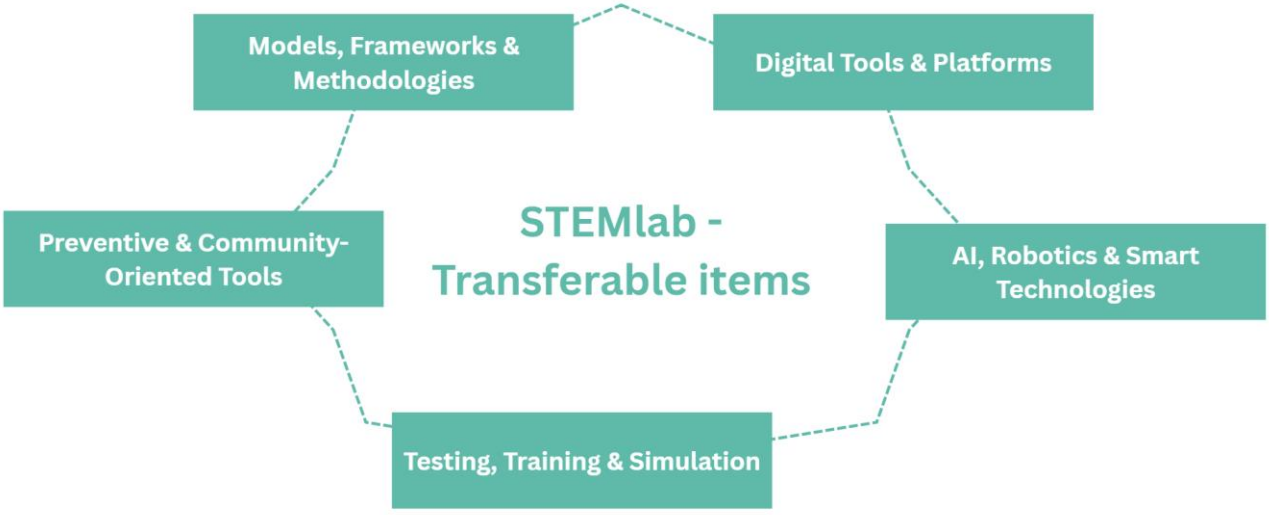


Figure 42 - STEMlab Transferable items (Source: D1.2.1, 2025)

4.2.3. PolicyParley

In this section, 43 solution suppliers are studied, they have been categorized by the partner to address the PolicyParley specific Health and Care outcome: boosting customized technology transfer, speeding up requirements gathering, delivering open innovation and agile approaches with actors, digital tools to promote advanced diagnosis.

Table 18 - List of Solution Supplier addressing the PolicyParley H&C Outcomes (Source: D1.2.1, 2025)

PolicyParley from H&C Outcome addressed		H&C Challenge addressed	Receivers type	Providers type
Joint Action on Cardiovascular Diseases and Diabetes (JACARDI) (see Section 6.1)	LP1	DC, DI, EFS, PP	- Health national policymaker - Regional Authorities - Hospitals - Researchers and Scientific Community - Patients	Public Health Institute
TEHDAS – Towards the European Health Data Space &TEHDAS 2 – Second Joint Action Towards the European Health Data Space (see Section 6.2)	LP1	DI	National Health Data Authorities and Ministries of Health in EU/EEA countries.	Public Innovation Fund
European Partnership on Transforming Health and Care Systems (THCS) (see Section 6.3)	LP1	AI, APC, DC, DI, EFS, PP, WFC	National and Regional Public Authorities / Healthcare Providers / Health Innovation Agencies	Public Body
CEPS Project - EU R&I and Health Policy to Tackle Global Challenges (see Section 6.4)	LP1	DI, EFS, APC,	EU Institution / National Public Authority / Research Infrastructure Consortium	Think Tank
European Public Health Week (EUPHW) (see Section 6.5)	LP1	WFC, AI, DC, EFS, PP, APC	Public Health Institute / NGO / Health Promotion Body	European Public Health Association
HERCULES – Health Empowerment through Regional Collaboration by fostering innovation from the demand-side (see Section 6.6)	LP1	DI, PP, APC	Public Administrations	Public Health Agency
Medtech4 Europe – Optimizing the impact of public policies in favour of research and innovation facilities in the field of medical technologies (see Section 6.7)	LP1	DC, DI,APC, WFC	Public institutions supporting innovation and	Regional Public Authority

			economic development in health and care sectors	
NOTRE – Novel Methods Improving Production Innovation Potential with Examples of Senior Care-Related Solutions (see Section 6.8)	LP1	WFC, DC, PP	Regional Public Authority / Local Authority / Employment Agency	Non-profit business support organization
Population Health Information Research Infrastructure (PHIRI) (see Section 6.9)	LP1	DI	National Public Authority / Policy-making Body	Public Health Institute
POLICY ANSWERS – R&I Policy Making in the Western Balkans (see Section 6.10)	LP1	AI, DI, EFS, APC	National Public Authority / Policy-making Body	Research and Innovation Policy Support Organisation
C.O.P.E. - Capabilities, Opportunities, Places, and Engagement (see Section 6.11)	PP2	AI, PP	Institutional actors, protection and voluntary organisations, other stakeholders	EU project consortium
Dialogical Work (see Section 6.12)	PP2	WFC	Multidisciplinary teams.	EU project consortium
EUCanScreen - European Joint Action on Cancer Screening (see Section 6.13)	PP2	PP	Healthcare systems	EU project consortium
EUVECA - European Platform for vocational Excellence in Healthcare (see Section 6.14)	PP2	WFC, DC, DI	European healthcare sector and the healthcare education system, Local and regional health authorities	EU project consortium
TrentinoSalute4.0 - Competence Centre for the development of Digital Health in Trentino (see Section 6.19)	PP2	APC	healthcare system	Competence centre
Klimawandel und Gesundheit im Kontext von Laienpflege (see Section 6.21)	PP3	Ai, DC, DI, EFS	Community - General Public	Industry - Business
Pilotprojekt „Gesundheit.Region.Waldviertel“ (see Section 6.22)	PP3	WFC, AI, DC, EFS, PP	Industry - Busines	University
DigiCare4CE_ INTERREG Central Europe - Pilot in Lower Austria (see Section 6.25)	PP3	DI, PP	Nursing and care center	EU consortium
Climate-Friendly Healthcare Facilities Advisory Program (see Section 6.23)	PP3	WFC, AI, DI, EFS, SD	Public and private	Public health promotion and advisory body

			healthcare providers	
eHealth Strategy Austria (2024-2030) (see Section 6.33)	PP4	WFC, AI, DI	Healthcare system	National authority
Environmental Coaches (Umweltcoaches) (see Section 6.34)	PP4	WFC, AI, EFS, APC	Hospital/ Public service	Hospital/ Public service
Heat Protection Plan (see Section 6.36)	PP4	WFC, AI, DC, EFS, PP, SD, APC	General public, with a particular focus on vulnerable groups including the elderly, children, and individuals with pre-existing health conditions	Public servic - federal ministry
KLIC Health 2050 („KLIC Gesundheit 2050“) (see Section 6.37)	PP4	WFC, AI, DC, DI, EFS, PP, SD, APC	Austrian healthcare facilities	Competence Center
HOCOIA (see Section 6.53)	PP6	WFC, AI, DI, PP	Governmental administrations, companies and hospitals	private company
Pixacare (see Section 6.56)	PP6	WFC, DI, PP	H&C facilities	private company
RDS (see Section 6.57)	PP6	WFC, DC, PP, DI	Hospital	private company
HOPImedical (see Section 6.54)	PP6	WFC, AI, DC, DI	H&C facilities	private company
OPTACARE (see Section 6.55)	PP6	WFC, DI, AI, APC	Hospital	private company
Visible Patient Lab (see Section 6.58)	PP6	DI, PP, WFc	Hospital	private company
Forum Health Region Baden-Württemberg (see Section 6.63)	PP7	WFC, AI, DC, DI, EFS, PP, SD, APC	hospitals and care facilities, health insurance companies, research institutes and universities, biotech, pharmaceutical and medical technology companies	Forum/ Network
MEDI:CUS project (see Section 6.66)	PP7	WFC, AI, DI, APC	Healthcare providers	Public Administration
KliMeG calculator (see Section 6.65)	PP7	DI, EFS, PP, SD	Healthcare facilities, such as hospitals, medical practices, care providers.	Two project consortia (KliOL and CAFOGES)
SHIFT-HUB (see Section 6.69)	PP7	DI	Patients and citizens,	EU project consortium

			innovation intermediaries, health practitioners and organisations, financial intermediaries, technology providers, public authorities, knowledge and infrastructure providers.	
DigiCare4CE (Digital transformation of long-term care facilities for older people) (see Section 6.79)	PP8	WFC, AI, DC, DI	Care Facilities	EU project consortium
DECIDE: Decentralized digital Environment for Consultation, data Integration, Decision making and patient Empowerment (see Section 6.80)	PP8	WFC, AI, SD	Hospital, research Institutes	DE project consortium
Luzern60plus (see Section 6.81)	PP9	WFC, DC, PP	Public administration Citizens / End users	Initiative/project (city-led, community-rooted)..
Careum (see Section 6.82)	PP9	WFC, DC, PP	Public institutions, professional networks, and training bodies	research department of the Careum University of Health Sciences
Curaviva (see Section 6.83)	PP9	WFC, DC, PP	Non-profit / service provider networks Long-term care institutions	National industry association
OdASanté (see Section 6.86)	PP9	WFC	Public institutions Training institutions Umbrella organisations	national umbrella organization
SHIFT (see Section 6.88)	PP9	DI, PP, APC	Hospitals Public institutions Healthcare consortia	Research consortium Innovation alliance (academia, industry, healthcare) Flagship R&D project

terzStiftung (see Section 6.89)	PP9	WFC, DC, PP	Citizens / end users Civil society Municipal authorities	Foundation Civil society intermediary
Viciono Luzern (see Section 6.90)	PP9	WFC, DC, PP	Patients / End-users Care service providers Local administration / Municipal partners	Civil society initiative Local innovation alliance
XUND (see Section 6.91)	PP9	WFC	Receivers type	education center

The table below shows how the solution supplier associated to the PolicyParley APPROACH responds to the different H&C challenges identified in D1.1.2. The table below highlights the actual number as well as the percentage of solution supplier addressing specific H&C challenge in relation to all solution supplier mapped for this APPROACH.

Table 19 - H&C Challenges addressed by Solution Supplier addressing PolicyParley H&C Outcomes (Source: D1.2.1, 2025)

H&C Challenges addressed	Absolut Number of Solution Supplier addressing specific H&C Challenges	Percentage of Solution Supplier addressing specific H&C Challenges
AI - Accessibility and Infrastructure	18	41,86%
APC - Administrative and Promotive Challenges	14	32,56%
DC - Demographic Challenges	19	44,19%
DI - Digitalization and Innovation	26	60,47%
EFS - Economic and Financial Sustainability	13	30,23%
PP - Preventive and Promotive Health and Care	23	53,49%
SD - Standardization and Decentralization	6	13,95%
WFC - Workforce Challenges	29	67,44%

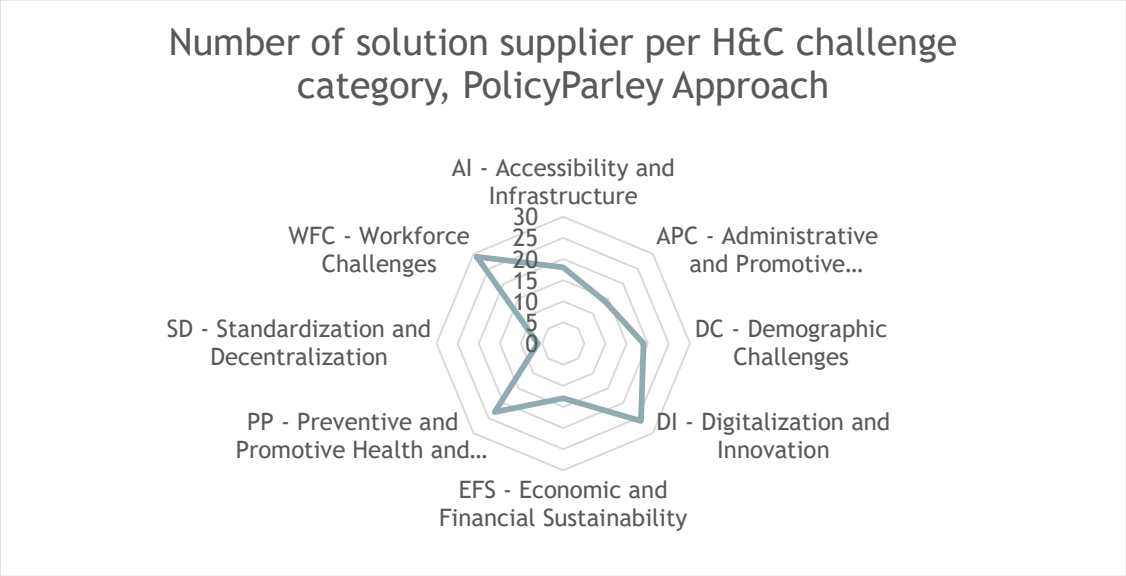


Figure 43 - Number of solution supplier per H&C challenge category, PolicyParley Approach (Source: D1.2.1, 2025)

4.2.3.1. Initial situations

1. **Population & Demographics**
   - **Aging population**: The increasing number of older adults places pressure on healthcare services, especially long-term and chronic care.
   - **Vulnerable and isolated groups**: Populations such as isolated seniors and socioeconomically disadvantaged individuals face barriers to access and support.
   - **Demographic changes and engagement**: Shifting population structures call for tailored strategies to involve older adults and adapt care models.
2. **Healthcare Workforce & Training**
   - **Workforce shortages and aging**: A lack of healthcare professionals, combined with an aging workforce, threatens service delivery and continuity of care.
   - **Training and skill development**: Gaps in professional training, digital literacy, and evolving care needs require updated curricula and continuous education.
   - **Work conditions and staff well-being**: High workloads, stress, and poor shift planning impact staff satisfaction and retention across health systems.
3. **Health System Structure & Governance**
   - **Fragmentation and coordination**: Varying structures across EU systems lead to fragmented services and demand improved cooperation and integration.
   - **Policy and strategy alignment**: Differences in policy-making at national, regional, and local levels highlight the need for harmonized approaches.

- **Stakeholder and interdisciplinary collaboration**: Engagement across government, academia, industry, and citizens (quadruple helix) is essential for resilient governance.

4. **Healthcare Access & Inequalities**
   - **Territorial and population disparities**: Inequalities in healthcare availability persist between urban and rural regions and among different populations.
   - **Social inclusion and service cooperation**: Inclusive policies and inter-provincial cooperation can help improve access and reduce barriers.
   - **Aging and access**: Older individuals face specific access challenges, particularly in remote or under-resourced areas.
5. **Quality, Prevention & Patient Care**
   - **Continuity and personalization of care**: Ensuring long-term, patient-centered care is vital, especially for chronic conditions and aging populations.
   - **Prevention and early detection**: Strengthening screening and preventive strategies, like cancer detection, can reduce long-term health burdens.
   - **Challenges in diagnostics and monitoring**: Issues such as misinterpretation and non-standardized patient monitoring affect care quality and outcomes.
6. **Digital Health & Technology**
   - **Digital transformation and infrastructure**: Health systems are undergoing digital shifts, but many lack the infrastructure to support these changes effectively.
   - **Data and system interoperability**: Fragmented digital ecosystems and poor data management limit the ability to share, secure, and use health information.
   - **Smart innovation adoption**: New tools like AI and telehealth show promise but face challenges in integration, awareness, and user readiness.
7. **Funding, Resources & Operational Challenges**
   - **Financial constraints and planning**: Limited public funding and uneven budget allocations hinder health system expansion and modernization.
   - **Operational pressures**: Growing patient numbers and inefficient planning increase workload and stress for staff.
   - **Workforce and infrastructure support**: Adequate operational systems and support tools are essential to maintain quality and efficiency.
8. **Environmental & Societal Factors**
   - **Climate change and health risks**: Health systems must adapt to rising climate-related threats like heat waves and environmental stressors.

- **Sustainability in care delivery**: Reducing healthcare's environmental footprint requires systemic changes and staff awareness.
- **Social and public awareness gaps**: Low awareness of environmental health impacts and societal pressure delay necessary transformation.

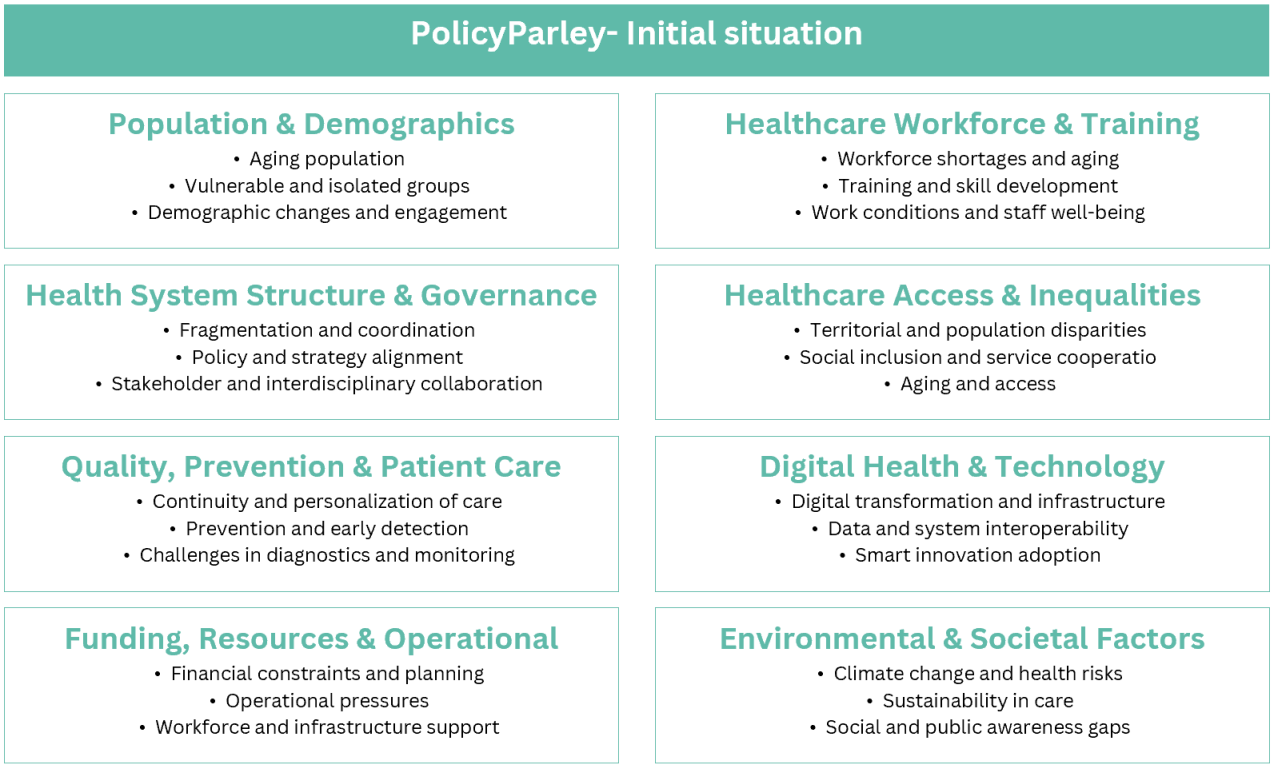


Figure 44 - PolicyParley Initial Situation Analysis (Source: D1.2.1, 2025)

4.2.3.2. Challenges/ Needs addressed

1. **Health System & Policy Frameworks**
   - **Fragmented systems and unequal responses**: Variations in how health systems respond across regions lead to unequal outcomes and fragmented service delivery.
   - **Lack of coordinated policy alignment**: Differences in local, regional, and national strategies hinder the implementation of cohesive, cross-border health policies.
   - **Capacity gaps in governance and implementation**: Many regions lack the institutional capacity and resources to enact or sustain comprehensive healthcare reforms.
   - **Limited participatory and inclusive frameworks**: Insufficient involvement of citizens, professionals, and stakeholders weakens the development of responsive, inclusive policies.
2. **Data, Digitalization & Technology**
   - **Fragmented and siloed data systems**: Lack of interoperability and secure, centralized platforms slows progress in patient care, research, and policy decision-making.

- **Digital transformation readiness gap**: Health systems face unequal adoption of digital tools, with ongoing issues in infrastructure, skills, and awareness.
- **Data privacy, security, and ethical concerns**: Ensuring compliance with regulations like GDPR is a major barrier in digital innovation and AI deployment.
- **Underused AI and smart technologies**: Though promising, AI, mobile platforms, and digital hospitals are under-implemented due to limited integration strategies.

3. **Workforce & Training**
   - **Widespread workforce shortages**: Many healthcare systems face a shortage of qualified professionals, worsened by demographic pressures and high attrition.
   - **Training and upskilling needs**: Professionals often lack access to updated training in digital health, climate health, and patient-centered models.
   - **Workforce well-being and retention**: Poor work conditions, stress, and lack of recognition reduce retention and morale, especially in underfunded systems.
   - **Resistance to innovation and change**: New models of care and technologies face pushback due to cultural resistance and lack of user-friendly training.
4. **Access, Equity & Inclusion**
   - **Persistent territorial inequalities**: Disparities in access to healthcare services across rural and urban areas remain a major barrier to equity.
   - **Vulnerable and aging populations underserved**: Specific groups—including older adults and those with chronic conditions—often face reduced access to care and support.
   - **Insufficient transport and decentralized services**: Physical distance to services and lack of mobile or digital alternatives reduce access, especially in remote regions.
   - **Low engagement in inclusive strategies**: Efforts to design age-friendly and socially inclusive services are still limited in scale and consistency.
5. **Patient Care & Prevention**
   - **Reactive rather than preventive care models**: Prevention strategies are often underprioritized in favor of treating acute and chronic conditions after onset.
   - **Gaps in screening and early detection**: Inconsistent practices in screening (e.g. for cancer) delay diagnoses and reduce health outcomes.
   - **Discontinuity in patient pathways**: Transitions between care levels (hospital to home, etc.) are poorly managed, affecting recovery and patient safety.
   - **Variable care quality and cost-efficiency**: Quality of care differs widely by region, with some systems struggling to deliver effective care within budget constraints.

6. **Environmental & Sustainability Challenges**
   - **Lack of climate adaptation in healthcare**: Most health infrastructures are not prepared to deal with increasing climate risks such as heatwaves or natural disasters.
   - **Low awareness of environmental impact**: Healthcare professionals and institutions often lack knowledge or tools to assess and reduce their environmental footprint.
   - **Insufficient sustainable practices**: Energy inefficiency, high waste production, and poor environmental planning remain widespread in healthcare facilities.
   - **Inadequate emergency response frameworks**: Few regions have robust multi-level systems to respond to climate-related health emergencies effectively.
7. **Operational & Organizational Challenges**
   - **Heavy administrative burden**: Excessive paperwork, complex regulations, and outdated systems increase staff workload and reduce patient-facing time.
   - **Poor coordination across levels and regions**: Gaps in territorial and cross-sector coordination disrupt care continuity and reduce efficiency.
   - **Rigid and outdated organizational models**: Traditional healthcare structures are slow to adapt to innovation, integrated care, and patient-centered approaches.
   - **Limited collaboration platforms**: There's a lack of ongoing forums and mechanisms for dialogue between stakeholders, hindering shared learning and innovation.

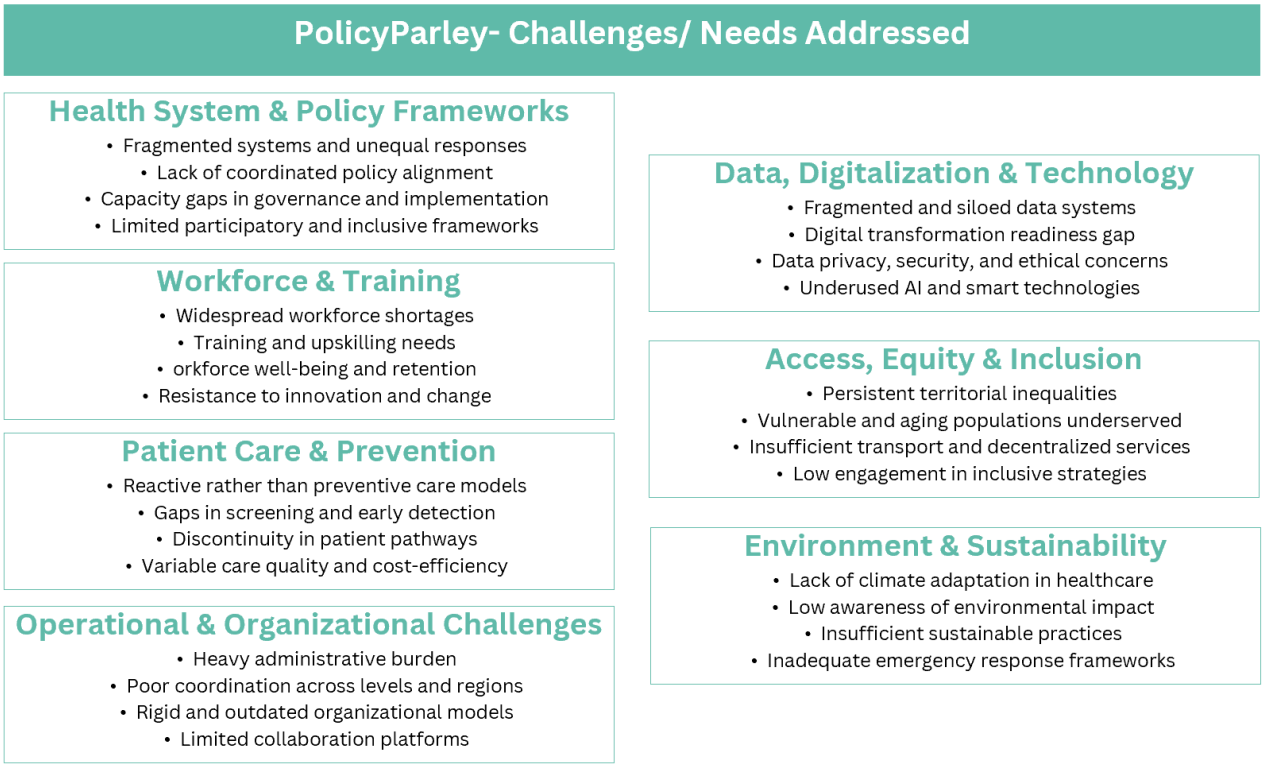


Figure 45 - PolicyParley Challenges/ Needs Addressed (Source: D1.2.1, 2025)

4.2.3.3. Solutions showcased

1. **Integrated & Person-Centered Care**
   - **Integrated care pathways**: Seamless coordination of services across healthcare settings to ensure continuity of care, especially for chronic or complex cases.
   - **Person-centered approaches**: Models that prioritize the individual's preferences, needs, and values in care planning and delivery, fostering dignity and autonomy.
   - **Community hubs & social participation models**: Localized care centers and participatory systems that bring health and social services closer to people, enhancing inclusion and support.
2. **Data Management & Digital Health Platforms**
   - **Health data management & centralized patient records**: Systems to collect, store, and securely share patient data to improve decision-making and reduce duplication of services.
   - **AI-assisted mobile platforms & diagnostic tools**: Mobile and artificial intelligence technologies for remote diagnostics, patient follow-up, and clinical decision support.
   - **Interoperable tools & integration platforms**: Digital solutions that ensure compatibility between systems to allow smoother cross-border collaboration and research.
3. **Governance, Cooperation & Multi-Stakeholder Engagement**
   - **Collaborative governance models**: Structures that support shared decision-making across sectors, enhancing accountability and inclusiveness in health planning.
   - **Multi-stakeholder cooperation & regional networks**: Partnerships among governments, NGOs, academia, and industry to co-develop solutions that reflect diverse needs and capacities.
   - **Forums, policy dialogues & unified voices**: Platforms to align strategies and priorities across regions, promoting policy coherence and coordinated implementation.
4. **Training, Capacity Building & Knowledge Sharing**
   - **Training programs & capacity building initiatives**: Structured efforts to strengthen healthcare workforce skills, leadership, and institutional performance.
   - **Education platforms & gamified e-learning**: Digital learning environments and interactive tools to upskill professionals in an engaging and scalable manner.
   - **Innovation monitoring & educational alignment**: Tools to track emerging practices and ensure training reflects current and future health system needs.
5. **Innovation & Technology Integration**

- **AI integration models & smart hospital solutions**: Strategies for embedding artificial intelligence in diagnostics, hospital operations, and patient monitoring to boost efficiency.
- **Sensor and remote monitoring technologies**: Implementation of devices such as 3D sensors or fall detectors for early intervention and home-based care.
- **Open innovation & digital transformation hubs**: Collaborative spaces to test, scale, and disseminate healthcare innovations, often involving start-ups and research centers.

6. **Policy Instruments & Strategic Planning**
   - **Policy tools & institutional frameworks**: Legal and organizational structures to support personalized, inclusive healthcare at national and regional levels.
   - **Resilience strategies & evidence-based planning**: Use of data-driven models and long-term strategies to address environmental and demographic pressures (e.g., aging, climate).
   - **Monitoring & strategic alignment tools**: Systems to evaluate policy impact, align with European priorities (e.g., ERA), and inform continuous improvement.
7. **Public Engagement & Awareness**
   - **Events, toolkits & knowledge exchanges**: Activities and materials to inform, educate, and empower stakeholders in public health debates and solutions.
   - **Public health networks & participatory platforms**: Cross-sectoral collaborations aimed at inclusive engagement of citizens, including older adults and caregivers.
   - **Awareness raising on climate & sustainability**: Campaigns and training to increase understanding of environmental impacts on health and sustainable healthcare practices.
8. **Environmental Sustainability & Resilience**
   - **Carbon footprint tools & institutional support**: Instruments like GHG calculators and advisory frameworks to help healthcare institutions track and reduce emissions.
   - **Sustainable care models & climate adaptation plans**: Integration of green practices and infrastructure adaptations to ensure system readiness for extreme weather and climate risks.
   - **Resilience measures & emergency response strategies**: Plans to enhance the ability of healthcare systems to withstand, respond to, and recover from environmental disruptions.

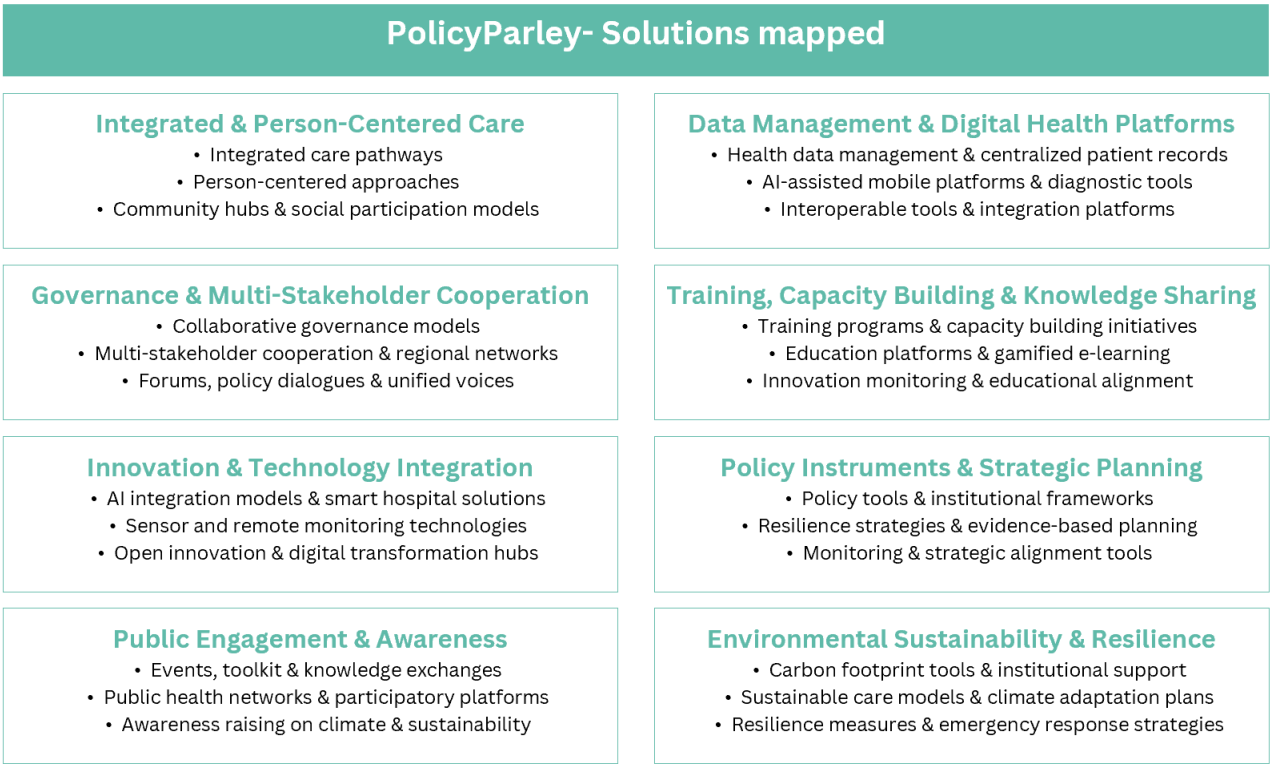


Figure 46 - PolicyParley Solutions mapped (Source: D1.2.1, 2025)

4.2.3.4. Transferability

These solution suppliers offer a great variety of solutions to cope with the challenges identified in D1.1.2 and specified in this deliverable. They support the project partner

- getting inspiration to develop and implement their pilot
- get new ideas for further projects (e.g. flagship projects by the end of the project)
- increase connection and cooperation between territories of the Alpine Space
- foster awareness on existing initiatives coping with similar challenges
- learned from previous/running project to avoid mistakes and increase impact

The transferable items can be categorized as follows:

1. **Methodologies & Frameworks**
   - Framework for dialogical approach
   - Open innovation framework
   - climate competencies development (e.g. KLIC methodology)
   - Modular design of projects
   - Living Lab approach
   - Concept for participatory aging policy

- Education-driven care system reform model

2. **Coordination & Governance Models**
   - Multi-stakeholder approach & platform
   - Policy positioning and internal coordination model
   - Advocacy approach for decision-making
   - Collaborative model (e.g. DECIDE)
   - National policy letter advocating interprofessional collaboration
   - Stakeholder engagement/social participation model
3. **Digital & Technological Tools**
   - AI-based diagnostic tools & AI-powered decision support tools
   - Data collection (e.g. ECIS platform) & AI-supported mobile platforms (documentation, wound care) & Secure data integration systems
   - 3D smart sensors technology (e.g. Interactive 3D patient-specific anatomy models)
   - Standardized modular cloud-based care structure ("app store" model)
   - Smart Health Apps, educational materials, technical platforms
4. **Models & Strategies for Healthcare Systems & Services**
   - Regional healthcare system models
   - eHealth model (e.g. ELGA architecture, governance, data protection)
   - Model for hospital sustainability (step-by-step)
   - Heat protection plans & climate-health profiles
   - Transnational digital transformation strategies for long-term care
   - Co-creation and user-centered design approaches
   - Catalogue of educational resources and gamified tools
   - Education and training programs
5. **Public Engagement & Capacity Building Tools**
   - User-driven models
   - Training tools and educational programs
   - Tools for health literacy and climate change education
   - Forums/platforms for multi-stakeholder dialogue
   - Awareness campaigns and staff engagement approaches

- Practical guidelines and simulation training materials

6. **Environmental & Climate Adaptation Initiatives**
   - Environmental impact literacy programs
   - Climate-health profiles for evidence-based decision-making
   - Heat protection plans with warning systems and multi-level coordination
   - Sustainable hospital practices models
   - Use of tools like KliMeG calculator for climate impact
7. **Policy Instruments & Advocacy**
   - Policy recommendations
   - Transnational strategies adaptable to various territories
   - Advocacy for stronger interprofessional collaboration
   - Policy positioning and coordination models
   - Multi-level governance and cooperation frameworks

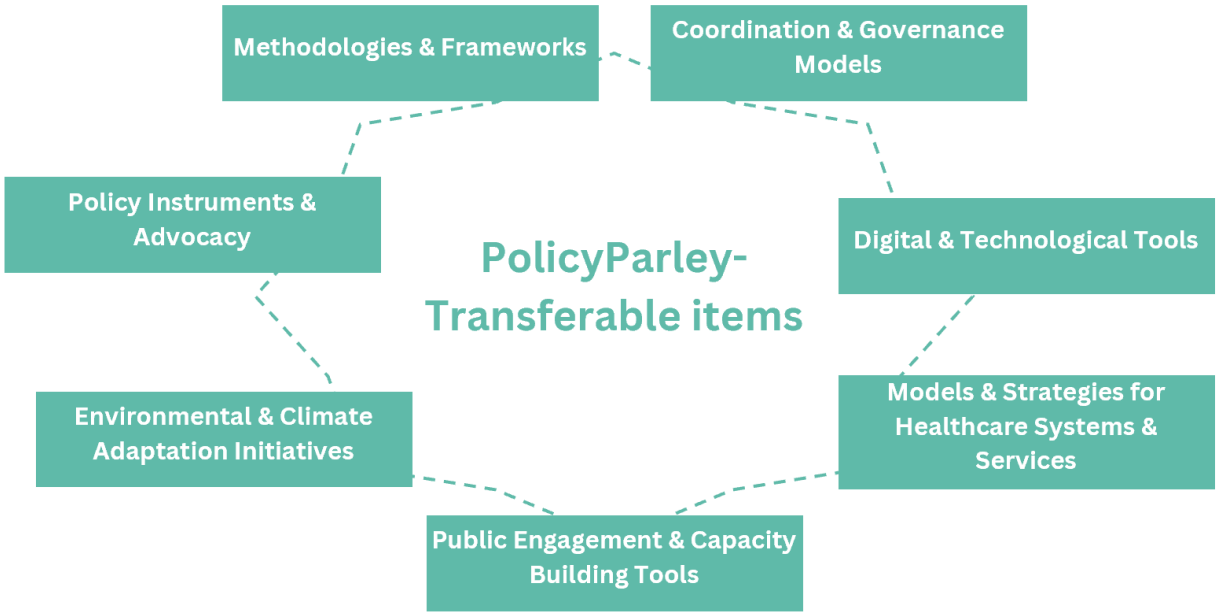


Figure 47 - PolicyParley Transferable items (Source: D1.2.1, 2025)

5. Main Lessons Learned

This document provides the project partners with tangible examples to learn from and get connected while developing and implementing their pilots as well as while defining future exploitation pathways (e.g. flagships). This four-step analysis (initial situation, challenge/ need addressed, solution mapped, transferable item) process provides a structured overview of current healthcare system challenges, identifies critical needs, highlights innovative solutions, and outlines transferable practices to guide sustainable, digitally enabled, and resilient transformation

5.1. CAREavan

The future of healthcare lies in integrated, climate-resilient, and digitally enabled systems that prioritize prevention, equity, workforce empowerment, and sustainable innovation through cross-sector collaboration.

5.1.1. Initial Situation

- Healthcare systems face **fragmented digital infrastructure**, **workforce shortages**, and **increased pressure** from **climate change**, **aging populations**, and **resource inefficiencies**.
- Environmental impact, operational cost pressures, and lack of coordination between stakeholders are recurring systemic issues.

5.1.2. Challenges / Needs Addressed

The key needs identified include:

- **Climate resilience and sustainability integration**
- **Digital transformation and interoperability**
- **Workforce upskilling and change acceptance**
- **Access and equity in care delivery**
- **Strategic governance and funding alignment**

5.1.3. Solutions Showcased

Practical innovations have been identified, such as:

- **AI-powered diagnostics and hospital planning tools**
- **Digital education formats and mobile training platforms**
- **Energy-efficient systems and circular economy toolkits**
- **Climate-smart networks and stakeholder dialogue platforms**

5.1.4. Transferable Items

Several solutions and practices can be transferred across regions or scaled, including:

- **Digital health tools** adaptable to different hospital sizes
- **Training modules** that can be localized and customized
- **Circular economy practices** (e.g., virtual marketplaces)
- **Multi-stakeholder governance models** and engagement platforms

5.1.5. Main Lessons learned

1. Integration is Key: Siloed solutions are less effective. Climate, digital, training, and governance elements must be designed to work interdependently.
2. Prevention Pays Off: Investing early in preventive strategies, from infrastructure to health education, leads to long-term cost savings and system resilience.
3. Innovation Must Be People-Centric: Technology (like AI, VR, and platforms) is only effective if it's accepted, accessible, and supported by trained staff and patients.
4. Transferability Requires Flexibility: Successful pilots often involve modular, adaptable frameworks, key to scaling them across regions with different needs and resources.
5. Multi-Level Cooperation Drives Change: Regional forums, cross-sector partnerships, and institutional cooperation are vital for governance alignment and accelerating adoption.

5.2. STEMlab

Sustainable healthcare innovation hinges on a **systemic, inclusive approach**—one that bridges technology, policy, governance, and human factors.

5.2.1. Initial Situation

The healthcare landscape across regions is marked by

- **fragmentation,**
- **workforce shortages,**
- **outdated infrastructure,**
- **digital gaps,**
- **and inequalities in access**.

There is a pressing need to modernize systems while managing an aging population and rising chronic diseases.

5.2.2. Challenges/ Needs Addressed

Challenges include:

- **AI integration**
- **digital literacy**,

- **interoperability,**
- **territorial inequalities,**
- **sustainability,**
- **citizen engagement**.

Importantly, **resistance to change and lack of coordination** emerge as barriers beyond just technology.

5.2.3. Solutions mapped

A wide range of **tested and diverse solutions** have been developed and implemented:

- **AI diagnostics**
- **mobile health units**,
- **training platforms,**
- **data-sharing ecosystems,**
- **real-world testing labs**,
- **patient engagement tools**.

5.2.4. Transferable items

Despite different regional contexts, many initiatives share **transferable elements**:

- Digital platforms with modular designs
- Interoperable data tools
- AI governance frameworks
- Patient-centered services
- Workforce training models
- Cross-sector collaboration practices

5.2.5. Main Lessons Learned

1. Modern healthcare demands a **holistic transformation**—not just technological upgrades, but also human-centered approaches, structural reforms, and governance innovation.
2. Solving healthcare challenges requires **multi-stakeholder commitment**, adaptive policies, and fostering a **culture of innovation and trust** within and beyond institutions.
3. There is **no one-size-fits-all solution**, but well-designed innovations—especially those co-created with end users—can address systemic challenges if scaled responsibly and supported with robust infrastructure and policies.

4. Scalability is possible when solutions are **flexible, standards-based, and co-designed**. Transferability improves when initiatives are **aligned with real-world clinical workflows and regional policy priorities**.

5.3. PolicyParley

The mapping process shows that **health system transformation is already underway** across Europe—but often in silos. The next step is to **connect innovations, scale what works, and empower local actors** with the right tools and partnerships.

5.3.1. Initial situation

The mapping revealed a **complex, fragmented health landscape** across regions, marked by:

- **Demographic pressures**, especially from an aging population and growing vulnerable groups.
- **Workforce shortages**, uneven training opportunities, and stress on medical professionals.
- **Systemic inequalities** in access to services and infrastructure.
- **Digital and environmental transitions** underway, but unevenly distributed across regions and institutions.

5.3.2. Challenges/ Needs Addressed

Needs were grouped, highlighting:

- Fragmented **policy and governance structures** needing alignment and capacity building.
- Gaps in **digital transformation**, including data sharing, IT systems, and AI adoption.
- Ongoing **inequities in access and inclusion**, particularly affecting older adults and underserved regions.
- Weak **climate resilience and sustainability integration** into healthcare operations.

5.3.3. Solutions mapped

Solutions demonstrated strong innovation and collaboration:

- Emergence of **integrated, person-centered care models**.
- Investment in **digital platforms, AI, and smart hospital technologies**.
- New forms of **governance and multi-stakeholder collaboration**.
- Strong emphasis on **training, knowledge exchange**, and innovation monitoring.
- Growing inclusion of **environmental sustainability and resilience planning**.

5.3.4. Transferable items

A diverse range of **tools, frameworks, models, and platforms** were identified as transferable:

- **Coordination models and care pathways** applicable across different territories.

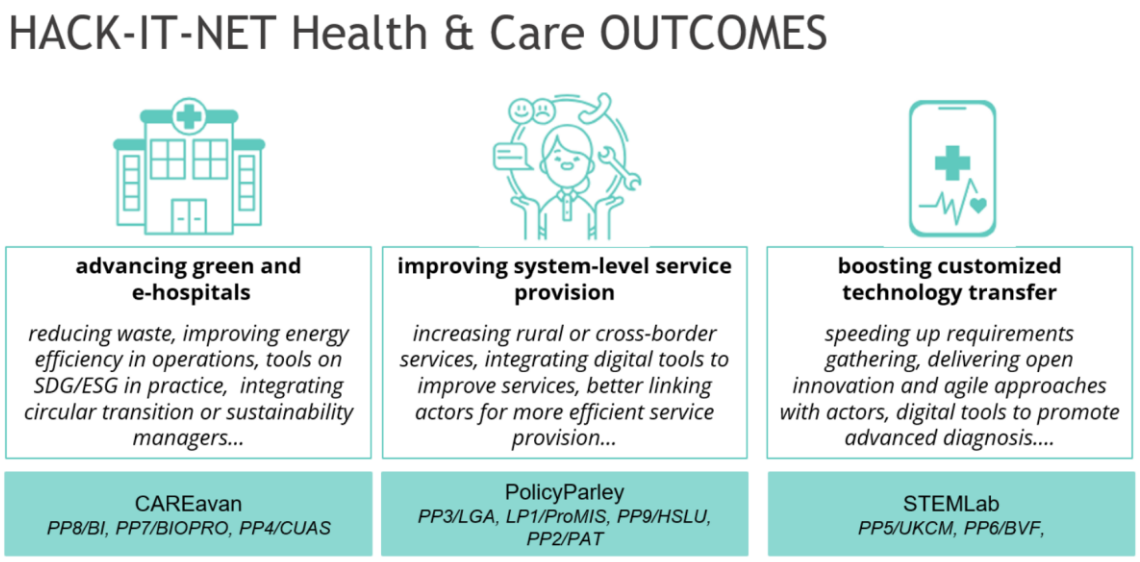
- **Digital solutions and AI tools** that can be adapted for various clinical and administrative contexts.
- **Training materials, toolkits, and policy frameworks** to support replication.
- **Environmental calculators, resilience plans**, and community-based approaches offering climate-smart adaptation strategies.

5.3.5. Main Lessons Learned

1. The health ecosystem faces interconnected pressures requiring multi-level, cross-sector action. There is no one-size-fits-all solution—local contexts matter.
2. Challenges span from **strategic (policy)** to **operational (tools, staff, data)** levels. Addressing them requires both systemic reforms and targeted interventions.
3. There is a rich ecosystem of scalable solutions already in place. Many are modular and can be adapted with the right local support and partnerships.
4. Transferability depends on **clear documentation, stakeholder buy-in, and adaptability** to local structures. Piloting and peer exchange are critical for scaling.

5.4. Overall lessons learned

Emphasized by our results (see figure below), the H&C outcomes associated to each APPROACH (CAREavan, STEMlab, PolicyParley) are interlinked.



Indeed, 36 solution suppliers are mapped for the CAREavan H&C Outcomes, 43 for the STEMlab H&C Outcomes, 43 for the Policy Parley H&C Outcomes. 25 Solution Suppliers mapped address directly 2 or 3 APPROACHES.

Therefore, each project partner is invited to also have a close look at the other APPROACHES sections.

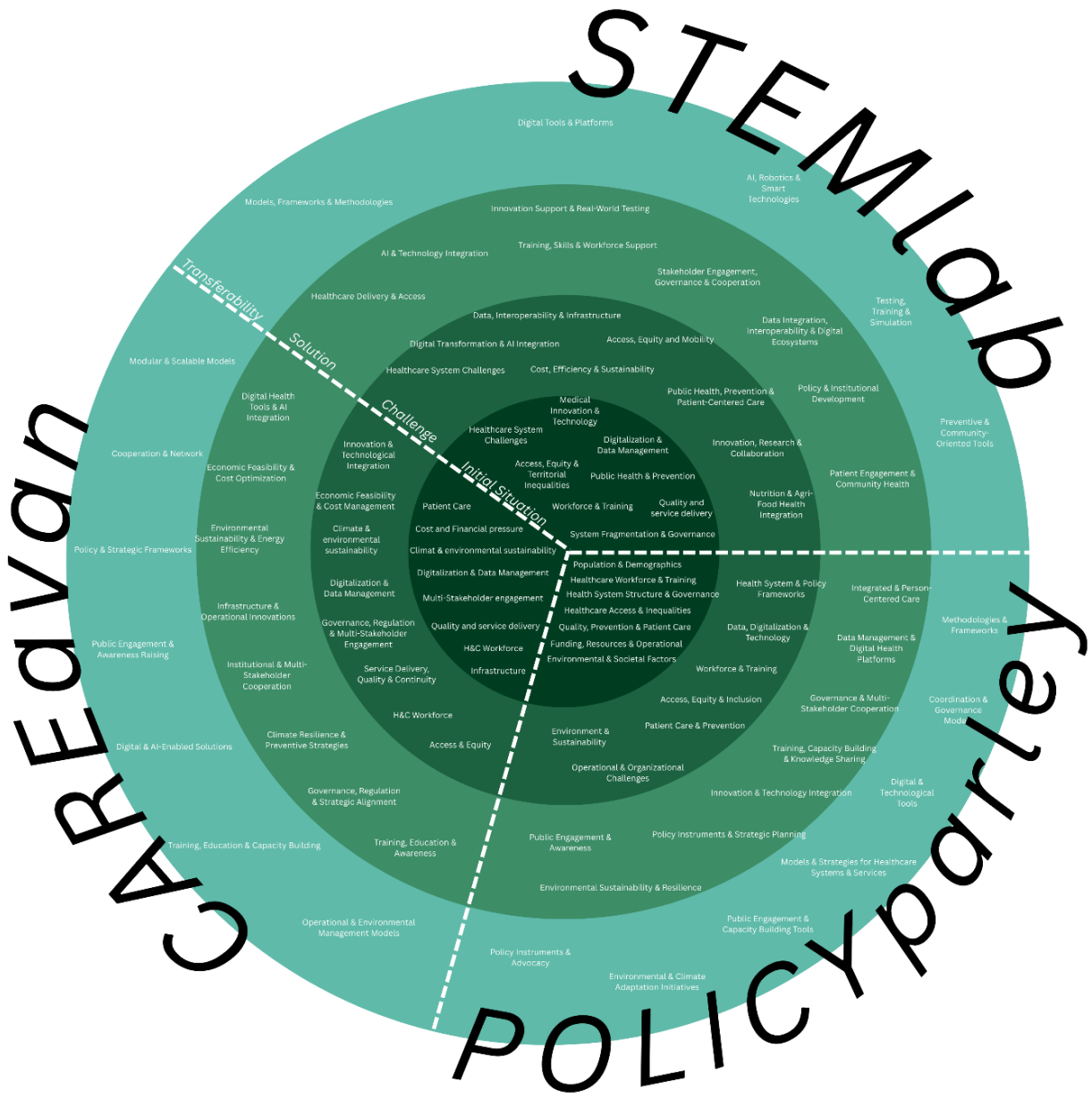


Figure 48 - Analysis Overview- Key elements for the 3 APPROACHES (Source: D1.2.1, 2025)

6. Solution Supplier internal catalogue

6.1. Joint Action on Cardiovascular Diseases and Diabetes (JACARDI)

Joint Action on Cardiovascular Diseases and Diabetes (JACARDI)

Focus on: Italian Diabetes Register

Associated PP	**LP1/ProMIS**
Duration	1 November 2023 - 31 October 2027
Webpage	https://jacardi.eu
How much are you connected to this Solution Supplier?	☑ **Local zone - you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	ProMIS is partner of JACARDI
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot PolicyParley (WP2)** ☑ **External events (e.g. EU week of Regions & Cities)** ☑ **Social media & press releases** ☑ **Policy briefs (A3.2) + feedback to improve strategic positioning of Network & Tools for sustainable use.** ☑ **Final public conference. (Led by PP2, RP6 delivery, A3.2 & A3.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	The Receivers of the Solution "National Diabetes Registry" are different: • The Italian Ministry of Health • The Regional Authorities dealing with health, and with this disease in particular • Hospitals • Researchers and Scientific Community • Patients
Type of organisation	Not applicable.

Country	Italy
City	Not applicable.
Short organisation description/ especially main activities 	**The main goal of a National Registry of Diabetes is to systematically collect, monitor, and analyze data on individuals diagnosed with diabetes in order to improve disease surveillance, support clinical decision-making, guide public health strategies, and enhance the quality and continuity of care.** The Italian Ministry of Health is responsible for defining national health policies, coordinating with regional health systems, and overseeing the implementation of national strategies such as the National Diabetes Registry. Regional Health Authorities adapt and apply these strategies locally, while hospitals serve as primary data contributors. Researchers and scientific communities use the registry to conduct evidence-based studies. Ultimately, patients benefit from improved care pathways, early diagnosis, and personalized management of diabetes patients. The activities carried out within JACARDI are aimed at establish a sustainable and interoperable regional diabetes registry model that can support a future national implementation, enhancing early diagnosis, stratification, and personalized management of diabetes patients, while feeding structured data into health policy planning and prevention strategies.

Information on the solution provider – Supply side/organisation supporting/providing the solution

Organisation's name	**Istituto Superiore di Sanità (ISS)**
Type of organisation	Public Health Institute
Country	Italy
City	Rome
Short organisation description/ especially main activities	The Italian National Institute of Health (ISS) is the leading technical and scientific public body of the Italian National Health Service, conducting research, control, training, and consultation in public health.
More case studies from this org or company	https://www.iss.it

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **DC - Demographic Challenges** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability** ☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**The initial situation**: Cardiovascular diseases (CVD) and diabetes are leading causes of morbidity and mortality in the EU, with significant disparities in prevalence and outcomes across regions and populations. **The challenge faced**: Need for coordinated, evidence-based interventions to reduce the burden of CVD and diabetes, address health inequalities, and improve health system responses.
Main results Summary	• Implementation of 142 evidence-based pilot projects across 18 EU countries, focusing on prevention, early detection, treatment, care, and self-management of CVD and diabetes. • Development of integrated care pathways, enhancing diagnosis, treatment, and management through person-centered approaches. • Promotion of health literacy, data accessibility, and labor participation for individuals with CVD or diabetes. • Establishment of a collaborative governance model emphasizing equity, inclusivity, and sustainability. • Engagement with international stakeholders, including WHO, to align strategies and share best practices. **Potential transferability to further organisations**: The methodologies and frameworks developed can be adapted by other regions seeking to enhance the adoption of research project results and policy coordination.
Scope	Transnational
Language	English

Was/were any third parties involved in the facilitation of the Solution supplier?	Yes; collaboration with 76 partners from 21 European countries, including ministries, public health bodies, and universities.
Type of funding	☑ **EU program**
Name of the funding	EU4Health Programme 2021–2027

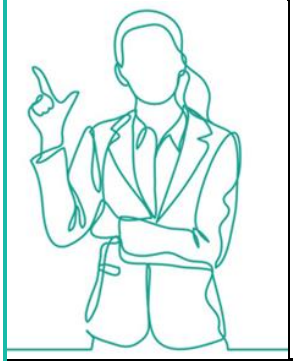
6.2. TEHDAS 2 - Second Joint Action Towards the European Health Data Space

TEHDAS 2

Second Joint Action Towards the European Health Data Space

Associated PP	**LP1/ProMIS**
Duration	1 May 2024 - 31 December 2026
Webpage	https://tehdas.eu
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	ProMIS is directly involved in this Joint Action
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Connected to the Advisory board (Pilot or strategic observers)** ☑ **Pilot PolicyParley (WP2)** ☑ **External events (e.g. EU week of Regions & Cities)** ☑ **Social media & press releases**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	The main target groups of TEHDAS2 project are National Health Data Authorities and Ministries of Health in EU/EEA countries.
Type of organisation	National Public Authority / Health Data Governance Body
Country	EU Member States + associated countries (Finland, France, Italy, Germany, Belgium, etc.)
City	Not applicable.

Short organisation description/ especially main activities 	These are national public institutions responsible for **governing access to health data**, ensuring data protection and enabling its use for research, innovation, and policy-making. Within TEHDAS, they acted as solution receivers by adopting shared guidelines, policy recommendations, and technical frameworks for the implementation of **the European Health Data Space (EHDS)**. They benefited from capacity-building, alignment on legal/ethical frameworks, and practical models to support the safe and interoperable reuse of electronic health data.
More case studies from this org or company	https://tehdas.eu/results

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Finnish Innovation Fund Sitra
Type of organisation	Public Innovation Fund
Country	Finland
City	Helsinki
Short organisation description/ especially main activities	Sitra is a future-oriented public fund that promotes the well-being of Finnish society by supporting innovative solutions and sustainable development.
More case studies from this org or company	https://www.sitra.fi/en/projects/joint-action-towards-the-european-health-data-space-tehdas2/

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation**

Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**The initial situation:** European countries faced fragmented health data systems, hindering cross-border research, innovation, and policy-making. **The challenge faced:** Need for harmonized frameworks to enable the secondary use of health data across EU member states while ensuring data privacy and security.
Main results Summary 	• Development of common European principles for the secondary use of health data. • Establishment of a governance model for cross-border health data use. • Design of infrastructure for the cross-border secondary use of health data. • Clarified the role of individuals in health data sharing. • Contribution to the European Commission's proposal for the European Health Data Space regulation. **Potential transferability to further organisations:** The methodologies and frameworks developed can be adapted by other regions seeking to enhance health data sharing and policy coordination
Scope	?
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes; collaboration with 29 European countries and various stakeholders.
Type of funding	☑ **EU program**
Name of the funding	EU4Health Programme

6.3. European Partnership on Transforming Health and Care Systems (THCS)

European Partnership on Transforming Health and Care Systems (THCS)	
Associated PP	**LP1/ProMIS**
Duration	1 January 2023 - 31 December 2029
Webpage	https://www.thcspartnership.eu
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	ProMIS is directly involved in THCS
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Connected to the Advisory board (Pilot or strategic observers)** ☑ **Pilot PolicyParley (WP2)** ☑ **External events (e.g. EU week of Regions & Cities)** ☑ **Lasting Lighthouse Projects (A3.2)** ☑ **Policy briefs (A3.2) + feedback to improve strategic positioning of Network & Tools for sustainable use.** ☑ **Alpine Health & Care Innovation Transfer Forum (A3.3), alongside EUSALP Presidency Prep in IT (M36, LP1/PP2).**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	The main target groups of THCS are National and Regional Health Authorities, Ministries, and Public Healthcare Providers participating in THCS-funded projects.
Type of organisation	National and Regional Public Authorities / Healthcare Providers / Health Innovation Agencies
	If Others, please specify: Implementing bodies of health and care transformation initiatives funded under THCS

Country	Not applicable
City	Not applicable
Short organisation description/ especially main activities 	These institutions are responsible for implementing national or regional strategies in health and care transformation. As recipients of support from the **THCS Partnership**, they deployed **innovative models of integrated, person-centred, digitally enabled care**. THCS funded transnational research and innovation actions, capacity building, and system-level transformation pilots. Receiving organisations adopted tools and methodologies for scaling innovations, improving health outcomes, and aligning care delivery with European goals of sustainability, resilience, and equity.
More case studies from this org or company	https://www.thcspartnership.eu/pilot-activities/
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Ministero della Salute (Italy)
Type of organisation	Public Body
Country	Italy
City	Rome
Short organisation description/ especially main activities	The Italian Ministry of Health is responsible for national health policy, ensuring the health and well-being of citizens through regulation, coordination, and promotion of health services.
More case studies from this org or company	https://www.salute.gov.it

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DC - Demographic Challenges** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability** ☑ **PP - Preventive and Promotive Health and Care** ☑ **SD - Specialization and Decentralization** ☑ **APC - Administrative and Promotive Challenges** 
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**The initial situation:** European health and care systems faced challenges such as fragmentation, inefficiencies, and disparities in access and quality of care. **The challenge faced:** Need for coordinated research and innovation to transform health and care systems into more sustainable, resilient, and people-centered models.
Main results Summary 	• THCS is a co-funded European Partnership under Horizon Europe, aiming to support the transformation of health and care systems through research and innovation. • The partnership focuses on three main work streams: (1) Filling knowledge gaps with research actions to provide necessary evidence. (2) Implementation and transfer of tested solutions adaptable to various national and regional contexts. (3) Boosting health and care systems through capacity building, training, study visits, technical assistance, twinning, and networking. • THCS is structured around four pillars encompassing ten work packages, addressing different stakeholders within the health and care system. • The partnership includes 65 participants from 26 countries, facilitating joint transnational calls for research and innovation projects.

	Potential transferability to further organisations: The methodologies and frameworks developed can be adapted by other regions seeking to enhance health data sharing and policy coordination.
Scope	Transnational
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes; collaboration with various stakeholders, including ministries, research organizations, and health agencies across Europe.
Type of funding	☑ **EU program**
Name of the funding	Horizon Europe – the Framework Programme for Research and Innovation (2021-2027)

6.4. EU R&I and Health Policy to Tackle Global Challenges (CEPS)

EU R&I and Health Policy to Tackle Global Challenges (CEPS)	
Associated PP	**LP1/ProMIS**
Duration	1 August 2024 - 31 July 2027
Webpage	EU R&I and Health Policy to Tackle Global Challenges - CEPS
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Through the official CEPS website and related EU health policy initiatives.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot PolicyParley (WP2)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	The main Target Groups of CEPS project are EU-level and National Health Policy Institutions and Research Infrastructure Operators (e.g., DG RTD, DG SANTE, European Commission services, ESFRI Health RIs, Ministries of Health and Research)
Type of organisation	EU Institution / National Public Authority / Research Infrastructure Consortium
Country	Not applicable.
City	Not applicable.

Short organisation description/ especially main activities 	These are institutions responsible for shaping, coordinating, and implementing EU and national research and innovation (R&I) policies with a focus on health resilience and crisis preparedness. Through this CEPS-led initiative, they received policy recommendations, coordination frameworks, and evidence-based analyses on how to better leverage **European Research Infrastructures (RIs)** for tackling cross-border health emergencies and global health challenges. The project facilitated dialogue and alignment between RI providers, users, and policy actors to support the integration of RIs into future health emergency responses and missions under Horizon Europe.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Centre for European Policy Studies (CEPS)
Type of organisation	Think Tank
Country	Belgium
City	Brussels
Short organisation description/ especially main activities	CEPS is a leading think tank based in Brussels, established in 1983. It conducts rigorous, evidence-based policy research on European and global issues, serving as a forum for debate among stakeholders and disseminating findings through publications and events.
More case studies from this org or company	https://www.ceps.eu/ceps-projects

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability** ☑ **APC - Administrative and Promotive Challenges**

Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**The initial situation:** The EU faced challenges in coordinating research and innovation (R&I) policies, particularly in women's health innovation and global health governance. **The challenge faced:** Need for enhanced policy dialogue, capacity building, and alignment with EU priorities to foster stability, prosperity, and integration into EU frameworks.
Main results Summary 	• The project is structured in two pillars: activities related to R&I and research on health policy and governance, focusing on the European Health Emergency and Preparedness Authority (HERA). • Promoting women's health innovation, boosting cooperation with low and middle-income countries (LMICs), and mainstreaming gender are transversal themes. • Innovative practices include foresight workshops, data-driven mapping of key questions in women's health innovation, a new EU and Global Health Policy Observatory, a dedicated Gender Policy Task Force, and initiatives to crowdsource ideas for removing barriers to health innovation in developing countries. • The project aims to contribute to the European Commission's proposal for the European Health Data Space regulation. **Potential transferability to further organisations**: The methodologies and frameworks developed can be adapted by other regions seeking to enhance health data sharing and policy coordination.
Scope	Transnational
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes; collaboration with various European and non-European stakeholders in particular with Low and Middle-Income Countries (LMICs)
Type of funding	☑ **Other (not clearly mentioned in the website)**

6.5. European Public Health Week (EUPHW)

European Public Health Week (EUPHW)	
Associated PP	**LP1/ProMIS**
Duration	13 May 2019 - Ongoing
Webpage	https://eupha.org/EUPHW
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Through the official EUPHA website and related public health initiatives.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot PolicyParley (WP2)** ☑ **External events (e.g. EU week of Regions & Cities)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	The main target groups of EUPHW are National and Local Public Health Institutes, Civil Society Organisations, and Health Promotion Agencies participating in the EUPHW.
Type of organisation	Public Health Institute / NGO / Health Promotion Body
	If Others, please specify: Community-based health promoters and academic networks
Country	Not applicable.
City	Not applicable.

Short organisation description/ especially main activities 	These organisations engage in **public health advocacy, communication, and awareness-raising activities** at national and local levels. By participating in the **European Public Health Week**, they received tools, visibility, and coordination support from EUPHA to organize events, campaigns, and educational actions addressing key health challenges (e.g., mental health, digital health literacy, environmental health). The initiative strengthened their capacity to engage citizens and stakeholders through coordinated thematic actions and knowledge-sharing across borders.
More case studies from this org or company	https://eupha.org/EUPHW_past-editions
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	European Public Health Association (EUPHA)
Type of organisation	Non-profit umbrella organisation
Country	The Netherlands
City	Utrecht
Short organisation description/ especially main activities	EUPHA is an umbrella organisation for public health associations and institutes in Europe. Founded in 1992, it aims to improve health and well-being and reduce health inequalities for all people in Europe.
More case studies from this org or company	https://eupha.org/

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DC - Demographic Challenges** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability** ☑ **PP - Preventive and Promotive Health and Care** ☑ **APC - Administrative and Promotive Challenges** 
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**The initial situation:** Public health awareness and collaboration across Europe were fragmented, with limited coordinated efforts to address emerging health challenges. **The challenge faced:** Need for a platform to raise awareness about public health and promote collaboration among the public health community in Europe.

Main results Summary
 
	• EUPHW is an annual initiative that began in 2019 and keeps growing.
	• The seventh EUPHW took place between 12 - 16 May 2025, focusing on the overarching topic "Innovation for Resilience: Shaping a Sustainable Future."
	• The 2025 daily themes included:
	  ○ Mental Health: Health Workforce at the Centre
	  ○ Global Health: Food Systems, Health Security, Climate, and Sustainability
	  ○ Healthy Ageing vs multimorbidities in a digital world
	  ○ Health Equity and Social Determinants of Health
	  ○ Next generation: Public health of today and tomorrow, led by EUPHAnxt and partners
	• The week included a hands-on Hackathon to pilot a Public Health Innovation Lab, bringing together participants from various sectors to test the concept and potential impact of such a lab.

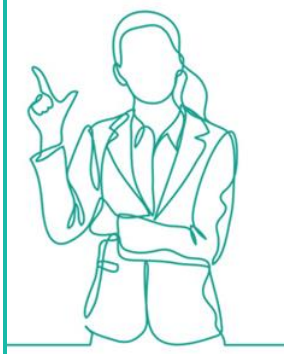
	Potential transferability to further organisations: The methodologies and frameworks developed can be adapted by other regions seeking to enhance similar topic and policy coordination Among the main relevan results gained by EUPHW: **Over 250 Events Organised Annually Across 40+ Countries** → These include webinars, workshops, fitness events, school-based health promotion, and panel discussions, all tailored to the EUPHW's annual themes (e.g., health equity, climate & health, digital health). **Engagement of Over 100,000 Citizens and Professionals** → Through in-person and online events, EUPHW mobilized public health institutions, universities, NGOs, youth organisations, and general citizens, raising awareness on priority public health issues. **Multilingual Toolkits and Campaign Materials** → EUPHA provided event hosts with customizable resources (e.g., social media kits, posters, infographics) translated into 20+ languages, enhancing local outreach and cross-border coherence. **Thematic Policy Dialogues and Scientific Dissemination** → During the Week, EUPHA and partners host high-level webinars and expert panels that generate policy briefs and evidence-based reflections on pressing health challenges. **Strengthened Public Health Networks at Local Level** → Many local public health authorities used the EUPHW as a platform to launch or consolidate partnerships with schools, municipalities, and local NGOs, serving as seedbeds for more permanent community health initiatives.
Scope	Transnational
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes; collaboration with various stakeholders, including the WHO Regional Office for Europe and the European Commission.
Type of funding	☑ **EU program**
Name of the funding	Not specified

6.6. Health Empowerment through Regional Collaboration by fostering innovation from the demand-side (HERCULES)

Health Empowerment through Regional Collaboration by fostering innovation from the demand-side (HERCULES)	Interreg Europe · Co-funded by the European Union · HERCULES

Associated PP	LP1/ProMIS
Duration	1 April 2024 - 30 June 2028
Webpage	https://www.interregeurope.eu/hercules
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Through the official Interreg Europe project website and related EU health policy initiatives.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot STEMlab (WP2)** ☑ **Pilot PolicyParley (WP2)** ☑ **External events (e.g. EU week of Regions & Cities)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	The Main Target Group addressed by the HERCULES Project is represented by Public Administrations in Europe.
Type of organisation	Public Administrations
Country	Not applicable.
City	Not applicable.

Short organisation description/ especially main activities 	The Public Administrations addressed as solution receivers by HERCULS Project (they are also Partners in this project) are responsible for dealing at different levels policy instruments and for carrying out public procurement in person-centred care and support/personalized medicine capability with the double aim of increasing the performance for the benefit of the patients as well as to be able to tackle the introduction of innovative solutions outcome of research and innovation activities) in health. Collectively, the partners will pool good practices and generate actionable, transferable knowledge on advancing uptake of innovative person-centred care and support/personalized medicine capability solutions. This will help decisively to universalize the learning across EU regions and maintain Europe among the most innovative health regions in the world.
More case studies from this org or company	https://www.interregeurope.eu/hercules#what-will-this-project-change

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Axencia Galega de Coñecemento en Saúde (ACIS)
Type of organisation	Public Health Agency
Country	Spain
City	Santiago de Compostela
Short organisation description/ especially main activities	ACIS is the Galician Agency for Health Knowledge, responsible for promoting and coordinating health research and innovation in the Galicia region.
More case studies from this org or company	https://acis.sergas.gal

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley** ☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation** ☑ **PP - Preventive and Promotive Health and Care** ☑ **APC - Administrative and Promotive Challenges**

Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**The initial situation:** European healthcare systems are facing increasing demand due to an ageing population, necessitating a shift from reactive to proactive and preventive care models. **The challenge faced:** Enhancing regional healthcare policies to support person-centred care and personalized medicine through improved public procurement processes and innovation from the demand-side.
Main results Summary 	• Facilitated interregional learning events to share best practices and experiences among partner regions. • Developed methodologies for benchmarking and identifying good practices in healthcare innovation. • Improved policy instruments to better support public procurement of innovative healthcare solutions. • Enhanced institutional capacities of partner regions in implementing person-centred care and personalized medicine initiatives. • Promoted stakeholder engagement and collaboration across different regions and sectors. **Potential transferability to further organisations**: The methodologies and frameworks developed can be adapted by other regions seeking to enhance health data sharing and policy coordination.
Scope	Transnational
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes; collaboration with 7 partners from various EU countries, including regional authorities and research institutions.
Type of funding	☑ **EU program**
Name of the funding	Interreg Europe Programme

6.7. Medtech4 Europe - Optimizing the impact of public policies in favour of research and innovation facilities in the field of medical technologies

Medtech4 Europe - Optimizing the impact of public policies in favour of research and innovation facilities in the field of medical technologies	MedTech Europe from diagnosis to cure
Associated PP	**LP1/ProMIS**
Duration	1 June 2018 - 30 November 2022
Webpage	https://projects2014-2020.interregeurope.eu/medtech4europe/
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Through the official Interreg Europe project website and related EU health policy initiatives.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot PolicyParley (WP2)** ☑ **Alpine Health & Care Innovation Transfer Forum (A3.3), alongside EUSALP Presidency Prep in IT (M36, LP1/PP2).**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	The main target groups of Medtech4 Europe project are Regional Development Agencies and Innovation Authorities in the partner regions.
Type of organisation	Public institutions supporting innovation and economic development in health and care sectors.
Country	Not applicable.
City	Not applicable.

Short organisation description/ especially main activities 	These organisations are responsible for designing and implementing regional innovation policies, including smart specialization strategies in the health and medtech sectors. They support ecosystem development, facilitate R&D collaboration, and provide funding or support instruments for healthcare innovation. Within MedTech4Europe, they acted as receivers of policy recommendations and good practices to enhance their regional health technology infrastructures and public-private cooperation models.
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Auvergne-Rhône-Alpes Region
Type of organisation	Regional Public Authority
Country	France
City	Lyon
Short organisation description/ especially main activities	The Auvergne-Rhône-Alpes Region is a regional authority in France responsible for economic development, education, transportation, and regional planning.
More case studies from this org or company	https://www.auvergnerhonealpes.fr
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley** ☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **DC - Demographic Challenges** ☑ **DI - Digitalization and Innovation** ☑ **APC - Administrative and Promotive Challenges**

Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**The initial situation:** The medical technology sector in Europe faced challenges such as fragmentation, limited access to RDI facilities for SMEs, and a lack of tailored public policies to support innovation. **The challenge faced:** Need for coordinated public policies and improved RDI infrastructures to support the specific needs of the medtech sector, enhancing innovation and competitiveness.
Main results Summary 	• Conducted state-of-play analyses of the medtech sector in each partner region. • Performed joint cross-analyses and self-assessments of regional policies. • Organized study visits and workshops to facilitate knowledge exchange. • Developed Local Action Plans to implement improved policies. • Identified 20 good practices and improved 5 regional development policies, influencing over €8.5 million in funds. **Potential transferability to further organisations**: The methodologies and frameworks developed can be adapted by other regions seeking to enhance health data sharing and policy coordination.
Scope	Transnational
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes; collaboration with 9 partners from 8 EU countries, including regional public authorities, innovation agencies, and clusters.
Type of funding	☑ **EU program**
Name of the funding	Interreg Europe Programme

6.8. NOTRE - Novel Methods Improving Production Innovation Potential with Examples of Senior Care-Related Solutions

NOTRE – Novel Methods Improving Production Innovation Potential with Examples of Senior Care-Related Solutions

Interreg Europe Co-funded by the European Union NOTRE

Associated PP	**LP1/ProMIS**
Duration	1 March 2023 - 31 May 2027
Webpage	https://www.interregeurope.eu/notre
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Through the official Interreg Europe project website and related EU health policy initiatives.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot PolicyParley (WP2)** ☑ **External events (e.g. EU week of Regions & Cities)** ☑ **Social media & press releases** ☑ **Exploitation workshops (A2.3) & Exploitation in Practice Workshops (A3.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	The main target groups of NOTRE are Local and Regional Public Authorities and Employment Agencies involved in territorial labour market and resilience planning.
Type of organisation	Regional Public Authority / Local Authority / Employment Agency
	If Others, please specify: Public institutions responsible for social inclusion, workforce transition, and regional development
Country	Not applicable.
City	Not applicable.

Short organisation description/ especially main activities 	These organisations are tasked with designing and implementing employment, social cohesion, and regional development policies. In NOTRE, they addressed challenges related to demographic change, ageing populations, and the need for resilient labour markets. They received and applied policy solutions focused on job creation in care economy sectors, upskilling, and inclusive employment models targeting older adults and vulnerable groups.

Information on the solution provider – Supply side/organisation supporting/providing the solution

Organisation's name	Pannon Business Network Association
Type of organisation	Non-profit business support organization
Country	Hungary
City	Szombathely
Short organisation description/ especially main activities	Pannon Business Network Association is dedicated to enhancing the competitiveness of SMEs through innovation support, international cooperation, and policy development.
More case studies from this org or company	https://www.pbn.hu

Information on the Solution Supplier collected/ Use case

H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley** ☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **DC - Demographic Challenges** ☑ **DI - Digitalization and Innovation** ☑ **PP - Preventive and Promotive Health and Care**

Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**The initial situation:** Europe faces a significant demographic shift with over 90 million seniors, creating an urgent need for innovative products and services tailored to their needs. However, SMEs encounter a 95% failure rate when bringing new products to market, often due to inadequate policy support and lack of real-world testing environments. **The challenge faced:** Enhancing policy instruments to better support SMEs in developing and validating innovative solutions for the ageing population, thereby improving market success rates and addressing the needs of seniors effectively.
Main results Summary 	• Improved regional policy instruments targeting healthy ageing-related innovation through interregional cooperation and exchange of good practices. • Established a network of test and experimentation facilities across partner regions, enabling SMEs to validate products and services in real-life environments. • Conducted thematic training series, staff exchanges, and study visits to facilitate knowledge transfer and capacity building among stakeholders. • Identified and shared good practices, such as the "Silver Club Szombathely" and "Living Lab as a base for wellbeing technology loan process," to inspire policy improvements. • Organized stakeholder meetings and events, including the European Silver Day, to foster collaboration and disseminate project outcomes. **Potential transferability to further organisations**: The methodologies and frameworks developed can be adapted by other regions seeking to enhance health data sharing and policy coordination.
Scope	Transnational
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes; collaboration with 10 partners from 7 EU countries, including regional authorities, universities, and innovation agencies.
Type of funding	☑ **EU program**
Name of the funding	Interreg Europe Programme

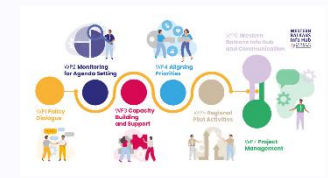
6.9. PHIRI - Population Health Information Research Infrastructure

PHIRI - Population Health Information Research Infrastructure	
Associated PP	**LP1/ProMIS**
Duration	1 November 2020 - 31 October 2023
Webpage	https://www.phiri.eu
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Through the official PHIRI website and related EU health information initiatives.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot STEMlab (WP2)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	The main target groups of PHIRI project are National Public Health Institutes and Ministries of Health across participating EU countries
Type of organisation	National Public Authority / Public Health Institute / Research Infrastructure
Country	Not applicable.
City	Not applicable.

Short organisation description/ especially main activities 	These public health bodies are responsible for national health data collection, analysis, surveillance, and policy advice. Through PHIRI, they acted as both contributors and receivers of a federated research infrastructure enabling secure reuse of health data across borders, particularly in response to COVID-19 and future health crises. They implemented FAIR data principles, supported evidence-informed policymaking, and enhanced their technical and institutional capacities for health information governance.
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Sciensano
Type of organisation	Public Health Institute
Country	Belgium
City	Brussels
Short organisation description/ especially main activities	Sciensano is the Belgian institute for health, combining scientific research with public health services to support health policy and decision-making.
More case studies from this org or company	https://www.sciensano.be
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation**

Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**The initial situation:** European countries faced challenges in accessing and utilizing population health data, especially during the COVID-19 pandemic, leading to fragmented responses and limited data-driven policy-making. **The challenge faced:** Need for a coordinated infrastructure to facilitate access, assessment, and reuse of population health data across Europe, ensuring data interoperability and supporting evidence-based public health decisions.
Main results Summary 	• Developed a Health Information Portal providing FAIR catalogues on health and healthcare data for structured information exchange across European countries. • Established a federated research infrastructure enabling GDPR-compliant, federated data analysis. • Conducted research use cases on COVID-19 impacts, including mental health, delayed care, and health inequalities. • Organized capacity-building activities, including training programs and foresight studies, to strengthen health information systems. • Facilitated rapid exchange of information and best practices through the Rapid Exchange Forum. • Collaborated with international stakeholders like ECDC, EUROSTAT, JRC, OECD, and WHO to promote interoperability and tackle health information inequalities. **Potential transferability to further organisations**: The methodologies and frameworks developed can be adapted by other regions seeking to enhance health data sharing and policy coordination.
Scope	Transnational
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes; collaboration with 41 partners across 30 countries, including national public health institutes, universities, and ministries of health.
Type of funding	☑ **EU program**
Name of the funding	Horizon 2020 – the Framework Programme for Research and Innovation

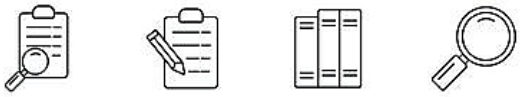
6.10. POLICY ANSWERS - R&I Policy Making in the Western Balkans

POLICY ANSWERS – R&I Policy Making in the Western Balkans	 WESTERN BALKANS Info Hub powered by POLICY ANSWERS

Associated PP	LP1/ProMIS
Duration	1 March 2022 – 28 February 2026
Webpage	https://westernbalkans-infohub.eu/theme/policy-answers-ri-policy-making-implementation-and-support-in-the-western-balkans/ https://cordis.europa.eu/project/id/101058873
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Through the Western Balkans Info Hub and CORDIS project database.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot PolicyParley (WP2)** ☑ **Pilot Open Innovation Days (A2.3)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	The main target groups of POLICY ANSWERS project are Ministries and Public Authorities responsible for Research and Innovation policy in the Western Balkans.
Type of organisation	National Public Authority / Policy-making Body
Country	Not applicable.
City	Not applicable.

Short organisation description/ especially main activities 	These organisations are national or regional authorities in charge of developing and implementing science, technology, and innovation (STI) policies. Within the POLICY ANSWERS project, they acted as receivers of technical support, coordination tools, and capacity-building activities designed to harmonize R&I systems in the Western Balkans with the European Research Area (ERA). Key areas included policy co-creation, monitoring and evaluation frameworks, and support for digital transformation and green transition in STI policy.
More case studies from this org or company	https://westernbalkans-infohub.eu/

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Centre for Social Innovation (ZSI), Vienna
Type of organisation	Research and Innovation Policy Support Organisation
Country	Austria
City	Vienna
Short organisation description/ especially main activities	ZSI is a social science research institute that designs, applies, and disseminates innovative solutions to societal challenges, focusing on research and innovation policy.
More case studies from this org or company	https://www.zsi.at/en/projects 

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **AI - Accessibility and Infrastructure** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability** ☑ **APC - Administrative and Promotive Challenges**

Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**The initial situation:** The Western Balkans faced fragmented research and innovation (R&I) systems, limited integration into the European Research Area (ERA), and challenges in policy coordination across different sectors. **The challenge faced:** Need for enhanced policy dialogue, capacity building, and alignment with EU priorities to foster stability, prosperity, and integration into EU frameworks.
Main results Summary 	• POLICY ANSWERS is fostering the establishment of structured policy dialogues, including ministerial and steering platform meetings. • Conduction of analytical activities such as mapping institutions and monitoring ERA integration progress. • Implementation of capacity-building programs tailored to national needs. • Launching of pilot activities to strengthen academia-industry links and researcher mobility. • Development of an information hub to facilitate knowledge sharing and stakeholder engagement. **Potential transferability to further organisations**: The methodologies and tools developed can be adapted to other regions seeking to enhance R&I policy coordination and integration into broader research areas
Scope	No answer
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes; collaboration with the European Commission, Regional Cooperation Council, and various regional stakeholders.
Type of funding	☑ **EU program**
Name of the funding	Horizon Europe – HORIZON-WIDERA-2021-ACCESS-06-01

6.11. C.O.P.E. - Capabilities, Opportunities, Places, and Engagement

C.O.P.E. - Capabilities, Opportunities, Places, and Engagement	
Associated PP	**PP2/PAT**
Duration	1 January 2022 – 30 June 2024
Webpage	https://copeproject.eu/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	We participate as lead partner in the project.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot PolicyParley (WP2)** ☑ **Pilot Open Innovation Days (A2.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Institutional actors, protection, and voluntary organisations, other stakeholders
Type of organisation	Institutional actors, protection and voluntary organisations, other stakeholders
Country	Italy, Portugal, England, Croatia
City	Not applicable.

Short organisation description/ especially main activities	Not applicable.
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	C.O.P.E. consortium
Type of organisation	EU project consortium
Country	Italy, Portugal, England, Croatia
City	Not applicable.
Short organisation description/ especially main activities	C.O.P.E. is a European project, funded under the EaSI program, aimed at improving the health and social inclusion of NEETs (young people not in employment, education, or training). Running from January 2022 to June 2024, the project brings together seven partners from four countries. C.O.P.E. adopts a Social Prescribing approach to create a network of "relational proximity," offering young people capabilities, opportunities, and support tailored to their needs and aspirations.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **AI - Accessibility and Infrastructure** ☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	*AI - Accessibility and Infrastructure* **Initial situation:** Institutional actors and third sector organisations lacked a coordinated network to effectively support NEETs facing complex barriers to employment and social inclusion. **Challenge faced:** Lack of coordination between the territorial services that should provide an effective response to the social and health needs of young people excluded from training, education, and employment. *PP - Preventive and Promotive Health and Care* **Initial situation:** A significant number of NEETs face early mental health issues, social isolation, and reduced interpersonal ties, which remain insufficiently addressed, leading to social exclusion and barriers to entering the labour market. **Challenge faced:** Gaps in health promotion and prevention, including limited early intervention, poor coordination, and insufficient engagement with NEETs.

Main results Summary 	C.O.P.E. project involved building a local network of proximity by engaging institutional actors (e.g., employment services, schools, social and housing services), voluntary organizations, and community stakeholders. Institutional and non-institutional actors in Italy and Portugal were trained in the 'relational proximity' approach. Link workers, professionals from educational, social, and healthcare backgrounds, were identified as case managers and accompanied the user in designing and implementing a social and work inclusion plan. Moreover, two pilot actions in Italy and Portugal were implemented and assessed to disseminate the results and develop guidelines for broader adoption. **Main results Summary**: • Strengthened collaboration across services and increased capacity to deliver integrated, person-centered support (creation of community hubs); • Change in operating mode to support specific interventions through the Social Prescribing approach and enhanced person-centred and relational proximity approach; • Training of new professional figures (Link workers) • Dissemination of acquired knowledge and development of evidence-based guidelines from the evaluation of the two pilot actions. **Potential transferability to further organisations**: The solution involves the dissemination of pilot results, which can be used in a generalised way, and guidelines for adopting best practices learned.
Scope	European
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	Not applicable.
Type of funding	☑ **EU program**
Name of the funding	EaSI program.

6.12. Dialogical Work

Dialogical Work	
Associated PP	**PP2/PAT**
Duration	28 February 2022 – 30 August 2024
Webpage	https://assr.regione.emilia-romagna.it/attivita-internazionali/dialogical-work/en/intro
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	We participate as a partner in the project.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Regional multi-actor Town Hall (A1.1)** ☑ **Focus Groups (A1.1)** ☑ **HackITAthons (A1.3)** ☑ **Pilot PolicyParley (WP2)** ☑ **Exploitation workshops (A2.3) & Exploitation in Practice Workshops (A3.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Multidisciplinary teams in the social, health, and education sectors across Europe.
Type of organisation	Multidisciplinary teams.
Country	Belgium, Finland, Italy, Lithuania, the Netherlands, Poland, Portugal, and Romania.
City	Not applicable.

Short organisation description/ especially main activities	Not applicable.
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Dialogical Work consortium.
Type of organisation	EU project (consortium of 10 partners)
Country	Belgium, Finland, Italy, Lithuania, the Netherlands, Poland, Portugal and Romania
City	Not applicable.
Short organisation description/ especially main activities	Dialogical Work is an international project (2022-2024) funded by the Erasmus+ Programme (KA220-VET). It fosters innovation and collaboration in vocational education and training (VET) by promoting dialogical approaches across the social, health, and education sectors. Dialogical Work strengthens integrated, multi-professional teamwork by training governance teams responsible for inter-organisational leadership, and dialogic approach tutors supporting the implementation of dialogical practices across diverse contexts.
More case studies from this org or company	https://assr.regione.emilia-romagna.it/attivita-internazionali/dialogical-work/en/intro
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **WFC - Workforce Challenges**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Workforce Challenges*** **Initial situation:** Professionals in multidisciplinary settings have limited opportunities for collaboration and exchange. **Challenge faced:** Limited training and education opportunities, challenges with leadership and motivation, and lack of opportunities for professional development.

Main results Summary 	The Dialogical Work project was designed to promote integrated, multi-professional collaboration across the social, health, and education sectors. The solution was implemented through inter-organisational nodes, networks that connected various stakeholders (government, academia, health, and social services), ensuring that it could be adopted systematically across diverse settings. Consequences: • Increased inter-professional collaboration, • Capacity building, • Cultural shift in organizational culture; **Main results Summary**: • Training: The project focused on training two key groups—governance teams and dialogical approach tutors. Governance teams are responsible for overseeing the implementation and managing the changes at the institutional level, while dialogical tutors act as intermediaries, facilitating the adoption of the dialogical approach among multi-professional teams. • Tools and frameworks: Several tools were created to support the implementation of the dialogical approach, including guidelines, a toolkit, an e-manual, etc. **Potential transferability to further organisations**: The resources developed in the project can be easily transferred to other organizations. They provide guidance for adapting the dialogical approach to various institutional and organizational contexts.
Scope	Transnational
Language	Italian, English
Was/were any third parties involved in the facilitation of the Solution supplier?	Not applicable.
Type of funding	☑ **EU program**
Name of the funding	Erasmus+

6.13. EUCanScreen - European Joint Action on Cancer Screening

EUCanScreen - European Joint Action on Cancer Screening	
Associated PP	**PP2/PAT**
Duration	01 June 2024 – 31 May 2028
Webpage	https://www.dypede.gr/eucanscreen/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	We participate as an affiliated partner in the joint action.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Regional multi-actor Town Hall (A1.1)** ☑ **External events (e.g. EU week of Regions & Cities)** ☑ **Pilot Open Innovation Days (A2.3)** ☑ **Policy briefs (A3.2) + feedback to improve strategic positioning of Network & Tools for sustainable use.**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Healthcare systems in EU member states and candidate countries participating in the screening programs.
Type of organisation	Healthcare systems.
Country	Countries participating in the Joint Action.
City	Not applicable.
Short organisation description/ especially main activities	Not applicable.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	EUCanScreen consortium.
Type of organisation	EU project (consortium of 10 partners)
Country	29 countries (25 EU + Ukraine, Moldova, Norway, and Iceland).
City	Not applicable.
Short organisation description/ especially main activities	EUCanScreen is an EU4Health-funded initiative supporting high-quality, sustainable cancer screening across Member States. In line with Europe's Beating Cancer Plan, it strengthens screening for breast, cervical, and colorectal cancers, and supports implementation of new programmes for lung, prostate, and gastric cancers. By promoting effective, equitable screening policies, EUCanScreen aims to reduce the cancer burden and improve health outcomes across the EU.
More case studies from this org or company	https://www.dypede.gr/eucanscreen/
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Preventive and Promotive Health and Care*** **Initial situation:** In Europe, cancer rates are disproportionately high, with existing cancer screening programs often underperforming, inconsistent, and unequally accessed across states. **Challenge faced:** Improve implementation, quality, and equity in prevention initiatives, such as screening programs.

Main results Summary 	EUCanScreen solution involves improved data platforms for cancer screening, training programs and capacity building, two pilot studies, cost-effectiveness models, and public awareness and stakeholder engagement. **Main results Summary**: • Improved quality and accessibility of cancer screening programs, • full implementation of evidence-based screening across various EU Member States, • New technologies such as AI-based diagnostic tools, • Innovative screening protocols, • Access to training and capacity-building for professionals. **Potential transferability to further organisations**: screening models and the use of AI-based diagnostic tools, and the ECIS platform (launched by the CanScreen-ECIS project) for data collection can serve as a blueprint for other organizations.
Scope	Transnational
Language	Italian, English
Was/were any third parties involved in the facilitation of the Solution supplier?	Not applicable.
Type of funding	☑ **EU program**
Name of the funding	EU4Health

6.14. EUVECA - European Platform for vocational Excellence in Healthcare

EUVECA - European Platform for vocational Excellence in Healthcare	
Associated PP	**PP2/PAT**
Duration	01 June 2022 – 31 May 2026
Webpage	https://euveca.eu/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	We participate as a partner in the project.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Regional multi-actor Town Hall (A1.1)** ☑ **Pilot Open Innovation Days (A2.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	European healthcare sector and the healthcare education system, Local and regional health authorities
Type of organisation	Health care professionals, students, Local and regional health authorities
Country	EU countries
City	Not applicable.
Short organisation description/ especially main activities	Not applicable.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	EUVECA partnership
Type of organisation	Healthcare providers, Pan-European partners, Regional Development Agencies, Research and educational institutions
Country	DK, NO, DE, NL, BE, IRL, ES, IT and SI
City	Not applicable.
Short organisation description/ especially main activities	The EUVECA project partnership aims to establish 7 regional centers of vocational excellence in health and social care across Europe. The project focuses on improving vocational training and lifelong learning in healthcare, supporting the European Skills Agenda 2020, and fostering collaboration between higher education and VET sectors. Its goal is to demonstrate how VET within regional health ecosystems can drive innovation and ensure the sustainability of the healthcare sector at both European and regional levels.
More case studies from this org or company	https://euveca.eu/
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **DC - Demographic Challenges** ☑ **DI - Digitalization and Innovation**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***WFC - Workforce Challenges*** **Initial situation:** There is a shortage of healthcare professionals with digital literacy skills and interdisciplinary collaboration. **Challenge faced:** Shortage of trained medical professionals, Lack of initiatives for training, and education opportunities. ***DC - Demographic Challenges*** **Initial situation:** Ageing population results in an increase in demand for elderly care and increasingly complex health care supply, as well as fewer staff members and public funding to meet the needs for quality care. **Challenge faced:** Greater demand on health and care systems for long-term care, geriatric services, and specialized support; Strain on existing resources.

	DI - Digitalization and Innovation **Initial situation:** Healthcare systems increasingly rely on technologies like AI, big data, and personalized medicine, but the workforce lacks the skills to implement and use innovations. **Challenge faced:** Training gaps for healthcare staff.
Main results Summary 	The EUVECA project was designed to develop Regional Vocation Excellence Hubs (RVEHs) across 7 European regions, in collaboration with stakeholders from educational institutions, healthcare providers, and innovation facilitators. The planning process involved conducting an in-depth European skills needs analysis, gathering insights from healthcare students and professionals to understand their skill gaps and mobility needs. Based on these findings, a governance model and strategic plans were created for each RVEH, which were then implemented through regional collaborations to develop tailored education and training activities. Additionally, the project aimed to establish a European Platform for VET Excellence in Healthcare (EPVE) to facilitate cross-regional collaboration and mobility for healthcare professionals and students. **Main results Summary**: • Improved collaboration among regional stakeholders • Education and training activities • Web-based EPVE platform **Potential transferability to further organisations**: Potential transferability is ensured particularly through the availability of the European Platform to other regions outside the partnership.
Scope	Transnational
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	Not applicable
Type of funding	☑ **EU program**
Name of the funding	Erasmus+

6.15. JADECARE - Joint Action on implementation of Digitally Enabled integrated person-centred CARE

JADECARE - Joint Action on implementation of Digitally Enabled integrated person-centred CARE	
Associated PP	**PP2/PAT**
Duration	01 October 2020 – 30 September 2023
Webpage	https://www.jadecare.eu/
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Relations with one of the partners (ProMIS)
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Focus Groups (A1.1)** ☑ **HackITAthons (A1.3)** ☑ **Pilot CAREavan (WP2)** ☑ **Pilot STEMlab (WP2)** ☑ **Pilot PolicyParley (WP2)** ☑ **Pilot Open Innovation Days (A2.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Health authorities and healthcare systems across EU Member States.
Type of organisation	Health authorities and healthcare systems.
Country	EU Member States
City	Not applicable.
Short organisation description/ especially main activities	Not applicable.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	JADECARE consortium.
Type of organisation	EU project consortium.
Country	EU Member States
City	Not applicable.
Short organisation description/ especially main activities	JADECARE is an EU initiative aimed at transforming healthcare systems through digitally enabled, integrated, person-centred care. Involving 16 EU countries, it focuses on reinforcing health authorities' capacity to implement successful practices and innovations to address the rising demand for efficient, personalized care.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **DC - Demographic Challenges** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic Sustainability and Policy Challenges**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***DC - Demographic Challenges*** **Initial situation:** ageing population and rising burden of chronic conditions and multimorbidity. **Challenge addressed:** Ageing population and rising age-related issues, Increased demand for elderly care and geriatric services, Prevalence of chronic illnesses. ***DI - Digitalization and Innovation*** **Initial situation:** Innovative solutions are needed to meet the growing demand for personalised, integrated care. **Challenge faced:** Technology implementation challenges, technology adoption and resistance to technological advancements, training gaps for healthcare staff.

Main results Summary 	The solution was planned by identifying and transferring four original good practices (oGPs) from various regions, each focusing on different aspects of integrated care. These practices were carefully selected based on their effectiveness in addressing health system transformation through digitalization and person-centred approaches. The solution was then implemented through a "mix and match" approach, where each oGP was adapted and applied in new contexts (Next adopters) to improve health and care outcomes, integrating innovative digital tools, risk stratification, collaborative case management, and patient empowerment. **Main results Summary**: • Reinforced capacity of healthcare authorities to facilitate technological implementation and health system transformation; • Improved care efficiency and patient outcomes through the adoption of digitally-enabled integrated care models; • Scalable and transferable solutions, with oGPs being adopted by Next adopters. **Potential transferability to further organisations**: The successful implementation of the Good Practices in multiple regions proved the scalability of digital care models, with the approach being adopted by 21 health systems across 14 EU Member States, demonstrating its potential for broader application.
Scope	Europe
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	ProMIS
Type of funding	☑ **EU program**
Name of the funding	3rd Health Programme (2014-2020)

6.16. TELEMECHRON study

Telemedicine for home-based management of patients with chronic diseases and comorbidities: analysis of current models and design of innovative strategies to improve quality of care and optimise resource utilization

TELEMECHRON study - Telemedicine for home-based management of patients with chronic diseases and comorbidities: analysis of current models and design of innovative strategies to improve quality of care and optimise resource utilization	trecdiabete
Associated PP	**PP2/PAT**
Duration	September 2020 – September 2024
Webpage	https://trentinosalutedigitale.com/blog/portfolio/telemechron/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	We participate in the study as a partner.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot STEMlab (WP2)** ☑ **Pilot PolicyParley (WP2)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Regional healthcare systems in Trentino, Tuscany, and Lombardy regions.
Type of organisation	Regional healthcare systems.
Country	Italy
City	Not applicable.

Short organisation description/ especially main activities	Not applicable.
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	TrentinoSalute4.0 - Competence Centre for the development of Digital Health in Trentino + other regions and healthcare organizations.
Type of organisation	Competence centre
Country	Italy
City	Trento
Short organisation description/ especially main activities	TrentinoSalute4.0 is a local digital health competence centre that unites the Autonomous Province of Trento (PAT), the Provincial Healthcare Trust (APSS), and the Bruno Kessler Foundation (FBK).
More case studies from this org or company	TreC Arianna, Trentino Salute+
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***DI - Digitalization and Innovation*** **Initial situation:** Growing need for more efficient management of chronic disease, particularly Type 2 diabetes, in the face of increasing patient numbers and healthcare resource constraints. **Challenge faced:** Ensuring accessibility and reliable use of telemedicine tools, Technological reliability, User engagement, and Digital Literacy.

Main results Summary 	In Trentino, the solution was planned by first analyzing current healthcare models and identifying the potential to improve efficiency and quality of care through digitalization. The project involved the use of the TreC Diabete platform (developed by TrentinoSalute4.0), which was integrated into the care protocols of diabetes centers in Trentino. Patients were enrolled in the study, and data were regularly collected through the app. Healthcare providers could monitor this data and provide feedback, reducing the need for in-person visits. **Main results Summary**: • Clinical outcomes: Patients using the app showed comparable results to the control group in terms of blood glucose levels, though there was a noticeable reduction in HbA1c in patients participating in the study (a key marker for diabetes control), • Direct communication between patients and healthcare professionals through the app, • Monitoring and alerts to the healthcare professionals, enabling timely interventions without the need for frequent in-person visits, • User-friendly app, accessible for people with varying levels of digital literacy. **Potential transferability to further organisations**: Several aspects can be replicated, including the integration of telemedicine solutions like the TreC Diabete app for remote monitoring and communication and the cross-regional collaboration across Trentino, Lombardy, and Tuscany healthcare ecosystems.
Scope	Cross-regional (Trentino, Lombardy and Tuscany)
Language	Italian, English
Was/were any third parties involved in the facilitation of the Solution supplier?	TrentinoSalute4.0
Type of funding	☑ **Public**
Name of the funding	Italian Ministry of Health, Tuscany, Lombardy and Trentino regions.

6.17. TreC Arianna - Development and Application of Telemedicine Tools for Breast Cancer Patients

TreC Arianna - Development and Application of Telemedicine Tools for Breast Cancer Patients	

Associated PP	PP2/PAT
Duration	2024 - indefinite
Webpage	https://trentinosalutedigitale.com/blog/portfolio/trec-arianna-2/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	We participate in the project through TrentinoSalute4.0.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot STEMlab (WP2)** ☑ **Pilot PolicyParley (WP2)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Healthcare system in the Autonomous Province of Trento.
Type of organisation	Healthcare system.
Country	Italy
City	Trento
Short organisation description/ especially main activities	Not applicable.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	TrentinoSalute4.0 - Competence Centre for the development of Digital Health in Trentino, Breast Cancer Unit in the Provincial Healthcare Trust (APSS).
Type of organisation	Competence centre
Country	Italy
City	Trento
Short organisation description/ especially main activities	TrentinoSalute4.0 is a local digital health competence centre that unites the Autonomous Province of Trento (PAT), the Provincial Healthcare Trust (APSS), and the Bruno Kessler Foundation (FBK).
More case studies from this organisation or company	Telemechron, Trentino Salute +
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation** ☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***DI - Digitalization and Innovation*** **Initial situation:** Patients lacked continuous support outside of in-person visits. Healthcare professionals had limited digital solutions for communication and data management in the treatment of patients with breast cancer. **Challenge faced:** Implementing technology into existing care pathways and systems. ***PP - Preventive and Promotive Health and Care*** **Initial situation:** Care was focused on treatment rather than prevention or ongoing support. Patients had limited tools to manage their health outside the clinic. **Challenge faced:** Gaps in health promotion and prevention initiatives, Promoting continuous monitoring, self-management and, health education.

Main results Summary 	The solution was planned by integrating a digital health platform and mobile app into the existing care model of the Breast Unit in the Provincial Healthcare Trust (APSS). The project focused on creating a bidirectional communication system between patients and healthcare providers, supported by telemedicine and asynchronous management tools. It was implemented with the creation of a user-friendly mobile app for patients and a web dashboard for healthcare professionals to track and manage care interactions. As part of the project, the pilot study "ALBA" was launched, featuring a virtual coach that utilizes the WHO-validated SelfHelp+ protocol. ALBA delivers a 6-week cognitive-behavioural therapy intervention to support women manage mild to moderate stress associated with their diagnosis. **Main results Summary**: • Improved patient engagement through the mobile app, • Better coordination and more efficient care management through the web dashboard, • Reduced hospital visits by enabling remote monitoring and enhancing patients' overall experience, • Holistic care experience and improved emotional support through the ALBA virtual coach; **Potential transferability to further organisations:** The model can be transferred to other oncology centers and hospitals facing similar challenges.
Scope	Regional (provincial)
Language	Italian
Was/were any third parties involved in the facilitation of the Solution supplier?	TrentinoSalute4.0
Type of funding	☑ **Public**
Name of the funding	Budget of the Provincia Autonoma di Trento.

6.18. Trentino Salute+

Trentino Salute+	
Associated PP	**PP2/PAT**
Duration	01 January 2018 – 31 December 2020
Webpage	https://www.trentinosalute.net/Aree-tematiche/Promozione-della-salute/Trentinosalute
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	We participate as a partner in the program.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Focus Groups (A1.1)** ☑ **Pilot PolicyParley (WP2)** ☑ **Pilot Open Innovation Days (A2.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Adult citizens in the Province of Trento.
Type of organisation	Citizens.
Country	Italy - Province of Trento
City	Not applicable.
Short organisation description/ especially main activities	Not applicable.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	TrentinoSalute4.0
Type of organisation	Competence centre.
Country	Italy
City	Trento
Short organisation description/ especially main activities	TrentinoSalute4.0 is a local digital health competence centre that unites the Autonomous Province of Trento (PAT), the Provincial Healthcare Trust (APSS), and the Bruno Kessler Foundation (FBK). It serves as 'joint laboratory' for the development of digital health in the Autonomous Province of Trento.
More case studies from this organisation or company	TreC Arianna, Telemechron.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation** ☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***DI - Digitalization and Innovation*** **Initial situation:** Citizens in the Autonomous Province of Trento had limited access to technological solutions for adopting healthier lifestyles. **Challenge faced:** Engagement and adoption of technology. ***PP - Preventive and Promotive Health and Care*** **Initial situation:** There was a shortage of effective, scalable strategies to address health risks like sedentary behaviour and poor nutrition, which contribute to chronic diseases. **Challenge faced:** Gaps in health promotion and prevention initiatives, insufficient investments in preventive care.

Main results Summary 	The Trentino Salute+ project was conceived as part of the broader Trentino Health Plan 2015-2025, aiming to promote healthier lifestyles and increase life expectancy with good health. It was carefully structured to integrate modern digital tools, community engagement, and personalized health improvement strategies. The initiative was centred on creating an interactive mobile app designed to incentivize healthy behaviors through a virtual coach, geocaching activities, and a system of incentives (personal and social) such as 'social points' and discounts and vouchers. **Main results Summary**: • Improved health behaviours, • Enhanced digital health solutions (mobile app), • Community-driven health culture and social impact, through social points donated to local associations and health initiatives, • Economic incentives and local businesses' support, through vouchers and discounts on health-related products. **Potential transferability to further organisations:** The project's potential for replication is ensured by its adaptable digital health platform, integration into local health policies, community-driven model, and its flexibility to cater to diverse demographics.
Scope	Regional (provincial)
Language	Italian
Was/were any third parties involved in the facilitation of the Solution supplier?	TrentinoSalute4.0
Type of funding	☑ **Public**
Name of the funding	Budget of the Provincia Autonoma di Trento.

6.19. TrentinoSalute4.0 - Competence Centre for the development of Digital Health in Trentino

TrentinoSalute4.0 - Competence Centre for the development of Digital Health in Trentino	
Associated PP	**PP2/PAT**
Duration	01 January 2017 - Indefinite
Webpage	https://trentinosalutedigitale.com/en/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	We participate as a partner in the Competence Centre.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Connected to the Advisory board (Pilot or strategic observers)** ☑ **Regional multi-actor Town Hall (A1.1)** ☑ **Focus Groups (A1.1)** ☑ **HackITAthons (A1.3)** ☑ **Pilot STEMlab (WP2)** ☑ **Pilot PolicyParley (WP2)** ☑ **Social media & press releases** ☑ **Pilot Open Innovation Days (A2.3)** ☑ **Taking part of the HACK-IT-Network (1.3)** ☑ **Partner meetings** ☑ **Lasting Lighthouse Projects (A3.2)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	The healthcare system in Trentino
Type of organisation	Healthcare system
Country	Italy

City	Trento
Short organisation description/ especially main activities	Not applicable.
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	TrentinoSalute4.0 - Competence Centre for the development of Digital Health in Trentino
Type of organisation	Competence centre
Country	Italy
City	Trento
Short organisation description/ especially main activities	TrentinoSalute4.0 is a local digital health competence centre that unites the Autonomous Province of Trento (PAT), the Provincial Healthcare Trust (APSS), and the Bruno Kessler Foundation (FBK). It adopts a quadruple helix approach, involving citizens, health professionals, and companies. The centre focuses on aligning eHealth agendas, supporting innovation from research to service, accelerating technology adoption, and promoting co-creation in health services.
More case studies from this organisation or company	TreC Arianna, Telemechron.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **APC- Administrative and Promotive Challenges**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Economic Sustainability and Policy Challenges*** **Initial situation:** Lack of a cohesive strategy to integrate digital health solutions in the provincial healthcare system. **Challenge faced:** Administrative and Policy Burdens - complex regulatory environments and administrative inefficiencies that discouraged innovation.

Main results Summary 	TrentinoSalute4.0 was designed to address challenges in the provincial healthcare system, focusing on improving efficiency, integrating digital health tools, and fostering innovation. It leverages a quadruple helix approach, involving institutional, scientific, industrial, and social stakeholders to create synergies across research, healthcare, and technology sectors. This solution was implemented by promoting inter-institutional collaboration among healthcare services, research institutions, and local businesses. This approach enabled integration of new technologies, such as telemedicine, electronic health records, and digital health platforms, into the healthcare system. TrentinoSalute4.0 also implements a user-driven approach based on co-design and co-validation, ensuring that the development and implementation of digital tools and services are aligned with the needs of end users, specifically patients and healthcare professionals. **Main results Summary**: • Enhanced efficiency in healthcare, • Healthcare-related enterprises' development, • TreC+ (*La Cartella Clinica del Cittadino*): a multiservice platform that allows citizens to "manage" their health. It integrates both the Electronic Health Record (*Fascicolo Sanitario Elettronico - FSE*) from clinical institutions and the Personal Health Records (PHR), collecting data from citizens' wearable devices, • Integration of advanced technologies: TreC+ also enabled the development of other services (e.g., TreC_Diabete, an app that tailors health goals and treatment plans for patients with chronic conditions like diabetes). **Potential transferability to further organisations:** The user-driven model, combined with quadruple helix collaboration, can be replicated in other regions facing similar challenges.
Scope	Regional (provincial)
Language	Italian, English
Was/were any third parties involved in the facilitation of the Solution supplier?	Not applicable.
Type of funding	☑ **Public**
Name of the funding	Budget of the Provincia Autonoma di Trento.

6.20. VANGUARD Initiative

VANGUARD Initiative	VANGUARD INITIATIVE

Associated PP	PP2/PAT
Duration	2013 - Indefinite
Webpage	https://www.s3vanguardinitiative.eu/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	We are network members.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Uptake and link to EUSALP working groups** ☑ **HackITAthons (A1.3)** ☑ **Pilot STEMlab (WP2)** ☑ **Exploitation workshops (A2.3) & Exploitation in Practice Workshops (A3.3)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Regional innovation ecosystems
Type of organisation	Regional authorities and governments, industry actors and business organisations, research institutions and academia, civil society.
Country	39 regions in EU Member States
City	Not applicable.
Short organisation description/ especially main activities	Not applicable.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	VANGUARD initiative
Type of organisation	Alliance of industrial regions in Europe
Country	39 regions in EU Member States
City	Not applicable.
Short organisation description/ especially main activities	The VANGUARD initiative is an alliance of Europe's most advanced industrial regions aimed at fostering a collaborative, place-based approach that involves industry, research, and civil society to drive innovation through regional smart specialisation strategies.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic Sustainability and Policy Challenges**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***DI - Digitalization and Innovation*** **Initial situation:** European industrial sectors, particularly SMEs, often lacked resources and connections to integrate advanced technologies into their processes and value chains. **Challenge faced:** Uptake of advanced and digital technologies across regions and industries, overcoming fragmentation of innovation ecosystems. ***EFS - Economic Sustainability and Policy Challenges*** **Initial situation:** There was a lack of aligned and accessible funding mechanisms to support cross-regional innovation and scaling-up. **Challenge faced:** Developing a sustainable interregional funding mechanism that can bridge regional, national, and EU-level investment strategies.

Main results Summary 	The Vanguard Initiative promotes interregional pilot projects that connect clusters, businesses, and research institutions around shared smart specialisation strategies. Additionally, it advocates for stronger synergies between EU, regional, and national funding to support innovation and technology uptake. The initiative also provides financial support for interregional innovation to stakeholders, including SMEs and research institutions, through calls for proposals. **Main results Summary**: • Enhanced interregional collaboration between European advanced industrial regions; • Acceleration of innovation and technology uptake through pilot projects; • Reduction of regional innovation gaps; • Stronger multi-level governance. **Potential transferability to further organisations:** the place-based, multi-level collaboration and funding model can be transferred to other sectors, including the health and care ecosystems.
Scope	European
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	Not applicable.
Type of funding	☑ **Public**
Name of the funding	Mainly budget of member regions.

6.21. Klimawandel und Gesundheit im Kontext von Laienpflege

Klimawandel und Gesundheit im Kontext von Laienpflege	
Associated PP	**PP3/NÖ LGA**
Starting date	August 2023
Webpage	Hyperlink Klimawandel und Gesundheit im Kontext von Laienpflege - IMC Krems (https://research.imc.ac.at/de/projects/klimawandel-und-gesundheit-im-kontext-von-laienpflege)
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Information from Pilot Observer
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Connected to the Advisory board (Pilot or strategic observers)** ☑ **Focus Groups (A1.1)** ☑ **Taking part of the HACK-IT-Network (1.3)** ☑ **Final public conference. (Led by PP2, RP6 delivery, A3.2 & A3.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Public – 24 hour caregivers and family members involved in caregiving
Type of organisation	/
Country	/
City	/
Short organisation description/ especially main activities	/

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	ÖSB Consulting GmbH
Type of organisation	Business
Country	Austria
City	Vienna
Short organisation description/ especially main activities	ÖSB Consulting GmbH is one of Austria's leading consulting firms, specialising in innovative concepts, counselling programmes, and pilot projects for the evolving work environment. The company operates internationally, tailoring solutions to regional needs, and is part of the ÖSB Group, Austria's largest independent provider of labour market services. Their services encompass management consulting, personnel consulting, organisational development, and coaching for executives.
More case studies from this organisation or company	Startseite - ÖSB Consulting GmbH
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan** ☑ **improving system-level service provision – main focus for PolicyParley** ☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **AI - Accessibility and Infrastructure** ☑ **DC - Demographic Challenges** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	Lay caregivers often lack formal training, making it challenging to address the health implications of climate change for those they care for. This gap can lead to increased health risks and additional strain on healthcare systems. The project developed a digital tool to enhance caregivers' understanding of climate change and its health impacts. By integrating this knowledge into daily caregiving practices, caregivers can better anticipate and manage climate-related health issues, improving care quality and reducing potential healthcare burdens.

Main results Summary 	**Planning and Implementation of the Solution:** The project was designed to assess and improve the health literacy of 24-hour caregivers and caregiving relatives regarding climate-related challenges. To achieve this, a concept for a digital tool was developed, enabling individuals in lay caregiving settings to integrate information about climate change and its consequences into their daily routines with the care recipients. **Consequences and Tangible Results on the Organisation:** While specific outcomes for ÖSB Consulting GmbH are not detailed in the available information, the project likely enhanced the organisation's expertise in digital health literacy and climate change, potentially leading to new consulting opportunities in these domains. **Potential Transferability to Other Organisations:** The digital tool concept developed through this project can be adapted by other organisations focusing on caregiver support, health literacy, or climate change education. Its adaptability allows for broader application across various caregiving contexts.
Scope	Not answered
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	IMC Krems University of Applied Sciences Caregivers
Type of funding	☑ **Public**
Name of the funding	Österreichische Forschungsförderungsgesellschaft (FFG)

6.22. Pilotprojekt „Gesundheit.Region.Waldviertel“

Pilotprojekt „Gesundheit.Region.Waldviertel“	
Associated PP	**PP3/NÖ LGA**
Duration	November 2024 - August 2025
Webpage	Hyperlink Pilotprojekt „Gesundheit.Region.Waldviertel“ - Universität für Weiterbildung Krems & Gesundheit.Region.Waldviertel - Universität für Weiterbildung Krems https://www.donau-uni.ac.at/de/aktuelles/news/2024/pilotprojekt--gesundheit.region.waldviertel-.html
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Internet research
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ HackITAthons (A1.3) ☑ Pilot PolicyParley (WP2) ☑ External events (e.g. EU week of Regions & Cities)
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation’s name	Gesundheit Waldviertel GmbH
Type of organisation	Public
Country	Austria
City	Region Waldviertel

Short organisation description/ especially main activities 	Gesundheit Waldviertel GmbH is one of five organizational companies responsible for ensuring regional healthcare services in the Waldviertel region of Lower Austria. As a regional organizational company of Health Agency of Lower Austria, its primary role involves the operational management of healthcare facilities, including hospitals and care centers. This encompasses the joint planning and management of regional / public hospitals as well as nursing and care centers to provide comprehensive healthcare services to the community.
More case studies from this org or company	Specific case studies involving Gesundheit Waldviertel GmbH are not detailed in the provided sources. However, their ongoing initiatives focus on enhancing regional healthcare services, integrating modern healthcare solutions, and collaborating with various stakeholders to improve patient care in the Waldviertel region.
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	University for Continuing Education Krems
Type of organisation	University
Country	Austria
City	Krems
Short organisation description/ especially main activities	The University for Continuing Education Krems (Danube University Krems) is the leading institution behind this project. It is a renowned university specializing in continuing education and applied research, with a strong focus on analyzing and optimizing healthcare systems.
More case studies from this org or company	The University for Continuing Education Krems has conducted multiple healthcare-related projects, particularly in system analysis and optimization. These experiences have been incorporated into this pilot project. Forschungsdatenbank - Universität für Weiterbildung Krems

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley** ☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DC - Demographic Challenges** ☑ **EFS - Economic and Financial Sustainability** ☑ **PP - Preventive and Promotive Health and Care** 
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	The Waldviertel region, like many rural areas, faces significant challenges: • Shortage of healthcare professionals • Aging population • Rising healthcare costs • The need for comprehensive medical care in rural communities The project aims to develop an efficient, community-based healthcare network that integrates existing services, closes care gaps, and enhances collaboration among healthcare providers.
Main results Summary 	**Solution Planning & Implementation** • After an initial analysis, key measures include: (1) Telemedicine solutions (2) Integration of Community Health Nurses; (3) Promotion of preventive healthcare initiatives • An expert panel developed these steps in close collaboration with local municipalities. **Consequences & Tangible Results** • The networking of preventive care, private doctors, clinics, and healthcare providers has led to a more interconnected healthcare system. • This has resulted in reduced pressure on hospitals and better access to healthcare for the population. **Potential transferability to further organisations:** The pilot project serves as a model for the entire Lower Austria region, demonstrating how networking, prevention, and proactive healthcare strategies can create a modern and sustainable healthcare system.
Scope	The project covers the districts of Horn, Gmünd, Waidhofen, and Zwettl.

Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	**Government of Lower Austria (Land Niederösterreich):** The project is initiated and supported by the Government of Lower Austria, aiming to address current challenges in the healthcare sector, such as staff shortages, an aging population, and increasing costs. **Gesundheit Waldviertel GmbH:** As a regional organizational company under the Health Agency of Lower Austria, Gesundheit Waldviertel GmbH oversees the operation of five hospitals and seven care centers in the Waldviertel region. **Local Municipalities and Representatives:** Local communities play a vital role in the project. **Healthcare Professionals:** Healthcare providers, including general practitioners, are actively participating in the project to enhance healthcare services in the region. **Community Health Nurses and Telemedicine Providers:** The project integrates Community Health Nurses and telemedicine solutions to improve healthcare accessibility and efficiency in the Waldviertel region. **Expert Panels and Stakeholders:** Workshops with various stakeholders, including experts from different fields, are planned to ensure comprehensive healthcare services in the region.
Type of funding	☑ **Public**
Name of the funding	Region of Lower Austria

6.23. Climate-Friendly Healthcare Facilities Advisory Program

Climate-Friendly Healthcare Facilities Advisory Program	
Associated PP	**PP3/NÖ LGA**
Duration	2021 - Ongoing
Webpage	https://agenda-gesundheitsfoerderung.at/kokug/beratung_klimafreundliche_ge
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Internet research
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Uptake and link to EUSALP working groups** ☑ **Regional multi-actor Town Hall (A1.1)** ☑ **Pilot PolicyParley (WP2)** ☑ **Taking part of the HACK-IT-Network (1.3)** ☑ **Exploitation workshops (A2.3) & Exploitation in Practice Workshops (A3.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Healthcare facilities across Austria (hospitals, nursing homes, rehab centers, etc.)
Type of organisation	Public and private healthcare providers
Country	Austria
City	Not applicable.
Short organisation description/ especially main activities	Various healthcare institutions providing medical and nursing care aiming to improve their climate-friendliness through expert advice and sustainable actions.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Coordination Office for Health Promotion and Public Health (project commissioned by Gesundheit Österreich GmbH)
Type of organisation	Public health promotion and advisory body
Country	Austria
City	Vienna
Short organisation description/ especially main activities	Supports healthcare institutions with scientifically-based advice on climate-friendly and sustainable measures including energy efficiency, sustainable mobility, waste reduction, and awareness raising.
More case studies from this organisation or company	https://agenda-gesundheitsfoerderung.at/agenda/uebergeordnete-projekte
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan** ☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability** ☑ **SD - Specialization and Decentralization**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial situation:** Healthcare institutions faced challenges to reduce energy use and environmental impact without compromising operations and quality of care. **Challenge faced:** Need for professional, tailor-made advice to develop and implement climate protection measures.

Main results Summary 	**Main results Summary**: • **Planning & Implementation:** It offers individual consultations, workshops, and recommendations on topics such as energy, mobility, waste management, and staff engagement. • **Tangible results:** Improved climate-friendliness of institutions, increased awareness among staff, and measurable reductions in emissions and costs. • **Potential transferability to further organisations:** The program is modular and flexible, applicable nationwide in Austria and adaptable for similar healthcare systems in other Alpine and European regions.
Scope	Nationwide program in Austria targeting a broad range of healthcare facilities. Designed for scalable and replicable implementation in other regions.
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes, cooperation with regional health promotion offices, environmental consultancies, and other partners.
Type of funding	☑ **Public**
Name of the funding	Gesundheit Österreich GmbH (GÖG) / Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK)

6.24. Climate Awareness: The Hospital as a Promoter Towards Patients and Staff

Climate Awareness: The Hospital as a Promoter Towards Patients and Staff	
Associated PP	**PP3/NÖ LGA**
Duration	2022 - Ongoing
Webpage	https://www.lkh-vil.or.at/unser-haus/umweltmanagement/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Contact person
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Regional multi-actor Town Hall (A1.1)** ☑ **HackITAthons (A1.3)** ☑ **Pilot CAREavan (WP2)** ☑ **External events (e.g. EU week of Regions & Cities)** ☑ **Social media & press releases** ☑ **Taking part of the HACK-IT-Network (1.3)** ☑ **Exploitation workshops (A2.3) & Exploitation in Practice Workshops (A3.3)** ☑ **Capitalization plan (A3.1) - Memorandum of Understanding from 18+ AS regions (priority on PP territories + 9 Pilot Expansion Regions)** ☑ **Lasting Lighthouse Projects (A3.2)** ☑ **Policy briefs (A3.2) + feedback to improve strategic positioning of Network & Tools for sustainable use.**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	KABEG – Landeskrankenhaus Villach (LKH Villach)
Type of organisation	Public Hospital
Country	Austria
City	Villach

Short organisation description/ especially main activities	The **Landeskrankenhaus Villach** is one of the largest hospitals in Carinthia, Austria, and part of the public hospital association KABEG. It provides comprehensive medical and surgical care, and has recently positioned itself as a pioneer in sustainable and climate-conscious healthcare by implementing green innovations across clinical operations.
More case studies from this organisation or company	https://www.lkh-vil.or.at/unser-haus/umweltmanagement/
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	KABEG – Landeskrankenhaus Villach (internes Green Team)
Type of organisation	Public Hospital
Country	Austria
City	Villach
Short organisation description/ especially main activities	KABEG LKH Villach itself acts as both the initiator and implementer of the climate-awareness project. The interdisciplinary Green Team, consisting of medical staff, facility managers, and sustainability experts, develops and pilots climate-friendly processes in real clinical settings (e.g. energy, mobility, waste, anesthetic gas recycling). The team also works on staff and patient engagement and functions as an internal innovation driver.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan** ☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability** ☑ **SD - Specialization and Decentralization**

Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial situation:** Hospitals have high environmental impacts through energy use, waste production, and emissions (e.g. anesthetic gases). LKH Villach identified the need for systemic ecological transformation in its operations. **Challenge faced:** How to embed sustainability across hospital operations while engaging staff and patients, without compromising clinical care quality.
Main results Summary 	**Main results Summary**: **Planning & Implementation:** A dedicated interdisciplinary Green Team led the creation of a "Green Ward" as a living lab. Measures implemented include: • Austria's **first anesthetic gas recycling system**, • waste separation optimization, • sustainable mobility for staff, • green procurement, and • climate awareness training for staff and communication with patients. **Tangible results:** Reduction of CO_2 emissions, increased staff awareness, national recognition (Bolmstedt Innovation Award 2024), and inspiration for other Austrian hospitals. **Potential transferability to further organisations:** The model is scalable and adaptable to other public hospitals across the Alpine region and EU. The ward-as-a-lab approach is modular and can be piloted in other institutions.
Scope	The project is regional in origin (Carinthia, Austria) but has national and Alpine-wide relevance. It serves as a model for green transformation in public hospitals, with clear potential for replication across health systems that seek to align care delivery with climate goals.
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	Not applicable.
Type of funding	☑ **Public**
Name of the funding	Internal funding via KABEG, supported by Land Kärnten and possibly Austrian health innovation programs

6.25. DigiCare4CE_INTERREG Central Europe

DigiCare4CE_ INTERREG Central Europe	

Associated PP	PP3/NÖ LGA
Duration	March 2023 – February 2026
Webpage	https://www.interreg-central.eu/projects/digicare4ce/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Project partner
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot PolicyParley (WP2)** ☑ **Social media & press releases** ☑ **Taking part of the HACK-IT-Network (1.3)** ☑ **Exploitation workshops (A2.3) & Exploitation in Practice Workshops (A3.3)** ☑ **Capitalization plan (A3.1) - Memorandum of Understanding from 18+ AS regions (priority on PP territories + 9 Pilot Expansion Regions)** ☑ **Lasting Lighthouse Projects (A3.2)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Nursing and care center in Raabs/Thaya
Type of organisation	Nursing and care center
Country	Austria
City	Raabs/Thaya
Short organisation description/ especially main activities	The Lower Austrian nursing and care center Raabs an der Thaya has existed since 1898. Originally located directly on the riverbed of the Thaya, it was rebuilt in 2007 at the north-western entrance to Raabs/Thaya. The home has 108 care beds.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	NÖ LGA & DigiCare4CE Consortium
Type of organisation	INTERREG CENTRAL EUROPE Project
Country	Germany, Austria, Italy, Czech Republic, Slovakia, Slovenia, Poland
City	Ot applicable.
Short organisation description/ especially main activities 	The objective is to show managers of long-term care facilities the most suitable digital solutions they can use in practice. In this aim, the consortium: 1. test digital information systems for the organisation of nursing operations and collaboration with third parties. 2. Test various smart devices such as sensors, wearables or panic buttons, as well as mobile apps and virtual reality therapy in the context of care. Create a pan-European overview of digital tools that facilitate care and can be used beyond the project in all countries.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley** ☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation** ☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	Society is aging fast and taking care of the elderly is becoming a challenge. Digital solutions offer support to nursing staff but the potential of digitisation is still underused.

Main results Summary 	**Main results Summary**: In Lower Austria, the focus was on the area of fall detection and prevention. At the nursing and care center in Raabs/Thaya, 3D smart sensors were tested in residents' rooms. This system makes it possible to send prevention alarms and sound the alarm if a person falls in the room.
Scope	Local
Language	German - https://healthacross.noe-lga.at/projekte/digicare4ce
Was/were any third parties involved in the facilitation of the Solution supplier?	No
Type of funding	☑ **EU program**
Name of the funding	INTERREG Central Europe

6.26. Interregional Hospital Network for Energy Sustainability - IHNES

Interregional Hospital Network for Energy Sustainability - IHNES	
Associated PP	**PP3/NÖ LGA**
Duration	2019 - 2021
Webpage	https://www.eurac.edu/en/institutes-centers/institute-for-renewable-energy/projects/ihnes https://interreg.net/wp-content/uploads/2024/04/eBook_de_final.pdf
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Internet Research
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot CAREavan (WP2)** ☑ **Exploitation workshops (A2.3) & Exploitation in Practice Workshops (A3.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Participating hospitals in South Tyrol, Austria, Bavaria, and Switzerland
Type of organisation	Hospitals and healthcare providers
Country	EU
City	Not applicable.
Short organisation description/ especially main activities	Hospitals engaged in implementing energy efficiency measures, renewable energy integration, and sustainable building operations within healthcare facilities.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Tirol Kliniken GmbH (Lead Partner)
Type of organisation	Public Hospital
Country	Austria
City	Innsbruck
Short organisation description/ especially main activities	Tirol Kliniken operates multiple hospitals and healthcare facilities in the Tyrol region, focusing on patient care, hospital management, and healthcare infrastructure development, including sustainability initiatives.
More case studies from this organisation or company	https://www.tirol-kliniken.at/page.cfm?vpath=index
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial situation:** Hospitals in alpine and border regions face increasing energy demand, cost pressure, and environmental regulations. **Challenge faced:** Improving energy sustainability through enhanced efficiency, renewable integration, and operational optimization in hospitals across different countries.

Main results Summary 	**Main results Summary**: **Planning & Implementation:** IHNES facilitated transnational cooperation and pilot projects testing energy-saving technologies and renewable energy applications in hospital settings. **Consequences and tangible results:** Improved energy performance of partner hospitals, development of practical solutions adaptable to diverse healthcare infrastructures, and strengthened cross-border knowledge exchange. **Potential transferability:** The collaborative model and tested solutions can be replicated in other alpine and transnational healthcare regions.
Scope	Transnational (Italy, Austria, Germany, Switzerland)
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	Tirol Kliniken GmbH Gemeinnützige Salzburger Landeskliniken Betriebsges G.m.b.H. - Technik, Bau und Liegenschaften – Energiemanagement Südtiroler Sanitätsbetrieb Eurac Research Kofler Energies Italia srl Azienda Sanitaria Universitaria Integrata di Trieste
Type of funding	☑ **EU program**
Name of the funding	Interreg Italia - Österreich

6.27. Know-Center - COMET Center

Know-Center – COMET Center	
Associated PP	**PP3/NÖ LGA**
Duration	2001 - Ongoing
Webpage	https://www.know-center.at/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Employee works for one observer
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Focus Groups (A1.1)** ☑ **Pilot STEMlab (WP2)** ☑ **Pilot PolicyParley (WP2)** ☑ **External events (e.g. EU week of Regions & Cities)** ☑ **Social media & press releases** ☑ **Taking part of the HACK-IT-Network (1.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Austrian healthcare system
Type of organisation	
Country	
City	
Short organisation description/ especially main activities	

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Know-Center – COMET Center
Type of organisation	Research Center / Public-privat partnership
Country	Austria
City	Graz
Short organisation description/ especially main activities	Know-Center is a leading European research center for data-driven business and trustworthy Artificial Intelligence (AI). As a COMET Center, it connects academia and industry, with expertise in data privacy, explainable AI, human-AI interaction, and healthcare innovation.
More case studies from this organisation or company	https://www.know-center.at/research/forschung-am-know-center/
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DI - Digitalization and Innovation** ☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial situation:** The healthcare sector faced challenges with integrating AI-based decision support into hospital processes, while maintaining high standards of data privacy and user trust. **Challenge faced:** Clinicians required support tools that were both effective and transparent, while also being compliant with EU data protection regulations. Ensuring human-AI collaboration without reducing care quality was a central hurdle.

Main results Summary 	**Main results Summary**: Planning and Implementation: The Know-Center co-designed an explainable AI solution for medical diagnostics with KAGes, using co-creation workshops and iterative testing. Tangible results: A pilot solution for decision support in radiology was integrated, which improved diagnosis speed and reduced workload for staff, while meeting GDPR standards. Transferability: The AI framework is modular and transferable to other healthcare providers across the Alpine region, with adaptations for specific data ecosystems.
Scope	Regional with potential for Alpine-wide rollout
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	Styria Digital Innovation Hub
Type of funding	☑ **Public** ☑ **Private-public** ☑ **EU program**
Name of the funding	COMET (Competence Centers for Excellent Technologies) Programme by FFG – Austrian Research Promotion Agency Horizon Europe project contributions

6.28. N!CA - Digitalisation of Innovative Care Processes to Unburden and Empower Nurses

N!CA – Digitalisation of Innovative Care Processes to Unburden and Empower Nurses	
Associated PP	**PP3/NÖ LGA**
Duration	2022 - 2025
Webpage	https://www.joanneum.at/nca-digitale-entlastung-und-staerkung-fuer-die-pflege/ https://www.medunigraz.at/frontend/user_upload/themen-projekte/NiCA/factsheet-nica.pdf
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Contacted at a congress.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot STEMlab (WP2)** ☑ **Taking part of the HACK-IT-Network (1.3)** ☑ **Exploitation workshops (A2.3) & Exploitation in Practice Workshops (A3.3)** ☑ **Policy briefs (A3.2) + feedback to improve strategic positioning of Network & Tools for sustainable use.**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Steiermärkische Krankenanstaltengesellschaft m.b.H. (KAGes) Gepflegt Wohnen Thal GmbH
Type of organisation	Public healthcare provider
Country	Austria
City	Graz

Short organisation description/ especially main activities	**KAGes:** The largest public healthcare provider in Styria, operating multiple hospitals and specialized clinics. Focus areas include acute and long-term care, and innovation in digital health services. **Gepflegt Wohnen Thal GmbH**: A private long-term care provider offering modern residential nursing services with a strong emphasis on person-centered care and quality of life for elderly residents.
More case studies from this organisation or company	https://www.kages.at/ https://www.gepflegt-wohnen.at/
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Medizinische Universität Graz (Projektkoordinator N!CA)
Type of organisation	Public University
Country	Austria
City	Graz
Short organisation description/ especially main activities	The Medical University of Graz is one of Austria's leading institutions in biomedical and clinical research. In the N!CA project, it coordinates efforts to digitalise and streamline nursing workflows, applying clinical expertise, innovation in care processes, and health informatics research
More case studies from this organisation or company	https://www.medunigraz.at/forschungsprojekte
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **DI - Digitalization and Innovation** ☑ **PP - Preventive and Promotive Health and Care** ☑ **APC - Administrative and Promotive Challenges**

Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial situation:** Nurses across care institutions were facing increasing administrative and documentation demands, reducing their time for direct patient care. **Challenge faced:** High documentation workload, inefficient analog processes, and lack of digital support tools created stress and inefficiencies in care delivery.
Main results Summary 	**Main results Summary**: **Planning and Implementation:** Through participatory design with nursing professionals, the N!CA project developed digital process models, automated documentation support, and decision-assistance tools tailored to clinical workflows. **Tangible results:** Nurses report reduced administrative burden, more time for patient care, and increased satisfaction. Early pilot evaluations indicate improved documentation quality and workflow efficiency. **Transferability:** The modular approach enables adaptation to other hospitals and care settings, especially in regions facing similar workforce shortages and digitalisation gaps.
Scope	National with transregional relevance for Alpine Space
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	FH OÖ Forschungs & Entwicklungs GmbH JOANNEUM RESEARCH Forschungsgesellschaft mbH PH Predicting Health GmbH decide Clinical Software GmbH Loidl Consulting & IT Services GmbH UMIT TIROL - Private Universität für Gesundheitswissenschaften und -technologie GmbH Steiermärkische Krankenanstalten- gesellschaft m.b.H. Gepflegt Wohnen Thal GmbH CAATS Service GmbH Vetterli Roth & Partners AG Universität Wien
Type of funding	☑ **Public**
Name of the funding	Government and styrian federal state (BMIMI, BMWET, FFG, Styria, SFG)

6.29. Project PUR - Integration of the assistive robot Lio in elderly care facilities

Project PUR – Integration of the assistive robot Lio in elderly care facilities	
Associated PP	**PP3/NÖ LGA**
Duration	2020 - 2022
Webpage	https://www.fp-robotics.com/en/care-robot-lio-in-elderly-care/
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Internet research
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **HackITAthons (A1.3)** ☑ **Social media & press releases** ☑ **Taking part of the HACK-IT-Network (1.3)** ☑ **Exploitation workshops (A2.3) & Exploitation in Practice Workshops (A3.3)** ☑ **Policy briefs (A3.2) + feedback to improve strategic positioning of Network & Tools for sustainable use.**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Seniorenheim Marienheitm
Type of organisation	Non-profit elderly care facility
Country	Switzerland
City	Appenzell
Short organisation description/ especially main activities	Marienheim is a residential care facility for elderly individuals located in Appenzell, Switzerland. The home focuses on providing compassionate, person-centered long-term care with an emphasis on preserving dignity and independence. As part of the PUR project, it served as a testing ground for integrating the assistive robot Lio into daily caregiving routines.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	F&P Robotics AG
Type of organisation	Private tech company
Country	Switzerland
City	Zurich
Short organisation description/ especially main activities	F&P Robotics AG is a Swiss-based company specialized in the development of human-assistive service robots. Their flagship product Lio is designed to support care personnel in elderly care facilities by autonomously performing repetitive and time-consuming tasks (e.g. reminders, bringing objects, interacting socially). The company focuses on intuitive human-robot interaction, safety, and adaptability to real-world care environments.
More case studies from this organisation or company	https://www.fp-robotics.com/en/
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan** ☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DI - Digitalization and Innovation**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial situation:** Elderly care facilities in Germany and Switzerland were struggling with workforce shortages, time pressure, and a growing number of residents requiring daily assistance. **Challenge faced:** Staff was overburdened with routine, non-care tasks (e.g. reminders, fetching items, guiding residents), leading to reduced time for quality interaction and care.

Main results Summary 	**Main results Summary**: Planning and Implementation: The robot Lio was tested in real-world care settings for multiple tasks including guiding residents, reminding them about appointments or hydration, and simple physical assistance. Technical feasibility, contextual integration, and acceptance by residents and staff were evaluated. Tangible results: Residents generally accepted Lio well and showed positive emotional responses. Staff reported a reduction in minor routine tasks but emphasized the need for improved reliability and interface simplicity. Transferability: Lio and similar assistive robotics could be integrated into care settings across Europe with further adaptation for cultural, linguistic, and operational differences.
Scope	The project has cross-border relevance, with pilot implementations in Switzerland and Germany. While the technology was tested in specific local settings, its transferability potential is high for elderly care facilities across the Alpine Space and broader European context. The solution addresses common structural care challenges like workforce shortages and time pressure and can be adapted to different linguistic and cultural environments.
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes – collaboration supported by research and innovation networks in DE and CH (e.g., Fraunhofer IPA as technology transfer agent)
Type of funding	☑ **Public**
Name of the funding	Supported by German Federal Ministry of Education and Research (BMBF), program for "Robotics for Care" (ABH086)

6.30. SYNECOTEC Heat Recovery Project at Salzburg Regional Hospitals

SYNECOTEC Heat Recovery Project at Salzburg Regional Hospitals	
Associated PP	**PP3/NÖ LGA**
Duration	2022 - Ongoing
Webpage	https://www.eleviongroup.com/group/newsroom/detail/synecotec-project-wins-austrian-environmental-award
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Internet Research
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot CAREavan (WP2)** ☑ **Pilot PolicyParley (WP2)** ☑ **External events (e.g. EU week of Regions & Cities)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Salzburg Regional Hospitals (Salzburger Landeskliniken)
Type of organisation	Public healthcare provider
Country	Austria
City	Salzburg
Short organisation description/ especially main activities	Salzburg Regional Hospitals provide comprehensive medical care including inpatient and outpatient services, emergency care, and specialist treatments across several hospital sites.
More case studies from this organisation or company	https://salk.at/

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	SYNECOTEC GmbH (part of Elevion Group)
Type of organisation	Technology and engineering company specializing in heat recovery and sustainable energy solutions
Country	Austria
City	Graz
Short organisation description/ especially main activities	SYNECOTEC develops and implements innovative heat recovery systems for industrial and building applications, enhancing energy efficiency and reducing carbon footprints.
More case studies from this organisation or company	https://www.eleviongroup.com/
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial situation:** Hospitals generate significant waste heat through refrigeration and cooling systems but lacked efficient solutions to reuse this energy. **Challenge faced:** Finding a reliable, scalable technology to recover and repurpose waste heat to reduce overall energy consumption and emissions while maintaining hospital operation standards.

Main results Summary 	**Planning & Implementation:** The SYNECOTEC system was integrated at Salzburg Regional Hospitals, capturing waste heat from cooling systems and redirecting it for heating and hot water supply. **Consequences and tangible results:** Significant improvement in energy efficiency, reduction in greenhouse gas emissions, and operational cost savings. The project won the Austrian Environmental Award 2023 for its innovation and impact. **Potential transferability:** The heat recovery model is scalable and transferable to other hospitals and large buildings in Austria and beyond.
Scope	Regional implementation with strong potential for national and European replication in healthcare and other sectors.
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	Not applicable.
Type of funding	☑ **Public**
Name of the funding	?

6.31. Anesthesia Gas Recycling

Anesthesia Gas Recycling	

Associated PP	PP4/CUAS
Duration	March 2022 - Permanent solution, no end date
Webpage	https://www.klinikum-klagenfurt.at/news-detail/news/der-umwelt-zuliebe-als-erstes-krankenhaus-in-oesterreich-recycelt-das-lkh-villach-narkosegase/?tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Baction%5D=detail&cHash=463c5b9bdbecf205b77e4ecad8e18e24 https://www.lkh-vil.or.at/news-detail/news/weltpremiere-recyceltes-narkosegas-als-neu-aufbereitetes-medizinprodukt-an-das-lkh-villach-uebergeb/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	CUAS has a close cooperation with this institution.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Regional multi-actor Town Hall (A1.1)** ☑ **Focus Groups (A1.1)** ☑ **Pilot CAREavan (WP2)** ☑ **Pilot Open Innovation Days (A2.3)** ☑ **Taking part of the HACK-IT-Network (1.3)** ☑ **Exploitation workshops (A2.3) & Exploitation in Practice Workshops (A3.3)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	General Hospital Vienna All hospitals
Type of organisation	Public service
Country	Austria
City	Vienna

Short organisation description/ especially main activities 	The Vienna General Hospital (Allgemeines Krankenhaus der Stadt Wien, or AKH) is Austria's largest hospital and serves as the clinical center for the Medical University of Vienna. It encompasses over 30 university clinics and clinical institutes, providing a comprehensive range of medical services across various specialties, including oncology, cardiology, neurology, and orthopedics. Annually, the hospital treats approximately 95,000 inpatients and handles around 500,000 outpatient visits, reflecting its significant role in patient care, medical education, and research.
More case studies from this org or company	Medical Apps for Professionals Ventilation System Renovation
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Landeskrankenhaus (LKH) Villach
Type of organisation	Public service
Country	Austria
City	Villach
Short organisation description/ especially main activities	The Landeskrankenhaus (LKH) Villach is the second-largest hospital in Carinthia, Austria, equipped with approximately 730 beds. Annually, it treats around 260,000 patients, including about 32,000 inpatient and 228,000 outpatient cases. The hospital offers a comprehensive range of medical services across 11 departments, such as Internal Medicine, Neurology, Geriatrics, and Trauma Surgery, and operates four institutes, including Pathology and Radiological Diagnostics. Additionally, LKH Villach features specialized centers like the Breast Health Center and a Pediatric Sleep Laboratory.
More case studies from this org or company	Climate Awareness Project GreenHealthLearning Project Disaster Response System
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan**

H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **EFS - Economic and Financial Sustainability** ☑ **APC - Administrative and Promotive Challenges**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Workforce Challenges*** **Initial Situation:** Healthcare professionals, especially anesthesiologists and OR staff, are at the forefront of implementing gas recycling systems. Their participation is crucial to ensure correct operation and integration into clinical routines. **Challenges:** Lack of training programs on the use of gas capture and recycling technologies, resistance to change in established medical routines and concerns about workload increase, need for interdepartmental coordination (e.g., between anesthesia, facility management, pharmacy) to manage the process efficiently, potential safety concerns if systems are not used correctly or if protocols are unclear ***Economic and Financial Sustainability*** **Initial Situation:** While long-term savings and environmental benefits are clear, anesthetic gas recycling systems require significant upfront investments and ongoing costs. **Challenges:** High initial capital costs for purchasing and installing equipment, uncertainty about return on investment, especially for smaller hospitals with lower anesthesia gas usage, lack of dedicated funding or financial incentives for green healthcare initiatives, additional costs related to certification, staff training, and quality assurance. ***Administrative and Promotive Challenges*** **Initial Situation:** Hospitals must meet strict regulatory requirements when handling medical gases, especially when these gases are captured, purified, and reused. **Challenges:** Complex approval processes for recycled anesthetic gases as medical-grade products, limited national or international standards specifically for anesthetic gas recycling, difficulty in communicating the benefits and safety of these systems to administrative bodies and health authorities, lack of promotional frameworks or public awareness campaigns to build support for sustainable anesthesia.

Main results Summary 	• Interdisciplinary teams involving anesthesia departments, hospital management, facility services, and sustainability experts collaborated to explore feasible technologies, including activated carbon filters and closed-loop gas capture systems. Once a solution was selected, pilot projects were initiated, often starting in a single operating room or unit. Hospitals secured funding through internal budgets, grants, or environmental initiatives. Staff were trained in the correct use of the technology, and systems for gas collection, purification, and reuse were integrated into existing anesthesia workflows. External purification partners were involved to process and verify the reusability of captured gases. • The implementation of anesthetic gas recycling led to a significant reduction in CO_2 emissions, with some hospitals saving over 26,000 kg annually. It also resulted in long-term cost savings by lowering anesthetic gas consumption and waste disposal needs. Additionally, it enhanced the hospital's image as a sustainable healthcare provider and fostered greater staff engagement with environmental initiatives. Cross-departmental collaboration improved as teams worked together to integrate the new systems smoothly. • The anesthetic gas recycling model is highly transferable to other hospitals, especially those with high surgical volumes or sustainability goals. It can be adopted by both public and private healthcare institutions, with potential support from government incentives or green certifications. Successful implementation depends on regulatory alignment, infrastructure compatibility, and staff training across organizations.
Scope	Implemented in one hospital
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	LKH Villach worked with specialized suppliers of gas capture systems and environmental organizations that offered guidance on implementing such green technologies. Additionally, research institutions or government-backed initiatives (such as those promoting sustainable healthcare) may have helped with project funding, advice, or connecting hospitals with the right technology providers to ensure successful integration of the solution.
Type of funding	☑ **EU program**
Name of the funding	The project was co-funded by the European Union as a part of an initiative Health Care Without Harm (HCWH) (March 2022 – June 2024).

6.32. The chAnGE project—Climate change and healthy Ageing: co-creating E-learning for resilience and adaptation

The chAnGE project—Climate change and healthy Ageing: co-creating E-learning for resilience and adaptation	CHANGE 

Associated PP	PP4/CUAS
Duration	1 October 2023 – 30 September 2026
Webpage	https://forschung.fh-kaernten.at/change/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	CUAS is the project partner
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Focus Groups (A1.1)** ☑ **Pilot CAREavan (WP2)** ☑ **External events (e.g. EU week of Regions & Cities)** ☑ **Social media & press releases** ☑ **Taking part of the HACK-IT-Network (1.3)** ☑ **Partner meetings**

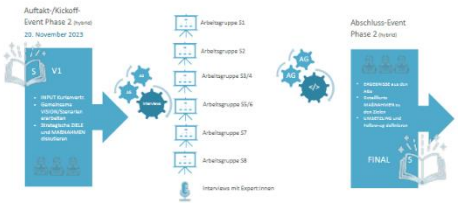
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Health and social care workers
Type of organisation	Health institutions and nursing homes
Country	Austria, Ireland, Finland, Portugal, Greece
City	Not applicable.
Short organisation description/ especially main activities	Not applicable.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	chAnGE Project
Type of organisation	Consortium of institutions
Country	Austria, Ireland, Finland, Portugal, Greece
City	Not applicable.
Short organisation description/ especially main activities	The chAnGE project - short for Climate change and healthy Ageing: co-creating E-learning for resilience and adaptation - brings together a diverse alliance of universities, vocational education and training (VET) providers, and health and social care organizations from five countries. Additionally, six associate partners contribute to the project's development and dissemination efforts. Its primary aim is to empower health and social care (HSC) workers to integrate climate adaptation and resilience strategies into their daily practices, particularly to safeguard the well-being of older adults who are increasingly vulnerable to climate-related health risks.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DC - Demographic Challenges** ☑ **DI - Digitalization and Innovation** ☑ **PP - Preventive and Promotive Health and Care** ☑ **APC - Administrative and Promotive Challenges**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Workforce Challenges*** **Initial Situation:** Health and social care professionals often lacked the knowledge and tools to address climate-related health risks, particularly for older adults. **Challenge:** Upskilling an already overburdened workforce with new competencies in climate adaptation while ensuring training is accessible, relevant, and not time-intensive. ***Accessibility and Infrastructure*** **Initial Situation:** Diverse levels of digital infrastructure and e-learning access across different regions and institutions. **Challenge:** Ensuring that the e-learning modules are universally accessible, especially for workers in under-resourced or rural areas with limited digital tools.

	Demographic Challenges **Initial Situation:** Older populations are especially vulnerable to climate impacts like heatwaves and extreme weather. **Challenge:** Developing training that sensitively incorporates the specific needs of ageing populations, often overlooked in mainstream climate resilience efforts. ***Digitization and Innovation*** **Initial Situation:** Climate resilience content is rarely embedded in health curricula or professional development. **Challenge:** Innovating within rigid educational systems to create digital micro-learning modules that are stackable and integrate well into existing learning pathways. ***Preventive and Promotive Health and Care*** **Initial Situation:** Climate-related health prevention is rarely addressed in everyday health and social care settings. **Challenge:** Reframing climate action as a form of preventive healthcare and embedding it into everyday HSC practices. ***Administrative and Promotional Challenges*** **Initial Situation:** Low awareness and institutional prioritization of climate-health links. **Challenge:** Promotion of the project and motivating diverse stakeholders to adopt and disseminate the training materials effectively.
Main results Summary 	• The chAnGE project began with a needs assessment across five European countries, identifying gaps in healthcare workers' knowledge regarding climate change and its impacts on older populations. Based on this, a curriculum was developed focusing on climate adaptation and resilience in healthcare, specifically designed for health and social care professionals. The solution was delivered as bite-sized, interactive e-learning modules, which were flexible and included stackable micro-credentials. The implementation involved collaboration among a consortium of universities, vocational institutions, and healthcare organizations, ensuring that the e-learning platform was accessible and relevant across different regions.

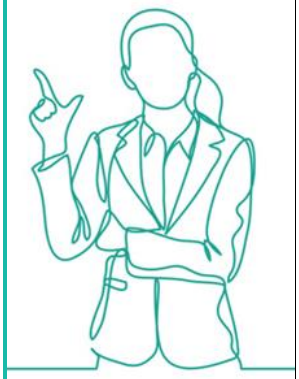
	• The project raised awareness among healthcare workers about the link between climate change and health, particularly for older adults. It led to the development of modular, accessible training, which allowed workers to gain new knowledge without interrupting their work schedules. The micro-credentialing system provided professionals with opportunities for continuous development, enhancing their ability to integrate climate resilience into their practices. Additionally, the project fostered cross-border collaboration, helping to strengthen partnerships and integrate climate change into national healthcare policies. • The e-learning modules and micro-credential system are scalable and adaptable, making them transferable to other regions and healthcare organizations. The project's focus on climate adaptation in healthcare can be applied globally, especially in regions facing similar challenges. The collaborative approach, which includes input from healthcare workers and vulnerable populations, is a model that could be adopted in other sectors such as mental health or disability services. The sustainability of the project's digital format ensures that it can be easily replicated and maintained by other organizations looking to integrate climate resilience into their healthcare systems.
Scope	International
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	There are no third parties except the project partners who are part of the consortium
Type of funding	☑ **EU program**
Name of the funding	Erasmus+ EU Co-funded

6.33. eHealth Strategy Austria (2024-2030)

eHealth Strategy Austria (2024-2030)	 

Associated PP	PP4/CUAS
Duration	2024 - Ongoing
Webpage	https://www.digitalaustria.gv.at/Strategien/eHealth-Strategie.html
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Internet research
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot CAREavan (WP2)** ☑ **Pilot PolicyParley (WP2)** ☑ **Taking part of the HACK-IT-Network (1.3)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Austrian healthcare system: Patients, healthcare providers, administrative bodies
Type of organisation	Healthcare system
Country	Austria
City	All cities
Short organisation description/ especially main activities	Not applicable.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Federal Ministry of Social Affairs, Health, Care and Consumer Protection
Type of organisation	National authority
Country	Austria
City	Vienna
Short organisation description/ especially main activities 	The Federal Ministry of Social Affairs, Health, Care and Consumer Protection (German: Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz) is a government ministry of the Republic of Austria, established in 1917 in Vienna. The ministry is responsible for a broad range of public welfare areas, including: **Social Affairs:** Managing social insurance systems, disability services, and social inclusion policies. **Health:** Overseeing the Austrian healthcare system, public health initiatives, and health policy development. **Care:** Developing policies for long-term care, supporting family caregivers, and ensuring quality standards in care services. **Consumer Protection:** Coordinating consumer policy, ensuring product safety, and facilitating dispute resolution mechanisms. The ministry also plays a pivotal role in legislative processes, policy formulation, and coordination with other governmental and non-governmental stakeholders to implement programs that enhance the well-being of Austrian citizens.
More case studies from this organisation or company	Climate-Neutral Healthcare Strategy

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan** ☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DI - Digitalization and Innovation** ☑ **APC - Administrative and Promotive Challenges**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Workforce Challenges*** **Initial Situation:** Healthcare professionals were accustomed to traditional documentation and communication methods. **Challenge:** Training staff, overcoming digital literacy gaps, and managing resistance to technological change, particularly among older healthcare professionals, were significant barriers to adoption. ***Accessibility and Infrastructure*** **Initial Situation:** Uneven availability of broadband internet and IT infrastructure, particularly in rural or remote areas. **Challenge:** Ensuring nationwide access to digital services and equipping all healthcare institutions with the necessary technical infrastructure posed logistical and financial challenges. ***Digitization and Innovation*** **Initial Situation:** Austria's healthcare system was largely paper-based and fragmented, with limited digital infrastructure across providers. **Challenge:** Introducing interoperable digital health solutions like ELGA (electronic health record) required major technical development, integration across various IT systems, and widespread digital transformation within public and private healthcare institutions. ***Administrative and Promotional Challenges*** **Initial Situation:** Limited public and professional awareness of the benefits and implications of eHealth systems. **Challenge:** The ministry needed to coordinate among many stakeholders, communicate effectively, and promote user acceptance—both among healthcare providers and patients—while ensuring privacy and security concerns were addressed.

Main results Summary	• The eHealth Strategy Austria was developed as a national policy framework to modernize Austria's healthcare system through digital transformation. Planning began with stakeholder consultations involving healthcare providers, IT experts, insurance funds, and patients' associations. The aim was to define a unified vision that prioritized interoperability, data security, and user-friendly systems. The strategy centered around the implementation of ELGA (Elektronische Gesundheitsakte), Austria's electronic health record system, and supporting tools like e-medication, e-lab, and e-discharge letters. Implementation occurred in phases, starting with hospitals and later expanding to general practitioners and pharmacies. The project also required the establishment of ELGA GmbH, a dedicated company to manage technical operations, and legal frameworks to define data access, consent, and governance. Training programs, public awareness campaigns, and continuous IT support were key elements in the rollout, ensuring a gradual but effective transition across the health sector. • The implementation of the eHealth Strategy has had several significant impacts: (1) **Improved care coordination:** With access to centralized patient records, healthcare providers can make more informed decisions and avoid redundant tests or prescriptions; (2) **Efficiency gains:** Administrative processes have been streamlined, reducing paperwork and improving communication between institutions; (3) **Data-driven decision-making:** The availability of structured health data allows for better public health monitoring and policy planning; (4) **Strengthened public trust:** Secure systems and transparency in data use have helped build trust in digital healthcare solutions. For the ministry, the strategy has enhanced its capacity to steer digital health governance and strengthened Austria's positioning in European digital health initiatives. • The Austrian eHealth model offers strong potential for transferability to other countries or regions, particularly due to its: (1) **Scalable architecture:** ELGA is designed with interoperability in mind, making it adaptable to different health systems; (2) **Clear governance structure:** The collaboration between a dedicated agency (ELGA GmbH), public institutions, and healthcare providers is replicable; (3) **Legal and ethical framework:** Austria's focus on data protection and patient rights serves as a best-practice example for similar digital health projects. However, successful transfer would depend on local infrastructure readiness, legal context, and the ability to secure stakeholder buy-in.

Scope	National
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	ELGA GmbH Social Insurance Institutions Healthcare Providers (Hospitals, Physicians, Pharmacies) IT and Infrastructure Providers
Type of funding	☑ **Public** ☑ **EU program**
Name of the funding	Public sector funding: Federal Ministry of Social Affairs, Health, Care and Consumer Protection Social Insurance Insitutions (e.g. ÖGK) State and Regiona Health Funds (Landesgesundheitsfonds) EU Co-Funding (in selected phases)

6.34. Environmental Coaches (Umweltcoaches)

Environmental Coaches (Umweltcoaches)	 

Associated PP	PP4/CUAS
Duration	January 2023 - 2030
Webpage	https://www.barmherzige-brueder.at/umwelt/auszeichnungen-verband-gruener-krankenhauser-2024
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	We got the information through the ÖVGK (The Austrian Association of Green Hospitals)
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot CAREavan (WP2)** ☑ **Social media & press releases** ☑ **Taking part of the HACK-IT-Network (1.3)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	The staff of the hygiene department of the Hospital of the Brothers of Mercy St. Veit/Glan (Krankenhaus der Barmherzigen Brüder St. Veit/Glan)
Type of organisation	Public service
Country	Austria
City	St.Veit/Glan

Short organisation description/ especially main activities 	The team consists of 39 employees, including representatives from all areas of the Hospital of the Brothers of Mercy St. Veit/Glan. The hygiene team was introduced in 1994 with the full support of the hospital maagement. The Krankenhaus der Barmherzigen Brüder St. Veit/Glan is a hospital located in Sankt Veit an der Glan, Carinthia, Austria. It is part of the healthcare network operated by the Barmherzige Brüder (Brothers of Mercy), a Catholic religious order dedicated to providing medical and social services. The hospital offers a range of medical services, including diagnostics, treatment, and rehabilitation across various medical specialties. It houses a palliative care unit dedicated to providing specialized care for patients with serious illnesses, focusing on improving quality of life.
More case studies from this org or company	Environmental Management Practices in Austrian Social Service and Healthcare Non-Profits (SSHC-NPOs) Voluntary Sustainability Reporting – Elisabethinen Hospital Klagenfurt Sustainability Reporting and Energy Efficiency Programs – Barmherzige Brüder Regensburg
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Management of Hospital of the Brothers of Mercy St. Veit/Glan (Krankenhaus der Barmherzigen Brüder St. Veit/Glan)
Type of organisation	Hospital
Country	Austria
City	St.Veit/Glan
Short organisation description/ especially main activities	The Krankenhaus der Barmherzigen Brüder St. Veit/Glan is a hospital located in Sankt Veit an der Glan, Carinthia, Austria. It is part of the healthcare network operated by the Barmherzige Brüder (Brothers of Mercy), a Catholic religious order dedicated to providing medical and social services.The hospital offers a range of medical services, including diagnostics, treatment, and rehabilitation across various medical specialties. It houses a palliative care unit dedicated to providing specialized care for patients with serious illnesses, focusing on improving quality of life.
More case studies from this org or company	Environmental Management Practices in Austrian Social Service and Healthcare Non-Profits (SSHC-NPOs) Voluntary Sustainability Reporting – Elisabethinen Hospital Klagenfurt Sustainability Reporting and Energy Efficiency Programs – Barmherzige Brüder Regensburg

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan** ☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **EFS - Economic and Financial Sustainability** ☑ **APC - Administrative and Promotive Challenges**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	Healthcare institutions, like many organizations, often face resistance to change from staff who are already accustomed to existing workflows and practices. This was also the case in this project. Also, the lack of awareness or knowledge about sustainability was one of the initial challenges at the beginning of the project. Healthcare environments are high-pressure, fast-paced settings, where patient care is the top priority. Integrating sustainability efforts into daily operations without disrupting patient care was very challenging in the initial situation. Also maintaining enthusiasm and participation in sustainability programs over the long term was difficult.
Main results Summary	Overcoming resistance have involved engaging staff early in the process, explaining the environmental benefits, and showing how the initiative aligned with the hospital's broader mission of caring for people and the planet. The hospital provided training and educational materials to empower the environmental coaches with the necessary knowledge, helping them become effective advocates for sustainable practices. The hospital had to ensure that environmental initiatives did not interfere with medical care or staff workloads. Solutions have included small, incremental changes that didn't overwhelm the staff. The hospital have introduced ongoing monitoring, rewards, or recognition programs to keep staff engaged and motivated, along with periodic refresher training. These insights could make the Environmental Coaches initiative a model that can be replicated and adapted by other hospitals or organizations looking to foster a more sustainable, environmentally conscious workplace. • Staff Engagement: Involving staff at all levels to ensure the program aligns with their values and responsibilities. • Gradual Implementation: Rolling out sustainability initiatives in manageable phases, ensuring minimal disruption. • Continuous Support and Communication: Ensuring that sustainability efforts are ongoing and integrated into the organizational culture, not just a one-time effort.

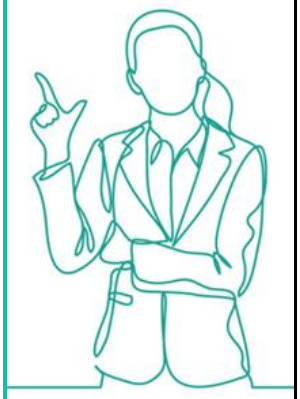
Scope	Regional
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	No
Type of funding	☑ **Other**
Name of the funding	Financed through internal budgets

6.35. Greening the AGR fleet

Greening the AGR fleet	 

Associated PP	PP4/CUAS
Duration	2020 - Permanent solution, no end date
Webpage	https://www.barmherzige-brueder.at/portal/klagenfurt/ueberuns/umwelt/energyglobeaward
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	CUAS has a cooperation with this hospital.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot CAREavan (WP2)** ☑ **Pilot Open Innovation Days (A2.3)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	The Department of Acute Geriatrics & Remobilization at the A.ö. Krankenhaus der Elisabethinen GmbH
Type of organisation	Public service
Country	Austria
City	Klagenfurt

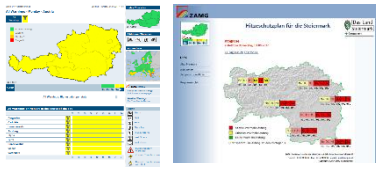
Short organisation description/ especially main activities 	The Department of Acute Geriatrics & Remobilization at the A.ö. Krankenhaus der Elisabethinen GmbH specializes in the diagnosis and treatment of older people. Treatment and care are tailored to the individual needs of the patient. The Department of Acute Geriatrics & Remobilization offers various inpatient and outpatient services depending on the patient's needs. Close networking and collaboration with relatives or other caregivers is particularly important. The Elisabethinen Hospital in Klagenfurt is a Christian-based institution with over 300 years of tradition, staffed by approximately 385 employees who annually care for around 7,500 inpatients and 30,000 outpatients. The hospital offers a range of medical services, including departments of general surgery, orthopedics and traumatology, internal medicine, radiology, anesthesiology and intensive care, as well as a department for acute geriatrics and remobilization. Notably, it has been recognized as Austria's first "age-friendly health facility," reflecting its commitment to the needs of elderly and dementia patients. Additionally, the hospital has been certified as a "Hernia Center" and a European Wound Center, highlighting its specialized expertise in these areas.
More case studies from this org or company	Food Waste Reduction Sustainable Practices Recognition Advanced Lighting for Patient Recovery

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Elisabethinen Hospital
Type of organisation	Public service
Country	Austria
City	Klagenfurt
Short organisation description/ especially main activities	The Elisabethinen Hospital in Klagenfurt is a Christian-based institution with over 300 years of tradition, staffed by approximately 385 employees who annually care for around 7,500 inpatients and 30,000 outpatients. The hospital offers a range of medical services, including departments of general surgery, orthopedics and traumatology, internal medicine, radiology, anesthesiology and intensive care, as well as a department for acute geriatrics and remobilization. Notably, it has been recognized as Austria's first "age-friendly health facility," reflecting its commitment to the needs of elderly and dementia patients. Additionally, the hospital has been certified as a "Hernia Center" and a European Wound Center, highlighting its specialized expertise in these areas.

More case studies from this org or company	Food Waste Reduction Sustainable Practices Recognition Advanced Lighting for Patient Recovery
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **EFS - Economic and Financial Sustainability** ☑ **APC - Administrative and Promotive Challenges**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Workforce*** **Initial Situation:** The AGR team consisted of professionals accustomed to conventional vehicles for patient home visits. **Challenges:** Transitioning to electric vehicles (EVs) required staff training on new vehicle operations and addressing range limitations to ensure uninterrupted service delivery. ***Access and Infrastructure*** **Initial Situation:** The hospital's infrastructure lacked facilities to support electric vehicles. **Challenges:** Establishing adequate charging stations and integrating them with existing electrical systems posed logistical and spatial challenges. Additionally, planning a photovoltaic system to supply green energy to these stations required careful coordination. ***Economic and Financial Sustainability*** **Initial Situation:** The hospital aimed to reduce operational costs and environmental impact through sustainable practices. **Challenges:** The upfront investment for EVs, e-bikes, and charging infrastructure was substantial. Ensuring long-term financial benefits through reduced fuel and maintenance costs required thorough financial planning and securing potential funding or incentives. ***Administrative and Promotive Challenges*** **Initial Situation:** The hospital sought to position itself as an environmentally responsible institution. **Challenges:** Effectively communicating the benefits of the project to stakeholders, including staff, patients, and the broader community, was essential. The hospital needed to promote its commitment to sustainability and demonstrate the project's positive impact on patient care and environmental stewardship.

Main results Summary 	• **Planning and Implementation:** The hospital identified the need to reduce the environmental footprint of its mobile geriatric care service and planned a transition to electric vehicles supported by renewable energy. They conducted feasibility studies, installed solar-powered charging infrastructure, and trained staff on the new technology. Implementation was phased to ensure a smooth transition and operational continuity. • **Consequences and Tangible Results:** The initiative led to reduced CO_2 emissions and long-term cost savings through lower fuel and maintenance expenses. It enhanced the hospital's reputation, earning them the Energy Globe Award Kärnten 2022. Staff engagement and patient satisfaction increased, reflecting the organization's commitment to sustainability and innovation. • **Transferability to Other Organizations:** This model is highly transferable to other healthcare or mobile service providers, adaptable in scale and infrastructure. It demonstrates how sustainable practices can align with operational goals and public health values. With growing support for green energy and mobility, similar initiatives can be implemented effectively elsewhere.
Scope	Regional
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	It is unclear which external organizations, if any, collaborated with the hospital in implementing this initiative.
Type of funding	☑ **Other**
Name of the funding	This initiative at Elisabethinen Hospital Klagenfurt was primarily financed through the hospital's internal funds. There is no publicly available information indicating the involvement of external funding sources or third-party financiers in this specific project.

6.36. Heat Protection Plan

Heat Protection Plan	

Associated PP	PP4/CUAS
Duration	2017 - Permanent solution, no end date
Webpage	https://climate-adapt.eea.europa.eu/en/metadata/case-studies/operation-of-the-austrian-heat-protection-plan?utm_source
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Internet research
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot CAREavan (WP2)** ☑ **Taking part of the HACK-IT-Network (1.3)**

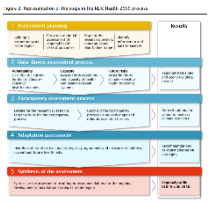
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	General public, with a particular focus on vulnerable groups including the elderly, children, and individuals with pre-existing health conditions
Type of organisation	General public
Country	Austria
City	All cities
Short organisation description/ especially main activities	Not applicable.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Federal Ministry of Health and Women's Affairs
Type of organisation	Public service
Country	Austria
City	Vienna
Short organisation description/ especially main activities	The Federal Ministry of Health and Women's Affairs is responsible for public health policies, healthcare system oversight, and the advancement of women's rights and gender equality in Austria. Its main activities included developing health legislation, supervising social insurance institutions, promoting health education, and implementing programs to support women's empowerment and equal opportunities.
More case studies from this org or company	PROSPECT:EMPLOYMENT
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan** ☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DC - Demographic Challenges** ☑ **EFS - Economic and Financial Sustainability** ☑ **SD - Specialization and Decentralization** ☑ **PP - Preventive and Promotive Health and Care** ☑ **APC - Administrative and Promotive Challenges**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Workforce Challenges*** **Initial Situation:** Healthcare workers were already managing increasing demands from an aging population without specific protocols for heat-related health risks. **Challenge:** Training and mobilizing healthcare and social service staff to respond effectively to heat stress required new resources, coordination, and awareness. ***Accessibility and Infrastructure*** **Initial Situation:** Infrastructure to support vulnerable populations during extreme heat (e.g., cooling spaces, rapid response teams) was limited or unevenly distributed.

	Challenge: Ensuring equitable access to cooling measures and timely assistance in both urban and rural settings was logistically difficult and infrastructure-dependent. ***Demographic Challenges*** **Initial Situation:** Austria's growing elderly population, particularly in isolated areas, was highly susceptible to heat-related illness. **Challenge:** Tailoring heat protection strategies to effectively reach and protect at-risk groups like the elderly, young children, and chronically ill individuals proved complex. ***Economic and Financial Sustainability*** **Initial Situation:** Public health funding was already strained with multiple priorities, and heat adaptation was a new and growing concern. **Challenge:** Securing sustainable funding for preventive infrastructure, public awareness, and emergency response mechanisms was a persistent hurdle. ***Preventive and Promotive Health and Care*** **Initial Situation:** Public understanding of heat-related health risks and preventive behaviors was relatively low. **Challenge:** Promoting proactive health behavior and public compliance with heat warnings required widespread, sustained education campaigns. ***Specialization and Decentralization*** **Initial Situation:** Austria's provinces had differing levels of preparedness and autonomy in health policy implementation. **Challenge:** Coordinating a unified national approach while respecting regional autonomy required alignment of diverse stakeholders and localized planning. ***Administrative and Promotional Challenges*** **Initial Situation:** No comprehensive communication system existed to issue heat warnings and protective guidance across all sectors. **Challenge:** Establishing clear administrative protocols and ensuring consistent public outreach across sectors and regions proved demanding.
Main results Summary	The Heat Protection Plan was developed in response to increasing heatwaves and their health impacts, particularly after the 2003 heat crisis. Planning began with regional initiatives (e.g., in Styria and Carinthia) following WHO recommendations, and later evolved into a national strategy led by the Federal Ministry of Health and Women's Affairs. Implementation involved establishing early warning systems in cooperation with meteorological services, defining protection measures for vulnerable groups, and coordinating health and social care providers to act swiftly during heat events.

	The plan enhanced preparedness across Austria's healthcare and social service systems, leading to a more structured and proactive response to heat-related health threats. It improved communication between national and regional authorities, and among healthcare professionals, social workers, and the general public. The initiative reduced health risks during heatwaves, particularly among elderly and vulnerable populations, and reinforced Austria's capacity to adapt to climate-related health challenges. The Heat Protection Plan is highly transferable to other national and regional public health authorities, especially in countries facing increasing heatwaves due to climate change. Its modular structure allows adaptation to different administrative contexts, population needs, and climate profiles. Key transferable elements include early warning systems, cross-sector coordination, public education campaigns, and specific protocols for healthcare and elderly care facilities.
Scope	National
Language	German; English for summaries and version intended for international audiences.
Was/were any third parties involved in the facilitation of the Solution supplier?	The implementation involved collaboration with several third-party organizations and institutions: GeoSphere Austria (formerly ZAMG): The national meteorological service provided essential meteorological data and heat warnings, forming the basis for timely public alerts and preventive measures. Regional Health Authorities: Provincial health departments, such as those in Styria and Carinthia, developed localized heat protection strategies and coordinated with national efforts to ensure region-specific responses. Austrian Disability Council: This organization contributed expertise to ensure that the needs of persons with disabilities were considered in the development and implementation of heat protection measures. Medical Institutions and Universities: Entities like the Medical University of Vienna collaborated in research and development of guidelines to address heat-related health risks.
Type of funding	☑ **Public**
Name of the funding	Federal Ministry of Health and Women's Affairs

6.37. KLIC Health 2050 („KLIC Gesundheit 2050“)

KLIC Health 2050 („KLIC Gesundheit 2050“)	 

Associated PP	PP4/CUAS
Duration	2023 - Ongoing
Webpage	https://agenda-gesundheitsfoerderung.at/kokug/KLIC
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Internet research
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot CAREavan (WP2)** ☑ **Taking part of the HACK-IT-Network (1.3)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation’s name	Austrian healthcare facilities in Austrian municipalities and regions
Type of organisation	Austrian healthcare facilities
Country	Austria
City	Not applicable.
Short organisation description/ especially main activities	Not applicable.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Competence Center Climate and Health at Gesundheit Österreich GmbH (GÖG)
Type of organisation	Public service
Country	Austria
City	Vienna
Short organisation description/ especially main activities	The Competence Center Climate and Health focuses on integrating climate change mitigation and adaptation strategies into the healthcare sector. Its objectives include developing sustainable strategies for the health system, creating scientific knowledge bases for health policy frameworks, and promoting climate competence within healthcare. The center emphasizes an interdisciplinary approach, collaborating with experts from science, policy, and practice to address the health impacts of climate change.
More case studies from this org or company	Austrian Strategy for a Climate-Neutral Healthcare System Climate Managers
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan** ☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DC - Demographic Challenges** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability** ☑ **SD - Specialization and Decentralization** ☑ **PP - Preventive and Promotive Health and Care** ☑ **APC - Administrative and Promotive Challenges**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Workforce Challenges*** **Initial Situation:** Healthcare professionals often lacked specific training on the health impacts of climate change. **Challenge:** There was a need to enhance climate related competencies among health workers to ensure effective response to climate induced health issues. ***Accessibility and Infrastructure*** **Initial Situation:** Some healthcare facilities were not adequately equipped to handle climate related events, such as heatwaves or floods.

	Challenge: Upgrading infrastructure to be resilient against climate impacts posed financial and logistical challenges. ***Demographic Challenges*** **Initial Situation:** Certain populations, including the elderly and those with pre-existing conditions, were more vulnerable to climate related health risks. **Challenge:** Tailoring health services to meet the needs of these vulnerable groups required additional resources and planning. ***Digitalization and Innovation*** **Initial Situation:** There was a lack of integrated digital systems to monitor and respond to climate related health data. **Challenge:** Implementing advanced digital solutions for real-time data analysis and response coordination was necessary but complex. ***Economic and Financial Sustainability*** **Initial Situation:** Limited budgets constrained the ability to invest in climate resilient health infrastructure and programs. **Challenge:** Securing sustainable funding sources for long-term climate adaptation in healthcare was a significant hurdle. ***Preventive and Promotive Healthcare and Care*** **Initial Situation:** Preventive health measures were not fully integrated with climate adaptation strategies. **Challenge:** Developing and promoting preventive healthcare that addresses climate related risks required interdisciplinary collaboration. ***Specialization and Decentralization*** **Initial Situation:** Healthcare services were often centralized, limiting access in remote areas. **Challenge:** Decentralizing services to ensure equitable access to climate resilient healthcare across all regions was challenging. ***Administrative and Promotional Challenges*** Initial Situation: There was a lack of cohesive policies integrating health and climate change adaptation. Challenge: Coordinating between various administrative bodies to develop and implement integrated policies was complex.

The KLIC Health 2050 initiative was strategically planned and implemented to strengthen climate resilience within Austria's healthcare and long-term care systems. The project followed the World Health Organization's framework for climate and health vulnerability assessments. In the planning phase, the KLIC approach incorporated a participatory process involving local stakeholders—from healthcare professionals and public officials to civil society representatives. Regions received support to build a climate-health profile based on demographic, environmental, and health data, and to identify local vulnerabilities such as heatwaves or infrastructure gaps. The first implementation took place in the KLAR! Waldviertler Kernland region in 2023, where structured interviews, workshops, and data analysis informed the development of specific adaptation recommendations for the local healthcare sector.

As a result of the implementation, participating organizations experienced increased awareness of climate-related risks and improved their ability to plan for emergencies, such as extreme weather events or health system disruptions. The process led to tangible changes in regional health planning, with climate adaptation now being more integrated into preventive care strategies and operational procedures. The organizations involved also benefited from enhanced collaboration across administrative boundaries and sectors. A set of practical tools and region-specific data products—such as the climate-health profile—were developed, enabling more evidence-based decision-making.

The KLIC methodology has strong potential for transferability to other regions and organizations. Its modular and scalable design allows it to be tailored to different geographical and institutional contexts, whether urban or rural. It is especially relevant for municipalities already participating in adaptation or sustainability programs like KLAR! or ÖkoBusiness Wien. Additionally, the approach can be extended beyond traditional healthcare providers to sectors such as elderly care, emergency services, and public health promotion.

Scope	National
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	Austrian Society for Environment and Technology (ÖGUT) Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection
Type of funding	☑ **Public**
Name of the funding	Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection

6.38. Reutte Hospital - Smart Hospital Transformation

Reutte Hospital – Smart Hospital Transformation	

Associated PP	PP4/CUAS
Duration	2023 - 2024
Webpage	https://www.siemens.com/global/en/products/buildings/references/reutte.html
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Internet research
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot CAREavan (WP2)** ☑ **Taking part of the HACK-IT-Network (1.3)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Reutte Hospital
Type of organisation	Public service
Country	Austria
City	Ehenbichl, Tyrol

Short organisation description/ especially main activities 	The Bezirkskrankenhaus Reutte (BKH Reutte) is a public academic teaching hospital affiliated with the Universities of Innsbruck and Vienna. The hospital is equipped with 130 beds and employs approximately 480 staff members, ensuring round-the-clock care for patients. The main departments at BKH Reutte include: Internal Medicine, General Surgery, Orthopedics and Traumatology, Gynecology and Obstetrics, Pediatrics, Anesthesiology and Intensive Care and Radiology. Additionally, the hospital offers specialized services such as an interdisciplinary day clinic, a dialysis unit, and an acute geriatrics and remobilization department.
More case studies from this org or company	Implementation of a Performance Dashboard for Data Management
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Siemens AG
Type of organisation	Public company
Country	Germany
City	Munich
Short organisation description/ especially main activities	Siemens AG is a global technology company headquartered in Munich, Germany, with roots dating back to 1847. It operates in over 190 countries and is one of the world's leading suppliers in areas such as industrial automation, smart infrastructure, energy technologies, healthcare (through Siemens Healthineers), mobility, and digital industries. Siemens' operations are organized into several key sectors: Digital Industries, Smart Infrastructure, Mobility, Siemens Healthineers, Siemens Energy.
More case studies from this org or company	Vienna Hospital Association (KAV) – Energy Optimization City of Vienna – Smart City Solutions

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan**
H&C Challenges addressed	☑ **AI - Accessibility and Infrastructure** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Accessibility and Infrastructure*** **Initial situation:** The hospital's energy infrastructure—particularly heating and electricity systems—was outdated and inefficient, lacking smart energy management features. **Challenge:** Modernizing existing systems without disrupting daily hospital operations required complex logistical planning and custom engineering solutions. ***Digitization and Innovation*** **Initial situation:** The hospital was operating with limited digital integration for energy and facility management. **Challenge:** Implementing smart technologies such as building automation systems, photovoltaic integration, and digital monitoring required system upgrades and staff adaptation to new digital tools. ***Economic and Financial Sustainability*** **Initial situation:** High operational costs due to energy inefficiency and increasing demand for cost-effective healthcare delivery. **Challenge:** Ensuring the financial viability of the transformation through performance-based models, while achieving energy savings and demonstrating return on investment.
Main results Summary	The transformation at Reutte Hospital was planned as a collaborative project between the hospital and Siemens, with the primary goal of improving energy efficiency, reducing operating costs, and aligning the facility with modern environmental standards. Planning began with a comprehensive energy audit to assess inefficiencies and identify high-impact upgrades. Siemens proposed a smart infrastructure solution using a performance contracting model, where the investment costs would be offset by the guaranteed energy savings. Key components of the solution included the renovation of the hospital's heating system and the installation of a rooftop photovoltaic system. The implementation phase involved careful scheduling to avoid disrupting hospital operations, integration of digital control systems for energy management, and staff training to support the transition to smart building operations.

	The project led to significant energy savings, with annual reductions in energy costs estimated at over 150,000€. The photovoltaic installation helped reduce dependence on external electricity sources, and the updated heating system improved thermal comfort and reliability. The success of the Reutte project illustrates a high degree of transferability to other healthcare and public institutions, especially those operating older facilities with high energy consumption. The performance contracting model used by Siemens is particularly appealing, as it reduces financial risk and provides measurable outcomes. Hospitals, schools, and municipal buildings with similar infrastructure and energy usage patterns can adopt this approach. The project serves as a best-practice example for integrating smart technology with sustainability goals, particularly in resource-constrained environments seeking efficiency without upfront capital investment.
Scope	Regional
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	No third party involved
Type of funding	☑ **Other**
Name of the funding	Performance-based contracting model facilitated by Siemens Financial Services (SFS)

6.39. Rudolfinerhaus

Rudolfinerhaus	

Associated PP	PP4/CUAS
Duration	2018 - 2020
Webpage	https://www.rudolfinerhaus.at/en/nachhaltigkeit-qualitaetsstandards/
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Internet research
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot CAREavan (WP2)** ☑ **Taking part of the HACK-IT-Network (1.3)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Rudolfinerhaus Private Hospital
Type of organisation	Private hospital
Country	Austria
City	Vienna
Short organisation description/ especially main activities	Rudolfinerhaus is a prestigious private hospital located in Vienna's 19th district, renowned for its blend of advanced medical care and a commitment to sustainability. The hospital offers a comprehensive range of medical specialties, including internal medicine, surgery, cardiology, orthopedics, gynecology, neurology, urology, oncology, and ENT.

More case studies from this org or company	Patient Information and Consulting Centre (PIZ)
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	FCP (Fritsch, Chiari & Partner ZT GmbH)
Type of organisation	Engineering consultancy
Country	Austria
City	Vienna
Short organisation description/ especially main activities	FCP offers a comprehensive range of services, including structural and civil engineering design, project management, and digital engineering solutions. The firm is recognized for integrating Building Information Modeling (BIM) into its projects and has developed its own Digital Project Environment (DPU) to enhance collaboration among stakeholders. FCP is committed to sustainability, holding ISO 14001 certification and actively working to reduce its carbon footprint through various initiatives.
More case studies from this org or company	LKH Klagenfurt Campus FH St. Pölten
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan**
H&C Challenges addressed	☑ **AI - Accessibility and Infrastructure** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability** ☑ **APC - Administrative and Promotive Challenges**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Accessibility and Infrastructure*** **Initial Situation:** Rudolfinerhaus is a historic healthcare facility located in a densely built urban area in Vienna. Several core buildings, including the Billroth and Wilczek Pavilions, were aging and no longer met modern healthcare or accessibility standards. **The Challenge:** Renovating and expanding the infrastructure without disrupting ongoing medical services required complex logistics. Maintaining safe and barrier-free access during construction—especially for patients, staff, and emergency services—was a major architectural and operational challenge.

	Digitization and Innovation **Initial Situation:** Before renovation, much of the hospital's documentation and patient coordination relied on conventional systems, with limited digital integration across medical and administrative processes. **The Challenge**: The transition to a digitally enabled hospital, including fully digital patient documentation (e.g., tablets for nursing staff), required integrating IT systems into the building design from the ground up. Ensuring data security, seamless network coverage, and user-friendly systems added technical complexity. ***Economic and Financial Sustainability*** **Initial Situation:** Like many private healthcare institutions, Rudolfinerhaus needed to modernize within a reasonable budget and secure long-term operational cost savings to remain financially sustainable. **The Challenge:** FCP had to design and implement sustainable systems (e.g., fossil-free heating/cooling, energy-efficient insulation, water reuse) that reduced future operating costs—without overburdening the project budget or disrupting clinical services. Balancing short-term investment with long-term economic benefit was critical. ***Administrative and Promotional Challenges*** **Initial Situation:** A large-scale renovation in a functioning private hospital required coordination between diverse stakeholders, including hospital leadership, city authorities, architects, and construction teams. **The Challenge:** FCP had to navigate strict health-sector regulations, secure environmental certifications (e.g., ÖkoBusiness Wien), and maintain transparency with staff and patients. At the same time, the project needed to promote sustainability outcomes to reinforce Rudolfinerhaus's image as a modern, environmentally responsible facility.
Main results Summary 	The solution was planned through a multi-phase, competition-based architectural approach, with FCP and F+P Architekten ZT GmbH selected to lead design and engineering. The project included a phased renovation (2018–2020) to maintain hospital operations during construction. Sustainable systems were embedded into the planning from the start: fossil-free energy supply, underfloor heating, modular cooling, digital health infrastructure, and rainwater reuse. Consequences and Tangible Results for the Organisation: • Operational Efficiency: Reduced reliance on fossil fuels and optimized energy use significantly lowered long-term operating costs. • Environmental Impact: Recognized with the "ÖkoBusiness Betrieb" label for eco-conscious building performance.

	• Modernized Services: Introduction of digital tools (e.g., tablet-based patient records) streamlined workflows and improved care delivery. • Institutional Reputation: Reinforced Rudolfinerhaus's image as a forward-thinking, sustainable private hospital. The Rudolfinerhaus case demonstrates that sustainable transformation is possible even in historic, operational hospitals. Key aspects—like modular retrofitting, fossil-free energy, water recovery, and BIM-based coordination—are scalable and adaptable to other hospitals or care facilities, especially in urban settings. FCP's integrated project model and DPU system can serve as a replicable planning and execution framework for similar healthcare sustainability initiatives.
Scope	Regional
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	F+P Architekten ZT GmbH City of Vienna/ ÖkoBusiness Wien Construction Contractors and Suppliers
Type of funding	☑ **Private**
Name of the funding	Rudolfiner-Verein Rotes Kreuz

6.40. Smart:MOBIL

Smart:MOBIL	

Associated PP	PP4/CUAS
Duration	2017 - 2024
Webpage	https://www.smartmobil.at/
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Internet search
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot CAREavan (WP2)** ☑ **Pilot Open Innovation Days (A2.3)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Federal State of Carinthia
Type of organisation	Regional authority.
Country	Austria
City	Klagenfurt
Short organisation description/ especially main activities	The Federal State of Carinthia functions as a regional government authority responsible for various administrative, economic, and cultural affairs within its jurisdiction. Its main activities encompass are economic development, digitalization Initiatives, tourism Promotion.
More case studies from this org or company	5G Technology Implementation Bee-O-Meter Project

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	PDCP GmbH
Type of organisation	Research and consulting organization
Country	Austria
City	Pörtschach
Short organisation description/ especially main activities	PDCP GmbH is a private limited company (GmbH) based in Klagenfurt am Wörthersee, Austria. Established in 2015, it functions as a combined field research and consulting organization specializing in innovative mobility solutions. Notably, PDCP GmbH operates the SURAAA (Smart Urban Region Austria Alps Adriatic) project, which has been running autonomous shuttle services since 2017, positioning the company as a pioneer in first and last-mile mobility solutions in Austria and Europe.
More case studies from this org or company	SURAAA (Smart Urban Region Austria Alps Adriatic)

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability** ☑ **APC - Administrative and Promotive Challenges**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial Situation:** **1. Pilot Launch and Demonstrations (2017)** - Autonomous shuttle showcased for the first time in Pörtschach, demonstrate feasibility and raise awareness **2. Start of Daily Scheduled Operations (2018)** - Launch of regular autonomous shuttle service on local roads, integration with tourism and local mobility systems **3. Expansion to Federal Roads (2019)** - Autonomous shuttles began operating on more complex and regulated roadways (Bundesstraße) **4. Technological Development (2019–2024)** - Implementation of 5G infrastructure, sensor-based environmental data collection and smart services (e.g., Bee-O-Meter).

	5. Pandemic Disruption (2020–2021) - Need for hygiene measures and rethinking passenger space usage in autonomous vehicles **6. Preparation for Scalability and Long-Term Integration (2022–2024)** - Planning for future expansion and deeper integration with regional mobility systems, final shuttle operation phase concluded in 2024. **Challenges** 2017 – First public pilot demonstrations, convincing the public of safety and value, handling unpredictable user reactions, media and stakeholder communication 2018 – Start of regular service, ensuring route consistency, managing unexpected traffic interactions, technical reliability in varied weather and road conditions 2019 – Operations on federal roads, adapting to higher-speed environments, complying with stricter traffic regulations, increased risk and liability management 2019–2024 – Integration of 5G and sensor systems, ensuring stable network connectivity for real-time data, protecting user and environmental data (GDPR compliance). technical calibration of sensors in mixed environments 2020–2021 – COVID-19 pandemic, rethinking vehicle interiors for health safety, implementing air quality sensors and ventilation improvements, maintaining service with reduced staffing and passengers 2022–2024 – Strategic expansion planning, demonstrating long-term viability and value, preparing a scalable operational model, attracting continued funding and political support
Main results Summary	• The concept focused on addressing first- and last-mile mobility gaps in smaller urban areas like Pörtschach am Wörthersee, with the goal of improving accessibility and sustainability. Planning involved strong collaboration between public bodies such as the Federal State of Carinthia, technology companies like ZTE and Drei, and research partners coordinated by PDCP GmbH. The initial demonstration began in 2017 with live public pilots, followed by the start of regular shuttle operations in 2018. Over the years, the project expanded to include operations on federal roads and integrated advanced features such as 5G connectivity and real-time environmental monitoring. Implementation was carefully phased to collect data, adapt to complex traffic environments, and engage users, ultimately building a living laboratory for autonomous mobility in a mixed-use context.

- The smart:MOBIL project had significant and lasting impacts on PDCP GmbH and the broader SURAAA ecosystem. It positioned PDCP GmbH as a pioneer in Austria and Europe for implementing autonomous shuttles in public settings, particularly in regions with mixed traffic conditions. The organization gained valuable hands-on expertise in areas such as operational integration, public engagement, data-driven mobility planning, and cross-sector collaboration. Tangible outcomes included the development of digital tools for route and fleet management, real-time environmental data systems like the Bee-O-Meter, and contributions to policy discussions around automated mobility.
- The smart:MOBIL project demonstrates a high degree of transferability to other organizations, especially those operating in small to mid-sized cities, tourist destinations, or regions looking to pilot smart mobility solutions. Public transport providers, municipalities, and smart city initiatives can replicate the model to close first- and last-mile mobility gaps, enhance accessibility, and explore low-emission alternatives.

Scope	Regional
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	ZTE Austria Drei (Hutchison Drei Austria GmbH) Joaneum Research Carinthian State Government K-Businesscom Tourism partners
Type of funding	☑ **Private** ☑ **Public** ☑ **EU program**
Name of the funding	Public: Regional Government of Carinthia, Municipal Contributions, EU Co-Funding Private: ZTE Austria, Drei, K-Businesscom

6.41. HosmartAI: Hospital Smart Development Based on AI

HosmartAI: Hospital Smart Development Based on AI	

Associated PP	PP5/UKCM
Duration	1 Junary 2021 – 30 April 2024
Webpage	https://www.hosmartai.eu
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	We conducted testing on their pilot project, the robotic nurse FRIDA.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot STEMlab (WP2)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Univerzitetni klinični center Maribor / University Medical Centre Maribor, UNIVERSITY DIVISION OF SURGERY, Department of Thoracic Surgery, University Department of Abdominal and General Surgery
Type of organisation	Hospital Surgeons, nurses, and patients in the Department of Surgery.
Country	Slovenia
City	Maribor
Short organisation description/ especially main activities	UKC Maribor (University Medical Centre Maribor) is one of the largest hospitals in Slovenia and the main healthcare institution in the northeastern part of the country. It provides a wide range of medical services, including emergency medicine, surgery, internal medicine, pediatrics, and specialized departments. In addition to clinical care, UKC Maribor is also a teaching and research institution affiliated with the University of Maribor.

More case studies from this organisation or company	https://www.ukc-mb.si/obvestila/projekti/mednarodni-projekti
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Univerza v Mariboru / University of Maribor
Type of organisation	Academic institution
Country	Slovenia
City	Maribor
Short organisation description/ especially main activities 	The University of Maribor is the second-largest university in Slovenia, known for its strong focus on research, innovation, and interdisciplinary collaboration. Established in 1975, it consists of 17 faculties, covering a wide range of fields, including medicine, technology, natural sciences, social sciences, and humanities. It offers undergraduate, master's, and doctoral programs while actively engaging in research across engineering, AI, health sciences, and sustainability. It collaborates internationally through EU-funded projects, supports startups and industry partnerships, and drives innovation via technology transfer. It works with hospitals like UKC Maribor on clinical research and AI-driven healthcare solutions. Additionally, it contributes to policy development in education, digitalization, and healthcare.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability**
Description of the H&C challenge addressed, please describe:	***Workforce Challenges*** FRIDA (UKCM pilot of the project) helps alleviate staff shortages by assisting with routine tasks, reducing the workload of healthcare professionals.

- The initial situation - The challenge faced	***Accessibility and Infrastructure*** The project leverages AI-driven robotics to enhance healthcare accessibility and infrastructure, ensuring efficient patient support. ***Digitalization and Innovation*** The integration of AI and robotics in healthcare represents a significant step toward digital transformation and innovative solutions. ***Economic and Financial Sustainability*** By automating repetitive tasks, Frida improves efficiency and reduces operational costs, contributing to financial sustainability.
Main results Summary 	• The HosmartAI pilot at UKC Maribor aimed to improve hospital workflows by integrating AI-driven solutions. The planning phase involved identifying key challenges, selecting suitable AI tools and customizing them to fit the hospital's needs. After deployment of the humanoid robot FRIDA, staff received training and the system was refined based on feedback. • The implementation led to higher efficiency, with automation reducing staff workload and streamlining administrative tasks. Patient monitoring improved, allowing better resource allocation and follow-up care. Operational costs decreased, and healthcare professionals experienced less burnout due to AI-assisted workflows. • The solution is highly transferable to other healthcare organizations. It is scalable, meaning it can be adapted to different hospital sizes and needs. Its modular design allows flexible integration into various hospital departments, and its interoperability ensures compatibility with existing hospital systems. By enhancing efficiency and reducing costs, it presents a sustainable option for modern healthcare.
Scope	?
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	No. In the context of the HosmartAI project, the University Medical Centre Maribor (UKC Maribor) and the University of Maribor were both active participants. The project was coordinated by Netcompany-Intrasoft and involved a consortium of 24 partners from 12 countries, including universities, research centers, SMEs, large companies, hospitals and health centers.
Type of funding	☑ **EU program**
Name of the funding	Horizon 2020 (EU funding)

6.42. Persist Project

Persist: Patients-centered SurvivorShip care plan after Cancer treatments based on Big Data and Artificial Intelligence technologies	

Associated PP	**PP5/UKCM**
Duration	1 January 2020 – 28 February 2023
Webpage	https://projectpersist.com
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	We performed an evaluation of their app utilizing a Virtual Agent (Embodied Conversational Agent).
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot STEMlab (WP2)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Univerzitetni klinični center Maribor / University Medical Centre Maribor, Department of Oncology
Type of organisation	Hospital Patients (cancer survivors)
Country	Slovenia
City	Maribor

Short organisation description/ especially main activities	UKC Maribor (University Medical Centre Maribor) is one of the largest hospitals in Slovenia and the main healthcare institution in the northeastern part of the country. It provides a wide range of medical services, including emergency medicine, surgery, internal medicine, pediatrics, and specialized departments. In addition to clinical

	care, UKC Maribor is also a teaching and research institution affiliated with the University of Maribor.
More case studies from this organisation or company	https://www.ukc-mb.si/obvestila/projekti/mednarodni-projekti
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Univerza v Mariboru / University of Maribor
Type of organisation	Academic institution
Country	Slovenia
City	Maribor
Short organisation description/ especially main activities 	The University of Maribor is the second-largest university in Slovenia, known for its strong focus on research, innovation, and interdisciplinary collaboration. Established in 1975, it consists of 17 faculties, covering a wide range of fields, including medicine, technology, natural sciences, social sciences, and humanities. It offers undergraduate, master's, and doctoral programs while actively engaging in research across engineering, AI, health sciences, and sustainability. It collaborates internationally through EU-funded projects, supports startups and industry partnerships, and drives innovation via technology transfer. It works with hospitals like UKC Maribor on clinical research and AI-driven healthcare solutions. Additionally, it contributes to policy development in education, digitalization, and healthcare.
More case studies from this organisation or company	https://www.um.si/raziskovanje/o-raziskovanju/raziskovalni-programi/programi-v-izvajanju
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**

H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial Situation** After cancer treatment, many patients lack structured follow-up care. Healthcare systems offer limited tools to monitor long-term well-being, leaving survivors without support and doctors without real-time data for informed decisions. **Challenge Faced** The challenge was to create a smart, AI-based system that ensures continuous, personalized post-treatment care. This included integrating big data, wearables and AI to support both patients and clinicians, while ensuring secure, user-friendly and interoperable healthcare solutions.
Main results Summary 	The project began with the co-design of digital tools, incorporating input from patients, clinicians, and technology experts. It led to the development of a mobile app, a web platform, AI algorithms, and a multimodal sensing network. These components were integrated into a secure ecosystem for real-time monitoring, symptom tracking, and decision support. The system was piloted in several hospitals across Europe, including UKC Maribor. In collaboration with the University of Maribor—which contributed to the development and implementation of the application—UKC Maribor participated in testing the MHEALTH PATIENT APPLICATION and the Virtual Agent (assistant). The application provided services tailored for cancer survivors, including: Overview, Diary, Messaging, Trends, Knowledge Bank, Questionnaires, and Treatment Plan. Members from the University of Maribor frequently visited the hospital and we organized workshops and feedback loops to continuously improve the system. The web platform is primarily intended for clinicians, caregivers, and researchers. It integrates patient-generated data (from the app, wearables, and medical records) and provides tools for monitoring, decision support, and personalized interventions. Clinicians potentially have better access to patient-reported outcomes and objective data, enabling more proactive and personalized care. The platform enhanced interdisciplinary collaboration and digital health competencies within the institution. The solution is highly transferable to other hospitals and oncology centers. Its modular design, adherence to data protection standards and use of open technologies make it adaptable across diverse healthcare settings aiming to improve survivorship care with AI and big data.

Scope	
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	No. In the context of the PERSIST project, the University Medical Centre Maribor (UKC Maribor) and the University of Maribor were both active participants. The project was coordinated by Fundación Centro Tecnolóxico de Telecomunicacións de Galicia and involved a consortium of 13 partners from 9 countries, including universities, research institutions, healthcare providers, patient organizations, and technology companies.
Type of funding	☑ **EU program**
Name of the funding	Horizon 2020 (EU funding)

6.43. eCREAM Project

eCREAM: Enabling Clinical Research in Emergency and Acute Care Medicine	

Associated PP	PP5/UKCM
Duration	1 September 2022 – 31 August 2027
Webpage	https://ecreamproject.eu
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Collecting retrospective and prospective patient data to support the development of a smart tool that can gather and organize key patient information from emergency departments and test them.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot STEMlab (WP2)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Univerzitetni klinični center Maribor / University Medical Centre Maribor, Emergency Centre
Type of organisation	Hospital Doctors, nurses and also patients (to ensure better services).
Country	Slovenia
City	Maribor
Short organisation description/ especially main activities	UKC Maribor (University Medical Centre Maribor) is one of the largest hospitals in Slovenia and the main healthcare institution in the northeastern part of the country. It provides a wide range of medical services, including emergency medicine, surgery, internal medicine, pediatrics, and specialized departments. In addition to clinical care, UKC Maribor is also a teaching and research institution affiliated with the University of Maribor.

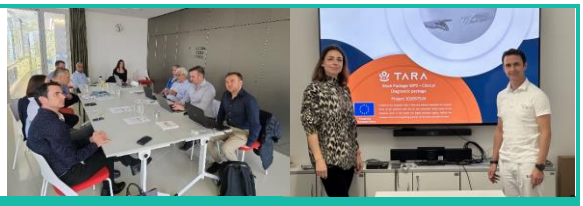
More case studies from this organisation or company	https://www.ukc-mb.si/obvestila/projekti/mednarodni-projekti
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Fondazione Bruno Kessler
Type of organisation	Research Foundation
Country	Italy
City	Trento
Short organisation description/ especially main activities	Fondazione Bruno Kessler (FBK) is a leading Italian research institute focused on scientific and technological research in areas such as artificial intelligence, digital society, sustainable energy, and health. With a strong interdisciplinary approach, FBK fosters innovation through partnerships with academia, industry, and government. The foundation operates several research centers and laboratories, including those dedicated to human-computer interaction, AI ethics, natural language processing, and digital health.
More case studies from this organisation or company	https://www.fbk.eu
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DC - Demographic Challenges** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability**

Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	Emergency departments (EDs) are under constant pressure to provide timely, effective care, often for patients in critical condition. While they generate large volumes of clinical data, much of it—especially unstructured notes—remains underused due to fragmented systems and inconsistent formats. The lack of standardized protocols also limits data sharing and comparisons across healthcare systems, hindering progress in emergency medicine. The eCREAM project tackles these issues by developing tools to extract meaningful information from both structured and unstructured health records. It also works to make databases FAIR (Findable, Accessible, Interoperable, Reusable). These innovations aim to enhance clinical workflows, support policy-making, and improve patient access to information. Real-world pilots—such as predicting ED hospitalizations and building decision-support dashboards—will showcase the benefits of better data integration in emergency care across Europe.
Main results Summary 	The eCREAM project was launched to improve emergency care across Europe by developing advanced tools to extract and structure clinical information from various types of hospital data. The goal was to create high-quality, FAIR (Findable, Accessible, Interoperable, Reusable) databases that support better decision-making for clinicians, researchers, and policymakers. UKC Maribor played a central role in the implementation and coordination of the project. FONDAZIONE BRUNO KESSLER and Astir, both from Italy, are developing tools to extract meaningful clinical data from various electronic health records. Together with them, we are piloting two use cases: improving decision-making in emergency departments and creating a dashboard to enhance the quality of care. The dashboard is developed by the mentioned partners and is being tested at UKC Maribor. Within the project UKC Maribor significantly enhanced its emergency department's digital capabilities. It introduced AI-based tools to predict hospitalisation needs and implemented a dashboard to support both clinical staff and health authorities. The project also fostered closer ties between clinical practice and research, encouraged data-driven approaches, and improved staff competencies in working with digital and AI technologies. Because the tools and systems developed are modular and based on European data standards, they are easily transferable to other hospitals and health systems. This makes eCREAM a strong model for how digital innovation can be scaled to improve emergency and acute care across different countries and healthcare environments.

Scope	
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	No. Within the eCREAM project, the University Medical Centre Maribor (UKC Maribor) was an active participant, contributing both clinical expertise and project coordination support. The project was coordinated by the Istituto di Ricerche Farmacologiche Mario Negri and brought together a consortium of 11 partners from 8 countries, including hospitals, universities, research centres, technology developers and clinical trial networks.
Type of funding	☑ **EU program**
Name of the funding	Horizon Europe (EU funding)

6.44. TARA Project

TARA: Disrupting the Migraine Continuum of Care for Resource Constrained Settings



Associated PP	**PP5/UKCM**
Duration	1 September 2022 – 31 August 2025
Webpage	https://www.tara-project.eu
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	We recruit patients, test and perform an evaluation of their migraine app (Skein).
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot STEMlab (WP2)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Univerzitetni klinični center Maribor / University Medical Centre Maribor UNIVERSITY DEPARTMENT OF NEUROLOGY
Type of organisation	Hospital Patients with migraines (the general public), as well as researchers and medical professionals, who seek to better understand the causes and prediction of migraine episodes.
Country	Slovenia
City	Maribor

Short organisation description/ especially main activities	UKC Maribor (University Medical Centre Maribor) is one of the largest hospitals in Slovenia and the main healthcare institution in the northeastern part of the country. It provides a wide range of medical services, including emergency medicine, surgery, internal medicine, pediatrics, and specialized departments. In addition to clinical care, UKC Maribor is also a teaching and research institution affiliated with the University of Maribor.
More case studies from this organisation or company	https://www.ukc-mb.si/obvestila/projekti/mednarodni-projekti
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Skein Ukraine
Type of organisation	Research Foundation
Country	Kyiv
City	Ukraine
Short organisation description/ especially main activities	Skein is a technology innovation lab with offices in Kyiv and London. Founded in 2009, the company specializes in developing data-driven digital products and services, particularly in healthtech and artificial intelligence. Their expertise includes electronic health records, personalized therapy platforms, and AI-enabled clinical decision-making tools. Skein collaborates with international partners such as King's College London and the University of Oxford, and has secured over €16 million in EU grant funding for research and development projects.
More case studies from this organisation or company	https://skein.co
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DC - Demographic Challenges** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability**

Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	The TARA project addresses a significant health and care challenge related to the treatment and management of chronic migraine, particularly in settings where resources are limited. Initially, the standard of care for chronic migraine relied heavily on pharmacological treatments or surgical interventions that were either ineffective for many patients, invasive, costly, or simply not accessible to a wide population. There was a lack of non-surgical, integrated, and patient-centered solutions that could predict, monitor, and manage migraines in a proactive and personalized way. It adresses several challenges, including the insufficient integration of digital health solutions, limited digital literacy among both professionals and patients, inadequate system capacity and workforce training, excessive burden placed on patients and healthcare systems etc. The main challenge, therefore, lay in disrupting this traditional continuum of care by introducing a novel, technology-driven platform that would combine implantable and wearable devices with mobile applications. These technologies needed to be minimally invasive, easy to use, and capable of real-time communication to support patients in everyday settings. The project also aimed to reduce the overall burden on healthcare systems by empowering more physicians to offer migraine care and by enabling patients to manage their condition more autonomously. TARA sought to make treatment more effective, affordable, and accessible, while also minimizing risks and improving quality of life.
Main results Summary 	The TARA project is developing an innovative, non-invasive solution for chronic migraine by integrating implantable, wearable, and mobile technologies. The solution is planned through a multidisciplinary collaboration, resulting in a system that includes an implant (LUNA-AIR), a wearable control unit (LUNA-CONTROL), a mobile app (LUNA-APP), and a minimally invasive injector (LUNA-INJECT). Implementation follows an iterative approach, with clinical testing and patient feedback guiding design and usability. Within the project, we have partnered with Skein, who are developing the OPORA migraine app. The app is designed to document migraine attacks while simultaneously collecting biometric data through a smartwatch. The project brings tangible results for participating organisations. It strengthens their ability to work with advanced digital health tools, enhances collaboration across clinical and technical teams, and positions them as leaders in smart migraine care. It also supports research infrastructure development and increases institutional visibility in the European health innovation landscape. TARA's solution is designed for easy transferability. Its modular and patient-centered concept allows other healthcare providers to adopt and adapt it for various clinical contexts. With minimal infrastructure requirements, the system can extend to other chronic conditions that benefit from remote monitoring, prevention, and personalized treatment.

Scope	>
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	No third parties such as a Business Support Organisation (BSO) or Digital Innovation Hub (DIH) were involved in facilitating the solution supplier within the TARA project. The University Medical Centre Maribor (UKCM) is a key partner in the project, contributing medical expertise and supporting coordination activities. The TARA project is led by Capri Medical Limited (Ireland) and involves a consortium of 10 partners from several European countries, including hospitals, universities, and technology developers working together to deliver a novel, non-invasive solution for chronic migraine management.
Type of funding	☑ **EU program**
Name of the funding	Horizon Europe (EU funding)

6.45. DIOPTRA Project

DIOPTRA: Early Dynamic Screening For Colorectal Cancer Via Novel Protein Biomarkers Reflecting Biological Initiation Mechanisms	

Associated PP	**PP5/UKCM**
Duration	1 January 2023 – 31 December 2026
Webpage	https://dioptra-project.eu
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Blood samples are being sent to them (Protavio) for detailed analysis.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot STEMlab (WP2)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Univerzitetni klinični center Maribor / University Medical Centre Maribor Department of Gastroenterology
Type of organisation	Hospital
Country	Slovenia
City	Maribor
Short organisation description/ especially main activities	UKC Maribor (University Medical Centre Maribor) is one of the largest hospitals in Slovenia and the main healthcare institution in the northeastern part of the country. It provides a wide range of medical services, including emergency medicine, surgery, internal medicine, pediatrics, and specialized departments.

	In addition to clinical care, UKC Maribor is also a teaching and research institution affiliated with the University of Maribor.
More case studies from this organisation or company	https://www.ukc-mb.si/obvestila/projekti/mednarodni-projekti
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Protavio
Type of organisation	Biotech company
Country	Greece
City	Athens
Short organisation description/ especially main activities	Protavio is a biotech company that focuses on advanced protein analysis to help discover and develop diagnostic tools. Founded in 2011, it operates from Athens, with additional offices in the UK and USA. The company uses modern technologies like Olink and Luminex to analyze large numbers of proteins from small samples, supporting research in areas such as disease biomarkers. Their work includes creating custom tests, offering high-quality production under strict standards (GMP, ISO), and collaborating on major research projects like early cancer detection. Protavio is also officially certified to use Olink's latest platform, showing its leadership in the proteomics field.
More case studies from this organisation or company	https://protavio.com
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DC - Demographic Challenges** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability** ☑ **PP - Preventive and Promotive Health and Care**

Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	The DIOPTRA project addresses a major health and care challenge in the field of colorectal cancer (CRC) screening. Initially, standard screening methods, such as colonoscopy, are widely used but often applied broadly without efficient risk stratification. Many individuals undergo invasive procedures unnecessarily, while others at higher risk may remain undetected due to limitations in current population-wide approaches. There is also a lack of accessible, non-invasive, and data-driven tools to support early detection and personalized screening. The challenge lies in transforming colorectal cancer screening into a more targeted, accurate, and cost-effective process. This requires integrating clinical, behavioral, and biological data to identify high-risk individuals more precisely. DIOPTRA aims to develop a front-line clinical decision support tool that uses AI and protein biomarkers to pinpoint who truly needs a colonoscopy. The project tackles the need for faster, more precise, and affordable screening methods that are also easier to implement across diverse healthcare systems.
Main results Summary 	The DIOPTRA solution follows a phased approach that combines retrospective data analysis, biomarker discovery, prospective studies, and AI model development. By integrating clinical, behavioral, and molecular data, it aims to develop a risk-based screening tool for colorectal cancer. The implementation includes curating harmonized datasets, identifying key protein biomarkers, and developing a mobile application with AI-driven modules to support personalized risk assessment and early intervention. To support this effort, we have partnered with Protavio Biotech to pilot early detection through screening and blood tests, which are sent to them for advanced biomarker analysis using artificial intelligence. The project is currently in its initial implementation stage, specifically the second part of the prospective study, which involves app testing. In the first part blood samples and medical data were collected. For participating organisations, especially hospitals and research institutions, DIOPTRA enhances capabilities in data integration, precision diagnostics, and clinical decision support. It fosters collaboration between clinicians, data scientists, and technology developers, and strengthens infrastructure for translational research. The project also raises the institutional profile in the field of cancer screening innovation. The DIOPTRA model is highly transferable. Its modular structure, use of AI, and reliance on non-invasive biomarkers allow it to be adopted by other healthcare providers. It can be scaled across regions and adapted to other cancers or chronic diseases where early risk identification is key, supporting a broader shift towards personalized and data-driven care.

Scope	
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	No. The project is coordinated by the Institute of Communication and Computer Systems (ICCS) and includes a diverse consortium of partners from across Europe, such as universities, research institutes, hospitals, and technology providers. All collaborations and solution developments were established directly within the project consortium structure.
Type of funding	☑ **EU program**
Name of the funding	Horizon Europe (EU funding)

6.46. Bio-Streams Project

Bio-Streams: Multi-Pillar Framework for Children Anti-Obesity Behavior Building on an EU Biobank, Micro Moments and Mobile Recommendation Systems	

Associated PP	**PP5/UKCM**
Duration	1 May 2023 – 30 April 2027
Webpage	https://bio-streams.eu
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	We test a mobile recommendation system (app to guide users in areas such as nutrition, physical activity and other health-related behaviours).
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot STEMlab (WP2)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Univerzitetni klinični center Maribor / University Medical Centre Maribor UNIVERSITY DIVISION OF PAEDIATRICS
Type of organisation	Hospital Children with obesity and their parents or caregivers, doctors
Country	Slovenia
City	Maribor
Short organisation description/ especially main activities	UKC Maribor (University Medical Centre Maribor) is one of the largest hospitals in Slovenia and the main healthcare institution in the northeastern part of the country. It provides a wide range of medical services, including emergency medicine, surgery, internal medicine, pediatrics, and specialized departments. In addition to clinical care, UKC Maribor is also a teaching and research institution affiliated with the University of Maribor.

More case studies from this organisation or company	https://www.ukc-mb.si/obvestila/projekti/mednarodni-projekti
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Univerza v Mariboru / University of Maribor
Type of organisation	Academic institution
Country	Slovenia
City	Maribor
Short organisation description/ especially main activities 	The University of Maribor is the second-largest university in Slovenia, known for its strong focus on research, innovation, and interdisciplinary collaboration. Established in 1975, it consists of 17 faculties, covering a wide range of fields, including medicine, technology, natural sciences, social sciences, and humanities. It offers undergraduate, master's, and doctoral programs while actively engaging in research across engineering, AI, health sciences, and sustainability. It collaborates internationally through EU-funded projects, supports startups and industry partnerships, and drives innovation via technology transfer. It works with hospitals like UKC Maribor on clinical research and AI-driven healthcare solutions. Additionally, it contributes to policy development in education, digitalization, and healthcare.
More case studies from this organisation or company	https://www.um.si/raziskovanje/o-raziskovanju/raziskovalni-programi/programi-v-izvajanju
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab** ☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DC - Demographic Challenges** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability**

Description of the H&C Challenges addressed - The initial situation - The challenge faced	The BIO-STREAMS project addresses the rising challenge of childhood and adolescent obesity across the European Union. Initially, efforts to prevent and manage obesity in young populations were fragmented, lacked coordinated data sharing, and often failed to engage citizens effectively. Health interventions were typically reactive rather than preventive, with limited access to personalized, evidence-based tools to guide healthy lifestyle choices from an early age. The core challenge lies in creating a unified, data-driven ecosystem that empowers children, families, and healthcare professionals to make informed decisions. BIO-STREAMS tackles this by building a comprehensive EU-wide obesity biobank, developing mobile recommendation systems, and identifying new biological pathways linked to obesity. The project aims to shift the paradigm from treatment to prevention through personalized, knowledge-based interventions and stronger citizen involvement in data sharing for research and innovation.
Main results Summary 	• The BIO-STREAMS solution is planned as a multi-pillar framework combining a pan-European childhood/adolescence obesity biobank, a digital platform, and a mobile recommendation system. The implementation involves collecting real and synthetic health and lifestyle data, engaging citizens to contribute through a trusted platform, and using AI to analyze data and provide personalized lifestyle guidance. The project also builds a community network to foster long-term engagement and awareness. As part of the project, we are testing a mobile recommendation system developed by the University of Maribor. The app supports users in making healthier decisions related to nutrition, physical activity, and other health-related behaviors. In collaboration, we are also organizing workshops and conducting pilot studies to raise awareness (particularly among children with obesity and their families) about the risks of obesity and to promote healthier lifestyle habits. • For participating organisations, the project enhances their capacity for large-scale data collection, citizen engagement, and cross-sector collaboration. It strengthens research infrastructure, promotes digital health innovation, and positions institutions as leaders in preventive care and public health intervention for obesity. • BIO-STREAMS is highly transferable. Its scalable digital platform, modular biobank design, and personalized intervention tools can be adapted by other healthcare systems or public health programs. The framework can be extended to other age groups or chronic conditions, making it a valuable model for preventive, data-driven healthcare across Europe and beyond.

Scope	_
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	No third parties were involved. The University Medical Centre Maribor (UKCM) is an active partner in the project, providing medical expertise and supporting coordination activities. The BIO-STREAMS project is led by the Institute of Communication and Computer Systems (ICCS) in Greece and brings together a large consortium of European partners, including research institutes, universities, healthcare providers, and technology developers, all working collaboratively to address childhood and adolescent obesity through a data-driven, preventive health approach.
Type of funding	☑ **EU program**
Name of the funding	Horizon Europe (EU funding)

6.47. FoodDataQuest Project

FoodDataQuest: Fuelling the Quest for Sustainable Food Systems with Data-driven Innovations	

Associated PP	PP5/UKCM
Duration	1 February 2024 – 31 July 2027
Webpage	https://fooddataquest.eu
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	We are testing a data-driven system to improve patient nutrition and reduce food waste during hospital stays by integrating dietary, health and other data (Use Case 2).
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot STEMlab (WP2)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Univerzitetni klinični center Maribor / University Medical Centre Maribor Department of Nutrition and Dietetics
Type of organisation	Hospital Patients, hospital staff, food service providers and suppliers
Country	Slovenia
City	Maribor

Short organisation description/ especially main activities	UKC Maribor (University Medical Centre Maribor) is one of the largest hospitals in Slovenia and the main healthcare institution in the northeastern part of the country. It provides a wide range of medical services, including emergency medicine, surgery, internal medicine, pediatrics, and specialized departments. In addition to clinical care, UKC Maribor is also a teaching and research institution affiliated with the University of Maribor.
More case studies from this organisation or company	https://www.ukc-mb.si/obvestila/projekti/mednarodni-projekti
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Netcompany-Intrasoft
Type of organisation	Private Tech Company
Country	Greece
City	Athens
Short organisation description/ especially main activities	Netcompany-Intrasoft, headquartered in Luxembourg, is a prominent European IT services provider and a subsidiary of Denmark's publicly traded Netcompany Group A/S. Established in 1996 as Intrasoft International and acquired by Netcompany in 2021, it employs over 3,500 professionals globally. The company delivers comprehensive IT solutions including software development, digital transformation, cloud services, and data analytics, serving clients such as EU institutions, banks, telecom companies, and public sector organizations across more than 70 countries.
More case studies from this organisation or company	https://netcompany.com/netcompany-intrasoft
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DC - Demographic Challenges** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability**

Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	The FOODDATAQUEST project tackles the pressing need to transform the European food and healthcare systems by addressing fragmented data use, rising food waste, and the limited personalization of dietary recommendations. In the initial situation, hospitals and home care environments lacked integrated systems to monitor patients' nutrition and health in real time, leading to inefficiencies in care and unnecessary food waste. At the same time, consumers struggled to make informed, sustainable dietary choices due to the absence of tailored, accessible information. The food supply chain also lacked robust data connectivity, making it difficult to track and optimize sustainability and health impacts across its various stages. The challenge, therefore, lies in building a comprehensive, data-driven ecosystem that connects agricultural, clinical, lifestyle, and retail data through AI and machine learning. By leveraging high-density data sources and developing tools for real-time monitoring and decision support, FOODDATAQUEST aims to improve patient health outcomes, reduce waste, and empower both institutions and individuals to adopt healthier and more sustainable food practices. The project bridges the gap between healthcare and nutrition, transforming available data into actionable insights to support eco-conscious behavior, food traceability, and resilient supply chains.
Main results Summary 	The FOODDATAQUEST solution was carefully planned to integrate diverse and previously siloed data sources—such as patient health records, food supply logistics, and lifestyle data—into a unified platform that supports personalized nutrition and reduces food waste. The development phase included co-design workshops with healthcare providers, data scientists, and IT experts to ensure the tools were relevant, secure, and user-friendly. The system was then implemented in selected hospitals and care facilities, where AI-powered analytics and real-time monitoring enabled the delivery of tailored meals and more efficient resource use. Netcompany-Intrasoft serves as the leader of Use Case 2, within which we (UKCM) are testing a data-driven system aimed at improving patient nutrition and reducing food waste during hospital stays by integrating dietary, health, and related data. They are developing a comprehensive digital platform that interconnects the entire food supply chain—from ordering and procurement to meal delivery and waste collection. We plan to pilot the implementation (testing) of this platform within our hospital setting. At the organizational level, the implementation brings several tangible improvements, like significant reduction in food waste, more accurate meal planning based on individual patient needs, and greater overall efficiency in nutritional care. Patients benefit from meals better aligned with their health conditions, contributing to improved recovery and satisfaction.

	Healthcare staff gains access to actionable insights through an intuitive dashboard, enhancing interdisciplinary collaboration between dietitians, nurses and kitchen staff. It is also highly transferable to other organizations due to its modular architecture and reliance on interoperable digital tools. It can be adapted to different institutional contexts such as elderly care homes, rehabilitation centers and even educational settings. Its combination of AI, data fusion, and sustainability-driven goals makes it an effective model for improving nutrition management and reducing environmental impact in a wide range of healthcare and public service environments.
Scope	_
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	No third parties are involved in the facilitation of the solution supplier, all activities are carried out exclusively by the designated project partners within the FOODDATAQUEST consortium.
Type of funding	☑ **EU program**
Name of the funding	Horizon Europe (EU funding)

6.48. EUnetCCCJA: EU Network of Comprehensive Cancer Centres Joint Action

EUnetCCCJA: EU Network of Comprehensive Cancer Centres Joint Action	

Associated PP	PP5/UKCM
Duration	1 October 2024 – 30 September 2028
Webpage	https://ecc-cert.org/news/05-2024-new-joint-action-eunetccc
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	The Solution Supplier for the EUnetCCC JA project is identified through internal collaboration within the consortium and prior professional networks established through EU-funded healthcare initiatives. Partners involved in cancer care and policy, including national cancer institutes and university hospitals, bring their expertise and existing collaborations to the joint action.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot STEMlab (WP2)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Univerzitetni klinični center Maribor / University Medical Centre Maribor Department of Oncology
Type of organisation	Hospital Cancer patients, researchers, healthcare professionals, policymakers and the general public
Country	Slovenia
City	Maribor

Short organisation description/ especially main activities	UKC Maribor (University Medical Centre Maribor) is one of the largest hospitals in Slovenia and the main healthcare institution in the northeastern part of the country. It provides a wide range of medical services, including emergency medicine, surgery, internal medicine, pediatrics, and specialized departments. In addition to clinical care, UKC Maribor is also a teaching and research institution affiliated with the University of Maribor.
More case studies from this organisation or company	https://www.ukc-mb.si/obvestila/projekti/mednarodni-projekti
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Onkološki inštitut Ljubljana (Institute of Oncology Ljubljana)
Type of organisation	Public Healthcare Institution
Country	Slovenia
City	Ljubljana
Short organisation description/ especially main activities 	The Institute of Oncology Ljubljana (Onkološki inštitut Ljubljana) is Slovenia's leading national cancer centre, established in 1938. It provides comprehensive oncology services, including prevention, early detection, diagnosis, treatment, rehabilitation, and palliative care. As the central institution for oncology education and research in Slovenia, the Institute oversees the National Cancer Control Programme and manages key national screening programmes such as DORA (breast cancer) and ZORA (cervical cancer). The Institute houses the Cancer Registry of the Republic of Slovenia, one of Europe's oldest population-based cancer registries, established in 1950 . It also features the Special Library of Oncology, offering extensive resources for medical professionals and researchers . With a multidisciplinary approach and international collaborations, the Institute plays a pivotal role in advancing oncology care and research in the region.
More case studies from this organisation or company	https://www.onko-i.si
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**

H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DC - Demographic Challenges** ☑ **PP - Preventive and Promotive Health and Care** ☑ **SD - Specialization and Decentralization** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	Before the launch of the EUnetCCC Joint Action (EUnetCCC JA), cancer care across Europe was highly fragmented. While some countries had well-established Comprehensive Cancer Centres (CCCs) with integrated services for prevention, diagnosis, treatment, and research, many others, especially in Eastern and smaller EU member states, lacked such infrastructure or unified standards. This disparity resulted in unequal access to high-quality cancer care and significant differences in patient outcomes depending on geographic location. The core challenge addressed by EUnetCCC JA was how to ensure that all EU citizens, regardless of where they live, can access high-quality, evidence-based cancer care. This required building a coordinated European network of CCCs, developing and implementing a shared certification system, and fostering collaboration across healthcare providers, policymakers, and researchers. The project also had to address structural differences in healthcare systems, varying national policies, and the need for sustainable models of quality improvement and training to harmonize cancer care across Europe.
Main results Summary 	The solution within EUnetCCC JA is planned through close collaboration among leading European cancer institutions, ministries of health, and public health agencies. Building on the foundations of the CraNE Joint Action, the project develops a roadmap for establishing a unified European network of Comprehensive Cancer Centres (CCCs). This includes creating certification guidelines, implementing capacity-building activities such as training, mentoring, and twinning, and developing tools for knowledge sharing. Implementation takes place through pilot certification procedures, evaluation frameworks, and structured work packages focused on governance, quality assurance, and stakeholder involvement. The Institute of Oncology Ljubljana serves as the lead partner of the Slovenian consortium, given the scale of the project, which includes approximately 160 partners. UKC Maribor collaborates with the Institute primarily by obtaining relevant information in the fields of oncology, including organizational aspects, patient numbers, statistical data, and more.

	In addition, the Institute of Oncology will support UKC Maribor (alongside other hospitals) in the integration and development of the Slovenian Comprehensive Cancer Centre (CCC). At the organizational level, participating institutions benefit from improved cross-border collaboration, clearer quality standards, and enhanced readiness for certification as CCCs. Healthcare professionals gain access to harmonized training materials and best practice models, which support better coordination of care and improved clinical performance. Nationalcancer authorities strengthen their ability to support the development of CCC networks and align national strategies with EU-wide objectives. Thanks to its modular design and policy-based structure, the EUnetCCC JA approach proves highly transferable to other healthcare organizations and member states. Countries without CCCs can adopt the certification framework and join the European network through guided implementation. The tools, procedures, and collaboration platforms developed in the project offer a scalable and replicable model for improving equity and quality in cancer care across Europe.
Scope	?
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	No third parties are involved in the facilitation of the solution supplier, all activities are carried out exclusively by the designated project partners within the EUnetCCCJA consortium. Project partners: 161
Type of funding	☑ **EU program**
Name of the funding	EU4Health (EU funding)

6.49. CERTAIN Project

CERTAIN: Certification for Ethical and Regulatory Transparency in Artificial Intelligence

Associated PP	**PP5/UKCM**
Duration	1 January 2025 – 31 December 2027
Webpage	https://certain-project.eu
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	We learned about the CERTAIN project through our connection with the University of Maribor, specifically the Faculty of Electrical Engineering and Computer Science (FERI). As a project partner, FERI plays an active role in the development and implementation of CERTAIN, which enabled early access to information about the solution supplier, their expertise, and their contribution to building a trustworthy and compliant AI certification framework.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot STEMlab (WP2)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Univerzitetni klinični center Maribor / University Medical Centre Maribor Department of Psychiatry / Unit for Child and Adolescent Psychiatry
Type of organisation	Hospital Healthcare professionals, patients, policymakers, researchers and technology developers
Country	Slovenia
City	Maribor

Short organisation description/ especially main activities	UKC Maribor (University Medical Centre Maribor) is one of the largest hospitals in Slovenia and the main healthcare institution in the northeastern part of the country. It provides a wide range of medical services, including emergency medicine, surgery, internal medicine, pediatrics, and specialized departments. In addition to clinical care, UKC Maribor is also a teaching and research institution affiliated with the University of Maribor.
More case studies from this organisation or company	https://www.ukc-mb.si/obvestila/projekti/mednarodni-projekti
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Univerza v Mariboru / University of Maribor
Type of organisation	Academic institution
Country	Slovenia
City	Maribor
Short organisation description/ especially main activities 	The University of Maribor is the second-largest university in Slovenia, known for its strong focus on research, innovation, and interdisciplinary collaboration. Established in 1975, it consists of 17 faculties, covering a wide range of fields, including medicine, technology, natural sciences, social sciences, and humanities. It offers undergraduate, master's, and doctoral programs while actively engaging in research across engineering, AI, health sciences, and sustainability. It collaborates internationally through EU-funded projects, supports startups and industry partnerships, and drives innovation via technology transfer. It works with hospitals like UKC Maribor on clinical research and AI-driven healthcare solutions. Additionally, it contributes to policy development in education, digitalization, and healthcare.
More case studies from this organisation or company	https://www.um.si/raziskovanje/o-raziskovanju/raziskovalni-programi/programi-v-izvajanju
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**

H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DC - Demographic Challenges** ☑ **PP - Preventive and Promotive Health and Care** ☑ **SD - Specialization and Decentralization** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	As artificial intelligence (AI) becomes increasingly integrated into healthcare systems across Europe, there is growing concern about the ethical, legal, and technical challenges it poses. Prior to the CERTAIN project, no unified certification framework existed to ensure that AI applications in health were trustworthy, explainable, fair, and secure. Healthcare providers, regulators, and technology developers faced uncertainty when trying to assess whether AI tools met European standards for safety, data protection, and ethical compliance. The key challenge addressed by CERTAIN is the lack of a comprehensive system to certify and regulate AI in healthcare. This includes the absence of standardized methods for assessing data quality, detecting algorithmic bias, ensuring cybersecurity, and verifying compliance with evolving legal requirements such as the upcoming EU AI Act. Without such a framework, there is a risk that unregulated or opaque AI systems could compromise patient safety, reduce trust in digital health tools, and hinder the uptake of innovation in clinical settings. CERTAIN aims to overcome these barriers by building a transparent, structured, and scalable certification ecosystem for AI in health and care. CERTAIN develops digital tools and ecosystems helping older adults live independently longer, reduce the burden on healthcare services and promote healthy ageing.

Main results Summary 	The CERTAIN solution is being developed through a multi-stakeholder approach involving universities, healthcare providers, and AI developers. It aims to design a unified certification framework for artificial intelligence in healthcare, addressing key areas such as data quality, bias detection, cybersecurity, and legal compliance. The framework is implemented and validated through seven real-world pilot studies across various sectors, ensuring that it meets the diverse needs of practical healthcare environments. In collaboration with the University of Maribor, we will once again pilot the FRIDA nursing robot—this time in the role of a therapeutic assistant for adolescents with mental health challenges. Participants will complete a series of questionnaires, which will be evaluated using artificial intelligence developed by the University of Maribor. The AI's performance will then be assessed by comparing its interpretations with those of clinical experts, providing a comprehensive test of the entire system. For participating organizations, the project brings clear guidelines and tools to assess and certify AI systems, helping reduce risk and improve trust in digital solutions. Healthcare institutions benefit from safer AI integration, better data governance, and enhanced transparency in decision-making. CERTAIN's certification model is modular and scalable, making it transferable to other organizations and sectors. It offers a practical foundation for complying with the upcoming EU AI Act and supports wider adoption of responsible AI in healthcare across Europe.
Scope	?
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	No third parties are involved in the facilitation of the solution supplier, all activities are carried out exclusively by the designated project partners within the CERTAIN consortium.
Type of funding	☑ **EU program**
Name of the funding	Horizon Europe (EU funding)

6.50. SHIELD Project

SHIELD: Comprehensive Surveillance of High-risk Individuals and Health Integration for Early Detection of Pancreatic cancer Utilising Innovative Multiplex Immunoassays

Associated PP	PP5/UKCM
Duration	1 May 2025 – 30 May 2029
Webpage	https://www.ukc-mb.si/obvestila/projekti/mednarodni-projekti
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Through the Cancer Mission 2024 call (Horizon Europe), where the University Medical Centre Maribor (UKCM) leveraged its existing connections and joined forces with other experienced European partners to develop a strong project proposal. This collaboration led to the successful launch of the SHIELD project, which focuses on early detection of pancreatic cancer using AI-supported diagnostics. Notably, SHIELD marks the first time that UKC Maribor is leading the consortium of a European project, representing a major step forward in its role within international research and innovation efforts.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot STEMlab (WP2)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Univerzitetni klinični center Maribor / University Medical Centre Maribor Department of Oncology
Type of organisation	Hospital Patients, doctors…
Country	Slovenia
City	Maribor

Short organisation description/ especially main activities	UKC Maribor (University Medical Centre Maribor) is one of the largest hospitals in Slovenia and the main healthcare institution in the northeastern part of the country. It provides a wide range of medical services, including emergency medicine, surgery, internal medicine, pediatrics, and specialized departments. In addition to clinical care, UKC Maribor is also a teaching and research institution affiliated with the University of Maribor.
More case studies from this organisation or company	https://www.ukc-mb.si/obvestila/projekti/mednarodni-projekti
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Reccan AB
Type of organisation	MediTech Company
Country	Sweden
City	Lund
Short organisation description/ especially main activities	Reccan AB is a Swedish medical technology company dedicated to improving the prognosis for patients diagnosed with pancreatic cancer. Established in 2014, Reccan is developing a non-invasive, blood-based diagnostic test aimed at detecting pancreatic cancer at an early stage, thereby enabling timely interventions and improving patient outcomes.
More case studies from this organisation or company	www.reccandiagnostics.com
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DC - Demographic Challenges** ☑ **PP - Preventive and Promotive Health and Care** ☑ **SD - Specialization and Decentralization** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability**

Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	Pancreatic ductal adenocarcinoma (PDAC) is one of the deadliest cancers in Europe, with a five-year survival rate below 10%, mainly due to late-stage diagnosis. Current detection methods, such as imaging or CA19-9 blood tests, are either invasive, costly, or lack the sensitivity and specificity needed for early detection. As a result, most patients are diagnosed too late for curative treatment, and there is no effective screening strategy even for high-risk individuals with genetic predispositions or familial history. The SHIELD project addresses this urgent health challenge by developing and validating a novel, non-invasive blood-based test using multiplex immunoassays. This diagnostic tool is designed to detect early-stage pancreatic cancer in high-risk individuals, enabling earlier intervention and improving survival rates. The project also aims to integrate this test into national screening pathways across multiple EU countries, making early detection more accessible, affordable, and clinically feasible.
Main results Summary 	The SHIELD project is conceived as a multidisciplinary initiative aimed at enhancing the early detection of pancreatic cancer in high-risk individuals through the development of an AI-supported, blood-based diagnostic tool. The project is structured in several phases, beginning with the identification of relevant target groups and biomarkers, and progressing to the development and validation of a 5-plex multiplex immunoassay. UKC Maribor, as the project coordinator, is leading the implementation of clinical pilot studies in Slovenia, Greece, and Lithuania to evaluate the diagnostic tool's accuracy, usability, and potential for integration into routine clinical practice. In this context, we are collaborating with the medical technology company Reccan AB, which has developed a non-invasive, blood-based diagnostic test for the early detection of pancreatic cancer. Blood samples collected at UKC Maribor will be sent to Reccan AB for further analysis. For UKC Maribor, leading SHIELD brings significant institutional growth. It strengthens the hospital's position in European cancer research, enhances internal research capacities, and fosters collaboration across clinical departments. Staff gain experience in international project coordination and benefit from exposure to cutting-edge diagnostic technologies, while patients gain access to innovative early detection methods not previously available. The SHIELD approach is highly transferable to other healthcare organizations and national screening programs. Its scalable diagnostic model, based on blood biomarkers and AI interpretation, can be adapted to other cancers and risk populations. The project's structure and tools offer a clear pathway for broader adoption across Europe, supporting earlier diagnosis, personalized care, and improved cancer outcomes.

Scope	?
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	No third parties were involved in the facilitation of the solution supplier for the SHIELD project. All collaborations and partnerships were established directly through the consortium formed under the Cancer Mission 2024 call (Horizon Europe). The project is initiated and coordinated by UKC Maribor in direct cooperation with designated project partners, without the involvement of external brokers such as business support organizations (BSOs) or digital innovation hubs (DIHs).
Type of funding	☑ **EU program**
Name of the funding	Cancer Mission 2024 - Horizon Europe (EU funding)

6.51. Synovo Group

Synovo Group	
Associated PP	**PP6/BVF**
Starting date	2013
Webpage	https://www.synovo-group.com/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Member of BioValley France network.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Taking part of the HACK-IT-Network (1.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Hospitals in France, Canada and Switzerland
Type of organisation	Healthcare institution
Country	France and Canada
City	Strasbourg, Shawinigan
Short organisation description/ especially main activities	Provide comprehensive medical care, including emergency services, surgery, and specialized treatments, to support community health and well-being.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Synovo Group
Type of organisation	Industry business
Country	France, Canada
City	Strasbourg, Shawinigan
Short organisation description/ especially main activities	Synovo group offers a software suite for patient flow management. Our software suite ensures complete coordination, collaboration and communication in and across departments, optimizing processes for internal and external patient transportation. The solution helps optimize processes and enables the best possible care for patients.

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan** ☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **DI - Digitalization and Innovation** ☑ **SD - Specialization and Decentralization**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Workforce Challenges:*** **Initial Situation:** It had found that medical transport management needed improvement and administrative processes needed to be simplified for medical staff. Therefore, existing systems were often disconnected, inefficient, and reliant on manual processes. **Challenge Faced:** The goal was to find a solution that integrates and automates the medical transport process with the aim of reducing the burden on medical staff, cutting costs, time gain and improving efficiency. ***Digitalization and Innovation*** **Initial Condition:** The healthcare delivery system had a need for digital solutions that would improve management in the medical transportation system and internal workflows within healthcare facilities. The traditional systems were no longer meeting the needs of present-day tracking and billing. **Challenge Faced:** Creating interoperable and innovative solutions, such as the UPH project, that incorporate geolocation, transport tracking, and automated billing, all while adhering to current regulations.

	Specialization and Decentralization **Initial Situation:** Healthcare facilities and medical transporters had specific needs for managing shared transports and optimizing internal workflows. Available solutions were not always tailored to local regulations or user-specific requirements. **Challenge Faced:** Designing specialized modules that comply with local decrees and regulations, which can be deployed on a large scale to reduce the burden on health insurance and improve the efficiency of medical transports.
Main results Summary 	Synovo Group designed and executed integrated medical freight transport management solutions that aimed at enhancing operational efficiency, automating processes, and meeting regulatory requirements, thus relieving healthcare personnel from administrative tasks. This would ultimately bring in high savings on costs whilst improving data security and harmonization, as reflected in the organization attaining ISO 27001 and HDS accreditations. Furthermore, the success and scalability of such solutions underline potential adaptations in other organizations wishing to optimize complex workflows and guarantee data security.
Scope	Synovo Group specializes in providing IT solutions for the healthcare sector, focusing on medical transportation and hospital management, developing innovative software solutions, ensuring data security through ISO 27001 and HDS certifications.
Language	French, English
Was/were any third parties involved in the facilitation of the Solution supplier?	No
Type of funding	☑ **Private**

6.52. InSimo

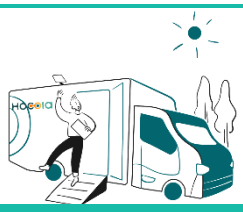
InSimo	
Associated PP	**PP6/BVF**
Starting date	2013
Webpage	InSimo - Simulation Software for Surgical Training and Education
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Member of BioValley France network.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Taking part of the HACK-IT-Network (1.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	MTC (medical, training centre ROUEN), UNISIMES, AGOF, A2FM, Tettitoires de santé, IHU, TeebPedia, Wolf Learning Consulting, Echopen
Type of organisation	Training centres
Country	France
City	Not applicable
Short organisation description/ especially main activities	These organisations operate as outreach agencies in clinical training, academic development and medical innovations. For example, they provide simulation-based learning, continuing medical education support, develop open-source medical technologies, enable regional health initiatives, and design modern training tools. Collaboration, innovation, and knowledge sharing form the foundation of their combined approach to improving the quality, access, and efficacy of healthcare.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	InSimo
Type of organisation	Industry business
Country	France
City	Not applicable
Short organisation description/ especially main activities	InSimo is a MedTech company dedicated to the creation of cutting-edge surgical simulation software. Its main purpose is to design high-detail biomechanical simulators for training and education so that healthcare professionals can practice complicated procedures in a realistic risk-free environment. Bringing together medical knowledge, engineering, and educational design, InSimo aims at developing more effective, accessible, and personalized training for surgeons and medical students throughout the world. https://www.youtube.com/watch?v=hEQaYo9bCpU
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **DI - Digitalization and Innovation** ☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Digitalisation and Innovation + Workforce Challenges*** **Initial Situation:** The traditional approach to medical training involved lots of model-body parts, cadaver and simulated practice on the patient. All these proved to be inconsistent, expensive, and less available. This has led to inequalities in training opportunities, especially for the medical students and residents who are fully occupied with less time outside clinical duties, along with fewer resources. A number of learners still find it somewhat hard to access firsthand procedural practice using non-surgical techniques like punctures, infiltration, or ultrasound. **Challenge Faced:** Modernised, scalable, and safe training of medical professionals had to be achieved by health systems and hence be at par with rapidly evolving medical procedures and technologies. The challenge lied in innovating training without compromising quality or access.

	Again, financial and logistical constraints implied that many would not be able to gain from simulation-based education. To manufacture simulators, by which one could create pragmatic, cost-effective, portable, and realistic simulators fitting into divergent contexts of learning and their schedules, was the challenge. Filling these gaps very critically offered great prospects to improve training equity, better prepare future health practitioners with hands-on experience opportunities across a broader diversity of medical skills and support under-resourced institutions. And these innovations need to develop more methods of training that supplement or replace current methodologies, making learning experiences safer, more effective, and accessible. ***Preventive and Promotive Health and Care*** **Initial Situation:** Many complications of surgeries arise out of insufficient hands-on experience or procedural knowledge. In some places, new surgeons hardly practice before they perform a real procedure, and as a result, this could affect safety and outcome. **Challenge Faced:** By preparing surgeons better through practice in a safe, repeatable, and interactive environment, better healthcare outcomes were brought about. The intention is to reduce preventable surgical errors and foster health promotion by ensuring competence before clinical practice.
Main results Summary 	The developed methodology by InSimo adopts close collaboration with healthcare educators and clinical specialists. The simulator tools have been created to produce the highest anatomical and physiological resemblance to reality. Initially aimed at surgical simulation (digestive surgery, for example), the company later extended it to include other modalities like punctures, infiltrations, and ultrasound. Modular and scalable was a design for InSimo, thus facilitating easier integration into different learning environments. The realism was intended with a clear intention toward the economy and physical accessibility of these tools. The use of any of the available solutions from InSimo has impacted greatly on quality and scope in clinical training. It provides the ability for medical students and junior healthcare professionals to practice complex procedures safely before they enter real-life environments, enhancing their confidence and competence. For example, for the very interesting non-surgical simulations, InSimo addresses an important educational gap-from affordable and portable simulators that could be fully used even outside the walls of centralized simulation centres. This has increased visibility and collaboration among universities, training centres, and other institutions seeking democratization in simulation-based education. It also positions InSimo as an advocate for equitable training in healthcare, rather than just high-tech innovation.

	The InSimo solutions are inherently portable in design: affordable, portable, and needing little in infrastructure, they can easily be introduced into pretty much any educational environment-from teaching hospitals to distant or undermanned institutions. The broad applicability of these simulators for different disciplines and procedures further increases their relevance to a variety of training programs. In particular, ultrasound and puncture simulation represent scaleful access to high-fidelity training previously limited to a handful of centres, allowing expansion of the vision for inclusive, continuous medical education.
Scope	Simulation, Software, Surgical Training, Surgical Planning.
Language	French, English
Was/were any third parties involved in the facilitation of the Solution supplier?	NOTES: If it's not intentional, I think that the presentation is missing a bit of everything that is not surgical, basically the punctures/infiltrations in VR and the ultrasound. For these two simulators, you can focus the presentation on InSimo's desire to offer high-fidelity simulators that are as accessible as possible, both financially and materially. The goal is to solve the problem of disseminating simulator training to make it accessible to as many people as possible. It is often still too expensive and restrictive for medical students who are overworked (limited access to equipment, simulation centres far from hospital departments, etc.).
Type of funding	☑ **Private**

6.53. HOCOIA

HOCOIA		

Associated PP	PP6/BVF
Starting date	6 April 2020
Webpage	https://www.hocoia.com/
How much are you connected to this Solution Supplier?	Local zone – HOCOIA is a member of BioValley Frace and service for hospitals, clinics, and doctors, insurance. Expansion zone – HOCOIA mission in France
How did you learn about this Solution Supplier?	HOCOIA is a member of BioValley Frace
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Connected to the Advisory board (Pilot or strategic observers)** ☑ **Pilot STEMlab (WP2)** ☑ **Pilot PolicyParley (WP2)** ☑ **Pilot Open Innovation Days (A2.3)** ☑ **Alpine Health & Care Innovation Transfer Forum (A3.3), alongside EUSALP Presidency Prep in IT (M36, LP1/PP2).**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Governmental administrations, companies and hospitals
Type of organisation	Governmental administrations, companies and hospitals
Country	France
City	Not applicable
Short organisation description/ especially main activities	Provide health care, allow research, and train health and care providers

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	HOCOIA
Type of organisation	Industry business
Country	France
City	Not applicable.
Short organisation description/ especially main activities	Mobile healthcare solution that aims to improve access to medical services in underserved areas including.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley** ☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DI - Digitalization and Innovation** ☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Accessibility and Infrastructure*** *and* ***Digitalization and Innovation*** *and* ***Workforce Challenges*** **The initial situation:** Many rural areas suffer from a shortage of medical personnel to provide adequate health care. Patients in such areas find it difficult to access health care facilities, as the conventional means of medical assistance involve traveling to one's doctor's office. In contrast, doctors predominantly practice from fixed locations, thereby rendering rural populations with little or no direct medical support. Such a lack of access leads to delayed diagnoses and treatments, impacting public health adversely. **The challenge faced:** There is a lot of restrictions for healthcare professionals to reach patients in far-flung places. Doctors do not have that much time as well as the high load of patients so traveling far and wide for care does not work for them. At the same time, almost all healthcare workers would want to see patients where-ever they are; however, they're not able to spend the whole day traveling just to meet a one or two patients. Such having the challenge to develop a system that is capable of bringing healthcare access without overburdening the medical staff thereby enhancing patient care as well as operational efficiency.

	Ensuring consistent, accurate, and timely diagnoses while managing the growing demand for imaging services, all within the constraints of limited human resources. ***Preventive and Promotive Health and Care*** https://www.hocoia.com/produits/hocomammo **The initial situation:** Breast cancer remains a leading cause of mortality among women. Early detection through regular screening is crucial, yet challenges like limited access to specialized radiologists and the high volume of mammograms can hinder timely diagnoses. **The challenge faced:** Improving early detection rates of breast cancer by enhancing the accuracy and efficiency of mammogram interpretations, especially in settings with limited specialist availability.
Main results Summary 	This solution solves number of problems: first of all, access to HC by people who lives in inaccessible by doctor areas or who have difficulties to move. Secondly, helps doctors with being able to help more patients by increasing the quality of medical service with a human in the interaction (nurse). The planning was made after consultations with health professional personnel, and then implementation occurred via the execution of mobile medical units (Médicobus, Mammobus) and portable telehealths (HocoBag, HocoRoll), whereby doctors maximized their assistance in treating more patients efficiently. In general, it results in better accessibility to health care, optimized medical resource allocation, and enhanced working collaboration among stakeholders. The solution is easily transferable since it allows adaptation to different systems, scaling to new territories, and integration with an already existing medical infrastructure, therefore embodying a sustainable model of global health-care improvement.
Scope	General medicine, Cardiology, Pneumology, Women's Health and Ophthalmology
Language	French
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes, nurses;
Type of funding	☑ **Private** ☑ **Crowdfunding**

6.54. HOPImedical

HOPImedical	
Associated PP	**PP6/BVF**
Starting date	2005
Webpage	http://hopimedical.com
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Member of BioValley France network.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Taking part of the HACK-IT-Network (1.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Hospitals, nursing homes, and public or government healthcare facilities
Type of organisation	Healthcare and care facilities
Country	France, Morocco, Kazakhstan, Kyrgyzstan and Ukraine
City	Their activities include diagnosis, treatment, surgery, emergency care, intensive care, and rehabilitation. Hospitals also support preventive health services, medical research, and staff training, operating with multidisciplinary teams to deliver continuous and coordinated care.
Short organisation description/ especially main activities	Their activities include diagnosis, treatment, surgery, emergency care, intensive care, and rehabilitation. Hospitals also support preventive health services, medical research, and staff training, operating with multidisciplinary teams to deliver continuous and coordinated care.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	HOPImedical
Type of organisation	Industry business
Country	France
City	Strasbourg
Short organisation description/ especially main activities	15 years of research and development and 10 years of experience bring you the most advanced and human-centered teleconsultation technology. Allowing patients to open up to medical professionals without requiring any particular skills, it enables doctors to carry out full physical examinations while never losing sight of their patient. Diagnostic and relational quality are thus guaranteed, at the same level as in an in-person consultation. It is the only technology to ensure full interoperability with all the telemedicine solutions used by private practitioners and hospitals, while preserving its examination and observation functions. Thus, medicine becomes possible—without compromise—at any distance. https://hopimedical.com/#presse
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan** ☑ **improving system-level service provision – main focus for PolicyParley** ☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DI - Digitalization and Innovation** ☑ **DC - Demographic Challenges**
Description of the H&C challenge addressed, please describe:	***Workforce Challenges and Accessibility and Infrastructure*** **Initial Situation:** Medical professionals in healthcare systems today face overwhelming demands because of shortages and demand, especially in rural and remote areas. In such locations, the availability of specialists is very limited, sometimes that nurses or general practitioners become the only medical personnel options available to patients.

- The initial situation - The challenge faced	The available consultation time per doctor is not adapted to the complexity of the patient needs. Most local clinics use equipment that is older and less effective than what would be found in equipped medical offices. It is through these that increased stress levels among healthcare workers, with a noticeable decline in the quality and continuity of care. **Challenge Faced:** Due to geographical and infrastructural barriers, patients were forced to travel long distances or receive no care at all. The key issue was how to relieve staff from overload and effectively provide patients with timely and high-quality care, without relying solely on their physical presence. ***Digitalization and Innovation*** **Initial Situation:** Traditional health care models often involve face-to-face communication, paper-based documentation overload, and fragmented communication between health care providers in a traditional system. These outdated practices have led to delays in diagnosis, administrative inefficiencies, and poor coordination of care. **Challenge Faced:** A shift in healthcare through digital innovation mean creating fully interoperable electronic medical records, AI-powered diagnostic support systems, and secure teleconsultation platforms to connect patients and healthcare providers in real time. These innovations enable rapid and accurate diagnosis, as well as increased cost-effectiveness by streamlining clinical workflows and minimising administrative burdens, thereby improving patient outcomes through data-driven continuum of care. ***Demographic Challenges*** **Initial Situation:** As mentioned in the previous points, poor transport networks and old health infrastructure limit access to healthcare in rural, remote and medically underserved areas. These challenges are even more acute for the elderly and patients with chronic conditions, who may find it difficult to travel long distances to receive regular healthcare. **Challenge Faced:** Delivering healthcare services closer to patients – whether that means mobile clinics, portable small diagnostic devices or telemedicine units with interactive broadband access. Mobile healthcare solutions would help bridge the accessibility gap through routine check-ups, chronic disease monitoring and urgent consultations to help prevent hospitalisation.

Main results Summary 	The digital healthcare solution of HOPImedical was introduced by assessing needs from various under-served areas whereby the following issues found: shortage of staff and lack of access to specialists. It involved co-designing the system together with healthcare professionals so that they will make it easier to use and integrate into their systems. The phased pilot implementation across selected facilities then led to a gradual roll-out with full training support. The outcome was quite significant in that it managed to reduce wait times and improve efficiency through remote consultations and, in some cases, via AI-assisted diagnostics. Staff reported less pressure due to better workload distribution; and patients in rural areas received timely care without needing to go through the journey. Real-time data tools also provided for more intelligent planning and resource management. This solution, widely deployed in France, is already used in Morocco, Kazakhstan, Kyrgyzstan, and soon in Ukraine. Created approach is modularised so that it can be used in various types of healthcare settings, rather from small rural areas to huge hospitals. It can be operated on cloud-based platforms, and it is compatible with existing systems. It does not need much infrastructure, which can, therefore, make it very easy to deploy in other countries or regions as well.
Scope	Telemedicine hardware/software; remote consultations with sensors
Language	French, English?
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes, nurses and doctors.
Type of funding	☑ **Private**

6.55. OPTACARE

OPTACARE	
Associated PP	**PP6/BVF**
Starting date	2013
Webpage	https://optacare.fr/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Member of BioValley France network.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Taking part of the HACK-IT-Network (1.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Hospitals and clinics
Type of organisation	Healthcare institutions ?
Country	France
City	Their activities include diagnosis, treatment, surgery, emergency care, intensive care, and rehabilitation. Hospitals also support preventive health services, medical research, and staff training, operating with multidisciplinary teams to deliver continuous and coordinated care.
Short organisation description/ especially main activities	Their activities include diagnosis, treatment, surgery, emergency care, intensive care, and rehabilitation. Hospitals also support preventive health services, medical research, and staff training, operating with multidisciplinary teams to deliver continuous and coordinated care.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	OPTACARE
Type of organisation	Industry business
Country	France
City	Strasbourg
Short organisation description/ especially main activities	Organizational tensions impacting the operations of healthcare facilities require innovative and effective responses. The flow forecasting and constraint-based planning solutions developed by OPTACARE are decision-making tools that directly address these challenges. OPTACARE offers a comprehensive 360° range of solutions that meet all the organizational challenges faced by healthcare institutions. We equip caregivers with easy-to-use solutions that free up more time for patient care. We develop: • **Forecasting solutions**: to anticipate scheduled and unscheduled patient flows and to allocate the necessary human and material resources accordingly. • **Constraint-based planning solutions**: to manage caregivers' schedules in compliance with regulations, professional constraints, and by taking into account their quality of work life, ensuring a fair and equitable distribution of workload. • **Outpatient activity management solutions**: to efficiently coordinate and schedule your day hospital operations. • **Pharmacy and supply stock management solutions**: to control and optimize your procurement processes. Our research teams dedicate all their expertise to developing solutions powered by advanced AI algorithms, enabling the release of valuable medical time so that caregivers can refocus on their core mission: providing care and attention to patients.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan** ☑ **improving system-level service provision – main focus for PolicyParley** ☑ **boosting customized technology transfer – main focus for STEMlab**

H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability** ☑ **APC - Administrative and Promotive Challenges**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Workforce Challenges*** **Initial Situation:** The health workforce, especially in hospitals, is facing increasing heat from the management level in planning shifts, rostering of workloads, and allocation of resources. Shift planning was often manual and/or run on disparate systems, resulting in inefficiencies, unbalance in workloads, and increase in staff dissatisfaction. **Challenge Faced:** The aim was to reduce the administrative burden of healthcare staff, while ensuring sufficient shift coverage and compliance with labour regulations and being responsive to staff preferences and availability. This was a concern in a hospital that was under turmoil regarding operational stability and improved workforce satisfaction. ***Digitalization and Innovation*** **Initial Situation:** Notably, many health-care entities do not have any intelligent sight data-driven, planning, and operational support systems. The information available was mostly siloed, obsolete, or difficult to access in real-time, hampering effective decision-making and wasting strategic resources. **Challenge Faced:** Healthcare organizations wanted digital solutions that could analyse real-time data and create actionable insights. Modernization of hospital operations through planning tools using artificial intelligence could automate complex tasks such as admission forecasting, workforce scheduling, and inventory management. ***Access and Infrastructure*** **Initial Situation:** Bottlenecks routinely occurred with patient flow at hospitals, particularly in the emergency department and inpatient units. Future admissions and discharges were invisible, resulting in overcapacity, underuse of some resources, and delayed care. **Challenge Faced:** Improving accessibility of care would require increased infrastructure management, better forecasting of patient volumes, and real-time adjustment in resource allocation. **Economic and Financial Sustainability:** **Initial Situation:** Inefficient workflows, poor stock management, and reactive planning contributed to the increased cost of operations in hospitals. Manual processing and lack of coordination between departments placed tremendous pressure on budget allocations.

	Challenge Faced: Hospitals have to optimize their expenditures yet still provide high-quality care. This implies introducing digital tools to reduce waste, improve inventory management, and enhance cost effectiveness for staff and patient control towards long-term financial viability.
Main results Summary 	Optacare developed and implemented a suite of AI-powered tools designed to help hospitals anticipate and manage their operations better. The solution was planned in very close collaboration with healthcare institutions to fit adequately with practical needs. It covers features such as patient admission forecasting, staff schedule optimization, and medical inventory management. Implementation was done by hospital system integrations and by training users and giving continuous support to ensure smooth adoption. The well-organized hospital by Optacare operates smoothly, for efficiency in its operations and flow of patients. Healthcare staff experienced less administrative pressure, freeing them to devote more attention to patient care. Allocating resources like time of staffs, beds, and equipment was now more efficient in measurable cost savings and better care quality. This form of planning also ensured higher staff satisfaction, as it balanced and responded better in the management of shifts. With its modular design and evidence-based approach, the Optacare solution shall lend itself to a variety of healthcare environments. Its application is as flexible to hospitals of different sizes and structures as proven by benefits accrued hence a great candidate for wider applicability in health systems that are modernizing their operations and optimizing their resource utilization strategies.
Scope	AI for hospital flow prediction, HR scheduling, stock/resource planning
Language	French
Was/were any third parties involved in the facilitation of the Solution supplier?	No
Type of funding	☑ **Private-public**

6.56. Pixacare

Pixacare	
Associated PP	**PP6/BVF**
Starting date	2019
Webpage	https://pixacare.com/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Member of BioValley France network.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Taking part of the HACK-IT-Network (1.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Doctors, hospitals, and clinics
Type of organisation	Healthcare institutions
Country	France
City	
Short organisation description/ especially main activities	Doctors, hospitals, and clinics work together to diagnose and treat illnesses, provide preventive care, and support patient health. They offer a range of medical services, from routine consultations and diagnostics to emergency care, surgery, and specialized treatments.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Pixacare
Type of organisation	Industry business
Country	France
City	Strasbourg
Short organisation description/ especially main activities	Pixacare is a healthcare technology company that specializes in managing medical images and monitoring wound healing. Their platform automates the organization and secure storage of medical photos, facilitates remote wound monitoring, and integrates with hospital systems. Pixacare uses AI algorithms for wound measurement and analysis, improving efficiency and patient care. The solution is deployed in numerous healthcare facilities, demonstrating significant time savings and enhanced medical workflows.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan** ☑ **improving system-level service provision – main focus for PolicyParley** ☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **DI - Digitalization and Innovation** ☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Workforce Challenges (WFC)*** **Initial Situation:** Healthcare specialists generally use manual recording and follow-up of patient's recovery, especially those in surgical and wound care departments. Patients take photographs of wounds, save them on personal devices, and enter the data into personal records manually. These are time-consuming processes, error-prone, and raise concerns over data security and patient privacy. **Challenge Faced:** Documentation processes needed to streamline in order to reduce the administrative stress on health workers. It was then pertinent to ensure accurate, secure and efficient recording of patient recovery data to improve workflow and keep the clinicians focusing much on patient care than paperwork.

	Digitalization and Innovation (DI) **Initial Situation:** Typical methods of patient monitoring and documentation are not integrated with modern digital tools. The lack of a consolidated and secure centralised platform for storing as well as analysing patient data hinders the ability to map developments and make well-informed decisions based on the complete information. **Challenge Faced:** Create an innovative electronic solution that seamlessly fits into the already existing health management system, with inbuilt real time documentation, data security, and actionable insights to enable patient safety and operational efficiency. ***Preventive and Promotive Health and Care (PP)*** **Initial Situation:** In any case, whether surgical or for wound healing, monitoring such patients is highly important and valuable in early detection of complications. Non-standardised monitoring tools and irregular documentation might lead to late detection of problems, more time in recovery, or even increased interventions. **Challenge Faced:** There was a need for proactive model for patient management, focusing mainly on early detection of possible complications. Implementing a monitoring system for timely interactions and regular appraisal would be beneficial in good health outcomes, thus reducing possible health issues in the future.
Main results Summary 	Pixacare has developed a secure, AI-supported mobile platform to improve the speed of documentation and follow-up for healthcare professionals during patient recovery, focusing on wounds and postoperative care. Designed with clinical input, this solution interfaces with hospital systems and EHRs. Staff training was provided to ensure adoption and ease of use. It allows photos to be captured securely, automatically links to the patient record, and allows AI-assisted tracking of healing progress. This has reduced the administrative burden, enhanced security of data, and increased communication among the team-on centralised visual records. It has also just helped in detecting complications early and thus improving the outcome for patients. The solution from Pixacare is easily translatable to other healthcare organisations that routinely handle a large population of post-surgical or chronic wound patients. Its versatility across specialties, integrability, and cloud-hosted nature make it a worthy instrument for institutions striving to improve care quality while simultaneously reducing the burden of administration and digital transition.

Scope	Digital wound photography & remote dermatological follow-up
Language	French
Was/were any third parties involved in the facilitation of the Solution supplier?	No
Type of funding	☑ **Private-public**

6.57. RDS

RDS	 
Associated PP	**PP6/BVF**
Starting date	2020
Webpage	http://www.rdsdiag.com/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Member of BioValley France network.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Taking part of the HACK-IT-Network (1.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Hospitals, Hospital at home (Service d'hospitalisation à domicile), Healthcare centre (centre de soins), Community health center (Medizinisches Versogungszenturm), Nursing home (EHPAD)
Type of organisation	Healthcare institutions?
Country	Fance and Germany
City	
Short organisation description/ especially main activities	Their activities include diagnosis, treatment, surgery, emergency care, intensive care, and rehabilitation. Hospitals also support preventive health services, medical research, and staff training, operating with multidisciplinary teams to deliver continuous and coordinated care.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	RDS
Type of organisation	Industry business
Country	France
City	Strasbourg
Short organisation description/ especially main activities	RDS is a French E-health / MedTech start-up based in Strasbourg, France. We leverage best-in-class biosensor technologies, combined with the latest developments in digital and predictive medicine, to bring next-generation Patient Monitoring Solutions to life. Our flagship solution, MultiSense®, provides healthcare professionals with a high-precision, multi-parametric solution for continuously monitoring of patients' physiological parameters- both in hospital and at home. MultiSense® combines a wireless wearable patient monitor measuring physiological data with a cloud-based platform that transforms this data into actionable clinical insights. MultiSense® is a patented medical device that has received multiple awards. RDS is powered by a talented international team with deep subject-matter expertise and a proven track record in healthcare and medical devices. At RDS, we share a common passion: advancing patient pathways™.
More case studies from this organisation or company	MultiSense brochure : https://eu1.hubs.ly/H0jq2B90

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley** ☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **DI - Digitalization and Innovation** ☑ **DC - Demographic Challenges** ☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe:	***Workforce Challenges*** **Initial Situation:** Healthcare professionals, including nurses and physicians, are faced with overwhelming patient volumes and mounting administrative obligations, all while managing repetitive manual tasks such as patient safety monitoring.

- The initial situation - The challenge faced	These demands lead to increased workload, fatigue and burnout, ultimately impacting the quality of patient care, especially in resource-limited settings. **Challenge Faced:** There was an urgent need to reduce the burden of repetitive vital sign monitoring and enhance workflow efficiency without compromising patient safety. Automating standard telemonitoring and streamlining data collection became essential to support overextended clinical teams in maintaining continuity of care. ***Demographic Challenges with Preventive and Promotive Health and Care*** **Initial Situation:** Patients in hospitals are traditionally monitored using wired systems, which limits mobility and causes discomfort. These setups can unnecessarily prolong hospital stays, even when patients could be safely monitored remotely. Meanwhile, the growing burden of chronic diseases in an aging population demands longer, continuous care - extending beyond the hospital setting. Yet, early detection and preventive care remain limited due to the constraints of existing continuous monitoring technologies and follow-up systems. **Challenge Faced:** Healthcare systems need tools that extend care beyond hospital walls, particularly for at-risk populations such as the elderly and chronically ill. The core challenge is shifting from a reactive care to a preventive one – enabling early detection of complications through continuous and accessible monitoring, whether in hospital or at home. ***Digitalization and Innovation*** **Initial Situation:** Conventional monitoring systems are typically large, immobile devices that lack integration with digital health records or predictive analytics. In such setups, data collection is highly fragmented, precluding the use of real-time insights in clinical decision-making. Additionally, existing systems often fail to interoperate due to costly and rigid infrastructures. **Challenge Faced:** Patient monitoring needed to be modernized for greater efficiency with minimal burden on patients and staff. To enable earlier hospital discharge without compromising care quality, healthcare systems required a cost-effective and interoperable monitoring solution that could seamlessly integrate into existing clinical environments.
Main results Summary 	MultiSense®, developed by RDS, is a high-precision device that enables continuous monitoring of patients both inside and outside the hospital. The solution includes the MultiSense® Patch, a small adhesive sensor that records vital signs such as heart rate, respiratory rate, oxygen saturation, skin temperature, physical activity, and body posture. These data are processed through the MultiSense® Platform, a cloud-based system that provides real-time insights to healthcare professionals. RDS has conducted six clinical validation studies to support the integration of the solution, demonstrating its accuracy, safety, and ease of use.

	The implementation of MultiSense® has led to several positive outcomes. Thanks to its wireless design, patients enjoy greater mobility and comfortable, while hospitals can monitor them remotely, reducing the length of stay. At the same time, healthcare professionals benefit from a reduced workload as routine vital sign checks are automated – allowing them to focus on more complex care tasks. Additionally, the system enables early detection of clinical deterioration, contributing to improved patient outcome. Its successful implementation in other countries such as Belgium (Hôpital Universitaire Erasme de Bruxelles) demonstrates its adaptability across different healthcare systems. Thanks to its scalable and flexible design, MultiSense® can be effectively implemented by hospitals and care providers seeking to modernize patient monitoring and enhance care efficiency.
Scope	Remote diagnostics and condition-monitoring services
Language	French, English
Was/were any third parties involved in the facilitation of the Solution supplier?	No
Type of funding	☑ **Private** ☑ **Public** ☑ **EU program**
Name of the funding	Bpifrance, Eurostars

6.58. Visible Patient Lab

Visible Patient Lab	

Associated PP	PP6/BVF
Starting date	2025
Webpage	1er laboratoire en ligne de modélisation 3D d'images médicales - Visible Patient
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Member of BioValley France network.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Taking part of the HACK-IT-Network (1.3)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Hospitals, University Hospitals in Belgium and Switzerland
Type of organisation	Hospital
Country	France
City	Strasbourg, Nancy, Lille, Nantes, Rennes
Short organisation description/ especially main activities	Provide comprehensive medical care, including emergency services, surgery, and specialized treatments, to support community health and well-being.

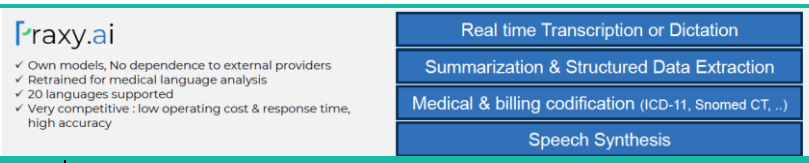
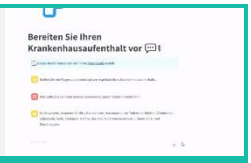
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Visible Patient Lab
Type of organisation	Industry business
Country	France
City	Strasbourg
Short organisation description/ especially main activities 	Visible Patient Lab offers new computer-assisted solutions for image-guided surgery through patient-specific 3D modeling. They are working to produce the best 3D models so that physicians can provide optimal patient care. To reach this objective, Visible Patient Lab has developed a medical online service for physicians who need to efficiently plan therapy. Our medical images experts perform 3D models from CT or MRI images. The result can be visualized by physicians through certified Class II.A. medical device software developed by our R&D team to plan the surgery on any personal computer, tablet or smartphone. Visible Patient Lab aims at being the leader of the surgical evolution to image-guided surgery.

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan** ☑ **improving system-level service provision – main focus for PolicyParley** ☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **DI - Digitalization and Innovation** ☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Digitalisation and Innovation*** **Initial Situation:** In healthcare environments, traditional 2D imaging methods CT and MRI diagnostic imaging were resorted to for the purpose of diagnostic and surgical planning. It requires an expert-level understanding for one to interpret these scans; the physician reconstructs complex 3D anatomical relationships from flat images. This cognitive process is inherently time-consuming and highly variable, even among expert practitioners. Meanwhile, digital solutions themselves have seen very little adoption in everyday clinical work due to technological drawbacks and interoperability problems, as well as a lack of friendly tools.

	Challenge Faced: There was a need to modernise clinical workflows by incorporating digital tools that enhance precision, reduce cognitive load, and assist in further informed decision-making. However, barriers to implementing innovative technologies included exorbitant costs, insufficient IT infrastructure, and lack of integration with existing systems. The immediacy of the need to fill the gap between high-tech digital imaging and user-friendly applications for everyday use must therefore become a priority for all clinical care improvements concerning efficiency and safety. ***Workforce Challenges*** **Initial Situation:** Growing pressure on surgeons and radiologists to deal with an increasing number of complex cases with a higher expectation for personalized care. This has increased the workload, stress levels, and prospects of burnout. Junior clinicians do not have sufficient experience or tools to plan complex procedures as confidently as their senior counterparts. **Challenge Faced:** These have become characteristic of high-quality care across experience-skill levels or types of facility. Medical teams needed complementary systems for standardisation and enhancement in planning across skills and talent levels: thus; they would need to rely less on individual specialise areas in carrying out their work. Solution was required to reduce workload, expedite surgical preparation, and enable outcome consistency despite limitations. ***Preventive and Promotive Health and Care*** **Initial Situation:** Prevention strategies in health are based on early and accurate diagnosis, as well as anticipating risks in surgery and planning for those risks. For most health systems, however, such anticipatory measures almost seemed non-existent. In addition, there were not much-reduced tools on setting scenarios for planned intervention or prognosis of outcome with risks for possible complications. Misinterpretations of complex anatomical structures or sans surprise complications during surgery lead to longer recovery times, secondary interventions, and higher odds of long-term health impacts. **Challenge Faced:** Many healthcare providers said they could not implement preventive surgery methods due to the nonavailability of affordable and individualized plans. They needed dependable ways to project complications, minimised intraoperative risks, and coordinate communication with patients on their treatment routes. Indeed, changing the entire paradigm toward safer and more efficient care - especially for very complex or high-risk cases - would take years off from the systemic costs, improving long-term health outcomes.

Main results Summary 	Visible Patient Lab created their solutions out of clinical experience harnesses together with a cutting-edge digital approach. The initial purpose was to improve surgical planning by developing interactive 3D models of patient-specific anatomy. A development fuelled by the input of surgeon, radiologists, and IT specialists into what was required for clinical acceptability and how it could be part of the existing workflow. The implementation of the solution has significantly improved the accuracy and efficiency of surgical planning in healthcare settings. Feedback received since its adoption has included a better understanding of complex anatomy by enabling well-planned surgeries, reduced operative times and reduced other intraoperative complications. It has improved interdisciplinary communication and exchange of ideas to develop a better decision-making process. The effect of aligned relationships with hospitals and universities is another notable result, leading to expand list of partnerships and projects in support of digital surgery. The technical solution has a very high level of transferability due to the moderate infrastructure investment requirements, while the model is more easily compatible, interoperating with conventional and somewhat more modern image formats. The technology opens an area where it is possible to reach small institutions, eliminating the occasional high cost of equipment. The effective coverage that this solution provides allows urban and remote locations to access and manage interactive 3D anatomical models.
Scope	Patient-specific 3D modelling & surgical planning from imaging
Language	Software translated in all European Languages (CE marked Class II.A medical Device)
Was/were any third parties involved in the facilitation of the Solution supplier?	No
Type of funding	☑ **Public**

6.59. PraxySante

PraxySante	 
Associated PP	**PP6/BVF**
Starting date	2023
Webpage	https://praxysante.fr/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Member of BioValley France network.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot STEMlab (WP2)** ☑ **Taking part of the HACK-IT-Network (1.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Doctors, Hospitals and clinics
Type of organisation	Health and care
Country	France, Spain, Germany and Belgium
City	Not applicable.
Short organisation description/ especially main activities	This solution is already tested or used in 35 hospitals (Montpellier University Hospital, Foch Hospital, etc.) in 6 countries (FR / BE / CH / SP / DE / PT), and integrated as white labels in 9 software programs (LGC and DPI)
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	PraxySante
Type of organisation	Simplified joint-stock company (SAS)

Country	France, Spain, Germany and Belgium
City	Not applicable.
Short organisation description/ especially main activities	Praxy.ai, founded by doctors and AI engineers, has developed an AI suite for healthcare professionals, these products free up their time, while improving the completeness and precision of therapeutic patient monitoring. This solution on the market is a multi-channel service (physical consultation, telephone, videoconferencing, mobility) which automatically generates consultation reports and updates patients' medical records. https://www.youtube.com/watch?v=JlArwJfnA80
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan** ☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **DI - Digitalization and Innovation** ☑ **APC - Administrative and Promotive Challenges**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Workforce Challenges*** **The initial situation:** Healthcare professionals often face administrative burdens that detract from patient care time. Managing patient data and coordinating care can be time-consuming and inefficient. **The challenge faced:** The need to streamline workflows and reduce administrative tasks to allow healthcare professionals to focus more on patient care. Praxy.ai addresses this by automating routine tasks and providing intuitive tools that integrate seamlessly into existing systems. ***Digitalisation and Innovation*** **The initial situation:** Many healthcare facilities still rely on outdated systems that do not support modern digital workflows. This lack of digitalization hinders efficiency and the ability to leverage data for better patient outcomes.
	The challenge faced: Implementing innovative digital solutions that can enhance data management, improve patient monitoring, and support clinical decision-making. Praxy.ai offers a comprehensive digital platform that facilitates the transition to modern, data-driven healthcare practices. ***Administrative and Promotive Challenges*** **The initial situation:** Administrative processes in healthcare are often complex and fragmented, leading to inefficiencies and delays in patient care. Additionally,

	promoting new technologies and practices within healthcare organizations can be challenging due to resistance to change. **The challenge faced:** Simplifying administrative processes and promoting the adoption of new technologies to improve overall healthcare delivery. Praxy.ai provides solutions that streamline administrative tasks, reduce paperwork, and offer user-friendly interfaces that encourage adoption among healthcare staff.
Main results Summary 	Praxy.ai was created to make healthcare administration easier by automating tasks, improving data management, and enhancing patient care. During implementation, it was seamlessly integrated into existing systems, with hands-on training and ongoing feedback to refine the platform. By reducing paperwork and streamlining processes, it freed up healthcare professionals to focus more on patients. Better data management also meant fewer errors and smarter decision-making, leading to improved care coordination. As a result, patients experienced shorter wait times and more personalized attention. With its flexible design, Praxy.ai can be adapted to different healthcare settings as it is already represented in Spain, making it a valuable tool for modernization.
Scope	Providing AI-driven solutions tailored for healthcare professionals to enhance efficiency and patient care.
Language	French, Spanish on the way to translation to German, Italian and others
Was/were any third parties involved in the facilitation of the Solution supplier?	No
Type of funding	☑ **Private**

6.60. CLINNOVA: federating digital medicine in Europe

CLINNOVA: federating digital medicine in Europe	

Associated PP	PP6/BVF
Starting date	1 January 2021 – 31 December 2035
Webpage	http://clinnova.eu/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	We are coordinating the program in the Grand-Est region (11 partners). Expansion zone are Germany (Freiburg, Mannheim), Luxembourg, Swiss (Basel) Originated from a Horizon Europe project led by the Luxembourg partner (Luxembourg Institute of Health) and then wanted to expand to several border countries.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Connected to the Advisory board (Pilot or strategic observers)** ☑ **Taking part of the HACK-IT-Network (1.3)** ☑ **Focus Groups (A1.1)** ☑ **HackITAthons (A1.3)** ☑ **Pilot STEMlab (WP2)** ☑ **Alpine Health & Care Innovation Transfer Forum (A3.3), alongside EUSALP Presidency Prep in IT (M36, LP1/PP2).** ☑ **Other, please specify: possibility to bring expertise in data operability, data exploitation, federative learning.**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	University hospital of Strasbourg, Nancy and Reims
Type of organisation	University Hospital
Country	France
City	Strasbourg, Nancy and Reims

Short organisation description/ especially main activities	Provide health care, allow research, and train health and care providers
More case studies from this organisation or company	https://www.chru-strasbourg.fr/ https://www.chu-nancy.fr/ https://www.chu-reims.fr/

Information on the solution provider – Supply side/organisation supporting/providing the solution

Organisation's name	Clinnova consortium
Type of organisation	Consortium including research institute, hospitals, university, laboratories..
Country	France, Luxembourg, Swiss, Germany
City	Strasbourg, Reims, Nancy, Luxembourg, Mannheim, Fribourg, Basel
Short organisation description/ especially main activities 	The Clinnova project is a cross-border initiative bringing together Luxembourg, Germany, the Grand-Est region, and Switzerland (Basel) to revolutionize health research. This project relies on high-quality data collection, leveraging the expertise of its partner institutions. Focusing on immune-mediated inflammatory disorders (I.M.I.D.), such as multiple sclerosis and rheumatoid arthritis, Clinnova utilizes multimodal data (genomics, metabolomics, digitisomics, etc.) to identify prognostic and theranostic factors, thereby improving diagnosis, treatment, and prevention. The project is based on a networked research model, integrating university hospitals (CHU) and general hospitals (CH) with an interoperable platform and a biobank, fostering e-health and ultimately attracting researchers, start-ups, and industry players. Finally, Clinnova represents a new European approach to health research, exemplifying the Grand-Est region's strategy to strengthen innovation and cross-border collaboration.

Information on the Solution Supplier collected/ Use case

H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation** ☑ **PP - Preventive and Promotive Health and Care**

Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Digitalization and Innovation*** **The initial situation:** To date, in the context of autoimmune inflammatory diseases, it remains difficult, when a new patient arrives or when a patient experiences a flare-up, to select the best treatment with the most appropriate dosage to control the inflammation. Finding the right treatment and the right dosage often requires several iterations. Furthermore, with each flare-up, it is generally necessary to adjust the treatment, either by modifying the dosage or by changing the molecule. **The challenge faced:** Developing a decision-support solution for therapeutic management (which we ultimately aim to implement within the Clinnova program) requires the extensive use of medical data to identify the factors influencing inflammatory flare-ups in various autoimmune inflammatory diseases. These data must be standardized, representative of diverse populations, and interoperable with different data streams. It is scientifically established that disease flare-ups are also influenced by the exposome—the totality of an individual's environmental exposures over time. The goal is to develop a reliable tool that can be used by healthcare professionals. ***Preventive and Promotive Health and Care*** **The initial situation:** Still within the context of autoimmune inflammatory diseases (initially as part of the proof-of-concept phase of the Clinnova program, with potential expansion to other pathologies in the future), there is currently no solution capable of predicting whether a population or an individual is at risk of developing these diseases or experiencing an inflammatory flare-up. **The challenge faced:** As with the previous topic, a large amount of data is required. These datas must be representative of a population and/or an individual to generate preventive alerts that are both realistic and consistent.
Main results Summary 	1. As of today, the project is in its initial phase. Clinical research studies have just begun in Luxembourg, Germany, and Switzerland. In France, they are expected to start by the end of 2025. It will then take approximately two to three years to obtain the first results and solutions developed through the program. 2. From our initial experiences in the Grand-Est region, the main challenges we have encountered are administrative, particularly regarding the establishment of the consortium agreement. The project started in 2021, but the contract was only signed at the end of 2024. Anticipating and preparing a contract template well in advance is therefore essential to ensure swift validation and timely signing by all parties. The lengthy process led to the departure of several key stakeholders, resulting in significant information loss, the need to re educate the involved parties, and a restart of much of the process.

	3. The assignment of responsibilities is another crucial aspect. From the outset, roles and responsibilities should be clearly defined, ensuring that each party has the necessary bandwidth and personnel. A risk assessment should also be conducted to anticipate potential failures and develop contingency plans in case any party is unable to fulfill its role for any reason. 4. Finally, financial management is a major concern. It is crucial to include a financial buffer in the budget forecasts to cover any unforeseen additional costs. Additionally, ensuring that funding covers the entire project duration is essential to avoid the need for emergency fundraising or, worse, having to abandon the project due to a lack of financial resources.
Scope	**Multi-level** In the Grand-Est region, as in the territories of all the partners, we will be implementing clinical research studies. Three studies will be promoted in the Grand-Est: one at the CHU of Nancy for IBD, one at the CHU of Strasbourg for multiple sclerosis (MS), and one for rheumatologic diseases. Each partner has created a data platform capable of collecting and storing the various data flows (collaboratively to ensure the interoperability of the platforms and their architectures, for future data exploitation). Finally, as part of the program, by the end of 2025, we will conduct genomic analyses on the biological samples collected in the Grand-Est. In the long term, we will analyze the data using algorithms that will be specifically developed through a federated AI methodology that we are currently implementing through various proofs of concept. This methodology will then be expanded and used to exploit the data collected by all the partners.
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	No
Type of funding	☑ **Public** ☑ **EU program**
Name of the funding	Each country is funded by its own national or regional public funds. In the Grand Est region, financial support is provided by the Regional Council.

6.61. Alliance for Sustainable Medical Technology

Alliance for Sustainable Medical Technology

Allianz für nachhaltige Medizintechnik

Associated PP	**PP7/BIOPRO**
Starting date	March 2023
Webpage	https://www.bio-pro.de/projekte/laufende-projekte/allianz-fuer-nachhaltige-medizintechnik
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	BIOPRO Baden-Württemberg founded the Alliance for Sustainable Medical Technology together with two other partners (Bayern Innovativ GmbH, former Forum MedTech Pharma e.V., and BIOVOX Connect)
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot CAREavan (WP2)** ☑ **Pilot Open Innovation Days (A2.3)** ☑ **Other, please specify: BIOPRO Baden-Württemberg and Bayern Innovativ – both partners in the Alliance for Sustainable Medical Technology – are project partner in the HACK-IT-NET project**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Players in the healthcare value chain, with a focus on the medical technology sector
Type of organisation	(Healthcare) industry, hospitals, research institutions
Country	Germany
City	--
Short organisation description/ especially main activities	--

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Alliance for Sustainable Medical Technology
Type of organisation	Network
Country	Germany
City	--
Short organisation description/ especially main activities	As the "Alliance for Sustainable Medical Technology", BIOPRO Baden-Württemberg works together with BIOVOX Connect – The Network for Sustainable Medical Technology and Bayern Innovativ across federal state borders and joins forces to promote the sustainable development of the healthcare sector in Germany. The KOMATRA competence centre is an associated partner. Once a month, the Alliance partners organise an online event on topics relating to a more sustainable medical technology. Stakeholders of the health and care ecosystem get specific information, share experiences and develop ideas. The online sessions start with keynote speeches, followed by lively discussions.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **PP - Preventive and Promotive Health and Care** ☑ **EFS - Economic and Financial Sustainability**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial situation:** Climate change poses a dual burden on the healthcare sector. On one hand, its consequences — such as heat waves, extreme weather events, and the spread of infectious diseases — increase the demand for medical care and strain healthcare systems. On the other hand, the sector itself significantly contributes to climate change: according to a study by Health Care Without Harm, the healthcare sector in Germany accounts for approximately 5.2 % of the country's total greenhouse gas emissions. A substantial 71% of these emissions fall under Scope 3, arising primarily from the production and transport of pharmaceuticals and medical devices. This highlights the urgent need for systemic transformation towards more sustainable practices within the sector. **The challenge faced:** Integrating sustainability into healthcare systems and medical technology presents both a necessity and an opportunity. Sustainable approaches can enhance the resilience of healthcare providers in the face of current and emerging challenges.

	For example, resource efficiency contributes to economic viability while reducing environmental impact. Moreover, regulatory frameworks such as the European Green Deal and Germany's commitments under the Paris Climate Agreement are driving the adoption of sustainability standards across the sector. In addition, sustainability has become a factor of competitiveness: public institutions like the NHS in England already require compliance with environmental criteria in procurement processes. Companies and organisations that embrace sustainability not only position themselves better for the future but also become more attractive employers — a critical factor in a sector facing increasing skills shortages. Crucially, climate protection is also health protection: by reducing emissions and environmental degradation, we contribute to disease prevention and public health. Addressing these interconnected challenges requires collaboration, innovation, and a strategic shift in how healthcare and medical technologies are developed and deployed.
Main results Summary 	The founding of the Alliance was based on a cross-sectoral, collaborative approach. Thus, three founding partners joined forces in March 2023 and signed a Memorandum of Understanding in May 2023. The aim is to raise awareness among stakeholders along the value chain of medical technology and medical devices for the sustainable development of the healthcare sector, e.g. for the implementation of a circular economy including suitable business models, resource efficiency or CO2 reduction. In February 2025 the KOMATRA – Kompetenzzentrum Arbeitsforschung joined the Alliance as an associated partner. The collaboration strengthens the impact of the alliance and increases the visibility of the topic. **Consequences and tangible results for the organisation:** The process strengthens interdisciplinary collaboration and creates awareness of sustainability across health and care stakeholders. **Potential transferability to further organisations:** The alliance is open to further associated partners in order to reach additional stakeholders and regions and increase the visibility of the topic. The developed framework can be transferred to other regions. The monthly events are open to all interested parties. Moreover, the collaborative approach can serve as a blueprint for similar initiatives in other regions or sectors aiming to align healthcare innovation with sustainability goals.

Scope	Germany
Language	--
Was/were any third parties involved in the facilitation of the Solution supplier?	--
Type of funding	☑ **Other**
Name of the funding	The efforts and expenses within the Alliance for Sustainable Medical Technology are covered by the partners or associated partners themselves (in-kind funding).

6.62. "Gemeinsam für Gesünder"

"Gemeinsam für Gesünder"	

Associated PP	PP7/BIOPRO
Starting date	2024
Webpage	Information on virtual exhibition:https://www.forum-gesundheitsstandort-bw.de/ueber-das-forum/virtuelle-ausstellung-des-forum-gesundheitsstandort-bw Virtual Exhibition: https://viewer.rooom.com/space/5b37a5da68a59d52c28706fdc60873
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	The Forum Health Region Baden-Württemberg is the creator of the virtual exhibition. BIOPRO Baden-Württemberg GmbH has a comprehensive coordination, bundling and office function for the Forum Health Region Baden-Württemberg.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot CAREavan (WP2)** ☑ **Other, please specify: Experience, Exchange**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	As the digital exhibition is freely accessible online, it is not possible to make statements about which organizations or institutions viewed the digital exhibition and were influenced by it.
Type of organisation	In terms of subject matter and content, the exhibition is primarily aimed at healthcare professionals and junior staff, researchers, industry representatives and the interested public – in short, anyone who wants to find out more about the future of healthcare, innovative technologies and the further development of Baden-Württemberg as a healthcare location.
Country	Baden-Württemberg, but as the digital exhibition is available in German language has a nationwide outreach.

City	--
Short organisation description/ especially main activities	--
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Forum Health Region Baden-Württemberg (BIOPRO Baden-Württemberg GmbH has a comprehensive coordination, bundling and office function for the Forum Health Region Baden-Württemberg)
Type of organisation	Strategic Dialogue/Network, which brings together 600 stakeholders from companies, universities, research institutions and healthcare providers.
Country	Germany, Baden-Württemberg
City	Stuttgart
Short organisation description/ especially main activities	The Forum Health Region Baden-Württemberg currently brings together around 600 stakeholders from companies, universities, research institutions and healthcare providers. They are all pursuing the goal of further developing Baden-Württemberg as a healthcare location. This strategic process with the support of the state government aims for Baden-Württemberg to become the leading location for medical research, the development and manufacture of medical products and modern and innovative healthcare. To this end, the "Forum Health Region Baden-Württemberg" is funding a wide variety of innovative projects in the fields of health research, health economy and healthcare provision.
More case studies from this org or company	The state Baden-Württemberg has funded numerous projects in three funding rounds under the umbrella of the Forum Health Region Baden-Württemberg Forum. These initiatives are led by the Ministry of Science, Research and Arts, the Ministry of Social Affairs, Health and Integration or the Ministry of Economic Affairs, Labour and Tourism.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DI - Digitalization and Innovation** ☑ **PP - Preventive and Promotive Health and Care**

Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	The forum focusses on topics such as digitalization and data, personalized medicine in diagnostics and therapy, promoting innovation and translation as well as the education and training of specialists. Politicians and stakeholders from the healthcare sector, research and industry are working together on the right strategies for medical progress and their implementation. Examples of projects addressing mainly four challenges (Workforce Challenges, Accessibility and Infrastructure, Digitalization and Innovation, Preventive and Promotive Health and Care) are highlighted below. However, many more initiatives are presented in the virtual exhibition, each tackling different aspects of these critical issues. ***Accessibility and Infrastructure*** **Initial situation:** Ensuring accessible and well-structured healthcare services remains a challenge, especially in regions with limited infrastructure. Medical education must balance academic knowledge with practical skills, yet hands-on training opportunities can be scarce in certain areas. Enhancing accessibility in education and clinical practice is essential to improve overall healthcare quality. **The Challenge faced:** The networking project for medical education in five model regions integrates digital platforms with regional training teams. By bridging academic learning with practical experience in general medicine, this initiative strengthens the link between universities and on-the-ground healthcare providers, ensuring better preparedness for future medical professionals. ***Workforce Challenges*** **Initial situation:** The healthcare workforce faces significant challenges, including staff shortages, increasing workloads, and the need for continuous skill development. These issues are particularly critical in rural areas, where attracting and retaining healthcare professionals is increasingly difficult. Moreover, the rapid advancement of medical technology necessitates ongoing training to keep healthcare providers up to date. **The Challenge faced:** The project led by Dr. Thorsten Doneith at the University Hospital Tübingen aims to counteract the shortage of physicians in rural areas. By providing specialized training and support for medical students who are interested in working in rural regions, the initiative seeks to improve healthcare accessibility outside urban centers. For this project, Thorsten Doneith collaborates with the district administration office, various clinics, and local general practitioners. The initiative officially launched in October 2022 with the elective course "The Full Life – Encounters with Patients and Experts on Site" as its first module. Additional modules, including clinical internships and block practicums with local partners, will follow. Looking ahead, Doneith envisions expanding the developed structures and formats to other underserved regions, making this project a scalable model for broader implementation.

	Digitalization and Innovation **Initial situation:** Digitalization is transforming healthcare, offering opportunities for innovation in diagnostics, treatment, and training. However, many small and medium-sized medical technology companies struggle to adopt artificial intelligence (AI) and other digital advancements due to a lack of expertise and resources. Overcoming these barriers is crucial for fostering innovation in medical technology. **The Challenge faced:** The ANIMMED Application Center supports medical technology companies in implementing AI solutions. Through targeted technology consulting, feasibility studies, access to training data, and regulatory guidance, ANIMMED helps companies integrate AI into their medical products. Demonstrator projects, such as autonomous aortic catheter navigation using machine learning, exemplify how AI can enhance medical procedures by reducing treatment times and improving patient safety. **Preventive and Promotive Health and Care** **Initial situation:** Preventive healthcare and health promotion require effective training methods to ensure high-quality patient care. Traditional training in medical and nursing education can be expensive and resource-intensive, limiting accessibility. Simulation-based learning offers an opportunity to enhance training while reducing costs. **The Challenge faced:** The xR Skills Lab explores the use of mixed reality (xR) and virtual reality (VR) in healthcare training. By simulating medical procedures and hygiene protocols, VR-based training can provide cost-effective, immersive learning experiences. This approach has the potential to improve patient safety and address workforce shortages, particularly in nursing, by enhancing practical training without the need for expensive physical labs.
Main results Summary 	The digital exhibition was conceived in 2024, building on a communication campaign that had taken place in 2022. In various virtual topic areas, (virtual) visitors can find out in text, graphics, video and audio what challenges the healthcare system of the future will face, what role digitalization will play and how Baden-Württemberg is working to ensure that all citizens can benefit from medical progress. Visitors can find out how new diagnostic and treatment methods are being developed in Baden-Württemberg to improve healthcare. Since its foundation in 2018, the Forum Health Region Baden-Württemberg, initiated by Minister President Winfried Kretschmann, has been committed to advancing medical research, innovative medical technology, beneficial technologies and medical care for people in the state.

	The virtual exhibition by the office of the Forum Health Region Baden-Württemberg, based in Stuttgart, shows what is already being done in Baden-Württemberg to shape the healthcare system and healthcare provision of tomorrow. The virtual exhibition consists of six presentation areas on the topics of diagnostics, therapy, digitalization, health literacy, production and skilled workers. The aim was to make the exhibition accessible to a wide audience and to make the goals and projects of the Forum's stakeholders more visible and better known. Potential transferability to further organisations: The concept of a virtual exhibition can be transferred to other topics and regions.
Scope	Baden-Württemberg, Germany
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	The Forum was supported in the realization of the digital exhibition by a web creative agency.
Type of funding	☑ **Public**
Name of the funding	--

6.63. Forum Health Region Baden-Württemberg

Forum Health Region Baden-Württemberg	forum gesundheitsstandort BW
Associated PP	**PP7/BIOPRO**
Starting date	2018
Webpage	https://www.forum-gesundheitsstandort-bw.de/en/about-forum
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	BIOPRO Baden-Württemberg GmbH has a comprehensive coordination, bundling and office function for the Forum Health Region Baden-Württemberg and is therefore closely involved in the Forum's projects.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot PolicyParley (WP2)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	--
Type of organisation	Forum Health Region Baden-Württemberg is an interministerial strategy process with the aim to further establish Baden-Württemberg as a leading location for medical research and the development and manufacture of innovative medical products and healthcare solutions. Stakeholders of the Forum Health Region Baden-Württemberg are hospitals and care facilities, health insurance companies, research institutes and universities, biotech, pharmaceutical and medical technology companies. These are stakeholders in the healthcare ecosystem, e.g. hospitals and care facilities, health insurance companies, research institutions and universities, biotech, pharmaceutical and medical technology companies, as they offer their expertise while also profiting from the knowledge and expertise of the other stakeholders.
Country	Baden-Württemberg, Germany
City	Various across Baden-Württemberg

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Forum Health Region Baden-Württemberg consisting of: Hospitals and care facilities; health insurance companies; research institutes and universities; and biotech, pharmaceutical and medical technology companies.
Type of organisation	Strategic dialogue, which brings together more than 600 stakeholders from companies, universities, research institutions and healthcare providers. It was founded in 2018 on the initiative of Baden-Württemberg's Minister President Winfried Kretschmann in order to achieve closer interconnections and greater cooperation between the areas of health research, healthcare and social care and the healthcare industry.
Country	Germany, Baden-Württemberg
City	Stuttgart
Short organisation description/ especially main activities	Stakeholders of the Forum Health Region Baden-Württemberg are pursuing the goal of further developing Baden-Württemberg as a healthcare location. This strategic process with the support of the state government aims for Baden-Württemberg to become the leading location for medical research, the development and manufacture of medical products and modern and innovative healthcare. Three thematic blocks have been defined for the topics to be addressed in the Forum Health Region, each of which is being worked on under the leadership of a ministry: The Ministry of Social Affairs, Health and Integration Baden-Württemberg is responsible for the development of efficient and quality-oriented structures in health care. The Ministry of Economic Affairs, Labour and Tourism Baden-Württemberg is responsible for application-oriented research as well as innovation, value creation and employment in the healthcare industry. The Ministry of Science, Research and the Arts Baden-Württemberg is responsible for science and research. To this end, the "Forum Health Region Baden-Württemberg" is funding a wide variety of innovative projects in the fields of health research, health economy and healthcare provision.
More case studies from this org or company	Projects of the current funding round are MEDI:CUS, ZPM (Zentren für Personalisierte Medizin, engl. Centers for Personalised Medicine), and PC3-AIDA (Advanced Imaging Utilization by Digital Data Application) in Baden-Württemberg focusing on key areas such as digitalization, data management, personalized medicine in diagnostics and therapy, innovation promotion, translation, and the education and training of specialists. The Forum Health Region Baden-Württemberg has supported a variety of initiatives in previous funding rounds.

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan** ☑ **improving system-level service provision – main focus for PolicyParley** ☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DC - Demographic Challenges** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability** ☑ **PP - Preventive and Promotive Health and Care** ☑ **SD - Specialization and Decentralization** ☑ **APC - Administrative and Promotive Challenges**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	The Forum Health Region Baden-Württemberg focuses on key areas such as digitalization, data management, personalized medicine in diagnostics and therapy, innovation promotion, translation, and the education and training of specialists. Policymakers and stakeholders from the healthcare sector, research, and industry collaborate to develop and implement strategies for medical advancement. In its three funding rounds, the Forum has supported several projects addressing critical Health & Care (H&C) challenges, including Workforce Challenges, Accessibility and Infrastructure, Demographic Challenges, Digitalization and Innovation, Economic and Financial Sustainability, Preventive and Promotive Health and Care, Specialization and Decentralization, and Administrative and Promotive Challenges.
Main results Summary	**How the solution was planned and then implemented:** The Forum Health Region Baden-Württemberg was established as a strategic initiative by the state government to bring together key stakeholders from healthcare, science, industry, and policy. In its three funding rounds, the Forum identified and supported innovative projects addressing pressing healthcare challenges. Each project was selected through a competitive call for proposals and received targeted funding and structural support from different Baden-Württemberg ministries.

Consequences and tangible results on the organisation:

The Forum Health Region Baden-Württemberg focuses on the topics of data and digitalization, diagnostics, specialists and professions, health literacy, production and therapy. Thus, the funded projects have strengthened digital and clinical innovation capacities in the region. The Baden-Württemberg State Ministry is responsible for the overall coordination of the work of the Forum Health Region Baden-Württemberg through an interministerial working group (IMA) – at working level under the leadership of the Baden-Württemberg State Ministry with the participation of the Ministry of Science, Research and Arts Baden-Württembürg, the Ministry of Economic Affairs, Labor and Tourism Baden-Württemberg, the Ministry of Social Affairs, Health and Integration Baden-Württemberg and BIOPRO Baden-Württemberg GmbH.

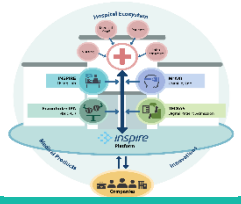
This ensures that the work of the Forum Health Region Baden-Württemberg is optimally coordinated. The Forum plays a central role in the regions health and care ecosystem by serving as a platform for dialogue between science, business, healthcare and politics. Thanks to the close involvement of BIOPRO Baden-Württemberg GmbH and the direct line to political decision-makers, the needs and challenges of the stakeholders in Baden-Württemberg can be quickly recognised and communicated to the relevant stakeholders in a targeted manner. This strengthens the Forum's ability to act and enables it to effectively promote innovative approaches and solutions for the further development of the healthcare region.

Potential transferability to further organisations:

The structural and strategic approach of the Forum, including cross-sector collaboration, targeted funding, and a focus on scalability, makes the model highly transferable. The solutions developed in the funded projects are lighthouse projects and can serve as blueprints for other regions in Germany and the EU.

Scope	Baden-Württemberg, Germany
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	Stakeholders of the Forum Health Region Baden-Württemberg
Type of funding	☑ **Public**
Name of the funding	The Ministry of Social Affairs, Health and Integration Baden-Württemberg

6.64. INSPIRE Living Lab

INSPIRE Living Lab	

Associated PP	PP7/BIOPRO
Starting date	September 2021
Webpage	https://www.livinglab-umm.de/english/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	As part of the healthcare ecosystem BIOPRO Baden-Württemberg is in contact with the INSPIRE Living Lab. The INSPIRE Living Lab has already participated in the transnational needs analysis of the HACK-IT-NET project.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Regional multi-actor Town Hall (A1.1)** ☑ **Focus Groups (A1.1)** ☑ **Pilot STEMlab (WP2)** ☑ **Taking part of the HACK-IT-Network (1.3)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Start-ups and SMEs and companies can test and improve their products in clinical routine practice, take advantage of feedback from doctors, nurses and patients, and generate data for clinical studies or regulatory approvals.
Type of organisation	Start-ups and SMEs
Country	Baden-Württemberg, Germany
City	--
Short organisation description/ especially main activities	--

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	INSPIRE Living Lab, University Medical Centre Mannheim (UMM)
Type of organisation	Interdisciplinary research institution funded by the European Regional Development Fund (ERDF) and Ministry of Economic Affairs, Labour and Tourism Baden-Württemberg.
Country	Germany, Baden-Württemberg
City	Mannheim
Short organisation description/ especially main activities	At the INSPIRE Living Lab at the University Medicine Mannheim, station urology and orthopaedics, patients are treated. Start-ups and SMEs have access to numerous test settings for trialling and further developing their digital health products. They can optimize development processes through the close involvement of users, direct feedback and targeted data generation in a clinical environment. The INSPIRE Living Lab offers a hospital ward with 20 beds equipped with patient tablets, comprehensive Wi-Fi, network connections, a room for building services, smartphones for nursing staff and the option of connecting to clinical data. Start-ups and SMEs have access to medical and nursing expertise, IT know-how and various spatial settings: patient rooms, support centre, medication preparation. Partners of the INSPIRE Living Lab are experts in regulatory questions or in the planning and implementation of clinical trials. The Living Lab offers a test environment and technical infrastructure for testing and developing ideas in a clinical environment.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**The initial situation:** With the rise of digitalization and innovation challenges (DI), there was a need for an environment where start-ups and SMEs could test, refine, and optimize their products in real-world clinical settings. The initial situation highlighted the gap between technological innovation and its practical application in clinical environments. Additionally, ensuring data privacy and integrating new technologies into existing hospital IT systems posed significant hurdles.

	The challenge faced: Innovators often lack access to real-world clinical environments, feedback from patient and healthcare professionals, and regulatory expertise, which are critical for developing effective, user-friendly, and compliant healthcare solutions. The INSPIRE Living Lab has created a bridge between technological developers in the healthcare sector (start-ups/SMEs) and the clinical world
Main results Summary 	**How the solution was planned and then implemented:** The INSPIRE Living Lab was designed as an interdisciplinary research and testing facility within the University Medicine Mannheim (UMM). **Consequences and tangible results on the organisation:** The INSPIRE Living Lab has become a hub for innovation in healthcare, enabling the development of user-centered and clinically relevant digital health products. Start-ups and SMEs benefit from reduced development cycles, improved product-market fit, and enhanced compliance with regulatory standards. It has also strengthened the collaboration between the healthcare and tech industries in Baden-Württemberg, fostering a culture of innovation. **Potential transferability to further organisations:** The model of the INSPIRE Living Lab is highly transferable to other regions and healthcare systems. By replicating its interdisciplinary approach and infrastructure, other organizations can create similar environments to support healthcare innovation. Key elements for transferability include establishing partnerships with clinical institutions, securing funding (e.g., through regional development funds), and ensuring compliance with local data protection and regulatory requirements. This approach can significantly enhance the development and adoption of innovative healthcare solutions globally.
Scope	When working with start-ups and SMEs, the INSPIRE Living Lab is not restricted to a specific region.
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	--
Type of funding	☑ **Public**
Name of the funding	European Regional Development Fund (ERDF), Ministry of Economic Affairs, Labour and Tourism Baden-Württemberg and additional resources from the University Medicine Mannheim.

6.65. KliMeG calculator

KliMeG calculator	
Associated PP	**PP7/BIOPRO**
Starting date	The calculator has been available since 2023. The KliMeG calculator is the result of the cooperation between KliOL and CAFOGES. The KliOL project started in September 2021 and ended in August 2024. The CAFOGES project started in January 2022 and ended in June 2023.
Webpage	https://klimeg.de/rechner-co2-bilanzierung/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Through the connection to the Medical Center – University of Freiburg and the Heidelberg University Hospital.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot CAREavan (WP2)** ☑ **Pilot STEMlab (WP2)** ☑ **Pilot Open Innovation Days (A2.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	--
Type of organisation	Healthcare facilities, such as hospitals, medical practices, care providers.
Country	The tool is available nationwide.
City	--
Short organisation description/ especially main activities	--

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Heidelberger Institute of Global Health (HIGH) (Heidelberg University), Institute for Energy and Environmental Research Heidelberg (ifeu) (Project Partners of the Project „Klimaschutz in Kliniken durch Optimierung der Lieferketten (KliOL)" and Institut for General Practice (Medical Center Freiburg), Öko-Institut e.V. (Project Partners of the Project „Carbon Footprint im Gesundheitswesen (CAFOGES)")
Type of organisation	Two project consortia (KliOL and CAFOGES)
Country	Germany (project coordination), nationwide (availability of the tool)
City	Heidelberg (Heidelberger Institute of Global Health (HIGH) and Institute for Energy and Environmental Research Heidelberg (ifeu)), Freiburg (Medical Center Freiburg and Öko-Institut e.V.).
Short organisation description/ especially main activities	The Heidelberg Institute of Global Health (HIGH) at Faculty of Medicine at Heidelberg University conducts interdisciplinary research on global health topics; the Institute for Energy and Environmental Research (ifeu) in Heidelberg focuses on applied environmental research and life cycle assessment; the Institute for General Practice at the Medical Center Freiburg is engaged in research and education related to primary care; and the Öko-Institut e.V. works on research and consulting projects in the fields of ecology, energy, and sustainability. The KliMeG calculator is the result of the cooperation between the two project consortia KliOL and CAFOGES, which the named organisations are part of.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation** ☑ **PP - Preventive and Promotive Health and Care** ☑ **EFS - Economic and Financial Sustainability** ☑ **SD - Specialization and Decentralization**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**The initial situation:** Healthcare institutions face increasing regulatory and societal pressure to operate sustainably and reduce their CO_2 emissions. According to a study from Health Care Without Harm, the healthcare sector in Germany contributes around 5 percent to the national CO2 footprint. However, greenhouse gas (GHG) emissions have hardly been calculated at hospital level and there were hardly any freely available calculation protocols.

	The challenge faced: Hospitals and care facilities needed a simple, reliable, and tailored solution for calculating and managing their carbon footprint in order to gain detailed insights into various areas and helps to identify climate protection potential. Generic tools were not sufficiently adapted to the specifics of healthcare operations.
Main results Summary 	**How the solution was planned and then implemented:** The KliOL and CAFOGES projects have each developed their own green house gas (GHG) calculators for hospitals, which were subsequently merged into the KliMeG calculator. The KliMeG calculator is the product of the two teams creating synergies and resulting in a joint tool. This KliMeG GHG calculator also determines in detail the emissions from upstream and downstream processes (supply chains) and can be used by other hospitals. An accompanying manual supports the preparation of the balance sheet and explains the methodological background. Use of the KliMeG calculator is free of charge. **Consequences and tangible results on the organisation:** • Healthcare providers can create transparent CO_2 reports and identify key emission sources • Basis for targeted climate action and cost-saving measures • Increased staff awareness and engagement for sustainability • Improved compliance with regulatory requirements **Potential transferability to further organisations:** The tool and methodology are transferable to all healthcare institutions in Germany and can be adapted for use in other countries and sectors.
Scope	Focus on Germany, model for national/international adaptation.
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	--
Type of funding	☑ **Public**
Name of the funding	The CAFOGES project was funded by the Deutsche Bundesstiftung Umwelt (engl. German Federal Environmental Foundation). The KliOL project was funded as part of the Nationale Klimaschutzinitiative (engl. National Climate Protection Initiative) of the German Federal Ministry for Economic Affairs and Climate Protection.

6.66. MEDI:CUS project

MEDI:CUS project	
Associated PP	**PP7/BIOPRO**
Duration	2024 - 2027
Webpage	https://digital-laend.de/medicus/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	BIOPRO Baden-Württemberg GmbH has a comprehensive coordination, bundling and office function for the Forum Health Region Baden-Württemberg.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot PolicyParley (WP2)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	--
Type of organisation	MEDI:CUS is being developed together with the actors in the healthcare system and is implemented with a multi-professional and interdisciplinary project team. The Ministry of the Interior, for Digitization and Municipalities Baden-Württemberg orchestrates the cooperation between the specialist departments, the hospital association, university and non-university hospitals, health insurance company representatives, data protection experts as well as specialists from IT, medicine and nursing as well as other relevant stakeholders.
Country	Baden-Württemberg, Germany
City	Various across Baden-Württemberg

Short organisation description/ especially main activities	The MEDI:CUS project (medical data infrastructure: cloud-based, universal, secure) is creating a healthcare data ecosystem in Baden-Württemberg. Healthcare providers are responsible for providing diagnostics, therapy, and patient care, but they face increasing challenges in data interoperability, workforce shortages, and medical digitalisation. They are the primary users of the MEDI:CUS platform.
More case studies from this organisation or company	Use cases and pilot implementations are being developed as part of the MEDI:CUS rollout; detailed cases are expected after initial deployment phases.
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	MEDI:CUS, coordinated by the Ministry of the Interior, for Digitalisation and Local Government Baden-Württemberg.
Type of organisation	Public Administration
Country	Germany, Baden-Württemberg
City	Various across Baden-Württemberg
Short organisation description/ especially main activities	The Ministry of the Interior, for Digitalisation and Local Government Baden-Württemberg is responsible for digitalisation and municipal affairs in Baden-Württemberg and leads the MEDI:CUS project. MEDI:CUS provides a cloud-based platform for the secure and simple procurement of IT services for healthcare providers (e.g. hospitals).
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DI - Digitalization and Innovation** ☑ **APC - Administrative and Promotive Challenges**
Description of the H&C challenge addressed, please describe:	***Workforce Challenges*** **Initial situation:** Healthcare professionals faced increasing workloads, exacerbated by inefficient data management, repetitive documentation, and lack of digital support tools.

- The initial situation - The challenge faced	**The challenge faced:** To relieve pressure on medical staff, MEDI:CUS aims to reduce administrative burden by improving data flow, eliminating redundant data entry, and enabling smarter workflows – thus allowing healthcare workers to focus more on patient care. ***Accessibility and Infrastructure*** **Initial situation:** Medical institutions had no unified access to patient data, leading to duplicate diagnostics, delays in treatment, and inefficiencies in patient care and research collaboration. **The challenge faced:** There was a critical need to ensure timely and secure access to health information across different care providers and regions. MEDI:CUS was developed to improve digital accessibility and provide a modern infrastructure capable of supporting large-scale data exchange and collaboration. ***Digitalisation and Innovation*** **Initial situation:** IT structures in the healthcare sector were previously organized in silos, the health data in Baden-Württemberg was fragmented across multiple institutions, stored in incompatible systems, and not readily accessible for treatment, research, or public health purposes. A lack of digital infrastructure limited innovation and slowed the adoption of modern care solutions. **The challenge faced:** The healthcare system needed a secure, scalable, and interoperable platform to share, manage, and analyse health data across institutions, while complying with strict data protection and security regulations. Innovation was hindered by data silos and outdated IT infrastructure. ***Administrative and Promotive Challenges*** **Initial situation:** Administrative processes in healthcare were paper-based or poorly digitized, lacking interoperability. Strategic health promotion and policy development were hindered by insufficient data. **The challenge faced:** MEDI:CUS provides a foundation for modern administrative workflows and better data-driven governance in healthcare. It supports evidence-based decision-making and facilitates cooperation between public authorities and healthcare providers.
Main results Summary	**How the solution was planned and implemented:** MEDI:CUS was preceded by an interministerial pilot project to evaluate feasibility and requirements. A cloud-based platform for the secure and simple procurement of IT services by service providers was then developed and is now being rolled out step-by-step to clinics and hospitals. The aim is to transfer the platform to regular operation by the service providers from 2027.

	**Consequences and tangible results on the organisation:** MEDI:CUS implemented a cloud platform. The implementation of MEDI:CUS enables better collaboration among medical institutions, reduces redundant diagnostics, and supports the use of health data for research and healthcare delivery. **Potential transferability to further organisations:** The approach is based on established standards and solutions and addresses the necessary semantic interoperability in the healthcare sector. The standardized and modular structure enables cloud-based care according to the "app store" model. The platform will meet the highest data protection and IT security standards, while being as open and compatible as possible with established initiatives such as telematics and other existing structures. Due to its modular and standardised architecture, MEDI:CUS can be transferred to other regions and organisations facing similar healthcare challenges.
Scope	Baden-Württemberg, Germany
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes – GovTech Platforms GmbH supports the technical implementation of MEDI:CUS. Deloitte Consulting serves as a strategic implementation partner.
Type of funding	☑ **Public**
Name of the funding	The platform will be set up by the end of 2026 as a state government project and funded by the Forum Health Region Baden-Württemberg by the Ministry of Social Affairs, Health and Integration, the Ministry of Science, Research and the Arts, and the Ministry of Economic Affairs, Labour and Tourism of Baden-Württemberg. At the same time, an operating and financing model including a possible ownership structure will be developed in 2025, which is to be implemented successively so that regular operations can start in the course of 2026.

6.67. MINTful Future

MINTful Future	
Associated PP	**PP7/BIOPRO**
Starting date	2022
Webpage	https://www.biolago.org/en/projects/details/mint-fachkraefteinitative-bodensee.html https://mintful-future.de/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	The project MINTful FUTURE is initiated by BioLAGO e.V. – the health network. As part of the healthcare ecosystem BIOPRO Baden-Württemberg is in contact with BioLAGO e.V. – the health network. BioLAGO has already participated in the transnational needs analysis of the HACK-IT-NET project.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot CAREavan (WP2)** ☑ **Taking part of the HACK-IT-Network (1.3)** ☑ **Other, please specify: BioLAGO e.V. – the health network was participant in the first HACK-IT-NET Town Hall Event (however, not in context of the MINTful Future project)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	--
Type of organisation	Students, jobseekers, labs, hospitals, educational institutions, companies (especially with STEM focus such as life sciences and health tech)
Country	Lake Constance region (Germany, Switzerland, Austria)
City	Constance
Short organisation description/ especially main activities	--

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	BioLAGO e.V. – The Health Network
Type of organisation	Network for health and life sciences, cluster management
Country	Germany
City	Constance
Short organisation description/ especially main activities	The focus of the project MINT Fachkräfteinitiative Bodensee (engl. STEM Skilled Workers Initiative Lake Constance): "MINTful Future" is the development of a regional ecosystem that specifically addresses the issue of recruiting skilled workers for the STEM industries. The project of BioLAGO e.V. – the health network aims to keep pupils and students, as they are future skilled workers, in the region as well as attract them to the Lake Constance region from abroad. BioLAGO is a health network in the Lake Constance region, addressing the high-tech sectors of the healthcare industry: diagnostics, medical technology, pharma, bioinformatics, and related fields. BioLAGO supports knowledge transfer, company foundation, and innovation in the health sector.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **DC - Demographic Challenges** ☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial situation:** Many solutions to the challenges of digitalization, de-globalization, decarbonization and demographics in the healthcare sector are directly linked to STEM talent and their skills. Despite an excellent educational landscape and high-tech companies, the first consequences of a shortage of STEM specialists are already being felt in the Lake Constance region, such as the impairment of innovative strength and competitiveness, particularly in the life sciences sector. **The challenge faced:** A shortage of STEM professionals is impacting innovation and competitiveness in the local life science sector. There is a need for an ecosystem that directly connects young talents with regional employers and educational opportunities.

Main results Summary 	The Lake Constance region has so far lacked a central offering for the STEM industries that bundles the region's training and job opportunities and presents them to an interested audience. BioLAGO closes this gap with the innovative offer of a tailor-made STEM service catalog, which includes interactive activities on the topic of company branding and job opportunities. This brings highly qualified specialists and regional high-tech companies together quickly and easily. The project offers an annual live event at which talents and companies, laboratories and clinics can intensify their previously established relationships, network and work on joint challenges. **Consequences and tangible results on the organisation:** • Improved visibility and attractiveness of STEM careers in the region • Direct recruitment and networking between companies and young professionals • Stronger retention of talent and increased collaboration between academia and industry **Potential transferability to further organisations:** The model is transferable to other regions facing STEM workforce shortages. The event and service formats can be adapted to different sectors or regional contexts.
Scope	Lake Constance region (Germany, Switzerland, Austria)
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	--
Type of funding	☑ **EU program**
Name of the funding	The project is funded by the Interreg Alpenrhein-Bodensee-Hochrhein program as part of the IBK-Kleinprojektefonds (engl. IBK Small Projects Fund).

6.68. PC3-AIDA (Advanced Imaging Utilization by Digital Data Application in Baden-Württemberg)

PC3-AIDA (Advanced Imaging Utilization by Digital Data Application in Baden-Württemberg)	PC3-AIDA Digitale Vernetzung. Mehr Gesundheit.
Associated PP	**PP7/BIOPRO**
Duration	August 2023 – June 2025
Webpage	https://pc3-aida-bw.de/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	BIOPRO Baden-Württemberg is an active project partner in the consortium, supporting economic scalability, networking with SMEs and start-ups, and dissemination of project outcomes.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot STEMlab (WP2)** ☑ **Taking part of the HACK-IT-Network (1.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	--
Type of organisation	University hospitals, patients (planned in possible follow-up projects: regional hospitals)
Country	Germany
City	--
Short organisation description/ especially main activities	--

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	PC3-AIDA Consortium: Medical Center Freiburg, University Hospital Mannheim, University Hospital Tübingen, University Hospital Ulm, Siemens Healthineers, BIOPRO Baden-Württemberg
Type of organisation	Consortium of four clinics (Medical Center Freiburg, University Hospital Mannheim, University Hospital Tübingen, University Hospital Ulm), one company in the medical technology sector (Siemens Healthineers) and BIOPRO Baden-Württemberg.
Country	Germany
City	Freiburg, Mannheim, Tübingen, Ulm, Stuttgart
Short organisation description/ especially main activities	After successfully establishing the "photon counting" computed tomography technology (PC-CT) at three clinical sites in the predecessor project PC3, the consortium of the joint project "Advanced Imaging Utilization by Digital Data Application in Baden-Württemberg" (PC3-AIDA) aims to implement the image data infrastructure "teamplay digital health platform connect" (tdhp) – an interoperable healthcare platform – at four hospital sites in Baden-Württemberg. In the joint project between the university hospitals of Freiburg, Mannheim, Tübingen and Ulm and the partners Siemens Healthineers and BIOPRO Baden-Württemberg, the tdhp – developed by Siemens Healthineers – will digitally network the four university hospitals. This enables the exchange of photon counting CT image data. BIOPRO is actively promoting economic integration through networking and cooperation with small and medium-sized enterprises (SMEs) and start-ups in Baden-Württemberg.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **AI - Accessibility and Infrastructure** ☑ **DI - Digitalization and Innovation** ☑ **SD - Specialization and Decentralization** ☑ **EFS - Economic and Financial Sustainability**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial situation:** Interoperability is an existing challenge for players in the healthcare ecosystem. The exchange of large, complex imaging datasets between clinics is technically and organizationally hardly possible. The use of AI-based analyses is limited by a lack of infrastructure. **The challenge faced:** Clinics need a secure, GDPR-compliant, and high-performance platform for the exchange and analysis of health data to efficiently bring innovations such as photon-counting CT and AI into patient care.

Main results Summary 	**How the solution was planned and then implemented:** After successfully introducing PC-CT technology in the predecessor project, the PC3-AIDA consortium implemented the "teamplay digital health platform connect" (tdhp) by Siemens Healthineers at four university hospitals. The platform enables secure exchange of imaging data and knowledge, integrates AI platforms such as for example NORA – web-based framework for medical image analysis developed by the Medical Center Freiburg to bridge the gap between research and clinic, and to boost medical imaging research to the next level – and can be continuously expanded. BIOPRO fosters networking with SMEs and start-ups. **Consequences and tangible results on the organisation:** • First real-time exchange of PC-CT datasets between sites • Simplification and acceleration of clinical workflows • Access to AI-supported diagnostics • Strengthening Baden-Württemberg as a location for healthcare innovation **Potential transferability to further organisations:** The model is transferable to other clinics, regions, and countries. The platform architecture and experience in change management can serve as a blueprint for digitalization initiatives in healthcare.
Scope	Baden-Württemberg
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	--
Type of funding	☑ **Public**
Name of the funding	PC3-AIDA is a project in the third funding round of the Forum Health Care Region Baden-Württemberg and receives public funding by the Ministry of Economic Affairs, Labour and Tourism Baden-Württemberg.

6.69. SHIFT-HUB

SHIFT-HUB		
	SHIFT-HUB	

Associated PP	PP7/BIOPRO
Duration	1 January 2023 – 31 December 2025
Webpage	https://shift-hub.eu
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	As part of the healthcare ecosystem BIOPRO Baden-Württemberg is in contact with the Steinbeis Europa Zentrum, coordinator of the SHIFT-HUB project. The Steinbeis Europa Zentrum has already participated in the transnational needs analysis of the HACK-IT-NET project and is also the BIOPROs strategic observer in the HACK-IT-NET project.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Connected to the Advisory board (Pilot or strategic observers)** ☑ **Pilot PolicyParley (WP2)** ☑ **Taking part of the HACK-IT-Network (1.3)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	--
Type of organisation	Patients and citizens, innovation intermediaries, health practitioners and organisations, financial intermediaries, technology providers, public authorities, knowledge and infrastructure providers.
Country	As a Horizont Europe Project the solution receivers are located throughout Europe. The consortium includes partners from Belgium, Germany, France, Greece, Italy, Portugal and Romania (coordinator is the Steinbeis Europa Zentrum)
City	--
Short organisation description	--

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	The SHIFT-HUB project consortium is made up of the following organisations: (1) Steinbeis 2i GmbH (S2i) (part of the Steinbeis Europa Zentrum), Germany; (2) Cleyrop (COP), France; (3) KiNNO Innovation Intermediaries Ltd (KiNNO), Greece; (4) European Digital SME Alliance (EDSA), Belgium; (5) Aristotelio Panepistimio Thessalonikis (AUTH), Greece; (6) Booster Labs S.A.S (BOOST), France; (7) BEIA Consult International SRL (BEIA), Romania; (8) MIPIH, France; (9) Universidade do Porto (UPORTO), Portugal; (10) Ippocrate AS SRL (IPPO), Italy; (11) Klinikum der Universität zu Köln (UKOLN) Germany; (12) Asociatia Coalitia Organizatiilor Pacientilor cu Afectiuni Cronice din Romania (COPAC), Romania.
Type of organisation	Horizon Europe project consortium
Country	Countries of project partners: Germany, France, Greece, Belgium, Romania, Portugal, Italy.
City	--
Short organisation description/ especially main activities	Main goal of the SHIFT-HUB project is to facilitate the development, ensure the promotion and foster the uptake of Smart Health technologies and services. The project consortium consists of the following organisations: **Steinbeis 2i GmbH (S2i), Germany:** Steinbeis 2i GmbH is part of Steinbeis Europa Zentrum – a network and collaboration facilitator and eco-system moderator and builder – and based in Germany, supporting companies, research institutions, and public bodies in international technology transfer, innovation management, and EU project development. **Cleyrop (COP), France:** Cleyrop is a French technology company that provides unified data platforms to support organizations in leveraging data intelligence for strategic decision-making. **KiNNO Innovation Intermediaries Ltd (KiNNO), Greece:** KiNNO is a Greek innovation intermediary specializing in supporting technology transfer, entrepreneurship, and innovation projects, particularly in the fields of energy, environment, and digital technologies. **European Digital SME Alliance (EDSA), Belgium:** The European Digital SME Alliance is a Brussels-based association representing small and medium-sized enterprises in the ICT sector across Europe, advocating for their interests at the EU level. **Aristotelio Panepistimio Thessalonikis (AUTH), Greece:** Aristotle University of Thessaloniki is one of Greece's largest public universities, engaged in multidisciplinary research and higher education.

	Booster Labs S.A.S (BOOST), France: Booster Labs is a French company focused on supporting start-ups and established businesses with digital innovation, business acceleration, and technology development services. **BEIA Consult International SRL (BEIA), Romania:** BEIA Consult International is a Romanian company specializing in research, development, and integration of ICT solutions, with a focus on telecommunications, IoT, and smart systems. **MIPIH, France:** MIPIH is a French public interest group providing digital solutions and IT services to healthcare institutions, with a focus on hospital information systems and data security. **Universidade do Porto (UPORTO), Portugal:** The University of Porto is a Portuguese public university known for its research and education in a wide range of scientific and technological fields. **Ippocrate AS SRL (IPPO), Italy:** Ippocrate AS is an Italian company specializing in digital health innovation, communication, and dissemination services for healthcare projects and organizations. **Klinikum der Universität zu Köln (UKOLN), Germany:** The University Hospital of Cologne is a major academic medical center in Germany, providing healthcare services, medical research, and education. **Asociatia Coalitia Organizatiilor Pacientilor cu Afectiuni Cronice din Romania (COPAC), Romania:** COPAC is a Romanian patient advocacy organization representing the interests of people with chronic diseases and promoting patient rights and access to healthcare.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial situation:** Across Europe, there is a growing number of innovative Smart Health solutions, but their uptake remains limited. Many digital applications do not reach their target users or are slowly adopted by healthcare organizations. SHIFT-HUB brings together a broad range of stakeholders – including business, academia, politics and society. The project addresses the need for a coordinated, pan-European platform to connect solution providers, healthcare organizations, and end users, and to systematically support the adoption of digital health innovations.

	The challenge faced: SHIFT-HUB aims to accelerate digitalization and innovation in healthcare by overcoming barriers to the adoption of new technologies, primarily through enhancing digital literacy, fostering behavioural change, and facilitating collaboration among solution providers, healthcare professionals, and users. The project identifies high-potential Smart Health applications, evaluates them in Living Lab events, and engages a wide network of users and organizations.
Main results Summary 	SHIFT-HUB aims to establish a pan-European Smart Innovation Hub setting the scene for a future federated European Health Data Space. This goal is to be achieved by using the Living Lab methodology and an online gamification-based e-learning journey ensuring an immersive experience for patients and citizens, as well as an Open innovation approach to foster a collaborative ecosystem of multidisciplinary stakeholders, and a technical platform pilot including a Health Data Hub, a Smart Health Apps Repository and an online Marketplace. SHIFT-HUB aims to enable a paradigm shift from a reactive to a proactive and personalised healthcare system focused on maintaining good health instead of managing disease. This will be achieved through raising awareness, enhancing digital literacy and inducing behavioural changes. **Consequences and tangible results on the organisation:** SHIFT-HUB has established a strong community by collaborating with similar initiatives, organizing events, and facilitating networking and matchmaking among stakeholders from various sectors. The consortium has held major conferences and numerous workshops – such as open innovation sessions, Living Lab events, demo days, and matchmaking events – all designed to foster collaboration and innovation in smart health. The project has published a Catalogue of Educational Resources and launched a gamified Smart Health App to improve digital health literacy and make smart health technologies more accessible to both professionals and the general public. (see also https://cordis.europa.eu/project/id/101095720/reporting) **Potential transferability to further organisations:** SHIFT-HUB's methodologies and resources are highly transferable. The service catalogue, educational materials, and technical platform can be adopted by other healthcare organisations and regions aiming to boost digital health innovation. The Living Lab approach and Open innovation framework offer scalable models for stakeholder engagement and co-creation, while the community management and matchmaking tools facilitate sustainable networks beyond the initial project partners. This makes SHIFT-HUB a replicable blueprint for advancing smart health solutions across Europe.

Scope	Europe
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	--
Type of funding	☑ **EU program**
Name of the funding	The European Union funded SHIFT-HUB under the Horizon Europe scheme

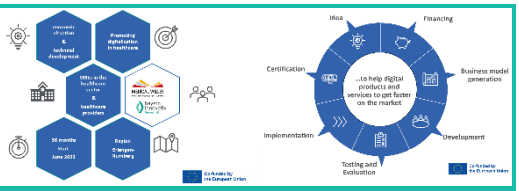
6.70. Digital Health Truck by the Bosch Digital Innovation Hub (BDIH) - Koordinierungsstelle Telemedizin Baden-Württemberg (KTBW)

Digital Health Truck by the Bosch Digital Innovation Hub (BDIH) – Koordinierungsstelle Telemedizin Baden-Württemberg (KTBW)	
Associated PP	**PP7/BIOPRO**
Duration	2022 - 2025
Webpage	https://www.bosch-health-campus.de/en/project/digital-health-truck https://www.bosch-health-campus.de/de/projekt/digital-health-truck/tourblog
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	The Bosch Digital Innovation Hub (BDIH) – Koordinierungsstelle Telemedizin Baden-Württemberg (KTBW), part of the Bosch Health Campus, is part of the healthcare ecosystem in Baden-Württemberg.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot CAREavan (WP2)** ☑ **Other, please specify: The BDIH – KTBW was participant of the first and second HACK-IT-NET Town Hall events (however, not in context of the digital health truck)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	--
Type of organisation	Citizens and representatives of the healthcare professions
Country	Germany
City	The Digital Health Truck is touring various cities in Baden-Württemberg (e.g., Stuttgart, Heidelberg, Freiburg, Konstanz, Ulm, etc.)
Short organisation description/ especially main activities	--

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Bosch Digital Innovation Hub (BDIH) – Koordinierungsstelle Telemedizin Baden-Württemberg
Type of organisation	Bosch Health Campus: nonprofit organization and a subsidiary of the Robert Bosch Stiftung (engl. Robert Bosch Foundation),
Country	Germany
City	Stuttgart
Short organisation description/ especially main activities	The Bosch Digital Innovation Hub – Koordinierungsstelle Telemedizin Baden-Württemberg (KTBW) is an agile innovation and implementation unit at the Bosch Health Campus. It initiates, supports and coordinates innovative digital health projects in Baden-Württemberg, ranging from the conception of new ideas to the implementation of innovative care concepts and AI applications in the healthcare sector. In the Digital Health Truck, the digital possibilities in the healthcare system of the future are presented and further information formats are organized with local partners. The truck is accompanied by a team of the BDIH – KTBW team, which provides information on all applications, demonstrates the applications and encourage visitors to try them out for themselves. The vehicle includes, for example, telemedicine equipment, smart medical devices for home use, wearables, software systems that are used in medical practices and are connected to the telematics infrastructure, Digitale Gesundheitsanwendungen (DiGA, engl. digital health applications) and virtual reality glasses.
More case studies from this org or company	Another BDIH project is the Digital Showroom, for example, promoting and strengthening digital health literacy. The interactive showroom presents innovative technologies for the future of healthcare.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DI - Digitalization and Innovation** ☑ **PP - Preventive and Promotive Health and Care** ☑ **EFS - Economic and Financial Sustainability**

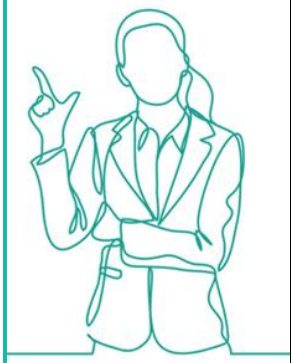
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial situation:** Many citizens and healthcare professionals are either skeptical about or unfamiliar with digital health applications. There is a lack of low-threshold access and opportunities to experience new technologies in practice. **The challenge faced:** Digital solutions and telemedicine are not widely used in everyday life due to reservations, lack of knowledge, and insufficient hands-on experience. The aim of the Digital Health Truck is, for example, to speed up the transition to application and to teach digital health skills.
Main results Summary 	Since summer 2022, the Digital Health Truck is on the road and has already brought digital applications to life in numerous cities. **Consequences and tangible results on the organisation:** • Increased digital health literacy among citizens and healthcare professionals • Higher acceptance and use of digital tools • Enhanced networking among various stakeholders in the healthcare sector **Potential transferability to further organisations:** The concept is transferable to other regions and countries. Mobile showrooms and low-threshold access to digital health solutions can foster digitalization in healthcare everywhere.
Scope	Baden-Württemberg
Language	--
Was/were any third parties involved in the facilitation of the Solution supplier?	--
Type of funding	☑ **Public**
Name of the funding	The Digital Health Truck is operated by the Bosch Digital Innovation Hub at the Bosch Health Campus as part of a funding from the Baden-Württemberg Ministry of Social Affairs, Health and Integration.

6.71. EDIH DigiCare

EDIH DigiCare	

Associated PP	PP8/BI
Duration	1 June 2023 – 31 May 2026
Webpage	https://european-digital-innovation-hubs.ec.europa.eu/edih-catalogue/edih-digicare-website European Digital Innovation Hub DigiCare: Bayern Innovativ
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Directly linked to the initiative as PP
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Regional multi-actor Town Hall (A1.1)** ☑ **Focus Groups (A1.1)** ☑ **HackITAthons (A1.3)** ☑ **Pilot STEMlab (WP2)** ☑ **External events (e.g. EU week of Regions & Cities)** ☑ **Exploitation workshops (A2.3) & Exploitation in Practice Workshops (A3.3)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	SMEs in the healthcare sector & healthcare providers in general
Type of organisation	Other: Business, Research Institutes, Hospitals, Universities, etc.
Country	Germany
City	Nuremberg and Erlangen

Short organisation description/ especially main activities 	Exemplary small and medium-sized enterprises (SMEs) in the healthcare sector engage in a variety of innovative activities aimed at improving patient care and operational efficiency. These SMEs often focus on developing specialized medical devices, such as advanced surgical instruments and assistive technologies for the elderly, which are designed with patient-centric features to enhance usability and effectiveness. They also provide in-home care services, employing local staff to deliver nursing and caregiving support while integrating technology like telemedicine and wearable health monitors to track patient well-being. In addition to direct care, these SMEs contribute to digital health platforms that facilitate remote monitoring and telehealth services, addressing the growing demand for accessible healthcare solutions. They often collaborate with larger organizations to enhance their service offerings, leveraging partnerships that allow them to co-develop products or access broader markets.

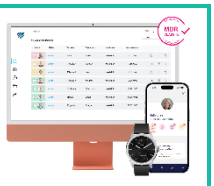
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Cluster Medical Technology in Bavaria (Bayern Innovativ GmbH and Medical Valley EMN e.V.)
Type of organisation	Multi-stakeholders association
Country	Germany
City	Nuremberg and Erlangen
Short organisation description/ especially main activities	The Cluster Medical Technology in Bavaria is a key initiative aimed at strengthening the medical technology sector in the region. It is jointly managed by Bayern Innovativ GmbH and Medical Valley European Metropolitan Region Nuremberg e.V., with the primary goal of enhancing the innovative capacity of Bavarian medical technology companies, particularly SMEs. The cluster's main activities include stimulating and realizing innovative R&D projects, products, and services, as well as facilitating their commercialization. It provides support for startups and established companies through various services such as funding procurement, consulting, regulatory approval assistance, and international market access guidance. The cluster also focuses on fostering collaboration between industry and academia, organizing conferences, workshops, and networking events to promote knowledge exchange and partnerships. It supports the digitalization of healthcare, encourages cross-industry innovation approaches, and assists in the acquisition of funding for consortia. Additionally, the cluster plays a crucial role in identifying and addressing industry challenges, conducting studies to improve framework conditions, and contributing to the creation of tailored solutions for the healthcare industry. This comprehensive approach aims to strengthen Bavaria's position as a leading global hub for medical technology innovation and competitiveness.

More case studies from this org or company	https://www.cluster-medizintechnik.de/
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	Digitalization and Innovation The initial situation in healthcare is characterized by a rapid digital transformation, particularly accelerated by the COVID-19 pandemic. This transformation has led to increased use of telehealth, digital patient engagement, and health monitoring technologies. Healthcare institutions have been compelled to advance their digital interactions, using them to improve engagement with patients and communities, as well as to monitor patient health. The challenge faced in this digital transformation of healthcare is multifaceted. There are significant barriers to the comprehensive adoption and implementation of digital health technologies. Infrastructure and technical issues pose a major obstacle, with problems such as limited or insufficient networks, lack of existing technologies, and compatibility issues with daily workflows. Personal and psychological barriers among healthcare professionals, including resistance to change, difficulty understanding new technologies, and fear of reduced human interaction, also hinder adoption. Additionally, there are concerns about increasing workload and working hours associated with implementing new digital systems. Furthermore, there is a lack of coherent, coordinated, and integrated digital health architecture and coding standards, which results in fragmented and isolated systems. Privacy and security issues, particularly regarding sensitive health data, raise ethical concerns and complicate data governance. There is also a paucity of high-quality evidence on the effects of digital health strategies on health outcomes, cost-effectiveness, and system efficiency. The fast-paced evolution of digital technologies often outpaces current research methods, making it challenging to evaluate their effectiveness rigorously. Lastly, there are significant equity concerns, as certain groups, such as minorities, the elderly, and those in low-income or rural areas, may have difficulty accessing or using digital health solutions due to lower health literacy levels or limited access to technology.

Main results Summary	The EDIH DigiCare project was planned and implemented as part of a Europe-wide network of European Digital Innovation Hubs (EDIHs) established by the EU Commission. The solution was designed to address the digital transformation challenges faced by small and medium-sized enterprises (SMEs) and healthcare providers in the healthcare sector. The implementation of EDIH DigiCare involved creating a comprehensive service hub focused on healthcare digitalization. The project planned and executed a range of services across four main areas: Test before Invest, Support to find Investment, Skills and Training, and Networking and Innovation Ecosystem. These services include determining the digital maturity level of SMEs and healthcare providers, conducting reimbursement and regulatory readiness checks, providing access to test environments and platforms, and offering training through the DigiCare Academy. The consequences and tangible results for the organization have been significant. EDIH DigiCare has become a central point of contact for startups, SMEs, and public organizations in the healthcare sector, helping them respond to digital challenges and improve their competitiveness. The project has contributed to reducing time-to-market for products and services, increasing the resilience of startups, and fostering transdisciplinary collaboration and co-creation. Additionally, it has supported the implementation of innovative patient-centric solutions in healthcare, making the system more efficient and user-friendly for both patients and healthcare professionals. The potential transferability of EDIH DigiCare to other organizations is considerable. The project's structure and services can serve as a model for similar initiatives in other regions or sectors. The focus on supporting SMEs and healthcare providers in digital transformation, coupled with the comprehensive range of services offered, makes it adaptable to various contexts. The project's approach to scaling regionally available support solutions to EU-wide access demonstrates its potential for broader implementation. Furthermore, the emphasis on fostering innovation, providing access to funding and investments, and developing digital skills can be valuable for organizations across different industries facing similar digital transformation challenges.
Scope	Global EU
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	--

Type of funding	☑ **Public** ☑ **EU program**
Name of the funding	Digital Europe Programme - European Digital Innovation Hubs (EDIH), co-funded by the European Commission and the Free State of Bavaria.

6.72. Myoncare

Myoncare	

Associated PP	PP8/BI
Starting date	2015
Webpage	myoncare I Virtuelle koordinierte Gesundheitsversorgung
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Already in our network, and was interested in the HACK-IT-NET activites.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Focus Groups (A1.1)** ☑ **HackITAthons (A1.3)** ☑ **Pilot STEMlab (WP2)** ☑ **External events (e.g. EU week of Regions & Cities)** ☑ **Pilot Open Innovation Days (A2.3)** ☑ **Taking part of the HACK-IT-Network (1.3)** ☑ **Exploitation workshops (A2.3) & Exploitation in Practice Workshops (A3.3)** ☑ **Final public conference. (Led by PP2, RP6 delivery, A3.2 & A3.3)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Health Care Providers, Doctors, Hospitals, Patients
Type of organisation	Other: Hospitals, Doctors, Health Care Providers in general, Patients
Country	Germany
City	--

Short organisation description/ especially main activities 	The main recipients of the myoncare solution are healthcare providers such as hospitals, clinics, and medical practices, as well as patients. These organizations use myoncare primarily to create and manage digital care pathways that guide patients through various stages of treatment or disease management. Their main activities include designing indication-specific digital treatment plans using a no-code content management system, remotely monitoring patient health through digital questionnaires and wearable data integration, and facilitating communication with patients via secure messaging, video calls, and document sharing. By leveraging myoncare, these organizations aim to improve patient adherence, detect complications early, streamline workflows, and foster closer collaboration among healthcare professionals, ultimately delivering more coordinated and efficient care.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	myoncare
Type of organisation	Business
Country	Germany
City	Munich
Short organisation description/ especially main activities	Myoncare is a digital health platform developed by ONCARE GmbH, an international health tech company based in Munich. The platform's main activity is the coordination and digitalization of patient care through the creation and management of digital care pathways. These pathways are designed to unify all stakeholders in the healthcare process-patients, healthcare providers, and other relevant parties-by facilitating structured, patient-centered communication and data exchange. myoncare enables healthcare providers to remotely monitor, support, and interact with patients throughout their treatment journey, using tools such as digital questionnaires, telemedicine (chat, video calls), appointment reminders, medication plans, and integration with wearable devices. The platform features an intuitive content management system that allows for the easy creation and automation of indication-specific care plans without the need for IT expertise. myoncare is highly integrative, supporting a wide range of medical indications and offering secure, modular solutions that can be tailored for hospitals, clinics, and outpatient care. Its goal is to break down silos in healthcare, improve treatment adherence, reduce hospital stays, and enhance patient outcomes by making care more connected, efficient, and personalized.

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation** ☑ **PP - Preventive and Promotive Health and Care** ☑ **APC - Administrative and Promotive Challenges**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	Myoncare addresses several key challenges in healthcare, particularly Digitalization and Innovation (DI), Preventive and Promotive Health and Care (PP), and Administrative and Promotive Challenges (APC). The initial situation in many healthcare systems is characterized by a lack of coordination and communication between different stakeholders, leading to fragmented patient information and inefficient workflows. Patients often manage their own care with minimal support outside of brief appointments, and healthcare providers operate in silos, with data generated only during scheduled visits. This fragmentation results in missed opportunities for early detection of complications, poor adherence to treatment plans, and increased administrative burden for providers. The challenge faced is to break down these silos and improve the continuity of care through digital solutions. Myoncare addresses this by providing an integrative platform that enables the creation of digital care pathways, allowing healthcare providers to remotely monitor patients, automate health data collection, and deliver personalized information and reminders. This not only streamlines administrative processes and reduces manual effort but also supports preventive care by identifying risks and complications early, promoting patient adherence, and enhancing overall patient engagement and satisfaction. By digitalizing workflows and enabling efficient communication, myoncare fosters innovation, improves preventive health management, and alleviates administrative challenges in healthcare delivery.
Main results Summary	myoncare was conceived as a response to the fragmented nature of healthcare delivery, where patients and providers are often separated by information silos and inefficient communication. The planning phase focused on building a digital platform that could bridge these gaps by enabling the creation of digital care pathways, allowing all stakeholders-patients, providers, and care teams-to interact seamlessly. The solution was designed with flexibility in mind, using a no-code content management system so healthcare professionals could create and automate treatment plans without IT expertise. Implementation involved integrating myoncare into existing clinical workflows, connecting with electronic medical records, and providing both a web-based portal for providers and a mobile app for patients.

The platform supports features such as digital questionnaires, remote monitoring, secure communication, and integration with wearable devices, ensuring that care could be personalized and continuously adapted to patient needs.

The consequences and tangible results for organizations using myoncare have been significant. The platform has enabled a shift from episodic, appointment-based care to continuous, digitally supported patient management. Providers have reported improved treatment adherence, earlier detection of complications, and reduced administrative workload due to automated data collection and streamlined communication. The ability to remotely monitor patients and deliver targeted interventions has led to shorter hospital stays, better health outcomes, and higher patient satisfaction. myoncare's open architecture and modular design have also fostered stronger collaboration within and between care teams, building communities around specialty care and standardizing best practices across organizations.

The potential for transferability to other organizations is high. myoncare is designed as an open, highly integrative platform suitable for a wide range of medical indications and adaptable to various healthcare settings, from hospitals and clinics to outpatient practices. Its no-code content management system and modular microservices allow new organizations to quickly tailor the solution to their specific needs without extensive IT resources. The platform's compliance with international standards, secure data handling, and multilingual support further facilitate adoption across different regions and healthcare systems. As a result, myoncare can be readily implemented by additional organizations seeking to digitalize care pathways, improve patient engagement, and enhance operational efficiency.

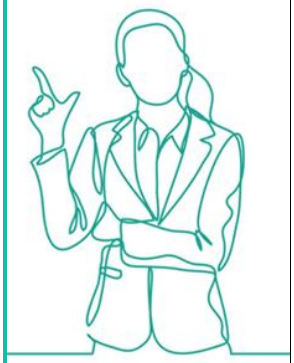
Scope	National
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	Horizon Europe-funded SmILE
Type of funding	☑ **Private-public**
Name of the funding	Horizon Europe

6.73. Green Hospital Plus

Green Hospital Plus	

Associated PP	PP8/BI
Starting date	2019
Webpage	Green Hospital Initiative Bayern - Bayerisches Staatsministerium für Gesundheit und Pflege
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Via observers
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Regional multi-actor Town Hall (A1.1)** ☑ **Focus Groups (A1.1)** ☑ **Pilot CAREavan (WP2)** ☑ **Pilot PolicyParley (WP2)** ☑ **Exploitation workshops (A2.3) & Exploitation in Practice Workshops (A3.3)** ☑ **Lasting Lighthouse Projects (A3.2)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Bavarian Hospitals
Type of organisation	Hospital
Country	Germany, Bavaria
City	--

Short organisation description/ especially main activities 	The solution receivers in the context of the Green Hospital PLUS initiative are primarily Bavarian hospitals. These hospitals are the main participants and beneficiaries of the initiative, aiming to improve their sustainability practices. Bavarian hospitals participating in the Green Hospital PLUS initiative engage in various sustainability-focused activities across three main pillars: energy, environment, and people. They work on implementing energy-efficient construction, using renewable energy sources, and improving energy management. These hospitals also focus on reducing harmful environmental impacts, conserving resources, and implementing environmental management systems. Additionally, they strive to improve conditions for patients, staff, and external stakeholders. As of 2025, about 100 Bavarian clinics have joined the initiative network, demonstrating a growing commitment to sustainability in the healthcare sector. These hospitals are working towards balancing ecological, economic, and social sustainability while maintaining high-quality medical care.

Information on the solution provider – Supply side/organisation supporting/providing the solution

Organisation's name	Bavarian State Ministry of Health and Care (Bayerisches Staatsministerium für Gesundheit und Pflege)
Type of organisation	Regional authority
Country	Germany
City	Munich
Short organisation description/ especially main activities	The Bavarian State Ministry of Health and Care (StMGP) is the highest health authority in Bavaria, responsible for overseeing the entire healthcare system. It focuses on ensuring comprehensive quality care, promoting prevention and health awareness, and developing sustainable healthcare practices. The ministry manages hospital funding, supports rural healthcare initiatives, and oversees public health services, hygiene, and infection control. It also regulates the pharmaceutical sector and supervises health insurance companies in Bavaria. The StMGP is actively involved in promoting sustainability in healthcare through initiatives like Green Hospital PLUS, which aims to improve energy efficiency, environmental protection, and patient-staff well-being in Bavarian hospitals. The ministry collaborates with research institutions, such as the University of Augsburg's Centre for Climate Resilience, to develop and implement innovative sustainability measures in the healthcare sector.
More case studies from this org or company	

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	The Green Hospital PLUS initiative addresses multiple Health and Care challenges, primarily focusing on Economic and Financial Sustainability as well as Digitalization and Innovation in the healthcare sector. The initial situation stems from the recognition that the healthcare sector contributes significantly to greenhouse gas emissions, accounting for nearly 5% of national emissions in Germany. Bavarian hospitals, like many others, face the dual challenge of providing high-quality medical care while also meeting increasing demands for sustainability and environmental responsibility. Prior to the initiative, many hospitals lacked comprehensive strategies to address their environmental impact and struggled to balance ecological concerns with economic viability. The challenge faced by hospitals is multifaceted. They must reduce their environmental footprint, particularly in terms of energy consumption and waste production, while maintaining or improving the quality of patient care. Hospitals consume vast amounts of energy, with a single bed using around 6,000 kWh of electricity and 29,000 kWh of heat annually. Additionally, they generate significant waste, averaging eight tons per day, making them the fifth-largest waste producers in Germany. These factors contribute to both environmental degradation and increased operational costs. Furthermore, hospitals must navigate this transition towards sustainability amidst other pressing issues such as staff shortages, the aftermath of the COVID-19 pandemic, and rising inflation. The challenge is to implement sustainable practices and innovative technologies that not only reduce environmental impact but also improve operational efficiency, potentially leading to cost savings in the long term. This requires significant investment in new technologies, infrastructure upgrades, and staff training, all while ensuring uninterrupted patient care and maintaining financial stability.
Main results Summary	The Green Hospital PLUS initiative, launched in 2019 as an evolution of the original 2011 Green Hospital initiative, was planned and implemented by the Bavarian State Ministry of Health and Care. The initiative was designed to address sustainability challenges in healthcare, focusing on three pillars: energy, environment, and people. The implementation process began with the development of a comprehensive catalog of measures for each pillar.

Hospitals were encouraged to participate by meeting specific criteria and undergoing a certification process. The initiative provided consulting services, information on funding opportunities, and support for implementing sustainability measures. To further develop the program, the Bavarian government funded a 1.8 million euro research project at the University of Augsburg's Centre for Climate Resilience to develop practical indicators for measuring and evaluating healthcare facility sustainability.

The consequences and tangible results of the Green Hospital PLUS initiative have been significant. As of 2025, about 100 Bavarian clinics have joined the initiative network. Eight Bavarian clinics received the "Green Hospital PLUS" title in 2023, including three locations of the Munich Clinic, Ebersberg District Hospital, and Garmisch-Partenkirchen Hospital. These hospitals have implemented various sustainability measures, such as energy-efficient construction, use of renewable energy sources, improved waste management, and enhanced working conditions for staff and patients.

The potential transferability of the Green Hospital PLUS initiative to other organizations is high. The initiative's three-pillar approach (energy, environment, and people) provides a comprehensive framework that can be adapted to various healthcare settings. The certification process and the development of practical sustainability indicators offer a structured method for implementing and measuring sustainability efforts. The initiative's success in Bavaria demonstrates that hospitals can be both medically high-performing and environmentally friendly while also being patient-, visitor-, and employee-friendly. This model could be replicated in other regions or countries, potentially leading to widespread improvements in healthcare sustainability practices.

Scope	Regional
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	The Bavarian government funded a 1.8 million euro research project at the University of Augsburg's Centre for Climate Resilience to develop practical indicators for measuring and evaluating healthcare facility sustainability.
Type of funding	☑ **Public**
Name of the funding	Direct funding by the Free State of Bavaria through the Bavarian State Ministry of Health and Care

6.74. UNITE (United in Digital Health)

KLIK green

Associated PP	PP8/BI
Duration	1 May 2019 – 30 April 2022
Webpage	klik-krankenhaus.de
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Via Observers
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Focus Groups (A1.1)** ☑ **Pilot CAREavan (WP2)** ☑ **Pilot Open Innovation Days (A2.3)** ☑ **Taking part of the HACK-IT-Network (1.3)** ☑ **Capitalization plan (A3.1) - Memorandum of Understanding from 18+ AS regions (priority on PP territories + 9 Pilot Expansion Regions)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Hospitals and rehabilitation clinics in Germany
Type of organisation	Public service
Country	Germany
City	--

Short organisation description/ especially main activities 	These healthcare facilities needed to significantly decrease their CO_2 emissions and resource consumption. As large-scale consumers of energy and resources, they required support to minimize their environmental footprint. In addition, they needed to lower their operating expenses, particularly energy costs. By implementing climate protection measures, they could achieve substantial financial savings while contributing to environmental sustainability. There was also a need for qualified personnel to manage climate protection initiatives within these facilities.
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	KLIK Consortium BUND Berlin (Federal Association for Environment and Nature Conservation Germany, Berlin branch) Association of North Rhine-Westphalia Jena University Hospital
Type of organisation	Multi-stakeholders association
Country	Germany
City	--
Short organisation description/ especially main activities	The KLIK consortium, led by BUND Berlin as responsible for implementing the KLIK green project from May 1, 2019, to April 30, 2022. The consortium's main activities included: 1. Training hospital staff as climate managers. 2. Facilitating the implementation of climate protection measures in healthcare facilities. 3. Establishing a network for knowledge sharing and best practices exchange. 4. Organizing thematic workshops and seminars to establish sustainability as a corporate goal. 5. Monitoring and evaluating climate protection measures and their impacts through questionnaires and data collection. 6. Providing guidance on public and private funding opportunities for climate protection investments in healthcare institutions.

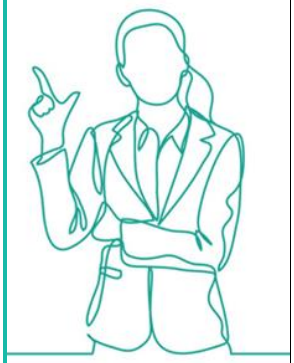
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **EFS - Economic and Financial Sustainability** ☑ **APC - Administrative and Promotive Challenges**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Workforce Challenges*** The initial situation in German hospitals and rehabilitation clinics showed a lack of expertise in climate protection and sustainability among staff. Healthcare facilities had limited capacity to implement climate protection measures due to the absence of dedicated personnel with the necessary skills and knowledge. The challenge faced was to create a new role of climate managers within healthcare institutions and provide them with the required qualifications. This involved training employees from various departments to take on additional responsibilities for climate protection alongside their regular duties, while ensuring they had the support and resources needed to effect change. ***Economic and Financial Sustainability*** Initially, hospitals and rehabilitation clinics were facing high energy costs and resource consumption, which strained their budgets. Many facilities lacked the financial means to invest in climate protection measures, despite the potential for long-term savings. The challenge was to demonstrate that climate protection could lead to significant cost reductions and improve financial sustainability. KLIK green needed to help facilities identify and implement low-cost or no-cost measures that could yield substantial savings, as well as assist them in securing funding for larger investments in climate protection. ***Administrative and Promotive Challenges*** At the outset, climate protection was not a priority in most healthcare facilities' management structures. There was a lack of awareness about the connection between climate action and health protection, and no systematic approach to implementing and promoting sustainability measures. The challenge was to integrate climate protection into the core management and daily operations of healthcare facilities. This required engaging executive leadership, establishing sustainability as a corporate goal, and creating administrative processes to support and promote climate protection initiatives throughout the organization.

Main results Summary	The KLIK green project was designed to empower German hospitals and rehabilitation clinics to actively support climate protection. The solution was planned and implemented through a structured approach that involved several key steps. The project began with a registration process for interested healthcare facilities. Each institution completed a questionnaire to assess their current energy consumption, waste management, and resource usage. After a positive evaluation, an agreement was signed, and the qualification and implementation phases commenced. The core of the implementation involved training hospital staff as climate managers. These employees participated in three workshops and one three-day training course held in Jena, Düsseldorf, and Berlin. The training covered various aspects of climate protection, including sustainable mobility, large-scale catering facilities, and procurement. Climate managers were tasked with setting specific climate targets for their institutions, planning practical climate protection measures, and implementing them. The project focused on low-expenditure or non-investment measures, such as switching to LED lighting, promoting e-bike leasing for employees, and implementing automatic PC logout systems. While aiming to involve 250 healthcare facilities and eliminate 100,000 tons of CO_2 equivalents, the project actually engaged over 200 hospitals and 50 rehabilitation clinics. More than 180 hospital employees were trained as climate managers. The project resulted in the implementation of over 1,640 climate protection measures, leading to savings of more than 200,000 tons of greenhouse gases. This success not only contributed to environmental protection but also resulted in substantial cost reductions for participating facilities. The KLIK green project demonstrated high potential for transferability to other organizations within and beyond the healthcare sector. The project's approach of training internal staff as climate managers and focusing on practical, often low-cost measures, can be adapted to various institutional settings. The creation of a network for long-term exchange of ideas and experiences among climate managers provides a model for sustained collaboration in climate protection efforts. The project's database of climate protection activities and its interactive map showcasing participating institutions offer valuable resources for other organizations looking to implement similar initiatives. Furthermore, the project's emphasis on integrating climate protection into core management and daily operations, as well as its focus on the connection between climate action and health protection, makes it particularly relevant for adaptation in other health-related sectors and beyond. The success of KLIK green has led to a follow-up initiative called KLIK green+, indicating the ongoing relevance and adaptability of the project's approach. This demonstrates that the model can be sustained and expanded, further supporting its potential for transferability to a wide range of organizations committed to climate protection and sustainability.

Scope	National
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	--
Type of funding	☑ **Public**
Name of the funding	Funded by the National Climate Initiative of the Federal Ministry for the Environment, Nature Conservation and Nuclear Safety in Germany

6.75. Plan H: Planetary Health- Course for sustainable and climate-resilient healthcare facilities

Plan H: Planetary Health- Course for sustainable and climate-resilient healthcare facilities	PLAN H PLANETARY HEALTH Für nachhaltige und klimaresiliente Gesundheitseinrichtungen
Associated PP	**PP8/BI**
Duration	June 2024 - Ongoing
Webpage	https://www.dki.de/veranstaltungen/10948-plan-h-planetary-health-kurs-fuer-nachhaltige-und-klimaresiliente-gesundheitseinrichtungen
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Observers
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot CAREavan (WP2)** ☑ **External events (e.g. EU week of Regions & Cities)** ☑ **Exploitation workshops (A2.3) & Exploitation in Practice Workshops (A3.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Healthcare facilities, including hospitals and care institutions
Type of organisation	Hospitals
Country	Germany
City	--

Short organisation description/ especially main activities 	The primary receivers of the solutions provided by the Plan H project are healthcare facilities, including hospitals and care institutions. These organizations are primarily responsible for delivering medical care, managing health services, and ensuring patient well-being. Their activities encompass a wide range of operational areas, such as clinical services, administration, and infrastructure management. In the context of sustainability, these facilities are also tasked with implementing environmentally sustainable practices. This includes improving energy efficiency, reducing greenhouse gas emissions, managing water and waste resources effectively, and integrating green policies into their operations. They aim to minimize environmental impacts while maintaining high standards of care and compliance with regulatory requirements. Additionally, they often engage in broader initiatives like biodiversity conservation, pollution prevention, and aligning with net-zero carbon goals to enhance their resilience to climate change.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	German Hospital Institute (DKI) German Federal Environmental Foundation (DBU)
Type of organisation	Multi-stakeholder association
Country	Germany
City	Düsseldorf, Osnabrück
Short organisation description/ especially main activities	The **German Hospital Institute (DKI)** is a research institution located in Düsseldorf, Germany. It specializes in providing comprehensive services to the healthcare sector, including research, consulting, and training. The DKI has been supporting hospitals and healthcare-related organizations for over 70 years, offering practical research services, expert consulting, and advanced training programs to help them address current challenges and stay up-to-date with industry trends. The **German Federal Environmental Foundation (DBU)** is one of Europe's largest foundations, established in 1990 and based in Osnabrück, Germany. It focuses on promoting innovative, exemplary, and solution-oriented projects for environmental protection, with a particular emphasis on supporting small and medium-sized enterprises. The DBU's main activities include funding projects related to environmental technology, nature conservation, environmental communication, and the protection of cultural assets. It aims to address key environmental challenges such as climate change, biodiversity loss, and unsustainable resource use, aligning its efforts with the United Nations' Sustainable Development Goals.

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	The Plan H initiative addresses significant challenges in the healthcare sector, particularly focusing on digitalization, innovation, economic, and financial sustainability. Healthcare facilities, such as hospitals and care institutions, are under immense pressure due to global environmental crises, which exacerbate existing challenges like staffing shortages, rising energy costs, and increasing financial strain. These facilities are major resource consumers and face high expectations from employees, business partners, and patients regarding climate protection, resilience, and sustainability. Despite these pressures, they must comply with new legal requirements and manage limited personnel and financial resources. The primary challenge is the need for healthcare institutions to transform into sustainable and climate-resilient entities while maintaining high-quality care. This involves developing and implementing comprehensive sustainability strategies, creating mandatory sustainability reports in line with the CSRD directive, and conducting greenhouse gas inventories to identify emission reduction opportunities. The financial sustainability of these efforts is a significant hurdle, as healthcare systems are often constrained by budget limitations and the high costs associated with technological innovations and aging populations. Additionally, the economic logic of current healthcare services, which prioritize productivity and profit, can conflict with the goals of sustainability and planetary health. Therefore, healthcare facilities must find a balance between societal expectations for good health and the availability of resources, all while navigating the ecological limits of the Earth's natural systems.
Main results Summary	Plan H was designed as a comprehensive training program to support healthcare facilities in developing and implementing sustainability strategies. The course is structured over 12 months, combining online and in-person sessions to ensure flexibility for participants. It focuses on creating mandatory sustainability reports in line with the CSRD directive and conducting greenhouse gas inventories to identify emission reduction opportunities. The program involves a multi-level approach, engaging not only sustainability managers but also other key staff members and management in the process. The planning phase likely involved collaboration with environmental experts and healthcare professionals to tailor the content to the specific needs of healthcare institutions.

The implementation of Plan H has several tangible consequences for participating healthcare organizations. By developing and starting to implement sustainability strategies during the course, these facilities can reduce their environmental footprint, comply with regulatory requirements, and enhance their resilience to climate-related challenges. This not only contributes to environmental sustainability but also helps in managing costs associated with energy consumption and resource usage. The program fosters a culture of sustainability within healthcare institutions, aligning with broader societal expectations for environmental responsibility.

The approach used in Plan H is highly transferable to other organizations, particularly those in resource-intensive sectors. The modular structure and focus on practical implementation make it adaptable to different contexts. The emphasis on interdisciplinary collaboration and the integration of planetary health principles can be applied across various industries, especially where environmental sustainability and resilience are critical. By replicating this model, other organizations can develop tailored sustainability strategies, enhance their environmental performance, and improve their long-term viability in the face of climate change and regulatory pressures.

Scope	National
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	German Hospital Association (DKG) German Association for Hospital Controlling (DVKC) Competence Center for Climate Resilient Healthcare Facilities (KliMeG) German Alliance on Climate Change and Health (KLUG e.V.)
Type of funding	☑ **Private**
Name of the funding	German Federal Environmental Foundation (DBU)

6.76. MOVECO (Mobilising Institutional Learning for Better Exploitation of Research and Innovation for the Circular Economy)

MOVECO (Mobilising Institutional Learning for Better Exploitation of Research and Innovation for the Circular Economy)	

Associated PP	PP8/BI
Duration	December 2016 – May 2019
Webpage	MOVECO - BayFOR
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Desk Research
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot CAREavan (WP2)** ☑ **External events (e.g. EU week of Regions & Cities)** ☑ **Taking part of the HACK-IT-Network (1.3)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	political decision-makers in the Danube region, business support organizations and companies, research and development institutions, and civil society organizations.
Type of organisation	--
Country	Danube Region
City	--
Short organisation description/ especially main activities	The main solution receivers of the MOVECO project are political decision-makers, business support organizations and companies, research and development institutions, and civil society organizations in the Danube region. Their main activities involve developing and implementing policies for the circular economy, supporting and advising businesses on eco-innovation and resource efficiency,

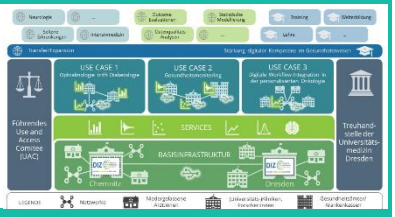
	conducting research to improve product durability, reparability, and recyclability, and fostering collaboration across sectors. These groups work together to close material loops, improve waste management and resource efficiency, promote new business models, and drive sustainable economic growth in their regions.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	MOVECO Consortium: (1) Chamber of Commerce and Industry of Slovenia (coordinator, Slovenia); (2) Chamber of Commerce and Industry Bistrita-Nasaud (Romania); (3) Bavarian Research Alliance GmbH (BayFOR, Germany); (3) Slovak University of Agriculture in Nitra (Slovakia); (4) Ministry of Environment and Spatial Planning of the Republic of Slovenia (Slovenia); (5) Tera Tehnopolis Ltd. (Croatia); (6) Bulgarian Chamber of Commerce and Industry (Bulgaria); (7) Slovak Business Agency (Slovakia); (8) Institute Mihajlo Pupin (Serbia); (9) Europa Consortium Regional Development Non-profit Ltd. (Hungary); (10) Business Upper Austria (Austria); (11) Environmental Technology Cluster Bavaria (Germany).
Type of organisation	Public-private partnershop
Country	Danube Region
City	--
Short organisation description/ especially main activities	The MOVECO project, short for "Mobilising Institutional Learning for Better Exploitation of Research and Innovation for the Circular Economy," was an EU-funded initiative involving sixteen partners from ten countries in the Danube region. Its core aim was to accelerate the transition from a linear "produce-use-dispose" economy to a circular one, where products and resources are kept in use for as long as possible, waste is minimized, and recycling and reuse are prioritized. The project responded to the challenges of closing material loops, increasing product durability, reparability, and recyclability, and improving waste management and resource efficiency across industrial sectors. To achieve these goals, MOVECO developed a transnational strategy and roadmaps for implementing the circular economy in the Danube region. One of its main activities was the creation of a Circular Economy Toolbox, a set of practical tools and training materials designed to help small and medium-sized enterprises assess their circularity, adopt eco-design principles, and innovate new business models. The project also facilitated knowledge exchange and best practice sharing among policymakers, business support organizations, companies, research institutions, and civil society. Through platforms like "Danube Goes Circular," MOVECO made these resources and case studies widely accessible, supporting ongoing cooperation and capacity building even after the project's conclusion.

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Economic and Financial Sustainability (EFS)*** The Danube region's economy was largely based on a linear model-produce, use, dispose-which led to resource inefficiency, increased waste, and missed economic opportunities. The main challenge was to transition towards a circular economy model that would close material loops, improve waste management, and boost resource efficiency. This required new business models, better policy frameworks, and stronger transnational cooperation to foster sustainable economic growth, competitiveness, and job creation. ***Digitalization and Innovation (DI)*** There was a lack of practical tools and frameworks to support innovation and digital solutions for circular economy practices, especially among small and medium-sized enterprises (SMEs) and support organizations. The challenge was to provide accessible digital tools (like the Circular Economy Toolbox) and training to help organizations assess their circularity, adopt innovative eco-design practices, and access financing opportunities. MOVECO also worked to improve research-business cooperation and support the development and implementation of innovative solutions for circularity
Main results Summary	MOVECO was designed to accelerate the transition to a circular economy in the Danube region through transnational cooperation, practical tools, and policy improvement. The solution was planned by first identifying inefficiencies in current innovation and extended producer responsibility schemes. Based on this research, the project developed a transnational strategy and country-specific roadmaps for implementing circular economy principles. MOVECO then created concrete tools, such as the Circular Economy Toolbox and the "Danube Goes Circular" online platform, which included a virtual marketplace for exchanging secondary materials, collaboration tools for connecting companies and research institutions, and training modules for organizations. Implementation involved training business support organizations and companies, integrating the toolbox into training centers, and launching the online platform to facilitate cross-border cooperation and industrial symbiosis. For example, the Chamber of Commerce and Industry of Bistriţa-Năsăud County trained its staff and SMEs using MOVECO's materials, directly enhancing their knowledge and capacity for circular innovation.

	The consequences and tangible results for organizations included improved ability to assess and enhance their circularity, access to new financing opportunities, and increased collaboration across sectors. Organizations benefited from practical guidance, direct networking, and the ability to participate in challenge-solution forums to crowdsource ideas for circular economy challenges. MOVECO's approach and tools are highly transferable. The toolbox, online platform, and training modules can be adapted by other regions or organizations seeking to implement circular economy strategies. The open-access nature of the platform and the modular design of training materials make it easy for further organizations to adopt and tailor MOVECO's solutions to their own needs.
Scope	Global EU
Language	English, German
Was/were any third parties involved in the facilitation of the Solution supplier?	--
Type of funding	☑ **EU program**
Name of the funding	Danube Transnational Programme, operating as an Interreg project co-funded by the European Union through the European Regional Development Fund

6.77. MiHUBx (Medical Informatics Hub in Saxony)

MiHUBx (Medical Informatics Hub in Saxony)	

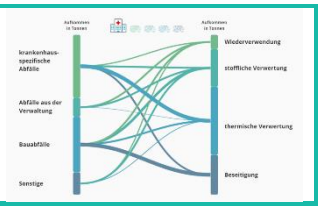
Associated PP	PP8/BI
Duration	September 2021 – August 2025
Webpage	MiHUBx | Medical Informatics Hub in Saxony
How much are you connected to this Solution Supplier?	☑ **Expansion zone – you are not yet connected to this initiative**
How did you learn about this Solution Supplier?	Desk Research
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot CAREavan (WP2)** ☑ **Pilot Open Innovation Days (A2.3)** ☑ **Taking part of the HACK-IT-Network (1.3)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Healthcare providers across all sectors in Saxony, including general practitioners, office-based specialists, regional hospitals, university clinics, rehabilitation and care facilities, as well as researchers and patients
Type of organisation	Others: Health Care Providers and Receivers
Country	Germany, Saxony
City	--

Short organisation description/ especially main activities 	The main solution receivers of MiHUBx are healthcare providers in Saxony, including general practitioners, office-based specialists, regional hospitals, university clinics, rehabilitation and care facilities, as well as researchers and patients. These organizations and individuals are primarily engaged in delivering medical care, conducting clinical and translational research, and supporting patient management. Their main activities involve using and contributing to a digital infrastructure that enables secure and efficient sharing of medical data across sectors, applying decision support systems for diagnostics and therapy-such as in diabetic eye disease and personalized cancer medicine-and participating in collaborative care and research networks.
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	MiHUBx Consortium: (1) Technische Universität Dresden; (2) Universitätsklinikum Carl Gustav Carus Dresden; (3) Technische Universität Chemnitz, Faculty of Computer Science; (4) Hochschule Mittweida, Faculty of Applied Computer and Biosciences; (5) Klinikum Chemnitz gGmbH (Maximal Care Hospital), including the Clinic for Ophthalmology and the Department of Computer Science; (6) Sächsisches Makulazentrum, a network of Saxon eye clinics.
Type of organisation	University
Country	Germany, Saxony
City	Dresden, Chemnitz
Short organisation description/ especially main activities	The Medical Informatics Hub in Saxony (MiHUBx) is a digital ecosystem designed to strengthen medical research, diagnostics, and therapy across Saxony. Funded by the German Federal Ministry of Education and Research (BMBF), MiHUBx brings together leading academic and clinical partners-including Technische Universität Dresden, Universitätsklinikum Dresden, Technische Universität Chemnitz, Klinikum Chemnitz, and Hochschule Mittweida-to develop and implement an intersectoral, service-oriented infrastructure for healthcare. The project's main activities focus on creating a scalable, interoperable digital platform that enables secure sharing and analysis of medical data among hospitals, outpatient clinics, rehabilitation facilities, researchers, and patients. MiHUBx addresses three key use cases: diabetic eye disease, pandemic management, and personalized cancer medicine, aiming to improve clinical decision-making, patient engagement, and research efficiency. By leveraging modern IT solutions and standardized data formats, MiHUBx supports the translation of research innovations into everyday care and fosters collaboration across all sectors of the healthcare system in Saxony.

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan** ☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **AI - Accessibility and Infrastructure** ☑ **DI - Digitalization and Innovation** ☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Accessibility and Infrastructure (AI)*** Before MiHUBx, healthcare data in Saxony were fragmented, with limited interoperability between university and non-university providers. Non-university hospitals and outpatient clinics often lacked the digital infrastructure and expertise needed to participate in cross-site data sharing and research. The challenge was to create a scalable, interoperable digital infrastructure that would enable secure, efficient sharing and analysis of medical data across all healthcare sectors. MiHUBx developed modular service platforms and pre-built packages to lower technical barriers, making it possible for even resource-limited providers to harmonize and share data for research and care. ***Digitalization and Innovation (DI)*** The healthcare sector in Saxony, especially among non-university providers, had limited access to digital tools for data integration, analytics, and decision support. Data exchange was slow and often not standardized, hindering research and the implementation of innovative care models. MiHUBx aimed to foster digital innovation by introducing interoperable IT solutions, standardized data formats (like HL7 FHIR and OMOP CDM), and digital decision support systems. These innovations enable more efficient research, faster translation of findings into practice, and improved clinical decision-making. ***Preventive and Promotive Health and Care (PP)*** Chronic diseases like diabetes and related eye conditions were often managed reactively, and the healthcare system struggled to respond efficiently to crises such as the COVID-19 pandemic. MiHUBx addressed this by using digital prediction models and real-time data to optimize resource allocation, support early diagnosis, and promote preventive care. The project's use cases focus on improving outcomes in diabetic eye disease, pandemic management, and personalized cancer medicine, emphasizing proactive and data-driven care.

Main results Summary 	MiHUBx was designed to address fragmented healthcare data and limited interoperability in Saxony by creating a digital ecosystem for research, diagnostics, and therapy. The solution was planned through collaboration between academic institutions (e.g., Technische Universität Dresden), university hospitals, and non-university providers. Three use cases guided development: diabetic eye disease, pandemic management, and personalized cancer medicine. Implementation involved building modular, interoperable platforms using HL7 FHIR and OMOP CDM standards, with pre-built packages and docker containers to simplify deployment at resource-limited sites. For example, Klinikum Chemnitz integrated its clinical data into the national research infrastructure using these tools. Consequences for organizations included improved data accessibility and analytical capabilities. Non-university providers gained the ability to participate in cross-site research, while clinicians accessed decision-support tools for diabetic eye disease and cancer therapy personalization. The platform enabled real-time pandemic resource allocation models and enhanced patient engagement through digital health interventions. Organizations like the National Center for Tumor Diseases Dresden reported streamlined patient pathway integration and data-driven therapy adjustments. The solution's transferability stems from its modular, open-source components (e.g., SMART-on-FHIR apps, Alvearie Keycloak) and standardized data formats. The service platform prototype allows third-party app integration and has been piloted at two non-university hospitals, demonstrating scalability. Pre-built ETL packages reduce technical barriers for smaller facilities, enabling adoption beyond Saxony. MiHUBx's infrastructure now serves as a foundation for Germany's National Research Data Infrastructure (NFDI4Health).
Scope	Regional
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	--
Type of funding	☑ **Public**
Name of the funding	German Federal Ministry of Education and Research (BMBF) as part of the Medical Informatics Initiative (Medizininformatik-Initiative, MII)

6.78. Circularmed

Circularmed	

Associated PP	PP8/BI
Starting date	January 2024
Webpage	https://www.circularmed.de/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	From observers
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot CAREavan (WP2)** ☑ **External events (e.g. EU week of Regions & Cities)** ☑ **Social media & press releases** ☑ **Pilot Open Innovation Days (A2.3)** ☑ **Exploitation workshops (A2.3) & Exploitation in Practice Workshops (A3.3)** ☑ **Lasting Lighthouse Projects (A3.2)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	German hospitals
Type of organisation	Hospitals
Country	Germany
City	--

Short organisation description/ especially main activities 	The main solution receivers are German hospitals and clinics, whose primary activities involve providing medical care while managing substantial amounts of waste generated through daily operations. These healthcare institutions are responsible for the collection, segregation, and disposal of various types of medical and non-medical waste, ensuring compliance with strict hygiene and environmental regulations. Their activities increasingly include the adoption of digital tools and standardized processes for waste management, staff training on sustainable practices, and the implementation of resource recovery measures to support circular economy goals. By integrating these optimized and digitalized waste management practices, hospitals and clinics aim to reduce costs, lower their environmental footprint, and meet new regulatory requirements for sustainability and reporting

Information on the solution provider – Supply side/organisation supporting/providing the solution

Organisation's name	Circularmed GmbH
Type of organisation	Business
Country	Germany
City	Bonn
Short organisation description/ especially main activities	CIRCULARMED is a collaborative initiative focused on standardizing and optimizing waste management in German hospitals and clinics. The project brings together experts from waste management and the healthcare sector to develop industry-specific solutions that address the unique challenges of medical waste. Its main activities include conducting initial assessments of existing waste processes, providing targeted training and awareness programs for hospital staff, and implementing a comprehensive, custom-developed software platform. This platform enables hospitals to digitally track, manage, and document all waste streams, ensuring compliance with new sustainability reporting requirements and facilitating resource recovery for the circular economy. CIRCULARMED also develops standardized container systems and educational materials, including e-learning modules and instructional videos, to support sustainable waste separation and recycling practices. The project, supported by funding from the state of North Rhine-Westphalia and the EU, began in November 2024 and is set to run through at least 2025, with pilot implementations in selected hospitals to create a replicable model for the broader healthcare sector.

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation** ☑ **EFS - Economic and Financial Sustainability**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	For Digitalization and Innovation, the initial situation in German hospitals and clinics was characterized by fragmented, largely manual waste management processes, limited use of digital tools, and a lack of standardized data for tracking and optimizing waste streams. The challenge faced was to introduce interoperable digital platforms and standardized processes that could streamline waste management, provide real-time data for decision-making, and enable compliance with new regulatory requirements. Circularmed tackled this by developing and implementing a comprehensive digital platform and training programs, allowing hospitals to manage all waste streams more efficiently and transparently. Regarding Economic and Financial Sustainability, hospitals were facing rising costs and increasing pressure to comply with sustainability regulations, without clear strategies for resource recovery or cost savings in waste management. The challenge was to create systems that not only reduce environmental impact but also lower operational costs and support long-term economic viability. Circularmed addressed this by standardizing processes, improving resource efficiency, and enabling better reporting and cost control through digitalization, which helps hospitals reduce waste disposal costs and recover valuable resources.
Main results Summary	Circularmed's main results reflect a structured approach to transforming waste management in German hospitals and clinics through digitalization and standardization. The solution was planned by first assessing existing waste processes in participating healthcare facilities, identifying inefficiencies and compliance gaps, and then co-developing a digital platform in collaboration with hospital operators and waste management experts. Implementation involved pilot projects in selected hospitals, where the new digital waste management system, standardized container solutions, and targeted staff training were rolled out. This ensured that the platform and processes were tailored to real-world hospital needs and regulatory requirements. The consequences and tangible results for organizations include a significant increase in the recycling rate, improved transparency and traceability of all waste streams, and greater compliance with new sustainability reporting obligations. Hospitals using Circularmed's solution benefit from more efficient waste segregation, reduced disposal costs, and enhanced staff awareness of sustainable practices.

	The digital platform enables real-time monitoring and documentation, making it easier for hospitals to meet environmental standards and demonstrate progress toward circular economy goals. Circularmed's approach is highly transferable to other healthcare organizations, as the digital tools, standardized processes, and training modules can be adapted to different hospital environments and regulatory contexts. The modular nature of the software and the replicable training concepts support broader adoption, offering a scalable model for sustainable waste management across the healthcare sector in Germany and potentially beyond.
Scope	National
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	Krankenhausgesellschaft Nordrhein-Westfalen e.V. (KGNW), the association representing hospital operators and leading healthcare organizations in North Rhine-Westphalia
Type of funding	☑ **Private**
Name of the funding	EFRE/JTF programme NRW 2021–2027 - GrüneGründungen.NRW

6.79. DigiCare4CE (Digital transformation of long-term care facilities for older people)

DigiCare4CE (Digital transformation of long-term care facilities for older people)	

Associated PP	PP8/BI
Duration	1 March 2023 – 28 February 2026
Webpage	https://www.interreg-central.eu/projects/digicare4ce/
How much are you connected to this Solution Supplier?	☑ **Expansion zone –not yet connected to this initiative**
How did you learn about this Solution Supplier?	Lead Partner Deggendorf Institute of Technology joined first Townhall and Focus Group
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Uptake and link to EUSALP working groups** ☑ **Regional multi-actor Town Hall (A1.1)** ☑ **Focus Groups (A1.1)** ☑ **HackITAthons (A1.3)** ☑ **Pilot STEMlab (WP2)** ☑ **Pilot PolicyParley (WP2)** ☑ **External events (e.g. EU week of Regions & Cities)** ☑ **Pilot Open Innovation Days (A2.3)** ☑ **Exploitation workshops (A2.3) & Exploitation in Practice Workshops (A3.3)** ☑ **Taking part of the HACK-IT-Network (1.3)** ☑ **Capitalization plan (A3.1) - Memorandum of Understanding from 18+ AS regions (priority on PP territories + 9 Pilot Expansion Regions)** ☑ **Alpine Health & Care Innovation Transfer Forum (A3.3), alongside EUSALP Presidency Prep in IT (M36, LP1/PP2).**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Long-term care (LTC) facilities for older people Nursing staff in these facilities Older residents in care facilities Healthcare professionals working in LTC settings
Type of organisation	Other: Care Facilities
Country	Germany, Austria, Italy, Czech Republic, Slovakia, Slovenia, Poland
City	--
Short organisation description/ especially main activities 	The solution receivers are primarily long-term care facilities for older people, their nursing staff, elderly residents, and healthcare professionals across Central Europe. These facilities face significant challenges, including a shortage of skilled workers and the need to improve care quality for an aging population. The nursing staff, often overworked and under pressure, require support to manage their workload more efficiently. Elderly residents, particularly those with conditions like moderate-severe dementia, need enhanced care and monitoring to ensure their safety and well-being. Healthcare professionals in these settings seek better tools and training to provide high-quality care in an increasingly complex environment.
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	DigiCare4CE Consortium: (1) Deggendorf Institute of Technology (Lead Partner) – Germany; (2) Geriatric Health Care Centers of the City of Graz – Austria; (3) INSTITUTE FOR OLDER CARE AND SHELTERED HOMES (ISRAA) – Italy; (4) Association of Social Services Providers Czech Republic - Czech Republic; (5) Technical University of Kosice – Slovakia; (6) Anton Trstenjak Institute of Gerontology and Intergenerational Relations – Slovenia; (7) Czech Institute of Informatics, Robotics and Cybernetics of the Czech Technical University in Prague - Czech Republic; (8) Health Agency of Lower Austria – Austria; (9) European Grouping of Territorial Cooperation Via Carpatia – Slovakia; and (10) Rzeszow Regional Development Agency - Poland
Type of organisation	Other
Country	Germany, Austria, Italy, Czech Republic, Slovakia, Slovenia, Poland
City	--

Short organisation description/ especially main activities	The DigiCare4CE project is an international initiative aimed at advancing digitalization in long-term care facilities for the elderly across Central Europe. The project addresses the challenges of an aging society and the increasing demand for elderly care by promoting innovative digital solutions to improve care quality and efficiency. The project's main activities include developing a transnational strategy for the digital transformation of care facilities, testing the deployment of new technologies through pilot actions, and creating action plans for broader implementation. DigiCare4CE focuses on four key areas of digital solutions: 1) digitalization of nursing documentation and workflow, 2) rehabilitation monitoring, 3) falls prevention and monitoring of critical behaviors, and 4) the use of virtual and augmented reality for therapy support. A significant part of the project involves conducting eight pilot actions across participating countries to test various digital technologies in real-world care settings. These pilots are subject to peer review visits, which provide structured evaluations and promote collaborative learning among partners. The project also emphasizes co-creation processes, involving seniors and care professionals in the development and refinement of digital solutions to ensure they meet actual needs and preferences. Additionally, DigiCare4CE includes training and educational programs for facility employees, focusing on the practical use of new technologies to improve elderly care. The project aims to alleviate the burden on nursing staff, enhance the quality of care for residents, and increase the overall efficiency of long-term care facilities. By bringing together partners from seven Central European countries, DigiCare4CE fosters transnational cooperation and knowledge exchange in addressing the common challenges of elderly care in the region
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **DC - Demographic Challenges** ☑ **DI - Digitalization and Innovation**
Description of the H&C challenge addressed, please describe:	***Workforce Challenges*** The healthcare sector is experiencing a significant shortage of skilled professionals, with projections indicating a shortfall of 10 million healthcare workers globally by 2030. In the EU, there's an estimated shortage of 1.2 million doctors, nurses, and midwives as of 2022.

- The initial situation - The challenge faced	The workforce is also aging, with over a third of doctors and a quarter of nurses aged over 55. Healthcare organizations are struggling to recruit and retain professionals, especially those with expertise in niche areas such as telehealth technologies, AI-powered diagnostics, and genomics. The aging workforce is leading to a critical loss of institutional knowledge. Additionally, there's an uneven geographical distribution of healthcare workers, resulting in medical deserts and significant staffing shortages in rural areas. ***Accessibility and Infrastructure*** Healthcare systems are facing increasing pressure due to rising patient demand and the need for more complex care. There are significant disparities in healthcare access between urban and rural areas, with rural communities often lacking adequate healthcare services. Ensuring equitable access to quality healthcare services, particularly in rural and underserved areas, remains a significant challenge. Healthcare organizations need to find innovative ways to bridge these gaps, such as expanding telemedicine services and creating incentives for healthcare professionals to work in underserved areas. ***Demographic Challenges*** The EU is experiencing an aging population, with projections indicating that almost 30% of the EU's population will be aged 65 or older by 2050. This demographic shift is coupled with a shrinking working-age population. The aging population is driving increased healthcare demand, particularly for chronic disease management and long-term care. This puts additional strain on already stretched healthcare systems and workforces. Healthcare providers need to adapt to meet the complex and diverse health needs of an older population while dealing with a smaller pool of working-age individuals to staff healthcare services. ***Digitalization and Innovation*** Digital transformation is rapidly reshaping the healthcare landscape, with technologies such as AI, telemedicine, and digital health applications becoming increasingly prevalent. Healthcare organizations face the challenge of integrating new technologies effectively while ensuring data security, interoperability, and compliance with evolving regulations. There's a growing need for healthcare professionals to continuously update their skills to keep pace with technological advancements. Additionally, organizations must navigate the implementation of electronic health records, digital health applications, and AI-powered systems while addressing concerns about data protection and IT security.
Main results Summary	The DigiCare4CE project, aimed at digitally transforming long-term care facilities for older people, has made significant progress since its inception. The solution was planned through a collaborative approach involving partners from seven Central European countries.

The project began with the development of a transnational DigiCare4CE model, which provided a framework for digital transformation in long-term care facilities. This model was refined through study visits to exemplary facilities and organizations that had already implemented digitalization measures.

Implementation of the solution involved eight pilot actions across participating countries, focusing on four key areas: digitalization of nursing documentation and workflow, rehabilitation monitoring, falls prevention and monitoring of critical behaviors, and the use of virtual and augmented reality for therapy support. These pilot actions were subject to peer review visits, which provided structured evaluations and promoted collaborative learning among partners.

The consequences and tangible results on the organizations involved have been notable. The project has led to the integration of new technologies into existing care processes, improving efficiency and care quality. For instance, digital solutions such as ImitoWound for wound management and smart home devices for behavior monitoring have been implemented. These technologies have helped alleviate the burden on nursing staff, enhance the quality of care for residents, and increase the overall efficiency of long-term care facilities.

The potential transferability of the DigiCare4CE solutions to further organizations is significant. The project has developed a transnational strategy for digital transformation that can be adapted by other long-term care facilities across Europe. The modular approach of the solutions, such as the sensor systems, cognitive games, and social petbots, allows for customization based on specific organizational needs. Moreover, the emphasis on co-creation and user-centered design ensures that the solutions can be tailored to different cultural and operational contexts. The project's focus on training and educational programs for facility employees also supports the transferability of these digital solutions to other organizations, providing a model for successful implementation and adoption of new technologies in the long-term care sector.

Scope	Global EU
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	--
Type of funding	☑ **EU program**
Name of the funding	Interreg Central Europe

6.80. DECIDE: Decentralized digital Environment for Consultation, data Integration, Decision making and patient Empowerment

DECIDE: Decentralized digital Environment for Consultation, data Integration, Decision making and patient Empowerment	

Associated PP	PP8/BI
Duration	2021 - 2025
Webpage	https://www.miracum.org/en/forschung/digitale-fortschritthubs/decide/
How much are you connected to this Solution Supplier?	☑ **Expansion zone – not yet connected to this initiative**
How did you learn about this Solution Supplier?	Desk Research
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Regional multi-actor Town Hall (A1.1)** ☑ **Pilot PolicyParley (WP2)** ☑ **External events (e.g. EU week of Regions & Cities)** ☑ **Exploitation workshops (A2.3) & Exploitation in Practice Workshops (A3.3)** ☑ **Capitalization plan (A3.1) - Memorandum of Understanding from 18+ AS regions (priority on PP territories + 9 Pilot Expansion Regions)** ☑ **Final public conference. (Led by PP2, RP6 delivery, A3.2 & A3.3)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Multiple – see description
Type of organisation	If Others, please specify: (University) Hospitals, Research Institutes, etc.
Country	Germany
City	Rural Areas

Short organisation description/ especially main activities 	**Patients with chronic illnesses**, such as cancer or depression, especially in rural areas. The goal is to provide them with guideline-based care through telemedicine and personalized therapy solutions. **Healthcare professionals**, including doctors, therapists, and nurses, who are supported by innovative IT tools like artificial intelligence and data integration to improve diagnoses and treatments. **Research institutions**, which benefit from the collected and analyzed data to gain new insights and advance medical care. **Regional healthcare providers**, such as local hospitals and medical practices, integrated into the digital network to promote cross-sector collaboration.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	MIRACUM Consortium FAU Erlangen-Nürnberg (Lead Partner) The consortium partners are spread across 10 German universities/university hospitals, 2 universities of applied sciences and 2 non-university hospitals (see image)
Type of organisation	Multi-stakeholder association
Country	Germany
City	Erlangen, Chemnitz, Dresden, Frankfurt, Freiburg, Gießen, Greifswald, Magdeburg, Mainz, Marburg, Mannheim
Short organisation description/ especially main activities	The disparity in medical care between urban and rural areas has been a growing problem in Germany for some time. There are regular reports about the closing or merging of municipal hospitals or the difficulty in finding successors for rural medical practices. In this context, DECIDE was entrusted with the task of balancing out these disparities in the quality of care with forward-looking IT solutions. In order to be able to treat the widespread diseases cancer and mental illnesses at the highest level even in structurally weaker regions, various tools are being developed by DECIDE to ensure the provision of care and to make data available for research. **Oncology: lung and colorectal cancer** One of the declared goals of DECIDE is the development of a telemedical infrastructure. To this end, the University Medical Center Mainz offers consulting services for regional hospitals and medical practices as well as their patients and can thus ensure a high quality of rural care.

	In one of three case studies. Modern cancer therapy often requires specialized diagnostics from the university hospital – such as the analysis of genetic tumor data; this enables personalized therapy decisions to be made locally. To this end, DECIDE is also working to further develop a system that can support medical decisions using artificial intelligence. Where possible, people with cancer will also be given the option to participate in clinical trials at the university hospital, giving them access to the latest treatment options. **Psychiatry: depression** Depression is a common disease, in many cases recurrent or chronic, that often occurs together with other mental and somatic medical conditions. Such comorbidities place high demands on therapy concepts and make close coordination between inpatient and outpatient care particularly important. The interdisciplinary exchange of therapy data has been hampered by the fact that handwritten and textual records have played a much greater role in psychiatry and psychotherapy than in other areas of medicine. This makes it all the more important to establish the digitization of clinical data and improve communication structures among the players involved. To promote this and make specialist expertise from university medicine available in regional care, DECIDE will digitize standardized clinical data and use its telemedicine infrastructure. To better track treatment progress, the telemonitoring system will also regularly ask outpatients about their health status. At the same time, patients can benefit from "wearables" – wearable sensors on the wrist that record treatment-related health data. Feedback and data from patients are stored in an electronic record that treating physicians can use to better tailor treatment plans for each individual. On the other hand, patient data is transmitted to the Data Integration Center at Mainz University Medical Center. There, they are anonymized and can be used by health research to further optimize treatments for depression. **Sports medicine** Physical activity is an important adjunctive therapy for many cancer patients, for example to reduce the side effects of chemotherapy such as fatigue or muscle weakness. An exercise program can also counteract the depressive episodes that often accompany cancer. Because these opportunities are often lacking in rural areas, DECIDE aims to develop personalized exercise services that can be streamed to patients' smartphones and delivered in a home setting. The therapist can monitor the workout with sensors on the wrist or feedback via the mobile app.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley** ☑ **boosting customized technology transfer – main focus for STEMlab**

H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **AI - Accessibility and Infrastructure** ☑ **SD - Specialization and Decentralization**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	***Workforce Challenges*** Healthcare organizations struggle to recruit and retain qualified professionals in rural areas. This leads to increased workloads for existing staff, potentially compromising care quality and contributing to burnout. The shortage particularly affects primary care, behavioural health, and specialized services, creating gaps in comprehensive patient care. ***Accessibility and Infrastructure*** Rural communities often lack adequate healthcare infrastructure and face significant barriers to accessing care. Patients in these areas frequently need to travel long distances to receive specialized treatments or even basic healthcare services. Limited transportation options and long travel times create significant obstacles for rural patients, especially for elderly individuals or those with chronic conditions requiring frequent care. Additionally, the closure of rural healthcare facilities further exacerbates access issues, potentially leaving entire communities without nearby healthcare services. ***Specialization and Decentralization*** Decentralization efforts often face challenges in policy design, management, and resource allocation. There can be conflicts between local and national healthcare priorities, and inadequate training of local healthcare managers can lead to suboptimal decision-making. Additionally, excessive specialization of certain hospitals can create imbalances in service availability across regions.
Main results Summary	The DECIDE project was planned and implemented through a structured approach aimed at addressing healthcare challenges in rural areas. The planning phase involved identifying specific needs, such as improving access to care and integrating decentralized systems for consultation and decision-making. The execution phase focused on developing interoperable digital tools and establishing data integration centers to support collaborative research and patient-centered care. The implementation strategy relied on iterative development, stakeholder engagement, and phased rollouts to ensure adaptability to local contexts. The consequences of the project on the organization were significant. DECIDE improved operational efficiency by streamlining workflows and enabling better data sharing across institutions. It fostered collaboration among healthcare providers, researchers, and patients, leading to enhanced decision-making processes.

	Tangible results included the establishment of improved patient outcomes in rural areas, and increased capacity for molecular-guided therapy recommendations. Furthermore, the project strengthened organizational resilience by introducing scalable systems capable of handling future demands.
Scope	National
Language	German/English
Was/were any third parties involved in the facilitation of the Solution supplier?	--
Type of funding	☑ **Public**
Name of the funding	BMBF Funding

6.81. Luzern60plus

Luzern60plus	
Associated PP	**PP9/HSLU**
Duration	2011 - ongoing
Webpage	https://www.luzern60plus.ch/ueber-uns/ueber-luzern60plus
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Joint projects.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot PolicyParley (WP2)** ☑ **Taking part of the HACK-IT-Network (1.3)** ☑ **Partner meetings**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Policymakers City Lucerne, and Senior Citizens (Patients)
Type of organisation	Public administration Citizens / End users
Country	Switzerland
City	Lucerne
Short organisation description/ especially main activities	The City of Lucerne is the municipal authority responsible for local governance, social policy, and public services. In the context of Luzern60plus, it plays a key role in shaping and implementing age-inclusive policies, engaging senior citizens in civic dialogue, and enhancing active aging.

More case studies from this organisation or company	https://www.luzern60plus.ch/altern-luzern/berichte-und-antraege-des-grossen-stadtrates
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Luzern60plus
Type of organisation	Initiative/project (city-led, community-rooted).
Country	Switzerland
City	Lucerne
Short organisation description/ especially main activities	**Luzern60plus stands for a resource-oriented aging policy that promotes the active participation of the 60-plus generation.** The City of Lucerne aims to more strongly integrate the potential and experience-based knowledge of older people into political, social, and cultural life.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **DC - Demographic Challenges** ☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial situation:** Aging population in Lucerne with limited mechanisms for structured engagement of older citizens in policy-making and city development. **Challenge faced:** Growing need for inclusive aging strategies that enable participation, prevent social isolation, and tap into the skills of older adults.

Main results Summary 	**How the solution was planned and implemented**: Luzern60plus was initiated by the City of Lucerne as a participatory platform to develop resource-based aging strategies. The platform facilitates structured dialogue, publishes reports and motions, and organizes events and thematic working groups. **Tangible results**: • Regular motions to the City Council from seniors' working groups • City-issued reports and evaluations on aging topics • A participatory governance structure that connects civil society and policymakers • Raised awareness and political momentum around aging **Transferability**: The concept can be adapted in other cities and regions seeking to institutionalize participatory aging policy. Its low-threshold, dialogue-based format is scalable and relevant across various Alpine Space contexts. https://www.luzern60plus.ch/altern-luzern/berichte-und-antraege-des-grossen-stadtrates
Scope	Regional, local
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	None explicitly mentioned, but supported by public administration.
Type of funding	☑ **Private-public**
Name of the funding	Partial funding by the City of Lucerne (department for social services and inclusion)

6.82. Careum

Careum	
Associated PP	**PP9/HSLU**
Duration	2010 (if referring to the research department) - ongoing
Webpage	https://careum.ch/?gad_source=1&gad_campaignid=21114199624&gclid=CjwKCAjw6NrBBhB6EiwAvnT_romhYoFlTi4b6RkiFB-Eg4wB2y-3Ma0HXN5N9hxH7ajzcRKINOp8YBoC_bAQAvD_BwE
How much are you connected to this Solution Supplier?	☑ **Expansion zone – not yet connected to this initiative**
How did you learn about this Solution Supplier?	Is in contact network.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Focus Groups (A1.1)** ☑ **Pilot PolicyParley (WP2)** ☑ **Pilot Open Innovation Days (A2.3)** ☑ **Taking part of the HACK-IT-Network (1.3)** ☑ **Partner meetings**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Health and social care providers (e.g. Spitex, nursing homes, training institutions)
Type of organisation	Public institutions, professional networks, and training bodies
Country	Switzerland
City	Zurich / national scope
Short organisation description/ especially main activities	Careum research supports care providers and policymakers by developing evidence-based models to improve care quality and collaboration, particularly in the context of an aging population and increasing care demands.
More case studies from this organisation or company	https://careum.ch/de/forschung/projekte

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Careum
Type of organisation	Research and education foundation
Country	Switzerland
City	Zurich
Short organisation description/ especially main activities	**Health and care research aims to understand the interrelationships between health, the health and social care system, society, and the environment, to gain new insights, and to present forward-looking solutions.** In doing so, new care models are developed and tested using innovative and technological solutions as well as measures for integrated and person-centered healthcare. In this way, applied research contributes to creating sustainable and high-quality healthcare for all. The research department of the Careum University of Health Sciences addresses current issues in healthcare, in cooperation with national and international partners. The research priorities and fields are chosen to ensure the transfer between research and teaching. This means that, on the one hand, new research findings are incorporated into undergraduate and continuing education programs, and on the other hand, research projects address current concerns and challenges from practice.
More case studies from this organisation or company	https://careum.ch/de/forschung/projekte
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **DC - Demographic Challenges** ☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe:	**Initial situation** Health and social care providers across Switzerland are under increasing pressure due to demographic aging, staff shortages, and fragmented service delivery. Traditional education and organizational models often lack sufficient focus on interprofessional collaboration.

- The initial situation - The challenge faced	**Challenge faced** How to foster better integration between health and social professionals, develop sustainable workforce models, and promote participatory, person-centered care across institutional boundaries.
Main results Summary 	**Policy-letter: link** **How the solution was planned and implemented** Careum launched multi-year applied research programs focused on interprofessionalism and integrated care. The research involved co-creation with practitioners and education providers. Pilot models were tested, evaluated, and refined. **Consequences and tangible results on the organisation** • A national policy letter advocating stronger interprofessional collaboration (PDF link) • Practical guidelines and simulation training materials for interprofessional teams • Contribution to new **curricula** in health professions education • Strengthened partnerships between research, education, and care providers **Potential transferability** Careum's models and training tools can be adapted by other regions in the Alpine Space facing similar challenges. The participatory methodology and integration of research and teaching are especially relevant to cross-border initiatives aiming to reform care delivery and workforce planning.
Scope	Regional, national
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	Not directly stated, but Careum collaborates with public sector actors and professional associations in research implementation.
Type of funding	☑ **Private-public**
Name of the funding	Funded by Careum Foundation, supported by public health education partnerships

6.83. CURAVIVA

CURAVIVA	
Associated PP	**PP9/HSLU**
Duration	2010 (approximate – CURAVIVA has a long-established presence) - ongoing
Webpage	https://www.curaviva.ch/Verband/P2AAY/
How much are you connected to this Solution Supplier?	☑ **Expansion zone – not yet connected to this initiative**
How did you learn about this Solution Supplier?	desktop research
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot PolicyParley (WP2)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Member institutions of CURAVIVA (e.g. care homes, assisted living organizations)
Type of organisation	Non-profit / service provider networks Long-term care institutions
Country	Switzerland
City	Nationwide (Zurich-based HQ)
Short organisation description/ especially main activities	CURAVIVA represents over 1,650 organizations providing care and support to more than 110,000 older adults. These organizations face challenges related to workforce shortages, demographic change, and sustainable service provision.

More case studies from this organisation or company	Guideline Political strategy 2023–2027: "Leitlinien Politik 2023–2027" https://www.curaviva.ch/files/UW0RSYF/leitlinien_politik_artiset_2023_2027.pdf
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	CURAVIVA
Type of organisation	Umbrella / industry association
Country	Switzerland
City	Bern
Short organisation description/ especially main activities	**CURAVIVA is the national industry association for service providers for older adults.** As part of the ARTISET federation, we offer our members a comprehensive range of services and strong advocacy. We represent over **1,650 organizations** that provide care and support to **110,000 older people**.
More case studies from this organisation or company	yearly reports, e.g.: **2024 was marked by the continued development of the federation.** Advocacy efforts were strengthened through an exchange with Federal Councillor Baume-Schneider, numerous discussions with members of parliament, and regular meetings with authorities in the social and healthcare sectors. In implementing its political guidelines, **ARTISET**, in collaboration with partners, achieved initial goals. Particularly noteworthy are the parliamentary decisions to date regarding the proposal originally co-initiated on **supplementary benefits for assisted living** for older people and people with disabilities, as well as the **reform of the Federal Act on Institutions Promoting the Integration of People with Disabilities (IFEG).** Also encouraging was the outcome of the public vote on **uniform financing of healthcare services (EFAS)**. The adoption of EFAS opens up opportunities for the development of **integrated care models**, including in long-term care. ARTISET's joint advocacy efforts with its member associations will continue in 2025 and be further strengthened wherever possible. Internally, the focus was **on organizational development**, with the goal of responding more quickly to members' concerns and implementing appropriate measures.

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **DC - Demographic Challenges** ☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial situation** Long-term care institutions in Switzerland face significant demographic pressure, growing complexity of care needs, and a shortage of qualified care professionals. **Challenge faced** How to ensure high-quality, financially sustainable care provision in an aging society while advocating for political frameworks that enable innovation and integration in long-term care.
Main results Summary 	**How the solution was planned and implemented** CURAVIVA, together with ARTISET, developed a clear policy roadmap ("Leitlinien Politik 2023–2027") addressing core sector challenges. The organization facilitated dialogue with national policymakers and designed advocacy strategies to influence legislation relevant to older adults and integrated care. **Consequences and tangible results on the organisation** • Direct involvement in parliamentary decision-making (e.g. on EFAS – uniform health financing, and reforms of the IFEG law) • Creation of unified policy positions among care institutions • Establishment of platforms for regular exchange with the federal government • Stronger voice for the care sector in national-level policy discussions **Potential transferability** CURAVIVA's structured advocacy approach and umbrella model can be transferred to similar associations across the Alpine region. The policy positioning and internal coordination model serve as a blueprint for creating impact through collective representation.

Scope	National, regional
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	Not explicitly stated; however, close collaboration with Swiss government and legislative bodies was key to successful policy impact.
Type of funding	☑ **Public**
Name of the funding	--

6.84. Green Hospital - Ressourceneffizienz bei Schweizer Spitälern

Green Hospital - Ressourceneffizienz bei Schweizer Spitälern	
Associated PP	**PP9/HSLU**
Duration	2017 - 2019
Webpage	https://www.greenhospital.ch/
How much are you connected to this Solution Supplier?	☑ **Expansion zone – not yet connected to this initiative**
How did you learn about this Solution Supplier?	desktop research
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot CAREavan (WP2)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	GZO Spital Wetzikon (pilot hospital), plus other partner hospitals in Switzerland
Type of organisation	Public health institutions / hospitals Pilot healthcare providers
Country	Switzerland
City	Various (e.g. Zurich, Basel – through research coordination)
Short organisation description/ especially main activities	Hospitals collaborating in this research project aimed to assess and improve their resource and energy efficiency, reduce ecological impact, and contribute to climate targets without compromising care quality.

More case studies from this organisation or company	https://nfp73.ch/de/projekte/ressourceneffizienz-in-schweizer-spitaelern
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	National Research Programme 73 (NRP 73) – Swiss National Science Foundation (SNSF)
Type of organisation	Research funding body / public programme Consortium-led research initiative
Country	Switzerland
City	Bern / Zurich
Short organisation description/ especially main activities	**Green Hospital – Resource Efficiency in Swiss Hospitals** Which hospital processes have the greatest environmental impact, and how can they be made more cost-efficient and environmentally friendly? Although the healthcare sector is the **fourth most environmentally relevant area of consumption** (after food, mobility, and housing), there are still few comprehensive environmental assessments in this field. The project **"Green Hospitals: Environmental Impact Assessment, Resource Efficiency and Hands-On Applications"**, selected for funding under the **National Research Programme "Sustainable Economy: resource-efficient, future-oriented, innovative" (NRP 73)** by the **Swiss National Science Foundation (SNSF)**, aims to close this gap. The research team—comprising the **Life Cycle Assessment Research Group at the Zurich University of Applied Sciences (ZHAW)**, the **Institute of Economic Studies Basel (IWSB)**, and the **Fraunhofer Institute for Material Flow and Logistics (IML)**—is analyzing hospital processes with significant environmental impact, assessing hospital efficiency from both economic and ecological perspectives, and exploring ways to make hospital operations more resource-efficient. Together with partner hospitals, **practical implementation strategies are being developed and tested**.
More case studies from this organisation or company	Publication see here: https://nfp73.ch/de/projekte/ressourceneffizienz-in-schweizer-spitaelern

Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan**
H&C Challenges addressed	☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial situation** The healthcare sector is among the most environmentally intensive in Switzerland but lacked data and strategies for improving sustainability in hospital operations. **Challenge faced** To assess and reduce the environmental footprint of hospitals by identifying high-impact areas (e.g. energy, material use, waste) and developing resource-efficient processes, without compromising healthcare delivery.
Main results Summary 	**How the solution was planned and implemented** The interdisciplinary team carried out comprehensive life-cycle assessments (LCA) of hospital operations, evaluated both ecological and financial efficiency, and co-developed practical recommendations with hospital partners. Implementation strategies were piloted in real hospital environments. **Consequences and tangible results on the organisation** • Identification of high-impact processes (e.g. sterilization, waste management, logistics) • Decision-support tools for ecological procurement and building operations • Awareness-raising and competence-building among hospital staff and managers • Contribution to policy dialogue on climate-friendly healthcare infrastructure **Potential transferability** High: Methods and tools can be transferred to other hospitals across the Alpine Space and EU. Results support the scaling of green health infrastructure strategies, especially relevant to CAREavan and other sustainability-focused HACK-IT-NET actions.

Scope	National Transregional (applicable across hospital types and regions)
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes – ZHAW (Zurich University of Applied Sciences), IWSB, and Fraunhofer IML coordinated stakeholder engagement and implementation in pilot hospitals.
Type of funding	☑ **Public**
Name of the funding	Swiss National Science Foundation (SNSF) – NRP 73 "Sustainable Economy"

6.85. Healthcare without harm

Healthcare without harm	
Associated PP	**PP9/HSLU**
Duration	1996 - ongoing
Webpage	https://noharm.org/about-us
How much are you connected to this Solution Supplier?	☑ **Expansion zone – not yet connected to this initiative**
How did you learn about this Solution Supplier?	desktop research
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot PolicyParley (WP2)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Health systems, hospitals, health ministries (global network)
Type of organisation	Public institutions, hospitals, NGOs, Networks/coalitions
Country	Global – active in Europe, US, Asia, and Latin America
City	Multiple locations; main offices in the US and EU (Brussels)
Short organisation description/ especially main activities	Health Care Without Harm supports hospitals, health systems, and health ministries globally in reducing their environmental impact, addressing climate change, eliminating toxic materials (e.g. plastic phase-out), and shifting to renewable energy and sustainable procurement.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Health Care Without Harm
Type of organisation	International NGO / Global network
Country	Global
City	Main hubs in Brussels (Europe), Arlington (USA), and Manila (Asia)
Short organisation description/ especially main activities	Health Care Without Harm is an international organization dedicated to providing resources, knowledge, and inspiration for the health care sector to help reduce its environmental impact. For the past three decades, they have been advocating for the environment and health. They seeks to transform health care worldwide so that it reduces its environmental impact, becomes a community anchor for sustainability, and is a leader in the global movement for environmental health and justice. Health Care Without Harm's vision is that health care mobilizes its ethical, economic, and political influence to create an ecologically sustainable, equitable, and healthy world.
More case studies from this organisation or company	https://noharm.org/our-strategies/strategic-plan
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **advancing green and e-hospitals – main focus for CAREavan**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial situation** The global health sector has a major environmental impact, responsible for nearly 5% of global emissions. Health care institutions have historically not prioritized climate or environmental strategies. **Challenge faced** Transform health care from a contributor to ecological crises into a leader in environmental sustainability and public health protection — while maintaining service quality and equity.

Main results Summary 	**How the solution was planned and implemented** Health Care Without Harm began as a grassroots initiative and evolved into a global network. Through multi-stakeholder strategies, it launched tools, pilot projects, and regional coalitions to engage hospitals and governments. Programs include climate-smart health care, sustainable procurement, plastics phase-out, and decarbonization roadmaps. **Consequences and tangible results** • Global climate-smart health care network (e.g. in Europe and Latin America) • Active role in COP26 and WHO Health & Climate Alliance • Implementation of sustainable waste management and plastics elimination programs in hospitals • Practical guidance on procurement, energy, and waste for public and private hospitals • Knowledge hubs and training materials for workforce upskilling **Potential transferability** Highly transferable. HCWH offers adaptable toolkits and policy guidance for use in local, regional, or national hospital systems. Alpine Space hospitals and municipalities could engage via existing European platforms (e.g. HCWH Europe in Brussels).
Scope	Global, European, Regional/National applicability
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes – strategic partnerships with WHO, UNDP, healthcare associations, local governments, and funding from philanthropic foundations.
Type of funding	☑ **Private-public**
Name of the funding	Multiple sources: including philanthropy (e.g. ClimateWorks, Bloomberg), governmental agencies (e.g. EU LIFE Program), and institutional partnerships

6.86. OdASanté

OdASanté	
Associated PP	**PP9/HSLU**
Duration	2005 - ongoing
Webpage	https://www.odasante.ch/ueber-uns/#vision-&-auftrag
How much are you connected to this Solution Supplier?	☑ **Expansion zone – not yet connected to this initiative**
How did you learn about this Solution Supplier?	Desktop research
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot PolicyParley (WP2)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Swiss health education institutions and health system partners
Type of organisation	Public institutions, training institutions, umbrella organisations
Country	Switzerland
City	National scope
Short organisation description/ especially main activities	OdASanté represents and coordinates the education system for health professions in Switzerland. It supports policy development, legal frameworks, curricula, and national education strategies to ensure that the Swiss health system has access to enough well-trained professionals, now and in the future.
More case studies from this organisation or company	https://www.odasante.ch/fileadmin/odasante.ch/docs/Ueber_uns/Strategie_2025-d.pdf

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	OdASanté
Type of organisation	Education governance / sector umbrella organisation Education health professions
Country	Switzerland
City	Bern (main location) – national coverage
Short organisation description/ especially main activities	OdASanté is the national umbrella organization for education in the healthcare sector in Switzerland. It serves as a key point of contact within the partnership network, engaging with educational institutions, authorities, and policymakers on issues related to the design and development of healthcare professions. OdASanté seeks and strengthens collaboration with all partners and integrates interested associations. It is committed to ensuring that Switzerland has a sufficient number of well-trained healthcare professionals, aligned with needs and delivered with high-quality education and training. OdASanté represents the nationwide interests of the healthcare sector in matters of education for health professions. As a partner to the federal government, cantons, and educational providers, it plays a leading role in shaping, managing, and further developing education in the healthcare system. OdASanté aims to include representatives of associations and organizations that are relevant to integrated healthcare and support OdASanté's educational policy goals and principles. Its educational policy activities are focused on making a sustainable contribution to addressing the challenges facing the healthcare system. OdASanté: (1) considers all areas of care and professional roles that are currently or foreseeably important for ensuring high-quality healthcare for the population; (2) contributes to the development of proposals with educational policy relevance and provides input on consultation processes. Where necessary, OdASanté initiates efforts to change or expand the legal framework conditions; and (3) advocates for transparent, performance-based, and sustainable education funding.
More case studies from this organisation or company	https://www.odasante.ch/fileadmin/odasante.ch/docs/Ueber_uns/Strategie_2025-d.pdf
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**

H&C Challenges addressed	☑ **WFC - Workforce Challenges**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial situation** Switzerland has faced persistent challenges in training and retaining enough qualified professionals in key health sectors (e.g. nursing, physiotherapy, elder care). Education systems were fragmented, and coordination between education and system needs was limited. **Challenge faced** How to ensure coordinated, responsive, and future-ready education strategies that address systemic workforce shortages, aging population needs, and healthcare complexity across cantonal borders.
Main results Summary 	**How the solution was planned and implemented** OdASanté initiated a nationwide collaboration process involving cantonal authorities, professional associations, and education providers. It developed strategic roadmaps (e.g. Strategie 2025), conducted needs assessments, supported pilot projects in dual education models, and contributed to national legislation and funding discussions. **Consequences and tangible results** • Clear national strategy paper (Strategie 2025) guiding education system reform • Improved coordination between stakeholders across all Swiss regions • Stronger alignment between education capacities and health system workforce needs • Contributions to revisions in healthcare education law and financing frameworks • Continuous development of new and updated curricula **Potential transferability** Highly transferable. The governance model and coordinated multi-stakeholder platform could be applied in other Alpine regions. OdASanté's tools and strategies serve as a benchmark for regional adaptation of health workforce governance.

Scope	National, regional (applicable in all Swiss cantons)
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes – works closely with: • Swiss Confederation (SBFI / BAG) • Cantonal health departments • Professional associations • Training institutions and vocational education boards
Type of funding	☑ **Public**
Name of the funding	Federal Office for Public Health (BAG) and State Secretariat for Education, Research and Innovation (SBFI), plus cantonal contributions

6.87. Patient Innovation

Patient Innovation	
Associated PP	**PP9/HSLU**
Duration	2014 - ongoing
Webpage	https://patient-innovation.com/faq#n728
How much are you connected to this Solution Supplier?	☑ **Expansion zone – not yet connected to this initiative**
How did you learn about this Solution Supplier?	desktop research
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot PolicyParley (WP2)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Public, patients, caregivers and collaborators
Type of organisation	Citizens / End-users Online community Informal innovation ecosystem
Country	Global
City	N/A – operates fully online
Short organisation description/ especially main activities	The platform provides patients and caregivers from around the world with a free, non-commercial space to share the health solutions they've developed in daily life. It supports the spread of grassroots innovations, improving life quality and autonomy of people with chronic diseases, rare conditions, or disabilities.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Patient Innovation (Lisbon-based initiative)
Type of organisation	Non-profit organization Digital platform / initiative University-based research initiative
Country	Portugal (operational worldwide)
City	Lisbon
Short organisation description/ especially main activities	The Patient Innovation platform is a social network (**international**, **multilingual** and **non-profit**) that aims to facilitate the **sharing of innovative solutions** developed by patients, caregivers and collaborators of any disease. The premise of this initiative is that in each patient and caregiver there is a significant innovative potential. In fact, we have found that **patients and caregivers often develop very innovative solutions** when dealing with the daily challenges of their pathologies. These innovations often end up "lost" and do not benefit other patients. The solutions can be new or modified devices or aids, strategies, behaviors, treatments, adaptations or low-cost alternatives to existing solutions. The solutions may be fully or partially developed, or still just an idea. The biggest advantage of this platform is its **network effect**: the more patients, caregivers and/or collaborators that share their solutions, more information will be available to those who are looking for answers for their problems and the higher the potential value of each solution proposed is.
More case studies from this organisation or company	Platform to enable public to contribute to improving health care system (globally)
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation** ☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe:	**Initial situation** Patients and caregivers often create innovative solutions to manage their specific health challenges. These inventions typically remain undocumented and inaccessible to others facing similar problems.

- The initial situation - The challenge faced	**Challenge faced** How to identify, validate, and share grassroots, user-driven innovations that address unmet health needs across various populations and conditions.
Main results Summary 	**How the solution was planned and implemented** Patient Innovation was initiated through academic research and transformed into a live digital platform. The team built partnerships with universities, hospitals, and NGOs to identify and promote solutions. All contributions are reviewed by a medical team before being published. It evolved into a global open innovation community. **Consequences and tangible results** ● Over **1,000 health-related solutions** published ● Engaged innovators from more than **80 countries** ● Empowered patients and caregivers to co-create the future of care ● Featured in academic publications, conferences, and international media **Potential transferability to further organisations** Very high. The platform is open, multilingual, and scalable. It offers inspiration and concrete ideas for hospitals, design labs, makerspaces, and digital health ecosystems in the Alpine region and beyond.
Scope	Global, transregional, community-based
Language	English
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes – academic institutions, healthcare professionals, and innovation support bodies helped curate, validate, and scale the platform.
Type of funding	☑ **Other**
Name of the funding	Funded by academic institutions and philanthropic support (initial seed from CATÓLICA-LISBON, with later international collaboration grants)

6.88. SHIFT

SHIFT	
Associated PP	**PP9/HSLU**
Duration	2022 - 2025
Webpage	https://future.hospital/news/details/erfolgreicher-kickoff-fuer-unser-innosuisse-flagship-shift
How much are you connected to this Solution Supplier?	☑ **Expansion zone – not yet connected to this initiative**
How did you learn about this Solution Supplier?	Desktop research
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot PolicyParley (WP2)** ☑ **Pilot STEMlab (WP2)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Swiss hospitals participating in the SHIFT Flagship project
Type of organisation	Hospitals, public institutions, healthcare consortia
Country	Switzerland
City	National project
Short organisation description/ especially main activities	Swiss hospitals participating in SHIFT act as pilot sites for the implementation of smart hospital frameworks. They co-develop and test digital innovations and organizational models to enhance care quality, efficiency, and responsiveness.

More case studies from this organisation or company	Insert here organisation webpage for good practices or case studies (if exist) https://future.hospital/wissensdatenbank
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	SHIFT Consortium (Innosuisse Flagship Project)
Type of organisation	Research consortium, Innovation alliance (academia, industry, healthcare), Flagship R&D project
Country	Switzerland
City	Zurich (coordination), national coverage
Short organisation description/ especially main activities	In the **SHIFT Flagship project** (*Smart Hospital: Integrated Framework, Tools & Solutions*), funded by **Innosuisse**, we—**5 implementation partners, 24 partners from industry and practice, and around 20 hospitals**—are working together to **transform the Swiss healthcare system**. The focus is on developing **integrated technical and organizational solutions** that put people at the center. The goal is to create a **blueprint for the digital transformation** of the smart & liquid hospital of the future. At the kickoff event, we presented and discussed the project's objectives, including **improving quality and efficiency** through **innovative technologies** such as artificial intelligence and connected systems. In addition, the first steps and to-dos for the involved partners were defined in order to lay the foundation for a successful collaboration over the next **3.5 years**.
More case studies from this organisation or company	Knowledge database from the cooperation of the hospitals: https://future.hospital/wissensdatenbank
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley** ☑ **boosting customized technology transfer – main focus for STEMlab**
H&C Challenges addressed	☑ **DI - Digitalization and Innovation** ☑ **PP - Preventive and Promotive Health and Care** ☑ **APC - Administrative and Promotive Challenges**
Description of the H&C challenge addressed, please describe:	**Initial situation** Swiss hospitals face increasing demands for high-quality, efficient, patient-centered services. At the same time, fragmented digital ecosystems, complex governance, and siloed infrastructures limit their ability to innovate systemically.

- The initial situation - The challenge faced	**Challenge faced** How to develop and implement an integrated smart hospital model that enhances digital maturity, supports connected patient pathways, and fosters adaptive organizational models across a diverse set of institutions.
Main results Summary 	**How the solution was planned and implemented** SHIFT was launched in 2022 as part of Innosuisse's Flagship Programme to tackle systemic healthcare transformation. A cross-sectoral consortium defined a multi-year work plan involving co-creation workshops, technology development, hospital piloting, and policy engagement. Hospitals act as real-life labs to test and refine digital tools and frameworks. **Consequences and tangible results** ● Development of a **blueprint for smart & liquid hospitals** ● New models for **AI integration**, **data governance**, and **care coordination** ● Launch of a **shared knowledge platform** to disseminate results ● Cross-sector partnerships between hospitals, tech providers, and academia ● Strategic groundwork for long-term healthcare transformation in Switzerland **Potential transferability to further organisations** High. The modular design of SHIFT enables adaptation in other health systems. The tools, governance frameworks, and policy recommendations emerging from the project are suitable for Alpine partners seeking digital transformation roadmaps or smart hospital strategies.
Scope	National, transregional (replicable across Alpine Space countries)
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes – Innosuisse as funder; academic coordination and facilitation by institutions such as ZHAW, FHNW, and University of Zurich; industry involvement from Swiss healthcare and IT firms.
Type of funding	☑ **Public**
Name of the funding	Innosuisse – Swiss Innovation Agency (Flagship Initiative)

6.89. terzStiftung

terzStiftung	
Associated PP	**PP9/HSLU**
Duration	2008 - ongoing
Webpage	https://www.terzstiftung.ch/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Joint projects.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot PolicyParley (WP2)**
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Swiss municipalities, civil society, and older adults
Type of organisation	Citizens / end users, civil society, municipal authorities
Country	Switzerland
City	Nationwide (based in Berlingen)
Short organisation description/ especially main activities	terzStiftung supports municipalities and communities in becoming more age-friendly and inclusive. It amplifies the voices of older people, collects feedback through consumer panels, and promotes self-determined aging. It also collaborates on projects to develop age-friendly products, services, and environments.

Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	terzStiftung
Type of organisation	Foundation, civil society intermediary
Country	Switzerland
City	Berlingen (TG)
Short organisation description/ especially main activities	Since 2008, the **terzFoundation** has been advocating for a **self-determined and active life in old age**. It identifies needs, launches campaigns, and implements projects aimed at creating age-friendly solutions. The foundation is committed to **recognizing and integrating the skills and competencies of older adults** in society—even after retirement.
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **DC - Demographic Challenges** ☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial situation** Switzerland faces significant demographic change, with an aging population and growing pressure on formal care structures. Older adults are often underrepresented in the development of services and policy discussions. **Challenge faced** How to engage older adults more effectively in shaping services and policies that concern them, and how to promote healthy aging and independence to reduce care system burden.
Main results Summary	**How the solution was planned and implemented** The foundation built a model for structured civic engagement, including a consumer panel of over 1,500 older adults. terzStiftung collaborates with industry and municipalities on co-designed products and services, and advises stakeholders on age-inclusive development. It also provides regular feedback reports and studies.

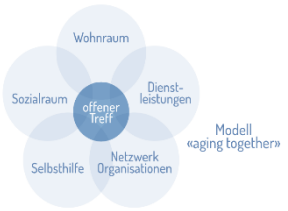
Consequences and tangible results

- Established “terzErhebungen” (surveys and feedback tools for aging needs)
- Regular publication of insights and recommendations to policymakers and industry
- Projects co-developed with users, such as inclusive mobility solutions and care service adaptations
- Increased social participation among older adults
- Recognized as a civic innovation model in aging policy circles

Potential transferability to further organisations
High. The model can be replicated in other Alpine regions to better integrate older adults’ needs and contributions into public policy, product development, and care service design

Scope	National, local/municipal level
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes – municipalities, universities, companies, and care providers collaborate with the foundation on projects and research activities.
Type of funding	☑ **Private**
Name of the funding	(Funded by foundation capital, donations, and project-based collaborations with partners)

6.90. Viciono Luzern

Viciono Luzern	

Associated PP	PP9/HSLU
Duration	2018 – ongoing
Webpage	https://www.vicino-luzern.ch/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Joint projects.
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot PolicyParley (WP2)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Canton of Lucerne Policy making level and care provider level, patient level
Type of organisation	Patients / End-users, care service providers, local administration / municipal partners
Country	Switzerland
City	Lucerne
Short organisation description/ especially main activities	The city and canton of Lucerne work with Vicino Luzern to address aging in place, fragmented service landscapes, and a need for early, preventive interventions in the community. Vicino serves as a bridge between formal care providers, civic society, and older residents.

More case studies from this organisation or company	2024 Annual Report – Vicino Luzern https://www.vicino-luzern.ch/application/files/5217/4763/9971/DEF4_Vicino_Luzern_Jahresbericht_2024.pdf
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	Vicino Luzern
Type of organisation	Civil society initiative, local innovation alliance
Country	Switzerland
City	Lucerne
Short organisation description/ especially main activities	Vicino Lucerne promotes self-help, provides information and advice, arranges services, engages in social and housing issues, runs community meetups, and fosters networking and exchange among organizations – all with the goal of enabling safe and self-determined living in one's own home.
More case studies from this organisation or company	https://www.vicino-luzern.ch/application/files/5217/4763/9971/DEF4_Vicino_Luzern_Jahresbericht_2024.pdf
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **WFC - Workforce Challenges** ☑ **DC - Demographic Challenges** ☑ **PP - Preventive and Promotive Health and Care**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial situation** Lucerne, like many Alpine regions, faces growing demands on formal care structures due to aging populations. At the same time, isolated seniors and limited low-threshold services risk contributing to avoidable institutionalization. **Challenge faced** How to support older adults in aging at home safely and confidently, reduce pressure on formal care systems, and ensure early intervention, social participation, and better coordination between actors in health and social services.

Main results Summary 	**How the solution was planned and then implemented** Vicino Luzern was founded as a community-led response to aging challenges. Through a multistakeholder model involving healthcare providers, municipalities, and civil society, the initiative implemented a neighborhood-focused coordination structure. A hub was created to provide advice, organize services, connect residents, and identify emerging needs. **Consequences and tangible results** • Significant increase in early identification and support of vulnerable seniors • Coordination model that eases the burden on formal care actors • Strong user satisfaction and engagement in community-based events • Integration of Vicino within local care planning processes • Annual reports provide insights for municipal and cantonal partners **Potential transferability to further organisations** Very high. The Vicino model is scalable for small towns and cities alike, offering a flexible, participatory structure adaptable to different legal and financial fra??
Scope	Local, regional (cantonal partnerships)
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes – supported by local care providers, city of Lucerne, housing cooperatives, and regional health authorities.
Type of funding	☑ **Private-public**
Name of the funding	City of Lucerne (social services), membership fees, private foundations, partner institutions

6.91. XUND

XUND

Associated PP	PP9/HSLU
Duration	2006 (foundation of predecessor institutions; XUND as unified brand active since ca. 2018) - ongoing
Webpage	https://xund.ch/das-ist-xund/gremien-und-partner/unsere-gremien/
How much are you connected to this Solution Supplier?	☑ **Local zone – you or your observers are directly linked to the initiative**
How did you learn about this Solution Supplier?	Partner in education and joint regional policy initiatives
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership?	☑ **Pilot PolicyParley (WP2)**

Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	
Organisation's name	Central Switzerland, i.e. Cantons (Zug, Luzern, Nidwalden, Uri, Obwalden, Schwyz
Type of organisation	Policy makers (cantonal level), educational institutions, healthcare institutions
Country	Switzerland
City	Lucerne (head office)
Short organisation description/ especially main activities	XUND operates as the regional education competence center for health and social care professions. It is supported by public and private institutions across six cantons. The organization is embedded in both educational governance and workforce planning. Its main role is training future healthcare professionals, aligning curricula with healthcare system needs, and strengthening care sector resilience.

More case studies from this organisation or company	Insert here organisation webpage for good practices or case studies (if exist) https://xund.ch/bildungsangebote/entwicklung-innovation/flow3x/ https://xund.ch/das-ist-xund/pflegeinitiative/pflegeinitiative/
Information on the solution provider – Supply side/organisation supporting/providing the solution	
Organisation's name	XUND
Type of organisation	Education health professions
Country	Switzerland
City	Lucerne
Short organisation description/ especially main activities	In Central Switzerland, various commissions, expert advisory boards, and working groups are involved around XUND to ensure the best possible education and training. The close and constructive collaboration within these committees ensures that XUND's programs are well anchored in practice, closely aligned with the needs of the institutions, and of high professional quality.
More case studies from this organisation or company	Project: https://xund.ch/bildungsangebote/entwicklung-innovation/flow3x/ **Flow3X** is derived from three elements: (1) the name of Florence Nightingale (1820–1910), the founder of modern Western nursing; (2) the English word *flow*, in the sense of ongoing or fluid change; (3) the integration of the three learning environments: workplace, practice training, and school. **Initial Situation** XUND – like its sponsors and partners – is faced with the following challenges: • The demand for qualified nursing professionals continues to grow significantly. • The structures and forms of healthcare provision (e.g., integrated care, outpatient services) and the associated tasks and roles are undergoing rapid and sometimes fundamental change. • Young people choose their education paths very deliberately and are critical in their career decisions. Finding enough suitable talent is a major challenge for training providers. • The digital transformation is profoundly impacting education as well, leading to new teaching and learning methods and formats.

	• The working world requires additional – and sometimes entirely new – skills, such as collaborative action, problem-solving abilities, and creative thinking. **Strategic Focus Areas** In response to these demands from the market, education, and society, **XUND** has defined two core action areas: 1. **Education** 2. **Space and Infrastructure** Within these areas, XUND pursues the following objectives: • Adapt educational programs to meet the changing demands of the market, education, and society • Increase educational effectiveness and training intensity • Ensure that training infrastructure can meet future healthcare provision needs
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☑ **improving system-level service provision – main focus for PolicyParley**
H&C Challenges addressed	☑ **WFC - Workforce Challenges**
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	**Initial situation** The healthcare system in Central Switzerland is increasingly affected by workforce shortages, demographic changes, and evolving skill requirements. Recruiting and retaining sufficient numbers of well-trained professionals has become more difficult. **Challenge faced** The education and healthcare sectors must respond to urgent workforce gaps, changing roles in integrated and outpatient care, and growing expectations of young learners. There's also a demand for new digital and soft skills.
Main results Summary	**How the solution was planned and implemented** XUND developed strategic programs in response to the Pflegeinitiative (care workforce initiative). It implemented a comprehensive transformation through projects such as Flow3X, which integrates learning across work, school, and practice settings. In parallel, infrastructure and digital learning environments were upgraded.

	**Consequences and tangible results** • Stronger alignment between education and care practice • Increased attractiveness of care careers in the region • Improved learner experience and retention • Growth in trainee numbers in nursing and health professions **Potential transferability** The XUND model offers a scalable, regionally integrated approach to education-driven care system reform. The approach is transferable to other Alpine Space regions facing similar workforce and care provision issues.
Scope	Regional (Central Switzerland)
Language	German
Was/were any third parties involved in the facilitation of the Solution supplier?	Yes – public sector (cantonal education and health departments), professional associations, vocational schools
Type of funding	☑ **Private-public**
Name of the funding	Cantonal contributions, association partners, project-based support

7. Conclusion and Next Steps

7.1. Conclusion

The purpose of this document has been to provide a analysis of the 91 Solution Supplier mapped within the activity A1.2. These 91 Solution suppliers aim to support the project partner further developing their pilot concept as well as expanding the project network, key to deliver later on the flagships.

All project partners are asked to provide feedback by the 30.08.2025. Each Project partner is specifically review the analysis of its own APPROACH and review additionally the templates of another partner as follow:

Project partner	Review pages numbers
ProMIS/LP1	Review Templates from HSLU/PP9:Sections 6.81 to 6.91
PAT/PP2	Review Templates from LGA/PP3: Sections 6.21 to 6.30
NÖ LGA/ PP3	Review Templates from ProMIS/LP1: Sections 6.1 to 6.10
CUAS/PP4	Review Templates from BI/PP8: Sections 6.71 to 6.80
UKCM/ PP5	Review Templates from BVF/PP6: Sections 6.51 to 6.60
BVF/ PP6	Review Templates from UKCM/PP5: Sections 6.41 to 6.50
BIOPRO/PP7	Review Templates from CUAS/PP4: Sections 6.31 to 6.40
BI/ PP8	Review Templates from BIOPRO/PP8: Sections 6.61 to 6.70
HSLU/ PP9	Review templates from PAT/PP2: Sections 6.11 to 6.20

According to the process developed within the AF, the WP Leader (CUAS/PP4) maintain overarching work-package monitoring, and support BVF/PP6 if needed in delivering the final version od D1.2.1. ProMIS/LP1 as communication lead ensures the delivery and dissemination of the e-book and with BIOPRO/PP7 (Sustainability and technical exploitation lead) & PAT/PP2 (Strategic exploitation lead) ensuring e-book spread to relevant key stakeholders towards further exploitation and uptake.

7.2. Next Steps

This section summarizes the steps the partners must implement to deliver D1.2.1.

The table below showcases the critical path associated to **D1.2.1** to ensure the completion of the activity in due time according to AF expectations. The responsibilities are defined and attributed following the RACI methodology (R: Responsible, A: Accountable, C: Consulted, I: Informed)

Task to achieve	Deadline	Responsibilities (RACI methodology)
D1.1.2 – Main H&C challenges identified + 3 refined H&C Outcomes	PPs meeting in Klagenfurt 05-06.02.2025	R: LGA/PP3; A: All PPs
D1.2.1 - First version of the implementation paper ready for review	PPs meeting in Klagenfurt 05-06.02.2025	R: BVF/PP6, C: LP1/ProMIS, PP4/CUAS; I: All PPs

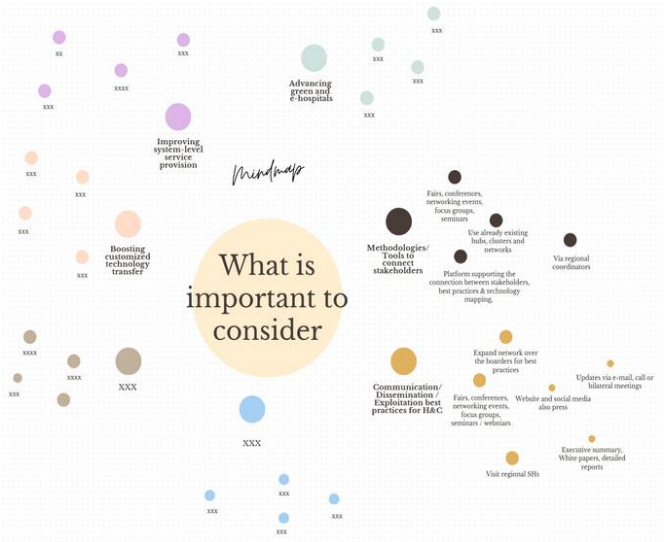
D1.2.1 - Final version of implementation paper D1.2.1 (reviewed by PPs)	21.02.2025	R: BVF/PP6; A: All PPs
D1.2.1 - Be ready to present 1 Solution Supplier + have at least 2 templates on 2 different H&C outcomes filled in & uploaded on the Google Drive/ per partner → Feedback loop: potential update on the template to gather Solution Suppliers.	PPs meeting 14.03.2025	R: BVF/PP6; A: all PPs; C: Observers (especially Pilot observers)
D1.2.1 - Engage stakeholders to bring at least 1 Solution Suppliers/ Use Cases within your 2nd Town hall	10-31st March	R: BVF/PP6; A: all PPs; C: Observers (especially Pilot observers)
D1.1.2 - Report on outcome of Health & Care System analysis (90+ interviews, 18 Regional multi-actor town halls & 9 Focus Groups)	30.04.2025	R: LGA/PP3; A: All PPs
D1.1.1 – Co-Create Capacity Building, Multi Actor Approach Transfer Toolkit issued	30.06.2025	R: CUAS/PP4, A: All PPs; I: all stakeholders interested included Observers.
D1.2.1 - Gather min 10 Solution Suppliers/ Use Cases from min 10 different organisations per partner (total of 90+ Use cases collected + fill in min 10 template/PP) + search regional databases/ networks to disseminate the stories and add it to the canva board.	30.06.2025	R: BVF/PP6; A: all PPs; C: Observers (especially Pilot observers)
D1.2.1 written draft ready for PPs review	30.07.2025	R: BVF/PP6; A: all PPs
D1.2.1 - E-Book structure established	30.08.2025*	R: ProMIS/LP1; A: All PPs;
D1.3.1 – Exploitation Communities established by each PP	30.09.2025	R: BIOPRO/PP7 & PAT/PP2, A: All PPs, C: Observers, I: uptake communities
D1.2.1 officially issued (reviewed by the PPs)	PPs Meeting 10.09.2025	R: BVF/PP6; A: all PPs; C: Observers (especially Pilot observers)
D1.2.1 - E-book publicly issued and spread by all PPs + to EUSALP working groups	30.10.2025*	R: ProMIS/LP1; A: All PPs; I: all stakeholders interested included Observers.

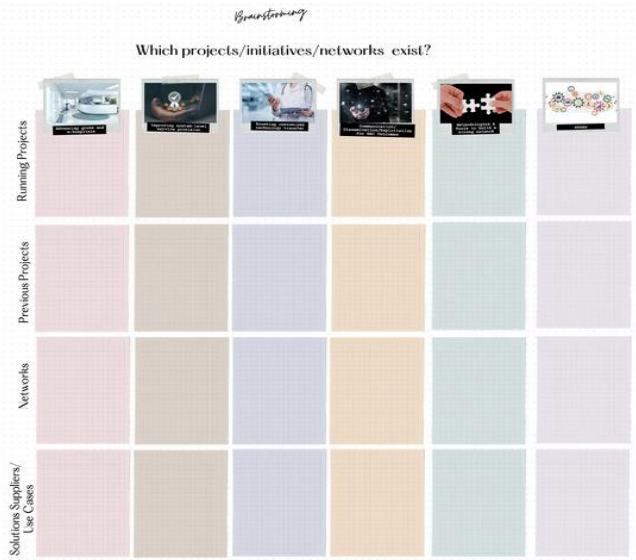
*These are only indicative dates as LP1/ProMIS (lead on Comms') is in charge of delivering the e-book by the end of period 3.

8. Annex

8.1. Annex 1 - Networks & Initiatives mapping

This Canva enable the PPs to map existing networks and parallel initiatives (local, regional, EU) to enable the spread of the e-book when created.





8.2. Annex 2 - Template to map 90+ Solution Suppliers

Administrative information	
Name of the PP who fill in this template	
Title of Solution Supplier	
Starting date	
End date or expected end date	
Webpage for original content (URL)	
How much are you connected to this Solution Supplier?	Local zone – you or your observers are directly linked to the initiative (as PP, as participant in project's activities, as associated partner etc.) Expansion zone – you are not yet connected to this initiative

How did you learn about this Solution Supplier?	
Relevancy for HACK-IT-NET - how you, as a PP intend to connect with or bring that knowledge to the partnership (i.e. the company will be invited to join the regional events, or invited to present at the PP meeting, or will be visited on the study visit etc.)	☐Connected to the Advisory board (Pilot or strategic observers) ☐Uptake and link to EUSALP working groups ☐Regional multi-actor Town Hall (A1.1) ☐Focus Groups (A1.1) ☐HackITAthons (A1.3) ☐Pilot CAREavan (WP2) ☐Pilot STEMlab (WP2) ☐Pilot PolicyParley (WP2) ☐External events (e.g. EU week of Regions & Cities) ☐Social media & press releases ☐Pilot Open Innovation Days (A2.3) ☐Taking part of the HACK-IT-Network (1.3) ☐Partner meetings ☐Exploitation workshops (A2.3) & Exploitation in Practice Workshops (A3.3) ☐Capitalization plan (A3.1) - Memorandum of Understanding from 18+ AS regions (priority on PP territories + 9 Pilot Expansion Regions) ☐Lasting Lighthouse Projects (A3.2) ☐Policy briefs (A3.2) + feedback to improve strategic positioning of Network & Tools for sustainable use. ☐Alpine Health & Care Innovation Transfer Forum (A3.3), alongside EUSALP Presidency Prep in IT (M36, LP1/PP2). ☐Final public conference. (Led by PP2, RP6 delivery, A3.2 & A3.3) ☐Other, please specify: .....
Information on the solution receiver - Demand side/Organisation that faced H&C challenges and implemented innovative solutions to cope with them.	

Organisation's name	
Type of organisation	Wählen Sie ein Element aus.
	If Others, please specify:……
Country	
City	
Short organisation description/ especially main activities	Insert here the main activities the organisation performs
More case studies from this organisation or company	Insert here organisation webpage for good practices or case studies (if exist)
Information on the solution provider - Supply side/organisation supporting/providing the solution	
Organisation's name	
Type of organisation	Wählen Sie ein Element aus.
	If Others, please specify:……
Country	
City	
Short organisation description/ especially main activities	Insert here the main activities the organisation performs
More case studies from this organisation or company	Insert here organisation webpage for good practices or case studies (if exist)
Information on the Solution Supplier collected/ Use case	
H&C Outcome addressed	☐ advancing green and e-hospitals – main focus for CAREavan ☐improving system-level service provision – main focus for PolicyParley

	☐boosting customized technology transfer – main focus for STEMlab
H&C Challenges addressed (refer to D1.1.2 for definitions and specifications)	☐WFC - Workforce Challenges ☐AI - Accessibility and Infrastructure ☐DC - Demographic Challenges ☐DI - Digitalization and Innovation ☐EFS - Economic and Financial Sustainability ☐PP - Preventive and Promotive Health and Care ☐SD - Specialization and Decentralization ☐APC - Administrative and Promotive Challenges
Description of the H&C challenge addressed, please describe: - The initial situation - The challenge faced	
Main results Summary, please describe: - how the solution was planned and then implemented - Consequences and tangible results on the organisation - Potential transferability to further organisations	

Scope	Wählen Sie ein Element aus. If Other, please specify:
Language for original content	
Was/were any third parties involved in the facilitation of the Solution supplier (i.e. a BSO or DIH which brokered the relationship)?	
Type of funding	☐Private ☐Public ☐Private-public ☐Crowdfunding ☐EU program ☐Other
Name of the funding	
Images (1 or 2) to illustrate the Solution Supplier mapped	

9. Acronym List

Acronym	Word/Phrase
AB	Advisory Board
AF	Application Form
AS	Alpine Space
H&C	Health & Care
LP	Lead Partner
PP	Project Partner
RACI	Responsible, Accountable, Consulted, Informed
WP	Work Package
WS	Work Stream