

Summary of the commitments

Updated version of the summary of commitments for the Specific Action A2: “Personalized health management, starting with a Falls Prevention Initiative” of the European Innovation Partnership on Active and Healthy Ageing



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Organisation name	1. Medical Delta
Your organisation and core activities	Medical Delta is located in the South Holland province and is one of the most densely populated and industrialised areas in the world. Medical Delta comprises all stakeholders needed for healthcare and societal innovation: 3 universities, 2 university hospitals, 5 tertiary medical teaching hospitals, 4 universities for professional education, primary and community care networks, nursing homes, industry (more than 300 relevant SME's and MNE's), healthcare insurers, patient organisations, government, registration authorities and investors. Core activities include healthcare provision, education, research and development as well as commercialisation. Specific site activities comprise community based co-creation, implementation, evaluation (incl. feasibility, acceptability, effectiveness, cost effectiveness and business modelling) and monitoring.
Initiative name	Medical Delta
Executive Summary	We are an extensive regional multidisciplinary geriatric network and committed to objectives of the AHA initiative. Medical delta is dedicated to develop innovative tools for screening of risk factors, assessment tools, evidence based standards and best practice guidelines for falls prevention. The fall prevention program of Medical Delta is based on an integrated approach which include prevention, detection (identification of risk factors), diagnosis, multi-factorial intervention and monitoring. Currently, there are various projects which aim deploy, pilot and evaluate a range of innovative ICT solutions for fall detection and prevention management. The platform will be flexibly configured to the needs of specific target groups and risk factors associated with fall incidents. Based on the iVitality integrated platform: (a)End-users will enjoy tailored fall technological solutions, while (b) Medical experts and health professionals will be offered a wide range of tools, enabling them to customize fall solutions to the end-users' needs. The effectiveness of the solutions will be tested by over 500 elderly users/ patients across different countries, cultures, age groups and fall risk factors. From a policy perspective, the project will elicit best practices for tailoring fall management solutions to specific risk factors, root causes and users' (fallers') needs where older citizen are the co-designers of their own health.
Scope of implementation	Regional level
Key activities	Direct contribution: activities are performed in community based living labs in the cities of Delft (14.000*), Leiden (10.000*), Rotterdam (13.000*) and The Hague (50.000*) all located within a radius of 14 km. Target population is elderly with and without chronic conditions in the community and at work. *inhabitants in living lab area.
Key milestones and indicators	· Preparation phase month 1-6 · Research & Development (iterative cycles) phase month 7-16 · Evaluation phase month 17-20 · Regional implementation phase 18-24 · KPI's: infrastructure complete, number end-users involved, productive interactions, reduction in falls of elder persons, estimated cost reduction.
Sufficient resources	Approx. 200 Fte (incl. healthcare professionals) are dedicated to the program. Eventually a project volume of roughly 10 million euro's is envisaged both from public and private funding (from which is about 50% in-kind contribution: depending on partner).
Advocacy	Medical delta will disseminate the results on its website, through leaflets, posters, newsletters, and media campaigns incl. press releases. A dedicated website will be established, allowing permanent and up-to-date access to public information and results. This will be regularly updated with information from each partner. A private area of the website will be used to disseminate privacy sensitive work within the consortium. Besides the projects partners will include in their own websites updated information about the initiative. Also regular publication in other related websites will be pursued. Electronic newsletter and RSSs: Periodic electronic version of leaflets providing information on more relevant facts and results, information on partners and collaboration is also planned. When addressing the scientific community, project results will be presented through the publication of papers in important scientific conferences, workshops and journals.
Innovative element	The proposed paradigm comprises a transition: from primary mono- to multi-disciplinary care provision; better alignment of institutional

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	and community care as well as professional and informal care. We use an integral approach from a medical, technological and social perspective. In combination with existing and innovative products (pharmaceuticals and devices), tools (software), services (both public and private) and processes (self-management oriented healthcare innovation). Approach: 1) mapping of Best practice case examples ie the discovery and examination of several areas that have successfully used a more community-based approach to healthcare innovation than traditional policy and practice; 2) development of a series of business models based on best practices which are scalable and transferable ie using local examples to see what works and what still needs further improvement, we will design and develop an ideal; 3) formulating design rules for a co-creation infrastructure.
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Organisation name	2. RECIISqueda - Católica Porto
Your organisation and core activities	ICS is the Faculty of the Portuguese Catholic University that is dedicated to teaching (undergraduate and postgraduate), health research and nursing care: Nursing, Palliative Care, Wound & Tissue Viability, Quality Management in Health, Occupational Health, Control of infection Associated with the Provision of Health Care and Health and Geriatric Care. This faculty is located in two different campi, in Lisbon and in Porto. As part of the Catholic University connection and support to charities linked or not to the church is significant, particularly in the north.
Initiative name	RECIISqueda - Rede de Cooperação das Irmandades e Instituições de Solidariedade – Prevenção de quedas
Executive Summary	Our main objective is to use a network of charities already in development to implement some actions of falls prevention in two strands: teaching/formation and remote assistance. The about 400 charities in the North, that are more immediate adherents, are, most institutionalized elderly. The falls are a serious problem for these institutions where dementia becomes an increasingly aggravating factor
Scope of implementation	Regional level
Key activities	Regions: Minho-Lima Cávado Ave Grande Porto Tâmega Entre Douro e Vouga Douro Alto Trás-os-Montes
key milestones and indicators	Indicator: amount of people Baseline: nil Target value: 200 people by year
sufficient resources	The contribution of resources will be initially granted for free in the institutions involved taking into account their possibilities. Greater input and responsibility rests with the Catholic University and the Santa Casa da Misericórdia do Porto who have been the promoters and now provide both human resources and space. Both institutions have qualified people in areas of immediate intervention.
Advocacy	The motivational strategy is already underway and has gained membership of those who are aware of it either through their internal communication networks of the institutions or through more or less extended meetings that have been made.
Innovative element	An integrated system of provision of training, care and remote monitoring of such services is an innovation in Portugal. The network of institutions that have a closer relationship than the actual primary care services, will promote this innovation.
Inclusiveness and Partnership (part 1)c	The Catholic University in particular through the care and nursing education and post graduate (the unique institution in Portugal who has this integrated complete cycle) already has relationship with hospitals and institutions for the elderly in Porto in the provision of services, particularly in this area.
Key activities	Regions: Minho-Lima Cávado Ave Grande Porto Tâmega Entre Douro e Vouga Douro Alto Trás-os-Montes
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Organisation name	3. Fall Competence Center - Fraunhofer Portugal - AICOS
Your organisation and core activities	The Fraunhofer Portugal Research Center for Assistive Information and Communication Solutions (Fraunhofer AICOS) was created with the purpose of enhancing people’s living standards by offering them technology solutions. Located in Porto, Fraunhofer AICOS started its activities in May 2008 as a joint project between the Fraunhofer-Gesellschaft and the University of Porto. Fraunhofer AICOS focuses its activities in the areas of Ambient Assisted Living and ICT4D, working with companies interested in outsourcing/co-developing their applied research projects by offering them specialized competences. Within these broadly defined Activity Areas, Fraunhofer AICOS has been giving priority to the following Scientific Areas: Human-Computer Interaction, Information Processing and Autonomic Computing. The following Application Areas in terms of priority industry sectors: Care, Well-Being & Inclusion, Mobile Solutions for Developing Countries, Multimedia & Content, Environment & Energy Awareness.
Initiative name	FCC - Fall Competence Center
Executive Summary	The FCC intends to bring together experts from the different relevant fields, as Medicine, Physics, Electronics, Mathematics, Information and Communication Technologies, and Human-Computer Interaction, that will be able to address all fall related aspects in order to develop knowledge and solutions that will be able to get transferred and applied in valuable products. As these solutions are intended to be used in an unsupervised manner by the end user during his/her everyday life, portable, easy-to-use, aesthetic and accessible systems with multiple features (e.g. inertial sensors, memory and processing capacity, interface screen, information transmission possibilities) are required. Therefore, the developed solutions will be based on smartphones as main platform. The popularity of mobile phones is likely to continuously increase in the near future due to decreasing prices, thus projecting an overall acceptance regarding it as a fall detection/prevention platform. Specifically, older persons can effectively use these devices if interaction techniques are specifically designed and adapted to this target group. As older persons experience some age-related changes, such as slower processing of spatial, verbal and visual information, interfaces for this group must be carefully designed. The FCC intends to address three main fall causes: 1. Falls related to age or illness; 2. Falls related to self-conducted activities; and 3. Falls related to external impacts.
Scope of implementation	Multinational level
Key activities	Although falls affect a large portion of individuals of different ages, the social-economic impact is more significant in the elderly. The number of persons over 60 years was estimated to be 688 million in 2006 and expected to grow to almost 2 billion by 2050. Due to aging, the elder becomes frailer and more susceptible to injuries than younger people. An injurious fall refers to a fall resulting in a fracture or soft tissue damage that requires treatment. International rates of injurious falls range from 0.55 to 1.00 per person-year. Hip fractures are probably the most feared fall-related injury. After such an event, approximately half of the assisted elders cannot return home or live independently and 20% die within a year after the fracture. By applying tests for fall prediction - as those used by physicians - to smartphones, we will actively contribute to the mass spread of fall prevention awareness and thus reduce the rates of injurious falls and related negative outcomes.
Key milestones and indicators	M1.1 Literature review and target group identification - M2 Review fall risk and fall detection state of the art techniques and methodologies regarding the current commercial products and scientific literature. The main objective of this milestone is to specify the research paths, in order to produce robust and stable solutions adapted to smartphone environments. M2.1 Study of HW and software environment - M4 The analysis and test of current smartphone HW and SW, suitable for use in the project, is the main objective of this activity. M3.1 State of the art analysis and economic impact - M6 The main goal of this activity is to study the social economic impact of the developed solutions. M4.1 Prototype - M27 Define usage scenarios and specify the required system features are specified of the system to be developed. After the architecture specification, an iterative implementation and testing of the fall risk analysis algorithm will also be developed.
Sufficient resources	The following proposal will help to create 18 new research positions for students and researchers at Fraunhofer Portugal AICOS and, due to

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	its international background, will also attract experts from outside of Portugal. The goals of the proposal have been endorsed by a number of leading international research organizations in the field, such as Fraunhofer IDMT, University of Limerick (UL) and Universitat Politècnica de Catalunya. The project mobilizes 3 international entities among scientific and technological institutions and universities, with a total of 600 person-month and 1 MEuros budget. The validation process will include the acquisition of a SMART-D 300 (66 kEuros) for analyzing during the trials of the users' movements. The mentioned material will be available to other R&D institutions. Several meetings are planned to discuss the project progress and also to present to other relevant parties the project objectives.
Advocacy	The project will motivate other relevant parties through a continuous process of dissemination of the scientific results achieved along the project and. As a consequence of the research activities developed within the project, a set of papers will be submitted to national and international conferences; the most relevant results will be submitted for publication in international journals. The main results of this task will be the management of the project, the publication of its results in main conferences and journals of the area as the: • AAL Forum 2012 • HIMSS 2013 • AAL Forum 2013 • HIMSS 2014 • pHealth 2014 • AAL Forum 2014 • IEEE Healthcomm 2013 • IEEE Healthcomm 2014 • IEEE Healthcomm 2013 • IEEE Healthcomm 2014 • Age and Ageing, Oxford Journal • The Journal of Gerontology: Series A • Journal of Biomechanics
Innovative element	The Fall Competence Center (FCC) proposes to investigate in depth all fall related aspects, including activity monitoring, in order to develop knowledge and viable solutions based on the use of smartphones for the everyday life of specific groups, which will be able to get transferred and applied in valuable products. One of the innovative elements for the proposed project is the development of a market ready solution for the early prevention of falls using a smartphone as the main platform. The integration of compatible tests for fall prediction, similar to the ones used by physicians, to smartphones enables the use of the specific functionalities of such devices, as the compass and/or accelerometer. The development of a record of the results, accessible to both users and doctors, and the development of real world trials targeted at specific groups of users are also objectives of this solution that will be able to serve hundreds of millions of users in their daily life.

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Organisation name	4. PrevFalls-Biscay - Provincial Government of Biscay/Diputación Foral de Bizkaia & University of Deusto (DFB-UD)
Your organisation and core activities	The Provincial Government of Biscay (PGB) is the Regional Administration with exclusive political competence in several areas (e.g. Social Action) in the territory. The Social Action Department (SAD) is a member of the European Social Network and is responsible for the management and direction of projects aimed at improving the living conditions of the older population and promoting active ageing. The PGB offers a wide range of programs and services to meet the needs and demands of this group. Its strategic direction is reflected in the Manifesto for active ageing in Biscay (2007) and in the Action Plan for active ageing 2010-2012. In order to achieve these goals, the SAD collaborates with several Third Sector organisations dedicated to protection of older people. The Action Plan for 2011-2016 (Biscay 21) responds to the European Strategy for Sustainable Development and is structured around the 10 Aalborg commitments; its 34 topics and 93 goals to be achieved by 332 actions.
Initiative name	PrevFalls-Biscay - Fall Prevention for the Elderly in Biscay
Executive Summary	The Provincial Government of Biscay (PGB) assembles a large number of key actors with whom it currently works (e.g. professionals, seniors, families and caregivers, technology providers, service companies, universities and public authorities). Together, they will be able to make major contributions to the areas of diagnosis and prevention of falls. PGB has committed to develop and coordinate a network of agents to produce a fall prevention guide focused on various older people environments. Working groups will be established with the purpose of sharing knowledge, identifying best practices, developing procedures and products. Designing the guide and piloting the project to verify its impact will be their endeavour. (Tecnalia will deploy and evaluate ICT-based solutions to provide continuous analysis related to the effective fall risks faced by the elderly at home and aiming to detect falls, rise-fall alerts, to identify and manage those at fall risk, and to prevent falls). To fulfil this commitment, there will be a strong focus on innovation in the sector organizations; business models and innovative services will be crafted. PGB has pledged to address these challenges since the action proposed is based on work already being implemented in coordination with the aforementioned agents (e.g. incorporating new technologies to promote healthy lifestyles; researching products such as exergames, mobile phone solutions; and implementing new services such as sheltered housing).
Scope of implementation	Regional level
Key activities	The main outcome of the commitment presented here is a guide for preventing falls which will be implemented in different contexts and situations of the elderly. The guide will have a clear, direct and positive impact via its implementation in 112 municipalities of Biscay in which there are 150 nursing homes with almost 100,000 places; 1800 places in day care centres; an approximate 14.000 users of telecare service; over 150 socio-sanitary places and home care service provides servicing more than 20.000 people. The implementation of this guide will also have a positive impact in the +65 year old population who will be reached mainly through training institutions for the elderly in Biscay. In addition, this project will allow us to identify other agents (at the local, regional, national and European levels) with which it is necessary to collaborate; to share best practices and new ideas or solutions focused on fall detection and prevention.
Key milestones and indicators	June 2012: Setting-up working groups with stakeholders identified by the members of the MOU. Mapping existing bottlenecks in Biscay. Indicator: Number of agents and groups. 1 Report September-December 2012: Gathering and sharing procedures, tools, products, programmes and good practices in fall prevention carried out by different actors. Drafting the Report. Search for funding if necessary. Indicator: Report January to March 2013: Discussing and defining an implementation model adapted to each specific environmental need and situation of the elderly. Developing an Action Guide for the prevention of falls that accounts for factors regarding sustainability, innovation, and industrial competitiveness. Indicator: Fall Prevention Guide April 2013-March 2014: Implementing, evaluating and monitoring as a pilot project. Indicator: Number of agents and professionals that implement the Guide, and number of elder participants
Sufficient resources	Financial-Human resources: 6 Persons responsible for the guide's coordination, data collection from 100 professional implementers and

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	<p>municipality officials. Interdisciplinary team Deusto (3 PhDs) and Tecnalia (2 PhDs and 2 engineers). Several EU programs available for funding (CIP ICT-PSP, AAL, INTERREG, EUROSTARS) and existing funding through social innovation project Bizkailab. Availability of Infrastructure, etc.: Services provided by the PGB (nursing homes, day care centres, associations for the elderly, etc.), spaces for meetings provided by The University of Deusto. Tecnalia offers facilities with cutting-edge equipment, providing an ideal environment for usability trials and under realistic conditions, observing daily tasks to identify needs and carry out psychological tests. Organisation of meetings, etc.: Tecnalia is very active in networking, through their participation in the EIP AHA, being this one of the main arena for dissemination in conferences, publications, etc.</p>
Advocacy	<p>In reference to the motivation of the various actors, previous initiatives with similar characteristics have been well accepted and supported with great interest by the different stakeholders. The Action will begin with the definition of the implicated agents; their recruitment and training regarding the purposes of this project. The evolution of the project will create knowledge transfers between the agents involved; furthermore, it contemplates the possibility of developing training courses for each of the agents in order to improve their understanding of the benefits of proactively preventing the risk factors of falls. This shall promote the representativeness of the agents participating and an easier transfer of knowledge. In addition, the outcomes of the project will be released to society through discussion forums and through the media. Finally, dissemination efforts will be made in conferences and publications.</p>

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Organisation name	5. MRC-ARUK Centre for Musculoskeletal Ageing Research
Your organisation and core activities	The Centre for Musculoskeletal Ageing Research carries out research at two leading UK Universities, Birmingham and Nottingham, together with their associated NHS hospital trusts. The Centre’s over-arching research aim is to understand how ageing results in loss of musculoskeletal function and to use this knowledge to intervene and minimise age-related musculoskeletal decline and physical frailty. The major focus of these interventions will be exercise and diet. The key research questions to be addressed by the Centre can be divided into three main groupings: 1. What are the key factors driving ageing of the component tissues of the musculoskeletal system? 2. Assessment of interventions (exercise and diet) to improve musculoskeletal function in old age. 3. Overcoming barriers to adoption of lifestyle changes. Identifying psychological and practical barriers to increased physical activity or weight loss in older adults is a key question addressed by the Centre.
Initiative name	CMAR - MRC-ARUK Centre for Musculoskeletal Ageing Research
Executive Summary	The Centre will carry out intervention studies in older adults to improve musculoskeletal function and thus help in falls prevention and will include: 1. Assessing the efficacy of different diet and exercise regimes. 2. Developing interventions and different motivational approaches delivery styles that will improve adherence to these protocols in older volunteers. 3. Integrating a significant level of basic research into the effect of ageing on the musculoskeletal system, with scientists and clinicians able to translate this information into novel pharmacological interventions. 4. Studies in patients who have already fallen and fractured a hip to determine how best to improve their recover and prevent further frailty. The Centre also has the capacity to deliver and validate its interventions in a range of different community and NHS settings with a population of diverse ethnicity. It has access to a population base of almost 7 million adults and has a large falls clinic.
Scope of implementation	Multinational level
Key activities	Our contribution will be indirect as we carry out research and test interventions to improve musculoskeletal health and thus prevent falls happening in this way.
Key milestones and indicators	1. Gain funding for the testing of different delivery modes for exercise routines in the pre-frail and frail elderly. Indicator is sufficient funds to carry out the trial. Cost approximately £350,000. Target date early 2015. 2. Gain funding for dietary intervention studies. Target is £1.2 million for two studies. Target date for completion of studies 2016. 3. Carry out studies of how to motivate older adults to increase physical activity. Target date for completion 2015. 4. Work with policy influencers and health care providers to try and disseminate findings on benefits of exercise for older adults. Unlikely to happen by 2015.
Sufficient resources	Cost for research will be approximately 4 million euros but this has not been secured. We have secured £2.5m to set up the centre infrastructure. Staff required approximately 10 researchers, 6 already funded and 4 that will be paid for by the 4m euros to be secured. Knowledge is already present in the Centre for diet and exercise interventions and we have in kind commitment for provision of exercise videos and access to care homes as well as provision of dietary supplements. AgeUK have pledged to help with advocacy and we have some funds for networking etc.
Advocacy	Advocacy is mainly through the help of AgeUK, the major charity in UK working on older people's issues. Both universities involved also have extensive press departments and can help with access to politicians etc.

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Organisation name	6. Ageing@Coimbra - University of Coimbra
Your organisation and core activities	Founded in 1290, the University of Coimbra (UC) stands as a full school with 8 faculties, 23000 students (approx. 100 PhDs/year), 2000 faculty members and researchers, more than 150 R&D units, mainly in Healthcare, Biotechnology, Robotics & Automation Control, Materials and Information and Communication Technologies. The University stands as the most international university of Portugal, counting around 3000 students from 60 different countries from all continents. Since the 90's the University has supported and invested in facilities and resources to promote innovation and creation of spin-offs. The foundation of the incubator IPN (Instituto Pedro Nunes) in 1991, was crucial for supporting a large number of newborn technology based companies, some of which are today global established international corporations. In 2003 the UC created the Knowledge Transfer Office (DITS.UC) to collaborate with other educational institutions, business, industry and international community.
Initiative name	Ageing@Coimbra
Executive Summary	Coimbra is a reference region for Health in Portugal, owing to excellence of Research, Innovation and Care. The economic power of the Health sector in Coimbra is supported by Hospitals (University of Coimbra Hospitals); Private Clinics; UC (Faculties of Medicine, Science and Technology, Sport Sciences, Pharmacy; Interdisciplinary Research Institute - III); Research Units (Center for Neuroscience and Cell Biology- CNC/UC, Center for Social Studies, Biomedical Institute for Research on Light and Image-Association); Biomedical Law Institute, Technology Transfer and Innovation campus (BIOCANT, IPN) and Municipalities (Coimbra, Mealhada, Cantanhede). The goals of Ageing@Coimbra are supported by key strategic actions to improve the quality of life of elderly people (patient organizations and social networks), to improve early diagnosis of diseases (neurodegenerative diseases, epilepsy, cardiovascular and diabetes), and remote detection of life threatening events, such as epileptic seizures, cardiovascular failure and falls. Stakeholders are and will continue to promote articulated actions to comply with the goals of Ageing@Coimbra, under the coordination of UC, affiliated research units and spin-off companies. Strategic programs and initiatives are integrated in regional innovation ecosystems, DHMS (Healthcare and Medical Solutions Development program), Willuso (wellbeing program involving thermal facilities), amongst others.
Scope of implementation	Regional level
Key activities	Direct contributions towards deliverables will be accessed by the increase number of proprietary products for early diagnosis of diseases and remote detection of life threatening events. It is expected that by 2020, 4000 people will be enrolled in the proposed networks, with 10% adherence to the program. Indirect contributions towards the efficiency of the program will be evaluated by interviews to the target population and their relatives, as well as by reports from healthcare professionals. The interdisciplinary team at UC will ensure design, implementation and data interpretation of the program. Close interaction with spin-off companies with remote monitoring and alertness technologies will boost the outcome of the project. The involvement of institutions from municipalities will facilitate the engagement of people and logistics of the program.
Key milestones and indicators	Indicators and milestones of progress for the proposed activities: -Engagement of extra-university stakeholders in the project (2013); - Remote detection of epileptic seizures (2014); -Remote detection of cardiovascular function (2015); -Remote detection of falls (2015); - Development of a social network of friends of Ageing@Coimbra (2012). Key stakeholders are already developing solutions for remote monitoring of health status and alert of life threatening events. It is expected that the engagement of the target population in Ageing@Coimbra will be facilitated by the UC's network of interdisciplinary research groups and by the close interaction with clinicians from regional Hospitals.

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Sufficient resources	The project relies on a network of stakeholders, under the coordination of UC (operated by the functional axis FMUC-III-DITS-regional Hospitals), involving more than 1000 researchers. Diverse scientific background, research results, infrastructures and materials are available for advancing innovation in fundamental and translational research. Biomed 3 and INOVC are the most relevant projects. Biomed 3 will be constructed in close connection to the regional Hospital (one of the largest in Europe), with a focus on healthy ageing and regenerative medicine. This project involves 300 researchers and will be finalized by 2015, with an estimated budget of €15M. INOVC comprises more than 300 regional innovation and entrepreneurship agents, including Health and Biotech, with a total budget of €54M by 2013. Awareness for the importance of remote detection of life threatening events will be accomplished by a strong networking between the medical community, patients and their relatives.
Advocacy	UC will actively establish constructive and pragmatic relationships to improve communication and cooperation between existing partnerships among stakeholders and other potential interested parties. In order to include more partners, R&D, innovation, development and/or commercialization funding for technologies will be fostered and good practices and results will be shared. Dissemination of information foreseen within the project will be facilitated by the Ecosystem of Innovation INOVC Portal. Moreover, relationships with municipalities and regional agencies for public presentations will be encouraged. Letters of support will complement the existing consortia joining the major stakeholders committed to strategic projects and programs towards a healthier society.
Innovative element	UC is engaged in promoting cooperation and launching partnership projects in the Healthcare sector between companies, organizations and public entities in the Region. It is a goal of INOVC, a strategic innovative program involving UC, to place the Region in the top 100 European Innovative Regions by 2017 (Regional Innovation Scoreboard). The innovative environment joining academia, health sector and private technology-based companies will contribute to innovation, generating patents and products with market added value. Innovative actions will aim at developing solutions for early diagnosis and remote detection of life threatening events, such as epileptic seizures, cardiovascular failure and falls. UC has also developed and licensed a program for early prediction of epilepsy seizures.

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Organisation name	7. European RCT on Falls Risk Assessment -TRIL Centre (Technology Research for Independent Living) – Trinity College Dublin
Your organisation and core activities	TRIL investigates the physical, social and cognitive consequences of ageing and develops technologies to address them. TRIL carries out scientific ageing research that informs person-centred technology development and models of care that promote independent living, by predicting health status and preventing decline in older people. TRIL is an active collaboration between researchers in academic, clinical and industry settings. Operating as a virtual centre with researchers based in TCD, UCD and Intel, it tackles the problems associated with demographic ageing. TRIL harnesses multidisciplinary ageing research, clinical expertise and enabling technology development and evaluation to support Independent living. TRIL has developed a novel bio-psycho-social cohort data-set & technology platforms to support its researchers. TRIL enables translation of hospital and lab based research to the home and community to drive the development of new models of care to support independent living.
Initiative name	European RCT on Falls Risk Assessment
Executive Summary	The TRIL Centre proposes to lead a Randomised Control Trial (RCT) on Falls Risk Assessment methods and technologies across Europe. TRIL has significant expertise and knowhow on novel methods and technologies to appropriately complete Falls Risk Assessments on community dwelling older people. Due to current resource pressures on healthcare systems across Europe it is extremely important to ensure that all interventions and resources are targeted at the cohort that are most at need, this is of course true of all Falls Prevention Programmes. To identify those at risk of falling it was important to investigate novel methods and technologies that could offer more accurate classifications of falls risk resulting in more targeted interventions. TRIL has developed technologies and methods built on traditional physical functional assessments, utilising sensor technology to instrument the assessment, resulting in a series of data points that allow for objective quantification of Falls Risk versus single data point (temporal) or subjective measures. TRIL proposes a multi-site RCT of these methods that will investigate the validity and accuracy of the assessment in a pan European model as well as analyse resultant healthcare utilisation and follow-up assessment of participants who were screened using the technology versus traditional falls risk assessment and follow up methods. A projected RCT of 1200-1500 participants across 4-5 sites would be recruited into the 3 year study.
Scope of implementation	Multinational level
Key activities	The proposed commitment aims to undertake a multi-site RCT involving 5 countries which represents half of the target (10) set out in the specific action, that will aim to validate a novel technology and methodology for falls risk assessment.
Any other activity	Prof Rose Anne Kenny co-chaired the American Geriatric Society/British Geriatric Society Taskforce on Falls Prevention 2001 & 2010 and is an active contributor to ProFANE, the Prevention of Falls Network Europe.
key milestones and indicators	The commitment will last 3 years with high-level milestones outlined below: Year 1 - Staffing, training, discovery & planning Recruitment / screening of cohort (750) Year 2 - Continue Recruitment / screening of cohort (750) Commence follow up assessment Year 3 - Complete follow up assessment Full analysis, writeup and publication.
sufficient resources	Funding for the proposed commitment has not been secured and would include: 1.) Programme Management/Governance structures for the commitment 2.) 3 Clinic staff per site 3.) 0.5 Technical staff per site 4.) Equipment 5 sets * 5 sites (25 units) 5.) Transport cost for assessment staff Full consortium of partners in multiple sites needs to be obtained.
Advocacy	The proposed commitment aims to carry out a large-scale RCT of novel Falls Risk Assessment technologies. This would be an attractive opportunity for a clinical partner to participate in a ground breaking trial that could result in a major improvement in Falls Risk

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	<p>Assessment. The proposed commitment blends Health & ICT together and demonstrates advancement in both fields and a good example of healthcare service innovation. This is an attractive and interesting project to healthcare providers, policy organisation, industry, patient organisations, research community and finally the general public. We aim to specifically: Raise awareness of activity and share outcomes and findings at events and fora that represent each of the aforementioned groups. Establish online presence for the commitment. Create linkage with site local clinical & patient advocacy organisations. Seek media coverage. Publish all relevant findings from the commitment.</p>
Innovative element	<p>Traditional approaches to assessing physical function in older people have used a stop watch to measure time taken to complete an assessment. Although more sophisticated Gait assessment technologies exist they are costly, not mobile and therefore not suitable for community or home assessment. The methods and technologies that will be deployed as part of the RCT are built on good clinical knowhow and falls risk assessment techniques, though the technology utilises sensor technology that does not undermine the validity of the assessment but offers a comprehensive insight and detailed picture into the actual performance of an individual. By objectively quantifying the assessment it improves the analysis and allows for more appropriate and tailored intervention for the individual. The technology platform is mobile and is relatively inexpensive allowing for comprehensive falls risk assessment outside of clinical settings.</p>

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Organisation name	8. NOFalls - Life Supporting Technologies – Universidad Politécnica de Madrid
Your organisation and core activities	LifeSTech group is part of the Universidad Politecnica de Madrid one of the largest universities in Europe, which conducts leading technological research in multiple fields. LifeSTech activities are devoted to the design, development and evaluation of ICT based services and applications, for the creation and promotion of new ideas, methods and technological solutions throughout the value chain of different organizations to improve the quality of life of the citizens in the scope of e-health and e-inclusion. The main group skills include consultancy, design, development and evaluation of ICT, Ambient Intelligence, Technological Architecture, Business Process Engineering, and System Development and Integration which at the end contribute to improve independent living of the elderly and people with disabilities. The aim is to build products and services that are developed with the focus on the users and their goals, using design for all principles and user-centered design methodologies.
Initiative name	NOFalls - Network Of Actors for Falls prevention
Executive Summary	This commitment aims at contributing to the establishment of a solid network of expertise in Europe focused in the development and adaptation of guidelines and best practice sharing in falls detection and prevention. Current solutions of the market do not fit with real stakeholders’ needs: on one hand, current fall detection solutions have a low acceptance and usability by the user, and most of them lack from reliability. On other hand, it is difficult to find customized fall preventive solutions available in the market. Besides, there is a gap between existent policies and recommendations for fall prevention and current health service delivery. This commitment will aim at researching, analysing and proposing new ICT based-services, guidelines and best practices for fall prevention and detection. Emphasis will be given to open interoperable solutions. More specifically, this commitment will establish an operational and validated programme for falls detection and prevention to bring together local and regional stakeholders across the EU, starting with the Spanish region of Madrid.
Scope of implementation	Multinational level
Key activities	<ul style="list-style-type: none"> - Launch of a website and virtual forum about innovative solutions for fall detection and prevention, inviting partners to join the action. - Small group of actors in Madrid region start working towards the Action deliverable. - Consortium develops common work plan and start campaign to recruit local/regional actors to join the Action. - Develop common guidelines to facilitate scaling up of innovative solutions related to fall detection and prevention across the EU. - Authorities from Madrid region organising regional, national and international workshops. - Develop a roadmap of ICT products and services for fall detection and prevention.
Key milestones and indicators	<ul style="list-style-type: none"> - Mid 2013: Comprehensive common guidelines for innovation in fall detection and prevention ready and agreed as basis for local/regional actors to join the Action - End 2013: Regional event to be organised by Madrid region authorities on proposed Action - End 2014: 10 regions and 8 European countries join the Action - Mid 2015: International event for dissemination of Action advances and future steps - End 2015: 15 regions of at least 10 European countries join the Action - End 2015: Roadmap on solutions for fall prevention and detection
Sufficient resources	Our commitment already brings together public and private actors in diverse fields (emergency support, teleassistance, e-health and e-inclusion, ICT, etc.) committed to provide their expertise towards our joint objective. Our members and partners provide their support and expertise on a voluntary basis. Their contributions to our EIP objective are supported by their organizations, however, they are subject to the obtention of relevant funds. In addition, LifeSTech group is willing to provide its Living Lab infrastructure, to be used to train and test services and products with users.
Advocacy	LifeSTech has long experience working in cooperation with different EU actors, users associations, regional governments, SME, large companies in different European initiatives, such as 6th and 7th Framework Program, Leonardo programme, etc. This will help us to

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	<p>mobilise and engage a wider range of stakeholders at local/regional/national and EU level. Our consortium and virtual forum will remain open and information will be disseminated on a regular basis to the forum members and LifeSTech wide range of external contacts. Furthermore, the participation and organisation of workshops will enable the dissemination of results to relevant stakeholders.</p>
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Organisation name	9. Regional Fallprevention Network Nijmegen - Radboud University Nijmegen Medical Centre
Your organisation and core activities	Radboud University Nijmegen Medical Center (RUNMC) integrates the Academic Hospital and the Medical Faculty of Radboud University (RU). RUNMC and RU are governed by the Foundation Catholic University. Other RU faculties and institutes relevant in the area of active and healthy ageing (AHA) are Nijmegen Centre for Molecular Life Sciences, Nijmegen Institute for Evidence-Based Practice, the Nijmegen School of Management, the Faculty of Science and the Donders Institute for Brain, Cognition & Behaviour, proudly hosting the Max Planck Institute for Psycholinguistics. The 3 core tasks of RUNMC are patientcare, education and research. Patientcare has a local, regional as well as (inter)national scope, with yearly around 150,000 outpatient visits, 30,000 hospitalizations, 45,000 day treatments and 28,000 emergency care visits. Over 3,300 students are registered for Medicine, Dentistry, Biomedical Sciences and Molecular Mechanisms of Disease. In total, close to 10,000 employees work at RUNMC.
Initiative name	Regional Fallprevention Network Nijmegen
Executive Summary	In 2008 the Regional Fall prevention Network Nijmegen was initiated, funded by The Netherlands Organization for Health Research and Development. As of today, this network with relevant partners in primary and secondary care and others is still very active even without external funding and activities are even further extended. The next level approach encompasses the entire chain around falls prevention (Falnetwork), including all actors involved (i.e. from health care, welfare services, housing for senior citizens) through optimal tuning of complementary qualities and roles. Furthermore, a number of relevant projects are currently running or are being initiated, some examples are given. Through the National Programme Care for the Elderly, the project “Senior-Step Study: how elderly people optimally move forward” was started in 2010. A study enabling identification of elderly people with increased risk for falls is initiated based on a large cohort study validating a screening method for complex problems in elderly people above age 70. RUNMC is participating in the EU FP7 project V-TIME: Virtual reality-Treadmill combined Intervention for enhancing Mobility and reducing falls in the Elderly. A project investigating effectiveness of a fall prevention course in a population of frail elderly is being initiated. A study investigating the role of physical and cognitive functioning in gait variability has recently been submitted for funding by the Scientific College of Physiotherapy.
Scope of implementation	Regional level

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Organisation name	10.European Committee for Standardization
Your organisation and core activities	All of the products and services we buy and use in our everyday lives have to meet certain standards of safety and quality. In Europe, these standards are developed and agreed by the three officially recognized European Standards Organisations: the European Committee for Standardisation (CEN), the European Committee for Electrotechnical Standardisation (CENELEC) and the European Telecommunications Standards Institute (ETSI). By setting common standards that are applied across the whole of the European single market, CEN and CENELEC ensure the protection of consumers, facilitate cross-border trade, ensure the interoperability of products, encourage innovation and technological development, include environmental protection and enable businesses to grow. Products and services that meet these European Standards (ENs) can be offered and sold in all of the participating countries.
Initiative name	Technical Standards
Executive Summary	CEN TC251 unites 31 National Standards Bodies in Europe in their efforts to produce effective standards for health informatics. CEN/TC 251 can contribute to specific actions A.2 and A.3 by providing a platform for European and/or international standardization for technical and semantic interoperability. Through this platform CEN/TC 251 will seek cooperation with her SDO partners ISO/TC 215, HL7, GS1, CDISC, IHTSDO, IEEE. The deliverables may be technical reports, technical specifications, full European/international standards or workshop agreements supporting the need of sustainable, clinical information and structures to support the longer lifetimes of citizens. The deliverables may be new standards or adaptation/adoption of existing standards.
Scope of implementation	Multinational level
Key activities	The deliverables may be technical reports, technical specifications, full European/international standards or workshop agreements supporting the need of sustainable, clinical information and structures to support the longer lifetimes of citizens. The deliverables may be new standards or adaptation/adoption of existing standards.
Key milestones and indicators	Progress will be measures according to standards produced and milestones reached. The indicators will be the number of market driven standards started due to the EIP-AHA needs
Sufficient resources	If needed and upon definition of the actions with regard to standardization experts from CEN/TC 251 and / or CEN-CENELEC Management Center can contribute
Advocacy	Standardization is an open platform open to all interested stakeholders. Our system enables all interested parties in Europe to take part in the process.
Innovative element	Innovation is a key element of standards which are defined by stakeholders and meet market criteria

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Organisation name	11. EmPATH - IK4 Research Alliance
Your organisation and core activities	General IK4 figures (2011): Employees: 1.405 (312 PhD) Turnover: 102.3 M€ (around 8,5% EU research projects) Publications: 511 Spin-offs: 47 (44 active) Main related research areas are: - Biodetection systems and biosensors. Sensor Networks - Embedded Systems: Data capture, signal analysis and remote monitoring. Diagnosis and action. - Telemonitoring and telecare Platforms - Connectivity and Interoperability - Image processing - Augmented reality and virtual - Interaction and navigation technologies - Materials, surfaces and bioactive coatings - BioMEMS: diagnostics (lab on a chip) and intelligent implants - Mechatronics, bio-robotics and surgical simulation - Bioinformatics - Mass customization of products and services. Business Models: BPM. - Microtechnologies for the diagnosis "in vitro" - Tissue engineering: tissue regeneration and drug delivery. - Toxicology and nanotoxicology "in vitro" - Platforms for DNA molecular analysis. - Cell models / barriers / cell interaction
Initiative name	EmPATH - European Action for Personalised Health Management
Executive Summary	Strong international evolution calls for rapid services change and quick adaptation. Current collaborative actions within Ageing are sometimes lacking of a full commitment on the full stakeholder chain and thus, outcomes not always produce real impact on the society. This model claims for new collaborative paradigms. ATTICA proposes the commitment of regional, national and international players involved within the Ageing domain, so a real transnational collaborative ecosystem is set-up. IK4 is boosting this initiative from their strategic position as key player bridging public health entities and organizations together with the industrial stakeholders; this position provides an exceptional ability to trace a common work plan along all the participants.
Scope of implementation	Multinational level
Key activities	The research alliance works directly with organizations covering the full chain range, from research and academia centres, to public health providers and hospitals over SMEs and large companies. As such, this initiative expects to involve around 315 SMEs, 50 suppliers, 25 major user organizations/centres, targeting around 18.000 users. IK4 will contribute to the expected deliverables by providing its specific knowledge and the identified best practises derived from the results of the various projects directly related to the action (past, present and future). Among others, the following organizations are active collaborators of IK4 that shall be involved in the action: - CIMA - Bioef - Ingema - Bionodostia - Osakidetza - UPV-EHU - Corporacion MONDRAGON - Tecnun - Triangle Eindhoven-Leuven-Aachen (ELAt)CIC Biogune - CIC Biomagune - BIOBASQUE - Universidad Clínica de Navarra - ASEBIO - GraphicsMedia.net - Gaia - Innobasque
Key milestones and indicators	The monitoring of the commitment success will be proceeded over milestones and indicators. Milestones: - Set up a Strategic Agenda and common roadmap. - Creation of coordination structures (steering board, executive committee). - Roadmap implementation at all levels of the vertical structure. - UCD (user centered design) first iteration: user participation and feedback to first common approaches. Other indicators: The action foresees to track the its progress over number of common collaborations, common projects set-up, ratio of action/market-product development, living-labs testing, public impact/benefit of outcomes, population daily life impact.
Sufficient resources	The IK4 research alliance itself represents 1.405 employees with a total turnover of 102,3 M€ in 2011. Industrial contracts represent the 52,35% and public funding of the turnover. Some other facts from 2011: -Requested patents: 32 -2 new spin-offs in 2011 -Collaborations with over 833 companies. -Knowledge generation: 37,65% (from turnover) -Knowledge transfer: 62.35% (from turnover) -104 FP7 projects. -Staff transfer to companies: 115 -Publications: 511 (ISI publications: 208) -Promoted and organized international scientific conferences: 4 IK4 will contribute the implementation of the specific action by being involved in the activity of action group; will provide its know how and technical expertise as well as specific knowledge derived from the results of the various projects directly related to the

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	action (past, present and future); will also promote the EIP activities among its extensive network of contacts and current partners.
Advocacy	IK4 is a major player in the research field in the Basque Country, supported by the Basque public institutions. IK4 is also member or board member of several networks, both local and international, and thus a high involvement of parties within the action is ensured from its start-up. Information campaigns will be promoted together with the Basque Health entities, private companies over upon their marketable results, but also at public level by creating the yearly Ageing week in coordinated in one different European city. Also, the involvement of educational organizations (mainly universities) is foreseen in order to create public awareness of the action and hence, a more social attention to the topic.

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Organisation name	12.SPRINTS - University of Groningen/University Medical Center Groningen
Your organisation and core activities	The University of Groningen/University Medical Center Groningen provides high quality teaching and research and high level patient care, is internationally oriented, respects differences in ambition and talent, works actively with business, the government and the public and ranks among the best universities in Europe. The University (RUG) continues to strive to strengthen its international position, always with an eye to national and global developments and a clear awareness of its strengths and weaknesses. Research of the University Medical Center Groningen (UMCG) is focused on healthy ageing. RUG and UMCG participate in the Healthy Ageing Network Northern Netherlands (HANNN) that strives to achieve innovations and fundamental breakthroughs in healthy ageing, and therefore stimulates research, education and training, and business research phases. The mission of HANNN is to belong to the top of the European regions in healthy ageing in 2020.
Initiative name	SPRINTS - Smart Prevention, Rehabilitation & INtervention Technologies: Improved mobility & participation
Executive Summary	Main objective of SPRINTS is to ensure independent living of the elderly by realising Smart Personalized Rehabilitation and Intervention Technologies. Mobility is one of the most important constraints to independent living of the elderly. Focus areas are prevention, rehabilitation and prosthetics. Within this context falls prevention is a major positive contributor to mobility and thus to independent living. This is also one of the main objectives of SPRINT, which is a Dutch joint initiative of four universities, private research institutes, several public and private rehabilitation centers and care providers and thirty seven companies with different fields of expertise (gaming, e-health, prostheses and orthoses, sensors, data management). SPRINT is one of the Centers of Research Excellence of the Innovative Medical Device Initiative (IMDI.nl), a collaborative effort of the Netherlands Organisation of Scientific Research (NWO) and the Association of Universities in the Netherlands. Main objective of IMDI.nl is to ensure the availability of a new generation of instruments that will allow the healthcare system in the Netherlands to meet the qualitative and quantitative demands of an ageing population in the next decade, while remaining affordable. SPRINT is participant in a Erasmus Mundus joint doctorate proposal SPRINTR of which several partners have joined this Commitment, called SPRINTS. SPRINT is associate member of ProFouND, a European Network on fall prevention.
Scope of implementation	Multinational level
Key activities	The contribution of SPRINTS to the overall deliverable target is indirect. SPRINT will increase knowledge on balance and rehabilitation processes to prevent people from falling through a loss of balance and create better suited training devices and extramural rehabilitation. By combining various disciplines SPRINTS will create a second generation of individualized, intelligent training devices and programs, prostheses, orthoses and wheeled devices that will realize a breakthrough in mobility increase and restoration. SPRINT will transfer all developed devices to industry - through start-up or existing companies - and will evaluate their use in daily practice. From this perspective SPRINT will contribute to the creation of a European network of fall prevention, the systematic and comparable data collection and will ensure the availability and multi-disciplinary services for training, empowerment and prevention of falls.
Key milestones and indicators	Key milestones and indicators will relate to three focus area's: prevention tools, rehabilitation treatments and innovative prosthesis. Timeline will be 5 years, 2012 to 2017. Key milestones are progress reports, prototypes, protocols, patents and evaluation reports. Indicators are devices, prototypes, end products, publications and PhD theses. Prevention tools: key milestones are: 4 progress reports, 1 evaluation report, 2 prototypes, 1 patent. Indicators are, end products (telemonitoring devices and balance training devices), 20 publications and 4 PhD theses. Rehabilitation treatments: key milestones are: 4 progress reports, 1 evaluation report, 2 prototypes,

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	several end products (telemonitoring devices and robot training devices), 10 publications and 2 PhD theses. Innovative prosthesis: key milestones are 5 progress reports, 2 prototypes, 1 evaluation report, 2 patents. Indicators are 4 endproducts (telemonitoring devices and prostheses), 20 publications and 4 PhD theses.
Sufficient resources	At the start of SPRINTS, fixed and temporary staff is financed by the participating partners and by way of external grants or contract research. The staffing level is estimated at 130 fte. The corresponding budget including materials, equipment and overhead is €14,5 million of which 63 fte used to develop and perform research in the field of the CoRE SPRINT. Over a 10 year period an increasing proportion of the thus allocated staff, materials and equipment will provide the necessary in kind matching for external funding to be attracted. The annual budget of SPRINTS will grow from €5,5 million in the first year to almost € 13 million in year 10. The own contribution of the public research groups will be at least 25%. The total matching by research groups and industry is estimated to be 50%. After 10 years the institutes are supposed to maintain this budget, which is estimated at € 14 million annually.
Advocacy	In the Northern Netherlands active and healthy ageing is a top priority of government, knowledge institutions and industry. Activities are coordinated by the Healthy Ageing Network Northern Netherlands (HANNN). Local and regional government focus on an age friendly environment. The European network SPRINTR is dedicated to restoration of mobility. Within HANNN and SPRINTR, knowledge institutions dedicate a substantial part of the resources towards education and research on mobility. Industry’s focus is on marketing and selling products and services with regard to mobility increase and restoration. HANNN and SPRINTR, together with their stakeholders of local and regional government, knowledge institutions and industry, organize events, conferences, seminars on this issue. The results of the project will be widely distributed via media campaigns, public presentations and conferences. All this gives mobility increase and restoration a high profile in the media.
Innovative element	A new patient-driven development strategy, increasing motivation by serious gaming, process control via tele-monitoring, will be applied to realize prevention tools, to shift rehabilitation treatments extramurally and to realize innovative prostheses. This will result in a decrease of admittance to hospital and rehabilitation center and a decrease in demand for care. Prevention and rehabilitation training protocols will be developed based on Discovery Learning principles. This means using the movement solutions which are automatically generated by the patient and not given by the therapist. Serious gaming will motivate elderly to follow prevention and rehabilitation protocols. All three stages will be monitored from a distance via tele-monitoring. Senso-motor information of the patient-device interaction will be used for interactive feedback. This monitoring is less time-consuming and more effective than visits to the doctor and the physiotherapist.

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Organisation name	13.IRCCS SALVATORE MAUGERI (FSM-POLIMI)
Your organisation and core activities	FSM, founded in 1965 by Prof. Maugeri as a Work and Rehabilitation Clinic, operates in Rehabilitation Medicine, with the aim of helping people recover remaining functional abilities and quality of life, through highly specialist rehabilitation services. It has been a Scientific Institute of Care and Recovery since 1969, and is present throughout Italy with a network of Institutes and Prevention Centres. Clinic activities, focused on chronic patients, are directed towards the diagnosis and cure of patients with neuromotor, cardiac and respiratory impairments, and polisystemic chronic disabling diseases. Welfare activities support researches in the compilation of diagnostic protocols, guidelines and rehabilitation protocols with a translational approach in the field of complex pathologies, with a high absorption of resources. Research activity involves more than 50 Scientific Laboratories and develops along lines and themes that are both indirect and specific to this complex activity.
Initiative 1 - name	A MULTIDISCIPLINARY TELEHEALTH INTERVENTION TO REDUCE FALLS AMONG OLDERS DISCHARGED FROM HOSPITAL
Executive Summary - initiative 1	Main objective of the proposal will be to evaluate the efficacy of a home-based intervention programme delivered by a multidisciplinary team through available information and communication technologies for chronic patients after hospital discharge. The proposal would answer to the following questions: • Is the programme more effective than usual care in preventing falls after hospital discharge? • Is the programme cost-effective compared to usual care when assessed from a societal perspective? All patients aged ≥ 65 years, with high risk profile of recurrent falling, will be enrolled by Telehealth during 1 year after the hospital discharged. The Telehealth program would consist of 3 steps: intervention, telemonitoring and tele-exercise. The care model provides 24/24 h 1 year-assistance with six months of high intensity and six-months of low intensity support. A nurse-tutor (NT) follows up patients through scheduled and occasional appointments performed by a nurse on duty in case of falls, symptoms, or any doubt about therapy occurred. Enrolled patients receive a wireless transmitter for emergency phone call. Moreover, remote monitoring of biometric parameters will be performed. The physical therapist will set-up a personal exercise programme on a DVD aimed at improving balance, flexibility, muscle strength and gait and carried out and monitored during a videoconference session. Home exercise program will be 2 times/week, lasting 40 minutes each time.
Scope of implementation – initiative 1	Regional level
Key activities – initiative 1	We can give a direct contribute to the EIP by implementing the well-established home telemanagement program on chronic patient. The long lasting experience of home telemonitoring is a good prerequisite to validate a fall preventive interventions in elderly discharged from hospital using the same technological infrastructure. The program could start as pilot study in Lombardy Region; if feasible it could be applied to all other Regions in Italy. From our experience in a rehabilitative setting, 8.3-8.6% patients felt during in-hospital admission in year 2010 (138/1605) and 2011 (134/1614), respectively. Thus, about 8 % patients are potentially expected to be managed through the Telehealth care program from our Institute.
Key milestones and indicators – initiative 1	Milestones M1: Coordination activities- months 1-36 M2: Meeting between units- months 1,6,11,16,23,28,33,36 M3: Protocol preparation- months 1 M4: Definition of minimum data set- months 1,2 M5: Personnel training- months 2,3 M6: Devices monitoring- months 2-33 M7: Enrollment- months 2-21 M8: Evaluation of results and statistical analysis- months 33-36 M9: Report preparation- months 11,23,36 Indicators I1: N° of patients enrolled I2: N° of patient's falls I3: N° of nurse's telephone contact I4: No. of Telemedicine video contact I5: N° exercise training session/patient I6: No. of ER visits/patient I7: N° of hospitalization/patient I8: N° of

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	length of stay in hospital/patient I9: Quality of life questionnaire I10: Satisfaction questionnaire
Sufficient resources – initiative 1	Permanent staff : 90.000 € Researcher Contracts: 60.000 € Missions: 5.000 € Instruments and tools: 170.000 € Consumables: 2000 € Published works, meeting: 8.000 € IT Services and databases: 9.000 € Overheads: 90.000 € Coordination costs: 16.000 € TOTAL: 450.000 €
Advocacy – initiative 1	Promote the spread of eHealth adoption best practices Promote improved reimbursement for new eHealth activities Provide up-to-date information on funding resources, policy updates, and best practices through the use of our website and social networking media Represent telemedicine interests in regional and national HIT policy venues to advocate for friendly policies Facilitate linkages between e health and other key sectors as social Information Sharing use our website and social media Promote the sharing of “lessons learned” We can play an important role in educating health providers on how to successfully work with eHealth
Innovative element – initiative 1	Multidisciplinary management through telemedicine service (telemonitoring + structured telephone) consists in a structured telephone support with a multidisciplinary care approach referring to medical/nursing interventions made over the telephone, with the possibility to transmit biological signals over existing telephone lines to a workstation through a single Call Center. Patients assigned to the nurses receive, before hospital discharge, a portable device transferring by a fixed or mobile telephone, some data to a receiving station, where a nurse or doctor were available 24 hours, 7 days/week. Communication between hospital staff and patients is handled through a specific video communication web-based platform: i) scheduling video sessions; ii) management of daily sessions; iii) video training sessions up to 8 people; iv) direct video contact with the patient; v) recording and archiving; vi) creating and managing of case studies library with educational and training purpose.

Initiative 2 - name	Fall prevention and locomotion recovery in post-stroke patients: a multimodal training towards a more autonomous daily life
Executive Summary - initiative 2	The project aims at designing a novel multimodal training for stroke lower limb rehabilitation and at evaluating its efficacy by means of a RCT. The experimental group will perform a 2-week intervention of NMES-supported voluntary cycling focused on achieving a symmetrical task followed by a 2-week balance training. The key question of the project is whether the proposed multimodal training can induce a neuromotor relearning in terms of improved locomotion and reduced fall risks in stroke patients.
Scope of implementation – initiative 2	
Key activities – initiative 2	During the project fall events will be measured monthly for one year and the predictive validity of some outcome scales and biomechanical parameters measured during gait, cycling and balance control will be evaluated. This investigation might have important impact if translated to clinical practice: the evaluation of fall predictors in the initial assessment may permit to recognize the patients

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	with increased fall risk who could benefit the most from aggressive fall prevention interventions. The reduction of falls might improve quality of life of stroke patients and contribute to a better sustainable care system.
Key milestones and indicators – initiative 2	
Sufficient resources – initiative 2	
Advocacy – initiative 2	
Innovative element – initiative 2	

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Organisation name	14.Prefalls - UNIVERSITY OF ALICANTE
Your organisation and core activities	The University of Alicante introduces a very important potential for the socio-economic development which is a fourth province in total GDP of Spain. Fifty degrees , more than seventy University departments and units and research groups in areas of social sciences and law, experimental, technology, humanities, education and health sciences, five University research institutes are planning a research activity of the most prestigious in the country. Our University is the first company in the province of Alicante with more 2,000 workers, and a budget about 199.698.129,00 €.. Research in health sciences is now a16% of the scientific production of the UA. The scientific production of School places the faculty in a prominent place among the centers of the UA. By Meanwhile, teachers have captured over the past 5 years almost million euros in research grants and contracts.
Initiative name	Prefalls - Falls prevention in the elderly
Executive Summary	To identify the risk population to make interventions of environmental home assessment, knowledge, treatment, rehabilitation and use of technologies, education programs and following of actions that improve autonomy, physical and psychological function of elderly.
Scope of implementation	Regional level
Key activities	elderly of the Alicante Region
Key milestones and indicators	risk at home rating scales to eliminate risks at home Education on Prevention falls Adaptation of the environment in order to make safer
Sufficient resources	Researchers of University of Alicante Nursing Health professionals City of Alicante Health centres Social associations Industry of safety elements Local and regional administration
Advocacy	Aware municipal officers about the need to adapt spaces and environment to improve safety and reduce falls. Marketing campaigns in media
Innovative element	the suppression of obstacles and risks elements, adaptation of environment using accessibility and comfort tools, as well as alarm elements of possible falls

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Organisation name	15. EVV - The Flemish Center of Expertise for Fall & fracture Prevention
Your organisation and core activities	The Flemish Center of Expertise for Fall & fracture Prevention aims to improve fall prevention by addressing local needs, barriers to and facilitators of implementation of effective strategies. The EVV is a partnership of two universities, four scientific associations, the Belgian Association for Gerontology & Geriatrics and the Flemish Institute for Health Promotion & Disease Prevention. The EVV provides an overview of what is effective in fall prevention among older persons (based on scientific evidence & clinical expertise), and developed three target areas to obtain an effective fall prevention management: providing information and advice for older persons and healthcare workers (e.g. helpdesk, website), developing validated methods (e.g. practice guidelines), and supporting implementation (e.g. awareness campaigns, local resource persons, care pathway). The EVV contributes to the implementation of effective management strategies to prevent falls in the Flemish region of Belgium.
Initiative name	EVV - Flemish Center of Expertise for Fall & fracture Prevention
Executive Summary	The Flemish Center of Expertise for Fall & fracture Prevention (Expertisecentrum Val- en fractuurpreventie Vlaanderen, EVV) wants to make the following commitments to the EIP: 1) having a validated, operational and scientifically based program for early diagnosis and prevention of falls and fractures in Flanders by 2015, 2) improve fall prevention by addressing local needs, barriers to and facilitators of implementation of effective strategies, 3) collaborate/cooperate with a range of relevant actors and constituencies and exchange experiences and good practices, 4) provide information and advice for older persons and healthcare workers, 5) develop validated methods, and supporting implementation by means of e.g. awareness campaigns, local resource persons, care pathway, ...
Scope of implementation	Regional level
Key activities	The contribution of the EVV towards the overall deliverable target of the Specific Action A2 “Personalised health management, starting with a Falls Prevention Initiative” is both direct and indirect. The EVV expects to deliver a validated and operational program for early diagnosis and prevention of falls throughout Flanders. First, to ensure maximum dissemination and implementation different populations are targeted; 1) older people at risk for falling, their formal and informal caregivers, 2) professionals, 3) public authority & local governments. Second, strategies and guidelines are based on the best available scientific evidence, but also take in account the feasibility in clinical practice. Third, the EVV wants to translate strategies and guidelines on the intended target groups in an understandable way. This will lead to greater awareness and motivation for taking prevention measures and promote sensitization and training. For EVV partners, see “Inclusiveness and Partnership”.
Key milestones and indicators	Key milestones of the EVV commitment are the organization of a “Fall prevention week” in Flanders to inform and sensitize everybody in contact with older persons (yearly); inform different target groups through website, newsletter and helpdesk (continue); execute surveys in different settings to thoroughly assess the current practices related to fall prevention and identify key factors with an impact on implementation(2012-2014); provide education and training (started from 2010); to develop, disseminate and implement validated methods for falls prevention (continue). Overall indicators are scientific basis, timeliness and actualization, accessibility for the target groups, degree of cooperation with relevant partners, user-friendliness, durability, methodical proceeding of sensitization, participation rate and satisfaction concerning training/education.
Sufficient resources	The Flemish Government funds the EVV for providing information and advice for older persons and healthcare workers, developing validated methods, and supporting implementation of fall prevention strategies. Starting from 2012, the EVV has a yearly budget of 150.000 EUR (fixed amount) and 50.000 EUR (variable amount) and this for a period of five years. This budget is used to cover 1.7 FTE

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	academic staff members, 13 local resource persons for advice and education/training and operational expenses. Since fall incidents are a multifactorial and multidisciplinary problem, collaboration with all relevant partners and disciplines in health care, research and education is necessary and the EVV has partners with know-how in every one of these areas.
Advocacy	Other organizations will be motivated to be involved in prevention of falls using different strategies. First, during the “Fall prevention week” everybody who comes in contact with older persons will be informed and sensitized. This strategy creates visibility and raises awareness for fall prevention. Second, different target groups will be informed of new findings and good practices by means of a website, newsletter, helpdesk and local resource persons. Thirdly, during education and training the importance of motivating different target groups will be emphasized.
Innovative element	The EVV fosters the use of innovation through research and development of materials and methods. Information, documentation and advice, methods and materials provided or supported by the EVV are based on scientific evidence and clinical expertise. Given the rapid evolution of science and practice, strategies and guidelines should be regularly updated. The EVV is working on continuous quality improvement based on regular evaluations. Changes in strategies and new findings will be announced and published as soon as possible (transparency).

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Organisation name	16. Never Fall Network - JAMK University of Applied Sciences & Jyväskylä region
Your organisation and core activities	JAMK is a multi-disciplinary (technology, health & social studies, business & services management, teacher training) higher education institution offering 1st- and 2nd-cycle degree education. JAMK’s high quality continuing professional education aims to improve competences of the regional workforce. The research and development activities involve working life and regional development partners. In addition to regional and national R&D projects, JAMK currently coordinates or participates in 33 international applied R&D projects. The different degree programmes of the School of Health and Social Studies provide abilities to nurse, rehabilitate, educate and counsel persons with special needs such as disabled and elderly persons. Our school actively develops learning environments and technologies (eLearning, distance learning). The development of study programmes builds on cooperation and dialogue with working life in order to meet the changing competence demands of working life.
Initiative name	Never Fall Network - Regional network for falls prevention in Jyväskylä region
Executive Summary	A major threat to active aging and independent living is falls and fall-related injuries. In Central Finland the number of fall-related injurious deaths in older adults aged 65 years and over during years 2001-2010 was approximately 55 deaths per year, the number of older persons hospitalized because of fall-related injuries was 1000 patients, the number of hospitalization periods 2000 and hospitalization days 38 500. There is high need to translate evidence-based fall prevention strategies to public health practices and engage older adults and aging service providers to exploit these methods as part of their daily routines. This alarming challenge requires the development of new service models that take into account older people’s needs, wishes and abilities to act as an active agency and self-manage fall prevention. This regional network with five partners will collaborate to develop an infrastructure to ensure the provision, easy access and appropriate possibilities for older adults, their informal and formal carers, relatives and volunteers to engage with information and ideas to use to bring out the necessary behavior and practice change. The implementation process will be carried out by using client-oriented methods along with focus on local aging services. This includes individualized guidance and counselling services. Also, specific citizen panels of older adults are used to collect straight feedback on organized aging services incorporating fall prevention activities.
Scope of implementation	Regional level
Key activities	The number of older adults aged 75 years and over in Jyväskylä region is 8 562 (year 2011) and it has been estimated that around 75-80% are in some contact with social and health care professionals and attend other types of services such as supervised exercise or other leisure activities. The aim is to raise awareness, inform and engage all older adults to self-management of falls prevention. Further, social and health care professionals providing aging services (staff around 1500 persons) are approached and educated to develop client-oriented services. First step towards the infrastructure to prevent falls is the evaluation of current situation in regional fall injury rates by using nationally available data and registers. Furthermore, partner consortium will gather and evaluate the ongoing activities and projects related to falls prevention in Jyväskylä region.
Any other activity	Providing model of regional infrastructure of fall prevention
Key milestones and indicators	In Central Finland the number of fall-related injurious deaths (including falling from low level heights) in older adults aged 65 years and over during years 2001-2010 was 552 meaning approximately 55 deaths per year. The number of older persons hospitalized because of fall-related injuries was around 1000 patients per year. Further the number of hospitalization periods and days per year because of fall-related injuries in older adults was approximately 2000 hospitalization periods and 38 500 days. The network aims to 10% decrease in fall-injury rates in three-year time period by ensuring incorporation of falls prevention as part of aging services. The progress of the delivery

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	process will be simultaneously followed by RE-AIM method and progress reported by each partner. Stepwise expansion is planned in regular meetings scheduled for partners (twice a year). In addition, falls prevention activities as part of all collaborative projects between partners are identified and evaluated.
Sufficient resources	Coordinating partner and City of Jyväskylä are committed to participate to the Activity group and finance expenses related to organized meetings and seminars as part of their development work. Resources to finance and carry out regional activities are budgeted by each organization as part of their on-going work focusing on falls prevention. Identification of synergies and intensified collaboration on implementation and dissemination activities is crucial part of the partner network to improve the cost-effectiveness of regional infrastructure. It is of utmost importance to educate current and future staff on falls prevention issues to provide high quality aging services and support older people themselves to take responsibility and play more a ctive role in falls prevention. Strengthening of guiding and counselling services for older people to stay active and committing to positive lifestyle changes demands the delivery of know-how through a variety of services and multiple channels.
Advocacy	The city of Jyväskylä is in progress of restructuring social and health care services into two major areas, namely 1) Functional capacity and managing daily life and 2) Health and social security. Focusing on promoting wellbeing and functional capacity along with early detection of risks for disability builds a solid background to our network’s objective to enhance falls prevention through regional collaboration. New openings and shared interests include projects on developing leadership in social and health care, recently launched Oiva Centre for counselling and guidance for older adult, multidisciplinary project to promote of physical activity at all ages, implementing physical activity counselling, productisation of self-testing physical fitness, building new accessible green areas, preventing slipperiness and using mobile technology to warn on iciness. Several other actors are involved in these projects and media intensively used for approaching wider public audiences.
Innovative element	The implementation follows the Fall Prevention Model of Finnish National Institute of Health and Welfare launched March 2012 (Pajala 2012, available in www.thl.fi/ikina). This model has a comprehensive approach combining information, materials, methods and tools to foster a stepwise process to strengthen local fall prevention work of professionals but before anything involving older adults themselves to participate. Using the IKINÄ model as the basis the network will develop client-oriented services with following stages: 1) creating client understanding of their role and position 2) increasing possibilities for participation 3) developing service models, service contents and distribution channels 4) deepening the understanding of clients’ needs 5) changing aging service providers attitudes and service cultures, and 6) developing service management. Through this process a social innovation is created where older adults are seen as an active agency and self-sufficient senior citizen.

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Organisation name	17. Health-Lab
Your organisation and core activities	Health-lab is the name of a program in the region Amsterdam with the ambition to create solutions for the care of tomorrow. This program focuses on the efficiency in care as well as on allowing people to be independent longer. In the Health-lab people from care institutions, research and companies work together with the end-users to co-create solutions. Health-lab has set up several “Living Labs” where real users test out solutions in their daily life and help designers and developers to improve their solutions. The program is set up around three pillars: - a platform where all people meet and share new solutions in care - several living lab locations where new solutions can be tested and improved with users - the creation of new curricula’s focused on the implementation of technology
Initiative name	Health-Lab
Executive Summary	Health-Lab and it’s associative partners offer an extensive environment where clients, care organisations, informal caretakers, technology companies and other in the field of elderly care work together on the creation, adaptation and adaptation of user oriented technologies. In these living labs we are able to develop and test new technologies focussed on Elderly care. Our abilities in these are already shown in several projects, among them the Apollon project.(http://www.apollon-pilot.eu/) We are committed to bring together companies, academic institutions and government together in order to speed up innovation and advance society in the area of Health.
Scope of implementation	Regional level
Key activities	Due to our cooperation with all the care providers in the Amsterdam region we have a direct effect on the implementation of new technologies. Indirectly we are helping companies to design and develop better suited solutions that can be better implemented.
Key milestones and indicators	- development of user oriented fall detection technologie, mid 2013
Sufficient resources	Due to the cooperation with the universities we have full access to all research information. The Health-Lab is a 3,5M euro project (two year) that involves more than 30 people directly and hunderds of people indirect through frequent meetings. Due to the cooperation with care providers and local government we have full access to the institutions and clients.
Advocacy	All knowledge created in the project is distributed as creative commons licensed information and is accessible. Several academic paper are and will be published. Through frequent meetings with care organisations and technology companies we distribute our learnings.
Innovative element	Our main focus in the area is in the development of user friendly technologies.

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Organisation name	18. PreFal - Centre for Health and Technology, University of Oulu (CHT/OULU)
Your organisation and core activities	The Centre for Health and Technology (CHT) is a regional research- and business -driven innovation centre. The founding partners of CHT represent six stakeholders on research (VTT, Univ. of Oulu, Oulu Univ. of Applied Sciences), Public sector (City of Oulu, Oulu University Hospital) and Private sector. Main focus of CHT is to promote the research, development and innovation on the individualized healthcare. CHT is enhancing the cooperation at national and international level. CHT is a partner of European Connected Health Alliance. The building blocks to make Oulu a citizen-centered ecosystem of health are: 1. Oulu’s unique concept of cooperation: Oulu Innovation Alliance- cooperation agreement for co-creation and co-invest on the research and development on certain focus areas, like the individualized healthcare (CHT). 2. Remarkable development programs which aim at most advanced social and health services products and innovations to promote the well-being and independent living.
Initiative name	PreFal - Initiative on Prevention of Falls
Executive Summary	The partners of PreFal are already involved in research and development of early assessment and prevention of falls in a regional and European level, involving also industrial and SME partners. The general objective is to develop a novel holistic approach to prevention, management, support services and a social and socio-economic environment in order to reduce falls and fall related injuries. To this purpose we expect to exchange results, experiences and good practices in the field; to gain information about the developing holistic models of fall assessment and the operational programmes; to gain insights about how to transfer and translate our results to other populations and bring these insights to our business partners; to establish practices that can be applied to real life through services deployed by public and private healthcare professionals; finally to establish cooperation with other experienced actors in the field in European level. In exchange, we would like to commit to bring our experience and that of our partners to the activities of the Specific Action A2 Group. It is already within our plans to perform extensive pilots and design new models of operations in assessing risks and preventing falls in elderly that could be part of deliverables of the Action Group A2. In addition to the above, CHT through its membership in the European Connected Health Alliance can connect our initiative to other initiatives, groups and specialists across Europe and the USA.
Scope of implementation	Multinational level
Key activities	We will contribute to A2: • by participating to networks for fall prevention • by contributing to the agreement of data collection on the impact and return of investment from prevention measures. The research partners have on going small scale pilots in various projects while the city of Oulu has already deployed services where some assessments about falling risks are made in more than 10% of the target population • by establishing models, tools, practices and evidence based standards for fall prevention • ensuring the availability of tools and services • by supporting other states, organizations and companies in their individual programmes A large scale pilot is planned in the region of Northern Finland that would reach about 1000+ elderly. We aim at cooperation with various actors that would lead to more large scale pilots and the establishment of European wide multicentre programmes in various regions.
Key milestones and indicators	Baseline: Experience and results from pilots done on assessing balance, movement, strength (EU and national funded projects); Some assessment services established already Target: tools and services in use for the whole of the target population; a model of transfer of evidence based results to services; standards and guidelines, best practices, support from and to other regions and organizations. Timeline: networks and cooperation: began in 2012, established by 2013; tools and services, models and guidelines; small pilots already began, first results in 2013, final results 2015; Large scale pilots under planning, target to be completed 2015. The city of Oulu is already planning for

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	services to support elderly at home, including also fall prevention that will cover more than 90% of the target population by 2020.
Sufficient resources	CHT and ECHA will mobilise their partners and will engage relevant constituencies by workshops, seminars and networking. University of Oulu will provide multidisciplinary know-how on risk factors of falls, fall prevention, fall detection, and implementation of large scale pilot trials. VTT and the Oulu University will mobilise about 1py each of work to networks. OAMK will provide know how about assessment systems of risks of falls and related services. The city of Oulu will provide know how on falling risk assessment services, participate in building a network of stakeholders, including health professionals and relevant companies, mainly active in the region of Oulu (Business Oulu). ODL will provide know-how concerning risk factors for falls and fractures, and the effect of exercise on preventing fractures from studies that showed for the first time how simple home-based exercises are effective. Oulu and ODL will serve as potential field test sites for new technology and services.
Advocacy	CHT and ECHAlliance will organise all necessary activities in order to motivate other parties: workshops and events targeting public organizations, insurance companies as well as other relevant companies and organizations at a European level. Business Oulu will advocate the Action Group among its companies. Participation in exhibitions and major conferences is also foreseen, where presentations and publicity can be available. ECHAlliance supports the development of healthcare and independent living ecosystems across Europe and organises various meetings (e.g. European Connected Health Leadership Summit 2012 in Barcelona) where news are exchanged and policies are discussed. Through the international network set by the partners of the present coalition, involvement in the actions of the A2 action group will be strongly supported and advertised.

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Organisation name	19. PROFITER - Agenzia Sanitaria e Sociale Regionale (ASSR) - Regione Emilia Romagna
Your organisation and core activities	The Regional Health and Social Care Agency (ASSR) has organizational and operational autonomy and provides a technical and regulatory support to the Regional Health Service (SSR), and to the integrated system of interventions and social services. In particular ASSR mission is to implement the SSR according to: Ensure technical quality requirements, Provide the implementation of the Regional Health Plan by the Local Health Authorities, Provide a clinical governance of the Regional Health Service and participation of workers; Integrate all healthcare and social services and facilities, Ensure transparency towards the citizens, users and their representatives, organizing their participation in the evaluation of services, Integrate care, research and training.
Initiative name	PROFITER - Prevention of falls initiative in Emilia-Romagna
Executive Summary	Building on a number of seminal regional initiatives involving different Local Health Authorities (LHAs), research institutions and industrial stakeholders, this action aims to establish a regional network for falls prevention. The action will substantiate in the following steps, involving to different extents both inpatients and outpatients: 1) Collection, digitalisation, and retrospective analysis, within the FSE (Electronic Health Dossier) of relevant fall-related information (Registro Regionale Cadute, RRC); 2) Development and validation of a personalised fall risk model, integrating known fall risk factors, clinical balance measures, and parameters extracted from wearable inertial sensors through appropriate epidemiological methods and psychometrically sound techniques; 3) Deployment and evaluation of tailored ICT-based solutions for fall detection and prevention; 4) Classification of fall risk factors according to the International Classification of Functioning, Disability and Health (ICF) to allow interoperability among different clinical specialties and, in perspective, across European Regions; 5) Mapping of the identified fall risk model into an operational programme for the prescription of personalized interventions and/or ICT-based assistive devices for falls prevention and rehabilitation in community dwelling older subjects; intensive monitoring of high-risk patients at hospital discharge; specific training for personal carers of high-risk subjects.
Scope of implementation	Regional level
Key activities	According to the international scientific literature falls affect almost one third of the population 65 or older that means approximately 300.000 people in Emilia-Romagna. By means of the proposed actions we aim to reach 10% of this target population through informative initiatives, preventive programmes, direct screening through different levels of care (including the network of 3134 general practitioners most of them already reached by the SOLE network) involving inpatients and outpatients. During the action, an advanced analysis of the structured data generated by the SOLE network will allow to estimate, in full anonymity and respect of the users' data (that is, by working solely on age-related statistics), the percentage of senior patients' regularly visited by their GPs. The falls prevention model will be initially validated from Modena LHA on a 300 person sample. ICT-based fall prevention solutions will be benchmarked from Forlì LHA on an initial convenience sample of 60 subjects
Key milestones and indicators	The outcome is the implementation, within the next 3 years, of a regional collaborative model involving caregivers across at least 5 regional LHAs, researchers and technological providers. The care model will include innovative wearable devices integrated with the eHealth network used by the GPs (98% of 3.134) and public hospitals already using the SOLE infrastructure, plus a considerable number of yet uninvolved professionals and final users engaged in screening and prevention, including home-based monitoring for high-risk subjects. Milestones: development and validation of a multivariate model for fall risk; release of tools for quantifying balance based on inertial sensors; HW-SW integrated platform for fall prevention and management; business model for sustainable fall prevention programme at a regional level. Indicators: number of older people reached by the action; end-user acceptance and adherence, reduction in falls frequency

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	(baseline for inpatients: 1,79 fall/yr) and cost.
Sufficient resources	ASSR will mobilize human resources across different LHAs in the Region. The project core team will be initially represented by the staff at Modena and Forlì LHAs. Further LHAs will be involved at a later stage (Piacenza, Reggio Emilia, Bologna). SOLE is a regional e-Health network with an investment by the regional government of about 15 million Euros per year. Active engagement of GPs will ensure a strong know-how background capital and the programme implementation. In addition, the University of Bologna HST-ICIR, belonging to the Emilia-Romagna High Technology Network (HTN), will give an in-kind contribution with facilities, laboratories and research staff for the development of the novel ICT devices, data modeling and signal analysis. The involved industries (Noemalife spa, Exel srl, CNA Bologna and Innovanet) will also contribute with personnel, services and labs. Synergies with ongoing European projects (FP7 FARSEEING, CIP PSP I DON’T FALL) will be exploited.
Advocacy	Progressive results of the programme will address future investments and funding of regional government with the scope of supporting the project development and the involvement of new R&D partners. A particular attention will be given to the members of the High Technology Network and SMEs, with a major role of ASTER (the consortium among the regional government, local research institutions, enterprises and industrial associations). Results of the activities will be presented to the international audience in scientific conferences and meetings and at an annual industrial research exhibition (Research to Business). Moreover, results will be showcased at international level thanks to the EEN events and brokerages within the SIMPLER consortium (EEN regional office). PARTICIPATION IN THE ACTION GROUP ASSR will coordinate the above described task force, with the aim of integrating the regional initiatives and align them to the future European directives and research and innovation programme
Innovative element	Scientific and clinical innovation: Innovative psychometrically sound scale for balance measurement; Innovative integrated model for fall risk evaluation; Innovative use of wearable inertial sensors for functional evaluation. Innovation in the organisation and delivery of falls prevention services: Integration of different levels of care to provide an integrated approach; Innovative ICT platforms for fall risk monitoring and service provision; Novel personalized paths for fall prevention and fear of falling rehabilitation; Novel exploitation of two fundamental regional infrastructures (SOLE, regional eHealth network and FSE, electronic health dossier) Social innovation: the initiatives will raise attention to the importance of fall prevention and will foster the values of active and healthy ageing among the population. Industrial innovation: novel tools and products are and will be released through strategic partnership with relevant industrial stakeholders

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Organisation name	20. CONFIDENCE - Galician Research and Development Center in Advanced Telecommunications (Gradiant)
Your organisation and core activities	The Galician Research and Development Centre in Advanced Telecommunication is a private nonprofit foundation, founded in December 2007 by 11 companies of the Galician ICT sector, the Regional Ministry of Industry of the Galician Government and the three Galician universities. The mission of GRADIANT is to contribute to the competitiveness of the Industry and to the benefit of Society through the generation of technological knowledge and its transfer to Industry and Society. In its first four years of existence, GRADIANT has been an important actor at regional and national level by mobilizing public and especially private investments in research and innovation. GRADIANT is focused on research, development and innovation activities carried out either as individual or cooperative projects or as a service to companies. GRADIANT's technical expertise covers several ICT fields and applications such as eHealth, AAL, wireless sensors for medical applications, data and privacy protection.
Initiative name	CONFIDENCE - Exercising for fall prevention and health status improvement.
Executive Summary	Our proposed action focuses on the provision of ICT tools that can assist healthcare providers and senior citizens in the prevention of falls through exercising at different levels: (1) support health care professionals in patient categorization and performance evaluation; (2) assist patients to exercise, gather performance feedback and interact with healthcare professionals; (3) help healthcare professionals evaluate the quality of their prescriptions. This initiative is proposed in partnership by Gradiant (Galician R&D Center in Advanced Telecomms.) and the Health Cluster Portugal. In addition, this initiative is backed with the support of the Galician regional healthcare authority (SERGAS) and the Galician Health Cluster.
Scope of implementation	Multinational level
Key activities	This action covers the region of Galicia (Spain) and Portugal. The following key activities will contribute to the specific actions: - The design and prototyping of a system that can assist healthcare professionals in categorizing older adults based on risk of falling and prescribe customized actions; - The design and prototyping of systems that help senior citizens exercise, monitor their performance and provide incentives, self-assessment and feedback to healthcare professionals. - The design and prototyping of collaborative tools that allow healthcare professionals and seniors interact in order to define actions and goals. - The design and prototyping of tools that allow healthcare providers evaluate the performance of patients, register events and their outcomes, assess the efficacy of the prescribed actions and share anonymized data. By 2015, the key activities will be concluded and the IP generated will be transferred to industry and reach the market in less than two years
Any other activity	Gradiant and Health Cluster Portugal representatives will promote the action within and outside the regional/national boundaries, and foresee the dissemination of the results gathered at different levels (policy, governance, clinical, technological, etc.).
Key milestones and indicators	- Literature review concluded (M1 + 4M); - System specification - Final version concluded (M1 + 8M); - Patient classification system - Prototype version concluded (M1 + 16M); - Exercising platform for domestic users - Prototype version concluded (M1 + 28M); - Exercising platform for users who exercise in external environments - Prototype version concluded (M1 + 28M); - System integration and final tests concluded (M1 + 32M).
Sufficient resources	Know-how and in-kind contributions: GRADIANT is a sustainable R&D centre specialized in ICT, including technologies in the Ambient Assisted Living (AAL) domain. Organisation of meetings, visibility and awareness raising, engagement of relevant constituencies through networking, advocacy and leadership, pledges: Both GRADIANT and Health Cluster Portugal have experience

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	in organizing events and engaging partners into collaborative projects.
Advocacy	Partners will design a project website where unclassified information will be disseminated. Dissemination will also be achieved through institutional websites. Finally, yearly public events will be organized to present results.
Innovative element	Contrary to present solutions, our commitment aims at providing holistic care to a diversity final users. Patient-centered solution: the patient (1) collaborates in the definition and correction of preventive actions; (2) receives performance feedback and incentives; (3) receives information that give him or her the opportunity to perceive the benefits associated with the prescribed actions.

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Organisation name	21. AFFINITY - Health Service Executive
Your organisation and core activities	The HSE is a large organisation of over 100,000 people, whose job it is to run all of the public health services in Ireland. The HSE manages services through a structure designed to put patients and clients at the centre of the organisation. The Integrated Services Directorate manages all hospital and community public health services in Ireland. The ISD National Director has responsibility for the delivery of all health and personal social services across the country including hospital, primary, community and continuing care services, managing an overall budget of €14bn. The range of health and personal social services provided by the HSE, and its funded agencies, are managed within four Regions (Dublin Mid Leinster, Dublin North East, South and West), each with a Regional Directors of Operations.
Initiative name	AFFINITY - Activating Falls & Fracture Prevention in Ireland Together
Executive Summary	The HSE commitment is to actively progress the implementation of the ‘National Strategy for the Prevention of Falls and Fractures in Ireland’s Ageing Population’ working within the context of existing economic constraints. The strategy recognizes the need to work in collaboration with multiple stakeholders to build greater societal, target group and professional awareness, strengthen individual and organizational cooperation capacities, streamline more clinically effective, evidence-based and high quality service delivery, and support innovative mechanisms to achieve a safer environment. Built on the principles of empowering patient self-management and autonomy, the early detection of risk, and the availability of appropriate preventative interventions, the approach will maximize the opportunity to use innovative assessment and screening mechanisms, tools, guidelines and assistive technologies to deliver seamless services to support a vision of ‘life free from falls and fractures in Ireland’s ageing population’. Along with our national stakeholders, the HSE commits to participate within a network of other interested pan-European stakeholders within the framework of the European Innovation Partnership, to share best-practices, to strengthen measures for monitoring and service improvement, and to contribute to the alignment of data-registries across EIP participants.
Scope of implementation	Regional level
Key activities	The key delivery of the commitment will be to progress the full implementation of the “National Strategy to prevent falls & fractures in Ireland’s ageing population”. This will be delivered through co-ordinated direct actions in each of four regional delivery areas (RDAs) in Ireland. The programme aims to reduce falls & fracture admissions by 20% when fully operationalised. Delivery will be achieved by: <ul style="list-style-type: none"> •Increasing awareness and self-management in high risk groups their families and communities, health personnel & policy makers, •Building capacity among health personnel & communities to reduce falls & fractures in older people & high risk groups, •Provide comprehensive & integrated falls/fracture prevention services across all care settings, Achieving a safer friendlier physical environment, The action will provide validated and operational programmes in 4 regions by 2015 Targets for hip fractures are: Nat-2,121,171.00 Pop >65 207,095 reach 10% 20,707 No Diag 5665 Target reduce 20% 1128
Any other activity	Ireland hosts world class research in TRIL/TILDA, Netwell/CASALA. These provide bridge between research, policy, practice & industry, design & promote innovative systems, services & technologies supporting quality of life & service effectiveness. The EIP provides alignment with falls strategy
Key milestones and indicators	The benefits associated with full implementation of the National Falls Strategy can be measured by the reductions achieved in a number of indicators such as: <ul style="list-style-type: none"> •older persons being treated for falls •hospital admissions secondary to a fall related injury •nursing home admissions secondary to a fall related injury •hip fractures (Mean DRG Cost 2005-2010= €13,346 per patient) •ambulance call outs •A&E presentations •rehabilitation admission requirements •home care package requirements •mortality rates secondary to falls & falls

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	complications •bed days utilised secondary to falls & fractures. Subsequent implementation costs serviced in savings generated from ongoing efficiency gains measures above. Milestone timeframes will be defined in detailed action plans with baseline target(s) at regional level by end of 2013. Milestones will be linked to the awareness, capacity-building, delivery quality and environmental improvement measures as impacts will be downstream of coordinated activities
Sufficient resources	Implementation resources include: •A National Steering group, chaired by Assistant National Director Older Persons & reps from MDT’s inc - Allied Health Professionals, Health Promotion, Primary & Continuing Care, Older Persons Clinical Care Programme, Nursing, Physicians & GPs •Regional Delivery: Support from the Regional Directors of Operations along with their Area Managers with responsibility for Older Persons & the Regional Specialists for Older Persons will be critical to the strategy’s successful implementation. •A Clinical Risk Adviser (SCA) with the national remit for falls and fracture prevention. •The administration function and liaising function is managed within the existing resources of the office of the Assistant National Director for Older Persons. Financial Resources: To progress within current constraints, practices will need to be re-oriented using available resources. minimising overall costs of full implementation. resultant cost containments & reductions
Advocacy	The plan requires a sustainable, multi-stakeholder collaborative approach. Participation within EIP will strengthen senior political oversight also maintain stakeholder motivation. Advocacy and communication will be built on the following strategy elements: Increase awareness •Deploy a standardised multi-media information & education package •Exploit existing national web based communications channels •Link with national patient advocacy groups •Link to programmes that contribute to improved bone health and promote greater awareness & participation in healthy lifestyles throughout the lifecycle Information to support capacity building •Provide nationally agreed systems for the collating, analyzing and dissemination of data on falls and fractures e.g. HIPE,(Health In-Patient Enquiry) •Devise and implement a CQI plan in conjunction with existing quality, safety and risk programmes •Link with HIQA (Health Information and Quality Authority) A safer friendlier physical environment.
Innovative element	The key elements of innovation that will be progressed during the period from 2012 to 2015 are: • A new falls and fractures clinical care pathway/process, involving screening at multiple points of entry, decision algorithms, and assessment mechanisms • New national guidelines to support the new pathway at different entry points • New national standards to support information dissemination and falls prevention awareness • Adoption and adaption of a new ‘Single Assessment Tool’ during the further development of the project • The development of registers including a hip fracture registry within the HIPE database • The encoding of future care pathways on-line tool to provide pathway contexts to users • Connecting existing home-based tele-care systems and services to the falls-early ‘at-risk’ screening mechanisms • Development of a ‘falls & fractures community of practice’ within the HSELAND web-portal to promote practice development, • Support bone-health promotion in schools

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Organisation name	22. ProFouND - University of Manchester
Your organisation and core activities	The University of Manchester comprises 4 Faculties: Engineering and Physical Sciences, Humanities, Life Sciences, Medical and Human Sciences. It has an annual income of some £809 million, £279million from externally funded research, £247million from tuition fees and education contracts. The university has some 10,712 staff and 39,732 students, >11,000 postgraduates. The university core activities are education and research. It is one of the most popular universities in UK amongst students with >58,000 applications to study here last year. 2011 Shanghai JiaoTong academic ranking places the University of Manchester 6th in Europe and UK-RAE2008 ranks us 3rd in UK for research. The university boasts 25 Nobel Prize winners amongst current/former staff and students including the 2010 prize in Physics. The university has a large array of cultural and scientific assets and estate. These include libraries, museum, art gallery, theatres, concert halls and Jodrell Bank Observatory,
Initiative name	ProFouND - Prevention of Falls network for Dissemination
Executive Summary	ProFouND will directly address the objectives of the EIP-AHA by creating a Thematic Network with 22 partners from 13 countries and associate members from a further 10 countries, who will act to disseminate best practice in falls prevention. Our objective is to embed evidence based fall prevention programmes for elderly people at risk of falls using novel ICT solution in at least 10 countries/15 regions by 2015, to reduce falls incidence in those regions >10% by 2020. We work with multisectorial stakeholders to achieve these objectives, using internet and ICT solutions to facilitate widespread implementation. We will collate a free access resources library, create a novel PFPApp to distribute tailored, customised, best practice guidance, available in various languages. We provide a cascade model training programme using face to face and e-learning to create a cadre of accredited exercise trainers across Europe to implement exercise regimens proven to reduce falls amongst older people. We create an “ICT for Falls Forum” to engage with industry, to promote development and adoption of novel ICT, to run events and reach out to promote MHealth capabilities and European competitiveness in the sector. We will run a number of meetings, events, exchanges and work with stakeholder organisations across Europe to disseminate best practice very widely to governmental, NGO and commercial organisations to create the conditions in which falls prevention is on everybody’s agenda.
Scope of implementation	Multinational level
Key activities	The ultimate impact of ProFouND will be to have evidence based best practice programmes, using innovative ICT solutions, aimed at reducing falls incidence amongst older people implemented and embedded into service provision in at least 10 countries (15 regions) by 2015, with the aim of reducing falls by >10% by 2020 in these sites. This would contribute directly to the objectives of the EIP to improve healthy and active life by two years by 2020.
Key milestones and indicators	Improvement in Healthy life years (HLY) at age 65 (age & population standardised) Eurostat Code: tsdph220 & European Health for all Database (HFA-DB) – Disability adjusted life expectancy -DLE Reducing falls in those aged 65+ requiring medical attention by >10% by 2020 in the 10 countries (15 regions) by 2015 Accidental Falls W00 - W19 (ICD-10) recorded in National Health & Insurance Datasets A full list of milestones and indicators was submitted to EC on 15th May 2012.
Sufficient resources	ProFouND brings together 22 partner organisations and 20 further signed up associate members. each has committed to offering expertise in falls prevention and access to resources, human capital, expertise and know how and in kind contributions, use of their infrastrutura and access to research results as appropriate. This commitment has been explicitly made by the partners to support the Thematic Network if it is funded by EC (approx €1m) and the core in kind contribution is in person months estimated total in kind 142

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	person months. The organisations (lead by University of Manchester) have all promised access to their infrastructure to support the network, and will work to organise meetings and engage appropriately by provision of leadership and advocacy. Partners and members have agreed to try to proceed even if funding is not forthcoming.
Advocacy	ProFouND has 4 workpackages which are explicitly focusing on different aspects of this task. WP1 will create a dissemination and campaigning strategy to support the work. WP2 will create and maintain a website which will act as a interactive window on the world. Information for end users campaigners etc will be available here. WP7 creates a Europe-wide forum to support and promote the development and wider adoption of innovative ICT based healthcare and wellbeing products, services and applications aimed at falls prevention. For WP8 the aim is to support developing innovative fall prevention strategies in countries in Europe by increasing awareness of the issue and promoting uptake of proven prevention strategies by government, industry, professionals and organisations in areas that relate to health of older adults and fall-prevention in particular. This will be done by building a network of committed governmental, quasi-governmental, NGOs and other stakeholders and campaigning.
Innovative element	We will create a website with access to generic resources on falls prevention-research, implementation experience, suppliers, etc. ProFouND will provide an information exchange and a platform for European companies, NGOs etc to share information. Podcasts, videos and presentations that can be freely downloaded and used in different languages will support up to date guidance. A series of videos on evidence based strength and balance exercises will be made available for older people. The ProFouND Fall Prevention App (PFPAApp) will enable production of customised tailored information on interventions for specific patients or groups of patients. PFPAApp will be capable of producing guidance for older people from varying clinical populations, living in different environments. We will provide training and accreditation for exercise trainers across Europe using innovative elearning technologies.

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Organisation name	23. FALLNET - SERMAS-HOSPITAL UNIVERSITARIO DE GETAFE
Your organisation and core activities	The SERVICIO MADRILEÑO DE SALUD (SERMAS) is the structure that integrates all the 31 public hospitals, including the Hospital Universitario de Getafe, and every public health service of the Madrid Regional Health System. SERMAS is the project coordinator, and delegates’ authority to Hospital’s General Director to manage research projects. The “Fundación para la Investigación Biomédica del Hospital de Getafe” is the third party linked to Hospital Universitario de Getafe in order to manage the administrative tasks of the Hospital in regard with research activities, as well as carrying out certain research activities. One of the official research-lines is ageing, with the main focus in frailty, diabetes and RCTs in older people. We have formal relationships with Primary care network, social facilities (including nursing homes), University. We lead the Spanish National Network for Research on Ageing and Frailty, embracing 28 outstanding research groups on aging along Spain.
Initiative name	FALLNET - Falls and fractures european network
Executive Summary	Creating a European network to promote the development of Falls and Fractures Clinics, an integrated and evidence based model of care composed by different settings, coordinated with Primary Care and Community Facilities in order to: 1-. Assess the risk of falls in all subjects who require (Outpatient clinic; Multifunctional Assessment Lab for the Elderly) 2-. Assess the risk of fractures in the elderly with risk factors (Outpatient Clinic; Multifunctional Assessment Lab for the Elderly) 3-. Develop individual strategies, based on the previous assessment, for preventing falls and fractures, improving the osteoporosis treatment compliance. These strategies include an exercise program and nutritional approach. They could be developing both at Hospital (Day Hospital; Outpatient Clinic) or Community Facilities depending on the level risk. 4-.Treat the patient with a fracture requiring hospital care (Ortogeriatric Unit) ensuring appropriate rehabilitation programs. 5-. Develop an EU network of research for developing and validating assessment tools, intervention models, etc. Facilitate the ideal framework for International Clinical Trials in this field. 6-. Provide specialized training in falls and fractures for health workers supporting a EU networking for foreign training based on the particularities of each Hospital.
Scope of implementation	Multinational level
Key activities	This commitment will make a direct contribution to decreasing the falls and fractures rate. The contribution will potentially benefit to all elderly with falls and fractures (25% over 65 years) In addition we indirectly contribute offering the ideal framework for research, specialized training and population education in this field, facilitating the development, validation and use of new technologies. Health system, technology industry, care professionals, policy makers, pharmaceutical industry, older people organizations could be the skate holders involved. Over health systems there will be ad indirect effect, too, reducing costs secondary to a less use of emergency and orthopaedic departments for decreasing fractures rates; all this will contribute in a decrease in dependency rates leading, again, to a benefit for the Health Systems.
Key milestones and indicators	The key milestones could be: 1 -. % of hospitals with Falls and Fractures Clinic whose way of working are based on multidimensional assessment for detecting modifiable risk factors with multicomponent interventions (10 years): 15-20% during the first 3 years; 50% at 5 years, 75% at 7 years and 90% after 10 years. 2-. % of hospitals with Ortogeriatric Units (the development of these units is more advanced that previous, for that we believe the time required is less. 7 years): 40% at 3 years, 65% at 5 years and 90% after 7 years. For further evaluation of these units could use the quality objectives proposed by the British Blue Book http://www.fractures.com/pdf/BOA-BGS-Blue-Book.pdf 3-. EU clinical guidelines for falls and fractures (3 years).
Sufficient resources	At the present time the core group has a financial and human resources although they would be implemented as the network expands. This

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	model of care is based on a new use of already available resources. However the initial implementation of these Units could involve small costs. It has been shown these units suppose a long-term healthcare cost decreased. For example, Orthogeriatric Units reduce the average stay in three days. These long-term savings outweigh the initial investment. Concerning the know-how will be shared by the members of the network and disseminated to the new members. After creating the EU Network, the ability for research and getting new knowledge is wide facilitating future partners (technology industry, policy makers, pharmaceutical industry, older people organizations...). In this framework the organization of meetings and other tasks (advocacy, leadership, etc) is guaranteed.
Advocacy	We should start stimulating health professionals using scientific meetings and societies for encouraging the evidence based geriatric medicine. In addition, different industrial sectors would be involved as potential beneficiaries, include those coming from the following fields: pharmaceuticals, robotics, domotics, hardware and software, telemedicine, exercise devices, etc. Dissemination tasks could be provided by professional teams which are already collaborating with us.
Innovative element	This commitment is an integrated model of care designed for screening, prevention, diagnosing, monitoring and treatment of falls, fractures and frailty, in a personalised way. Although its effectiveness has been largely tested, its implementation is low across EU, probably due to its innovative elements that change the usual way to approach these patients. The need for implementing EU standardized protocols and clinical guidelines, together with the benefits derived from established network for research and training give to this commitment major relevance. This commitment will help to implement the products, tools, services and processes needed to improve the care provided to the older people with falls and fractures, leading to a true social innovation.

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Organisation name	24.Up and About Plus - NHS Scotland, co-ordinated by NHS 24
Your organisation and core activities	Scotland has a population of approximately 5.2 million people, with responsibility for the publicly funded health and social care system devolved to the Scottish Government and delivered by NHSScotland. NHSScotland provides an integrated healthcare system with all hospital and community health services delivered by geographical Health Boards, and has embarked on the integration of health and social care services (provided by Local Authorities) to deliver safe, effective and person centred care. NHSScotland recognises that in order to address the future demographic challenges, appropriate investment in innovative forms of care and support is required. NHS24 is NHSScotland’s national provider of Telehealth and Telecare Services, and manages the Scottish Centre for Telehealth and Telecare, an organisation that supports the development and delivery of evidence based ICT supported healthcare services across Scotland, delivering Scotland’s national Telehealth and Telecare Strategy
Initiative name	Up and About Plus – taking a National Falls Prevention Programme to scale
Executive Summary	This national programme to proactively improve falls management and prevention identifies key principles and promotes a 4 stage integrated care pathway for a coordinated and person centred approach to the prevention and management of falls and fragility fractures in the community. 4 principal workstreams are: supporting health improvement and self management to reduce the risk of falls and fragility fractures; identifying individuals at risk of falls and/or fragility fractures at an early stage; responding to an individual who has just fallen and requires immediate assistance; co-ordinated management including specialist assessment. Through the Scottish Government’s Reshaping Care for Older People and Change Fund of £300m (2011-2015) all 32 health and social care partnerships now have a renewed focus on prevention, early intervention, rehabilitation and enablement. Each partnership is implementing interventions that support more older people to remain well at home. Reshaping Care has introduced a funding and delivery mechanism to drive these interventions to scale. Additionally the Telecare Development Programme has enabled technology solutions to be embedded within local falls prevention and management pathways. The 2012 European Year of Active Ageing, the World Congress on Active Ageing in Glasgow in August 2012 and the 2014 Commonwealth Games in Scotland will further promote a collaborative approach to the promotion of physical activity and falls prevention
Scope of implementation	National level
Key activities	The key deliverables are: pathway development; online Falls and Fracture Prevention Community of Practice; community falls prevention and management care bundles; roll out telehealthcare solutions to reduce risk of falls and fractures in community; decision support tools and a change package for redesigning the pre-hospital pathway for falls; implement a set of interventions to reduce falls in hospital and in care homes; a set of case studies to support partnerships to promote physical activity in older people; spread these messages to older people and the public using digital health technologies, a social marketing campaign and community development approaches to build relationships with local practices; a cost consequence economic analysis of implementing the care bundles; drive local implementation of falls interventions and improvements through Reshaping Care and the Change Fund to 2015.
Key milestones and indicators	Up & About Pathway Development - Community Falls Bundles testing 2012; Embed in Reshaping Care/Change Fund programme from Dec 2012. National Measurement Framework - Cost consequence economic analysis and development of High level Improvement Measures - Autumn 2012 Falls Prevention Activity in Hospitals and Care Homes - learning sessions from June 2012; Roll out Quality Indicators for falls prevention - 2 year programme to 2014 Expansion of Telehealthcare - Work with SCTT - identify opportunities to share learning and good practice with European colleagues – 2015 Enhanced Decision Support in Redesign of Pre-hospital Pathways -

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	demonstrators ongoing; learning event Oct 2012; inform NHS 24/ SAS Common Triage Tool by 2013 Promotion of Exercise Programmes & Physical Activity - European Active Ageing event - April 2012; Go for Gold local events - Summer 2012;; World Congress on Active Ageing - Aug 2012
Sufficient resources	Resources are mainly human, but with underpinning financial resources in place. Programme Manager and network of Falls Leads in every NHS Board work closely with other key stakeholders. Engagement is facilitated by online Falls and Bone Health Community website, hosted by NHS Education for Scotland. This Community links with the Reshaping Care for Older People Improvement Network and the Telehealthcare Champions to share specialist expertise with a wider group of stakeholders through multi-agency learning events, webinars and on line tools and resources. Staff from SCTT progress partnership working in Europe and telehealthcare opportunities. 32 care partnerships are implementing their share of the Change Fund to improve outcomes for older people. This is £300m over 4 years to 2015 to lever a shift in the spend of the health and social care budget for older people towards upstream preventative interventions and community based supports
Advocacy	Reshaping Care for Older People programme is sponsored by the Cabinet Secretary for Health, Wellbeing & Cities Strategy; overseen by a Ministerial Strategic Group and Delivery Group. Through this policy environment all 32 health and social care partnerships have a renewed focus on prevention, early intervention, rehabilitation and enablement, including falls prevention. There will be a Reshaping Care Improvement Network learning event in the autumn in collaboration with falls leads and telehealthcare learning network. The European Year of Active Ageing, the World Congress in Glasgow 2012, and the 2014 Commonwealth Games will promote physical activity and falls prevention. Key messages and case study materials from a learning event on April 27, hosted by Scottish Parliament, will be disseminated widely through, for example, the NHSScotland conference, the World Congress, the annual LTCAS Self Management Campaign and the 2012 Older People’s Assembly
Innovative element	Will use innovative technology, design and social marketing to reach people at risk, working with: partners to provide public information via digital TV and NHS Inform (National health information service) supporting falls prevention and management, aligned with the Scottish Assisted Living Programme Board, DALLAS and SmartCare (if funding bid successful) projects involving NHS, local government, voluntary and enterprise partners. Health Scotland, Physical Activity and Sport policy team, LTCAS Self management campaign and Joint Improvement Team to develop case studies and motivational stories. GPs, community and voluntary sector and care home staff to build relationships with local exercise groups and falls prevention services. Use asset mapping and innovative web based tools to signpost to peer supports and community led interventions. Care Inspectorate, local government and Scottish Care to support innovative practice in care homes eg using the Good practice self assessment resource

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Organisation name	25. Ageing Well - RTEL SA
Your organisation and core activities	RTEL SA is a leading Greek Information and Communication Technologies (ICT) service provider and software-systems developer. Its expertise covers solutions for the hospitality, business, health and public sectors. The company was established in 1993 and the headquarters are based on the Island of Rhodes - Greece. It is certified with ISO 9001:2008 and it is a Cisco Premier Partner. RTEL has established long-term relations with leading organizations in service provision and network operation as well as with major public and academic institutions and research centers throughout Europe. In the R&D Department there are 20 full-time employees, most of them with significant academic background and specializations in ICT. There is expertise in advanced wired and wireless sensor technology, unified communications, decision-making systems and ontology semantics, e-collaboration etc. Some of the core products of RTEL are results of R&D projects including the well-known MISTER CA Appliances.
Initiative name	AgeingWell - Ageing Well and Fall Preventions
Executive Summary	Prevention of falls allows for a wide spectrum of concepts and scopes for understanding risk factors and risk modelling, as a basis for solutions for preventive measures and interventions. This polarization includes clinicians focusing on medical conditions according to the iatrogenic model, nurses focusing on caring conditions according to the salutogenic model, physiotherapists focusing on motor function and gait, social workers focusing on inclusion aspects, and engineers engaging in gerontechnological solutions. This spectrum also implies a fragmentation of terminology and thereby a lack of common understanding, lack of a “common fall prevention language”, of the causes of falls and effects of interventions. Even within the same domain, e.g. among clinicians, evidence-based studies are not always comparable, as the underlying terminologies used are non-congruent or not comparable enough. Some studies may even seem contradictory in results, where they are simply “non-congruent in underlying language”. Gerontechnology suffers also as a more formal classification of technical solutions is missing, and thereby also guidelines how to provide and certify impact and quality assurance. AgeingWell aims to ameliorate this situation concerning falls in elderly in regions across Europe by (a) analysis and harmonization of on-going activities, and (b) terminology enrichment of information management and socio-economic modelling of existing solutions for treatment and prevention.
Scope of implementation	Multinational level
Key activities	AgeingWell will cover at least all mentioned regions. It will select specific municipalities within the regions, and then create a model that will be applied throughout the regions.
Key milestones and indicators	By 2015, AgeingWell will involve at least 10 European countries and 15 regions. They will be validated and run operational programmes for early diagnosis and prevention of falls. The programmes will use innovation in organisation, delivery and business models, in risk registers, toolboxes and services. Good practices will also be made available for replication in other regions. The action will build on a network of actors involved in ongoing cooperation and on new common activities to develop/adapt guidelines and best practice sharing in falls prevention.
Sufficient resources	The financial and human resources will be found on the on-going partner activities and the group is continuously active in recruiting funding. The knowhow and in-kind contributions are expected to be provided by the participating authorities and regions. Infrastructure, materials and research results are provided by the AgeingWell partners. Moreover, AgeingWell partners will organize meetings and provide necessary networking through Europe.
Advocacy	The inspiration and political support activities will start at the beginning of AgeingWell and will intensify as soon as the preliminary

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	results are available. It will take a pragmatic approach to promoting results, considering dissemination instrumental to exploitation and as a vehicle to facilitate and support it. The aim is twofold: firstly, the dissemination step is intended to generate an “internal” process to assure an adequate diffusion of knowledge among the partners, secondly it will prepare the “external” actions towards all stakeholders. To facilitate this direction, AgeinWell will set-up a “Promotion Task Force” (PTF), consisting of experts from all participating organizations, with the objective to formulate the dissemination strategy. The strategy will identify the specific approaches best suited for contact and interaction with target groups, considering both new and traditional dissemination avenues.
Innovative element	AgeingWell will provide the necessary and sufficient competencies for the maintenance of innovative risk factors and risk modelling framework, based on ontology, which will facilitate the development of the AgeingWell support system for risk assessment. Furthermore, a more strict and ontological view on characteristics will shed light upon understanding the structure also on cohort studies. In fact, evidence based research for falls are not always comparable, as the characteristics used in respective studies are not necessarily in consensus. The main AgeingWell innovations include (a) sound and complete risk assessment framework for fall prevention, (b) tools and services arranged and configured to provide optimal support for decision-making, and (c) social innovations for the individual socio-economic modelling support for the regional authorities.
Inclusiveness and Partnership (part 1)c	Home care for older people covers a wide range of services from the most basic nursing assistance of vital signs monitoring to more sophisticated home hospital services. Accordingly, elderly care involves care professionals with different competence and expected function. They interact in various ways with each other and in different surroundings. AgeingWell partners cooperate already in national and international projects as well as within regions, e.g. concerning ICT and various sensor solutions for observations and detection of conditions and events among the ageing individuals. Moreover, there is complementarity of approaches from the viewpoint of condition spectra, care service provision facilities, and technical platform developments. Finally, partners have a long history and ongoing relations with regional and national authorities.
Key activities	AgeingWell will cover at least all mentioned regions. It will select specific municipalities within the regions, and then create a model that will be applied throughout the regions.
key milestones and indicators	By 2015, AgeingWell will involve at least 10 European countries and 15 regions. They will be validated and run operational programmes for early diagnosis and prevention of falls. The programmes will use innovation in organisation, delivery and business models, in risk registers, toolboxes and services. Good practices will also be made available for replication in other regions. The action will build on a network of actors involved in ongoing cooperation and on new common activities to develop/adapt guidelines and best practice sharing in falls prevention.
Sufficient resources	The financial and human resources will be found on the on-going partner activities and the group is continuously active in recruiting funding. The knowhow and in-kind contributions are expected to be provided by the participating authorities and regions. Infrastructure, materials and research results are provided by the AgeingWell partners. Moreover, AgeingWell partners will organize meetings and provide necessary networking throughout Europe.
Advocacy	The inspiration and political support activities will start at the beginning of AgeingWell and will intensify as soon as the preliminary results are available. It will take a pragmatic approach to promoting results, considering dissemination instrumental to exploitation and as a vehicle to facilitate and support it. The aim is twofold: firstly, the dissemination step is intended to generate an “internal” process to assure an adequate diffusion of knowledge among the partners, secondly it will prepare the “external” actions towards all

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	stakeholders. To facilitate this direction, AgeingWell will set-up a “Promotion Task Force” (PTF), consisting of experts from all participating organizations, with the objective to formulate the dissemination strategy. The strategy will identify the specific approaches best suited for contact and interaction with target groups, considering both new and traditional dissemination avenues.
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Organisation name	26. BPCC Falls - Nursing and Healthcare Research Unit (Investén-isciii). INSTITUTO DE SALUD CALOS III
Your organisation and core activities	The Nursing and Healthcare Research Unit (Investén-isciii) is a Unit for Nursing Research at national level. The main objective is to incorporate nursing research into daily clinical practice, and to promote the development, promotion and support of the evidence based approach to health care. The unit provides advice on research methodology to all interested researchers and institutions. Investén-isciii is actively participating in prevention of falls, coordinating a national and international project of falls prevention and disseminating evidence related to falls prevention. We are also involved in a national research network in the field of frailty and elderly people, involving 28 research groups from basic to clinical researchers. The unit has the experience of participating in four previous European projects, 3 of them as coordinators. The ISCIII is part of the ‘Ministry of Economy and Competitiveness’. ISCIII is the national public research funding organization in Spain
Initiative name	BPCC_Falls - Establishment of Centers committed with to the use of best practices to prevent falls
Executive Summary	The project aims to establish Centers committed with the use of best practices (BPCC) to prevent falls. The establishment of BPCC will allow us to implement and evaluate the developed best practice guidelines. It will be a dynamic partnership that focuses on making a positive impact on patient care though evidence-based practice. The main objective will be to determine/measure the effectiveness of an implementation of clinical practice guidelines through the creation of a national network of “Centers committed with the use of best practices to prevent falls”.
Scope of implementation	National level
Key activities	Investén-isciii Unit and JBICC are located in the ISCIII. The Unit is supported by all regions and the Centre by 14 regions. Both are responsible for the coordination of the national programme for best practice implementation and take part of an international network of BPCCs. The Centre is also part of a European Group of Collaborating Centers. In Spain, 25% (18.8-31.4) of males and 37% (31.2- 42.8) of females fell. Multiple falls were in 4% of men and 10.9% of women. Falls reported in a regional study, provided a crude IR of 30.9 falls per 100 men-years (23.3-41.0) and 56.5 falls per 100 women-years (46.5-68.8). Approximately 30% of people in the age group who live alone experience a fall, and the figure increases in residential or acute care setting. The implementation programme is directly targeted and developed in primary and secondary care settings. In the current implementation programme, institutions from seven Spanish regions participate; the rest of regions will join progress
Key milestones and indicators	The milestones established for the action are: a defined strategy to promote the implementation of evidence related to fall prevention at national level, a minimum of 5 Centers committed with the use of best practices (BPCC) and a report of analysis of implementation effectiveness results from the Centers. The BPCCs will measure systematically specific structural, process and outcomes indicators for obtaining the impact of evidence implementation, these are: Percentage of newly admitted patients for whom a falls risk assessment; Percentage of patients for whom a falls risk assessment was completed following a fall; Percentage of "at risk for fall" patients with a documented falls prevention or injury reduction plan; Percentage of patients with physical, environmental, or chemical restraints in place; Rate of falls, with or without injury, in patients per 1000; Percentage of falls resulting in major or fatal injury in patients.
Sufficient resources	The Nursing and Healthcare Research Unit (Investén-isciii) and the Spanish Collaborating Center of the Joanna Briggs Institute, since 1996, has international connections all over Europe and Latin America. At an international level, the Unit has led initiatives like the Euro-conference of Salamanca (1999) and a SSA (ERA-CARE Network, funded FPVI, 2005), and participate in the RN4CAST project (funded

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	by 7th FP, 2009). Furthermore, has recently established an agreement with Canada with the objective to promote the implementation of Clinical Practice Guidelines and is working at a national level to create a Best Practice Spotlights Organization network (www.evidenciaencuidados.es). The Institute has enough experience, infrastructure and human resources to enhance European competitiveness being an active partner in the implementation of the Specific Actions of the EIP on Active and Healthy Ageing through the Investén-isciii Unit.
Advocacy	Our centre has agreements with various regional health systems since 1996, which could assure their political involvement. Since 1996 we organize an International Research conference in Nursing with an average of 600 attendants which could assure to disseminate the information about the action and its results. There are a wide variety of ways in which health professionals may engage in system level advocacy work, We will used the modelling role (demonstrating practice to people and policy-makers), a negotiating role(bargaining with those in power), and a networking role (building coalitions). The challenge becomes “How” to influence decisions in nursing and health political arenas. We will try to be sure we are print and broadcast media and what’s missing from the news coverage, we will try for the beginning to have a person who appear as spokespeople for scientific forums and media.
Innovative element	The Establishment of Centers committed with to the use of best practices to prevent falls aims to generate and promote best practice in the delivery of patient-centred care through innovative and practical models in the areas aging and chronic diseases. The project aims to capitalize the lessons learnt from other testing projects supported by the Nursing and Health care research Unit and the Spanish Collaborating Center of the Joanna Briggs Institute and intended to facilitate optimal patient care using the best available evidence. Getting evidence in to practice considering innovative ways to improve service delivery, drive cost efficiencies and maintaining excellent health and safety standards for users, has been a key strategic goal of successful healthcare providers. Measure nurse sensitive indicators have provided new evidence for the effectiveness of nursing care.

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Organisation name	27. ReFaCo - AOU San Giovanni Battista di Torino – Molinette
Your organisation and core activities	The University Hospital San Giovanni Battista of Turin is the largest hospital in Piedmont. It has 18 departments in 111 wards, 1200 beds and it performs about 51000 admissions/year. Main area of expertise: transplants, haemato-oncology, geriatric medicine, clinical risk management (CRM). The Geriatric School in Turin has developed 30 years experience in the care of elderly patients in all contexts of care. The CRM Unit has promoted the development of EBM-based guidelines and the adoption of national and international recommendations for the safety of care. This Unit has developed a surveillance system of falls and their risk factors inside the hospital. The CRM Unit is supporting the development of the Regional CRM Network. The Piedmont Region with the act 292 of 24/04/2012 has established a working subgroup in the thematic area "falls prevention", coordinated by the regional group on clinical risk (GRRC) to develop analyses aimed at drawing up specific guidelines.
Initiative name	ReFaCo - Regional Falls Prevention Cooperation through the introduction of integrated solutions and tools
Executive Summary	ReFaCo (Regional Falls prevention Cooperation) is a regional initiative about prevention and monitoring of Falls in hospital focused on the cooperation between a pool of public health providers and hospitals coordinated by AOU S. Giovanni Battista of Turin “Molinette” with the technological support of CSI-Piemonte. The initiative intends to develop a common and centralized monitoring systems trough the introduction of an integrated database collecting and sharing data and information about the Falls in hospital environment. The database includes information on intrinsic (related to the patient) and extrinsic risk factors (related to the environment) of Falls, mode and accident site, diagnostic tests and treatments provided and consequences of the Fall. It represents a first common and integrated solution shared among the largest local health providers and hospitals of the Piedmont territory. In perspective, this is the first step towards the setting up of a regional Falls Register extending to all public health providers and hospitals in Piedmont. The aim of the initiative is the total Fall risk monitoring, the construction of a data warehouse to guide decisions in the prevention of Falls and monitor the results of the implementation of organizational/technological actions.
Scope of implementation	Regional level
Key activities	ReFaCo initiative offers a direct contribution because it represents: - an “on-going” regional experience based on innovative tool for the further constituency of the Falls Prevention Register and Risk’s Map at regional level - a relevant example of a successfully cooperation as “incentive” for the regional Authority in order to support legislative and organisational changes that will require, not least, funding programmes - an actively regional cooperation structured in coherence with the main norms and guidelines of the Ministry of Health http://www.salute.gov.it/qualita/archivioDocumentiQualita.jsp?lingua=italiano&id=1639 - a best-practice model of regional cooperation.; since 2009 Molinette has coordinated, in Piedmont, the calls for good clinical practices for AGENAS the "Italian National Agency for regional health services" http://buonepratiche.agenas.it/
Key milestones and indicators	M1: Creation of an “Experimental Committee” among all the players of the ReFaCo M2: Working Plan Definition • analysis of “state of the art” at all partners in terms of health practice and technological tools currently used • Processes Analysis in terms of clinical and organizational pathways • definition of a common survey tool based on “falls risk factors” • feasibility study for the assessment and implementation of an integrated and shared ICT-solution M3: Setting up of an integrated and shared ICT-solution M4: Measure and analysis of “Falls risk factors” M4: Definition of common customized Regional Guideline on Falls Prevention based on Risk Factors pointed-out by the ICT-tool M5: Impacts analysis of the implementation of the guidelines to local and regional level M6: Results dissemination by all partners with the aim to extend the solution throughout the regional territory M7: Feasibility study for the setting up of

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	regional Falls Registry for Falls Prevention
Sufficient resources	The macro-quantification inserted below is strictly related with the key milestones (M1-M7) above described: M1: Now acting M2: 6 Months Since M3 to M7: 18 Months (depending on the availability of financial resources) The estimated total costs for the ReFaCo initiative are approximately 700.000 €
Advocacy	The dissemination of results is considered as a key factor of success of each initiative. This activity will be based on a precise strategy and structured in a plan that will allow the partners to achieve a wide dissemination of results and outcomes on a continuous basis. Considering the “public nature” of all partners involved it is necessary that the ReFaCo initiative will be presented at conferences and workshop sponsored by the regional Authorities, such as Regione Piemonte and Aress Piemonte that support the initiative. The involvement of the local Authorities is strategic in order to incentive a regional “guidance” about the “Falls prevention” and to support legislative and organisational changes that will require, not least, funding programmes. A dedicated ReFaCo Workshop will be organized to discuss and spread the project results in order to extend the initiative to all public health providers and hospitals in Piedmont.
Innovative element	The development and deployment of innovative ICT-solution focused on a good sharing of the health practice offers a direct access to the Falls Data with the expected result of the costs optimization depending on the types of risk. Moreover the innovation in health management will encompass innovation in organisation, tools and better health services for Falls prevention, centred on identified user’s specific needs.

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Organisation name	28. EPAF - EuroSafe - European Association for Injury Prevention and Safety Promotion
Your organisation and core activities	EuroSafe is a non-governmental organisation, representing 35 organisations and individuals working in one or more sectors within the field of injury prevention and safety promotion. Members of EuroSafe represent health and safety agencies, research bodies, private sector organisations such as insurance agencies, and civil society organisations, i.e. those who can effectively influence public policies and implement programmes and infrastructures with regard to safety in daily life. EuroSafe is the lead organisation for the exchange good practices in injury research and prevention in Europe through its networking programmes, publications and the series of bi-annual European Injury Conferences. EuroSafe is: - A platform: a relaying point for policy makers and multi-sector professionals; - An advocate: organising a constructive dialogue among stakeholders; - A resource: a pool of collective expertise relevant to injury prevention.
Initiative name	EPAF - European Partnership for Active ageing and Fall prevention (EPAF)
Executive Summary	The overall objective of the EPAF-project is to initiate multi-sectoral actions within EU/EFTA-MSs and at EU/EFTA-level that promote physical activity so as to permit the continued active engagement in society of people aged 60-75, at lowered risk of fall-injuries by increasing current levels of physical activities, with an enhanced focus on fall-preventive exercises, and by getting private and public services better connected and attuned to active ageing, which have the effect of preventing fall-injuries. It is envisaged that by 2015 at least 15 EU/EFTA-countries/ regions will operate dedicated programmes for promoting active ageing and the prevention of fall-injuries. These programmes will build on the available evidence as to the specific circumstances in countries and multi-stakeholder assessment of relevant good practices and the feasibility of local implementation. A EU-status report on the burden of falls and the evidence behind the prevention of falls will provide the rationale for these activities. The project aims to establish EU-level network of European stakeholders committing themselves in ongoing cooperation and development of new concerted activities to raise awareness of the importance of the issue at EU-level and in countries and to increase competencies of national and regional organisations in addressing the issue.
Scope of implementation	Multinational level
Key activities	The overall objective of the EPAF-project is to initiate multi-sectoral actions within EU/EFTA-MSs and at EU/EFTA-level that promote physical activity so as to permit the continued active engagement in society of people aged 60-75, at lowered risk of fall-injuries by increasing current levels of physical activities, with an enhanced focus on fall-preventive exercises, and by getting private and public services better connected and attuned to active ageing, which have the effect of preventing fall-injuries. It is envisaged that by 2015 at least 15 EU/EFTA-countries/ regions will operate dedicated programmes for promoting active ageing and the prevention of fall-injuries. These programmes will build on the available evidence as to the specific circumstances in countries and multi-stakeholder assessment of relevant good practices and the feasibility of local implementation.
Any other activity	To collate, comparable, country level data on the levels of physical activities and the impact of fall injuries among older people in Europe (benchmarking), to review the perception of older adults on the risk and fear of falling and to assess the potential return of investment from prevention
Key milestones and indicators	• Project web site and quarterly electronic Newsletter (launch: Febr 2013) • Stakeholders symposium at UN-day of older people in Brussels, 2013/ presentation of the mid term project results and start of a series of Annual European Fall prevention day events (starting 1 Oct 2013); • EU-report on burden of fall injuries in older people in the EU (to be launched in Spring 2014) • EU-report on the evidence of

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	fall-prevention and the potential return on investments in prevention (to be launched in Spring 2014) • Repository of 'proven' tools and multidisciplinary services for training, empowerment, early diagnosis, detection and monitoring falls in healthy older people (web based dissemination throughout Europe, in Spring 2014) • Joint action plan of European umbrella organisations on promoting active and healthy life styles in view of falls prevention (Autumn 2014); • State of play report and implementation plans for the 15 participating countries/ regions (Autumn 2014)
Sufficient resources	The project proposal is developed by EuroSafe, AGE Platform Europe, University of Manchester, Swansea University, Consumer Safety Institute-NL, and Agencia de Salud Publica de Barcelona, with the confirmed commitment from 15 MoH-designated country partners, ready to implement fall-prevention actions. The total investment into EPAF is expected to be 1,8 million euro of which 40% is committed by the participating main organisation (EuroSafe, AGE Platform Europe, University of Manchester, Swansea University, Consumer Safety Institute-NL, and Agencia de Salud Publica de Barcelona) and the 15 participating national country partners. The remaining 60% is expected to be provided by the EC Health programme
Advocacy	The prime target group directly to be addressed and involved through the EPAF-project are: - those that decide on policies on ageing, i.e. policy makers in national or regional/local governments in particular those responsible for public health (the EPAF- country associated partners); - those that implement relevant policies, i.e. the various layers of health authorities including general practitioners and health visitors, insurance businesses, public sector services (transportation, housing and recreation) and health trainers and fitness industry (the EPAF- collaborating); and - those that can influence national and local level policies, i.e. the medical profession, experts in the field of physical activity promotion, injury experts, consumer representative bodies, organisations representing older generations (associated and collaborating partners). The project will organise two high-level events.
Innovative element	The overall objective of the EPAF-project is to initiate multi-sectoral actions within EU/EFTA-MSs and at EU/EFTA-level that promote physical activity so as to permit the continued active engagement in society of people aged 60-75, at lowered risk of fall-injuries by increasing current levels of physical activities, with an enhanced focus on fall-preventive exercises, and by getting private and public services better connected and attuned to active ageing, which have the effect of preventing fall-injuries.

OBSERVER

Organisation name	29. Region Syddanmark (Region of Southern Denmark)
Your organisation and core activities	The Region of Southern Denmark (RSD) has a population of 1.19 million. The region’s main tasks include healthcare and regional development; it has the responsibility for running the region’s five hospital units and for developing regional economic development plans. RSD has become a centre for innovation in ICT based health solutions, supported by a strong infrastructure. The infrastructure is based on programmes for continuity of care and health agreements between the different parties in the system. The region makes continuing investments in telemedicine and new Health projects; and corporate closely regional, national, as well as international partners. The aim is to improve the quality of life for older people and chronic patients and invest in public-private partnerships in order to develop innovative services and technological solutions to the benefit of patients and citizens as well as regional businesses.
Initiative name	Cross Sectoral Collaboration on Health and Prevention
Executive Summary	The commitment is based on the strategy of cross sectoral collaboration, which is developed in close collaboration with the 22 municipalities in the region, and it is divided into three main subjects; being Patient Rehabilitation. Strong focus on “everyday rehabilitation” of elderly, following a period of hospitalisation, in order to ensure independent living and prevention of incidents in homes, such as falls. In this connection it is worth mentioning the “Fredericia Model; Life Long Living - Maintaining Everyday Life as Long as Possible”, which is a well known example of “Everyday Rehabilitation” and which has been promoted by the Commission during the EY of Healthy and Active Ageing and Intergenerational Solidarity as good practice example. Health Promotion. A strong focus on collaboration with all 22 municipalities, which have the main responsibility for health promotion and prevention. Focus is here to improve, through common training and consultancy activities, the strategic and professional capability within the municipalities and deploy a lifelong perspective in order to ensure healthy ageing and prevent lifestyle diseases, functional decline, frailty and falls. Common Research Projects in close collaboration with the 22 municipalities and University of Southern Denmark, where the National Institute of Health Promotion and Prevention is situated.
Scope of implementation	Regional level
Key activities	RSD’s contribution is towards the active and healthy ageing of its population. In 2009, 15,9 % of the population was above the age of 65. In 2035 this number has risen to 25%. Potentially they will benefit from the cross sectoral strategy for health and prevention of RSD. Focus is on optimisation of innovation of products and working methods, communication, cost effectiveness, training and empowerment of patients in order to prevent incidents such as falls, showcasing a future way to ensure a sustainable health, welfare and social system. Besides low cost initiatives focusing on the paradigm shift mentioned above, projects like Patient@Home and the Shared Care Portal which is further described in our B3 commitment will potentially benefit all citizens in the region.
Key milestones and indicators	The municipalities are responsible for promotion and prevention, so RSD cannot oblige them to work in a certain way. Based on the positive experiences from “Everyday Rehabilitation”, the intention is though to exploit these results on a general basis in the region in a close dialogue with the municipalities. Some of the municipalities have been actively engaged in wrapping up 8 recommendations for fall prevention within the WHO Healthy City Network, and it is an objective for the RSD to gather the municipalities around these recommendations in order to support and motivate a coherent approach to fall prevention for all citizens in region. Patient@Home with a total budget of € 25 m aims to develop technologies, incl. remote monitoring. By 2020 out-patient treatment will reduce the number of hospital beds by 20-30% while treating an equal number of patients. RSD will also contribute with experience from its Shared Care

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	Platform, which is included in the Smart Care proposal.
Sufficient resources	RSD’s expenditure on eHealth is 2.8 billion € a year, 80 % is financed by the state. RSD employs 18,800 people in the health sector. There is a strong political support in RSD and its collaboration partners, such as the municipalities to ensure a common and integrated approach to health promotion, prevention and rehabilitation. RSD provides € 26 million annually to fulfil its economic strategy, including EU structural funds. The smart specialisation strategy ensures that a sizeable proportion of these funds are used for healthcare and social care innovation in collaboration with industry. Since 2008 more than euro 37 million € have been invested in health and social care innovation projects with a total budget of more than € 94 million. RSD participates in many European projects and bring new innovation and development into the Region and we commit ourselves to bring our know-how to other regions in Europe. RSD is therefore very open for dialogue and sharing of information.
Advocacy	RSD already participates in many regional, national and international conferences. Here we display the knowledge learned in the successful implementation of integrated health and social systems, and how ageing is an opportunity and not a burden, because we focus on user-centered innovation and service delivery. All has a strong political support. By creating Living Lab Denmark, RSD have paved the way for creating new commercial opportunities for companies, and this heightens the quality of life for citizens and the work environment for the staff. RSD is acknowledged as an international hub and a national living lab for Health IT, Active Living and Healthy Ageing. RSD will invite other parties to be present in the action, either as visitors to the Region where we show case solutions, bring together companies or as partners in European funded projects such as the new projects submitted for the CIP PSP call; SmartCare and United4Health.
Innovative element	Working with health promotion, prevention and rehabilitation is not only a question of applying ALL solutions, but is to an equal extent a question of providing information, education and especially empowerment. This dual approach is in RSD seen as the most sustainable, cost effective and innovative approach to enhance the prevention of functional decline, frailty and falls within elderly. It is important to deploy a paradigm shift in the way to work with prevention and rehabilitation, because we need to change the way we look at the elderly from “helpless” patients to citizens with resources. And we also need to change the assumptions for future care by looking at the individual's resources and by providing self-help instead of providing compensatory – and pacifying care. The Health Innovation Unit has been established, that focus on developing and implementing innovative solutions in a close cooperation with users, education-, science- and business sectors.

ADDITIONAL COMMITMENT

Organisation name	30. Ageing Well in Wales
Your organisation and core activities	Office of the Older People’s Commissioner in Wales and the Welsh Local Government Association. Networks have been also built with the National Health Service, academic organisations, the independent and voluntary sector using the National Service Framework for Older People.
Initiative name	Ageing Well in Wales
Executive Summary	Overall our aim for the 5 year programme is to implement a coordinated programme to reduce the number of falls and fractures across Wales and to imbed best practice consistently across Wales. There are examples of notable practice in Wales, with needs to be rolled out and shared with interested parties across Europe.
Scope of implementation	This is a most important initiative that will have impacts at local, regional, national and potentially international levels.
Key activities	With respect to the agreed action plan, a pan Wales engagement seminar is held to share practice identify market leaders and commence scope of action plan and priorities, including an indication of initial resources and people who will commence delivery of the action plan, the so-called delivery group. The engagement of stakeholders to the action plan is done in an event which promotes the plan and raises awareness about the formal start. Ageing Well in Wales foresees contributing to the EIP at European level through the identification of potential sites for learning and exchange, focussing on examples of innovation and provide information and regular feedback and contributions to EIP Action group. In the field of research and innovation actions are aimed at engaging the research and academic institutions, putting in place networks and raising awareness, to and contribute to research proposals that have been submitted via academic routes. The Ageing Well in Wales website will incorporate information on research findings in the field of ageing well.
Any other activity	The falls and fractures agenda does not sit in isolation and has implications for health promotion, since many primary prevention initiatives are about general wellbeing. Furthermore, there are also clear links to be made to other programmes in high risk groups, such as those with dementia or individuals with frailty.
Key milestones and indicators	Work has already commenced and there is considerable correspondence now occurring in Wales. On January 15th 2013 a working seminar will be held and a position statement paper prepared. Thereafter, it is intended to develop a realistic action plan and convene quarterly review meetings. The process will be interactive and grounded in an action learning model using reflective practice to ensure a conversion of evidence to action and action to evidence.
Sufficient resources	Resources are in place to initiate the work yet investment is anticipated in order to fully develop the programme. At this time, it is not possible to state with certainty what investment is needed.
Advocacy	Much of the positive work that occurs in Wales is based on strong professional relationships. There are points of advocacy, however, if required. The programme is being hosted by the Commissioner for Older People, an independent champion in Wales. There are also other advocacy mechanisms in Wales, such as the National Osteoporosis Society, who have developed a positive relationship with some Welsh Government Ministers. Whilst recognising challenges, the opportunity exists in Wales for a coherent, efficient and effective falls and fractures programme.
Innovative element	There are several elements: <ul style="list-style-type: none"> • Conversion of evidence into action and vice versa.

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| | <ul style="list-style-type: none">• An integrated programme across health and social care.• A country wide initiative that allows local sensitivity.• Development of a research agenda to inform future action. |
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