



## **European Innovation Partnership on Active and Healthy Ageing**

### **ACTION GROUP A2 RENOVATED ACTION PLAN 2016-2018**

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## Background and context

The EC provided some guidelines to frame the renovation of the existing Action Plans in the EIP on AHA Strategic Implementation Plan (SIP) and Operational Plan (OP).

The EIP on AHA SIP refers to the "Personal health management, starting with a falls prevention initiative – launching validated and operational schemes for early diagnosis and prevention of falls" as the second Specific Action of the first pillar "Prevention, screening and early diagnosis".

As stated in the SIP, falls prevention could have an enormous impact since it aims to overcome limited awareness and pursue usage of innovative solutions to prevent and monitor falls, by coordinating efforts at EU level to foster innovative organisation, delivery and business models, supported by high performance and effective ICT tools. The OP launched in 2012 established the **rationale, objectives and possible future actions**.

During the period 2012-2015, the AG A2 has implemented numerous actions aligned with the OP, setting up collaboration, building links with the relevant Thematic Networks on the topic and other internal supporting activities organised by the partners. During the last period, the AG has also initiated a process of self-evaluation and re-adjustment with respect to the initial expectations established in the SIP.

After almost three years of the implementation and ongoing process, the AG has resulted in a wide range of collaborative outcomes, involving a great network of actors with no precedent.

However, the foreseen deliverables have been also redefined in several cases and some expectations have been adapted due to relevant barriers and specific circumstances, which have to be acknowledged and taken into account in order to increase the impact of AG A2 future strategies. Some of these barriers and factors will be discussed later in this document, since they have resulted in ideas and proposals for the Renovated Action Plans for AG A2.

## The Renovated Action Plan

### The renovation process

Following the guidelines provided by the European Commission within the CSA PROEIPAHHA scope, a procedure to capture the AG A2 ideas for new objectives has been implemented.

The methodology adopted includes different surveys opened for all AG A2 members, bilateral meetings between the AG A2 promoter and those partners interested in contributing within the AG A2, ad hoc teleconferences with coordinators and deliverable leaders (in addition to the regular monthly teleconference) and a physical meeting where all AG A2 members were invited.

In order to harmonise the Renovated Action Plan across all AGs, a template with the tentative structure has been provided and used as a basis. Thus, the ideas and proposals collected and discussed for the future objectives of the AG A2 had to be further elaborated in order to be adapted to the proposed template, providing a comprehensive and operational description of the Renovated Action Plan content.

### Introduction

According to the Joint Declaration of the European Stakeholders Alliance for Active Ageing through Falls Prevention (September 2015) *“falls are a major indicator of increasing frailty and loss of independence and mobility in older people. One-third of people over the age of 65 who live in the community fall each year and this proportion increases to 50% of those aged 80 years and older. Those residing in care or nursing settings have an even greater risk of falls and fractures. Approximately 30% of falls require medical treatment, often resulting in emergency department visits and subsequent hospitalisations. Annually there are an average of 35.848 fall related deaths amongst people aged 65 years and older within the EU/EFTA region. The number of fall-related hospital visits for the same age-group is estimated at 3,7 million per annum. This number has increased over the past two decades significantly, in some countries even by a factor 2, which reflects the consequences of a society that is growing older and living longer with multiple health problems”*.

The relevance of the topic addressed in AG A2 is, therefore, of acknowledged interest in the European arena, within and beyond the EIP on AHA context. Over the past few years, notable achievements have been made as part of the Action Plan of the AG A2 to falls prevention.

However, new challenges and opportunities for the future continuously arise thanks to the exchange of knowledge and the collaborative and individual efforts emerged in the AG A2, but also in the framework of other relevant European initiatives and flagships, strongly connected with the EIP on AHA domain. Specifically, a number of key initiatives promoted and/or launched by the European Commission in the last year (2015) ought to be mentioned, i.e. the *European Scaling-up Strategy in Active and Healthy Ageing (Scaling up strategy)*, the *Monitoring and Assessment Framework for the EIP on Active and Healthy Ageing (MAFEIP)*, the *Digital Single Market Strategy* and the *Silver Economy in Europe background paper (Silver Economy)*. These initiatives

provide a set of strategic objectives and relevant dimensions to be considered in the definition of the Renovated Action Plan for AG A2.

### The former Action Plan of the Action Group A2

During the past few years, the main objective of the Action Group A2 on Fall prevention and management has been to **deliver EU wide evidence-based, validated and operational programmes for prevention, early identification and minimisation of risk and management of falls in order to contribute to the objectives of the EIP on AHA by reducing falls and the personal, system and societal consequences of fall-related injuries.**

These programmes are based on integrated care principles and complement other preventive actions on frailty and co-morbidity, taking into account the respective complementary and linked objectives of other EIP on AHA Action Groups.

In addition, the operational programmes to prevent falls are supported by the widespread application of education, training, collaborative research and innovative use of technologies.

Since 2012, AG A2 brings together partners across the European Union from local to national levels (health and social care organisations, academia, industry, enterprises and public authorities). These organisations are committed to implementing evidence based validated programmes for prevention, early identification and minimisation of risk and management of falls amongst seniors. Furthermore, a relevant number of acknowledged experts, researchers and practitioners working in the field have provided their vast knowledge to support the implementation of validated practices and programmes in different regions and settings.

Within this scope and in order to reach relevant joint achievements and goals, the AG A2 has been collaboratively working in four different Action Areas (AAs), previously established in the AG A2 initial Action Plan:

#### ***AA1. Implementation of an integrated and person-centred service pathway for fall prevention and management.***

A total of **39 practices on falls prevention have been collected and detailed**, reflecting the variety of possible solutions for falls prevention and management.

The 23 regions in which the activities related to the practices were performed covers over 76 million EU citizens. More than 3.5 million seniors are reached by activities of these practices, which cover various aspects of the integrated falls prevention and management service pathway: awareness raising, risk identification/screening, interventions for prevention, cure and care (including rehabilitation) as well as technology and general policy measures.

#### ***AA2. Data collection for evidence-based interventions on falls***

During the last three years, **AG A2 has gone through the state of the art by analysing the current systems and databases enabling information sharing and data collection for stratifying and predicting the risk of falls**, therefore supporting policy and decision-making on falls prevention at European, national and regional level. A report providing a **comparative analysis of the existing national fall prevention guidelines** has been delivered.

**AA3. Awareness, information and education, to support the training of the workforce.**

Within the scope of the Prevention of Falls Network for Dissemination (ProFouND)<sup>1</sup> and fully aligned with AG A2, evidence based fall prevention programmes for elderly people and effective training programmes have been made available in at least 10 countries, including more than 35 regions.

**AA4. Governance: innovation, sustainability and scaling-up, including models for exploitation, business analysis and strategies for falls prevention technologies take up.**

As part of another active thematic network fully involved in AG A2 activities, E-NO FALLS<sup>2</sup>, relevant achievements have been reached as well. Among others, the E-NO FALLS ICT repository collects more than 55 devices and systems for falls prevention, including the reviews of technical systems as well as user-related experience and questions. In addition, relevant technology validation projects and incubator ecosystems for falls prevention technology take up have been promoted within AG A2 activities.

In short, the collaborative work carried out within the referred AAs resulted in several deliverables, documents and tools but also concrete achievements which provide a solid basis to leverage on during the next Renovated Action Plan period. For further detail of the achievements (deliverables) already reached see the table below:

**Table 1. List of completed and achieved deliverables from former Action Plan of AG A2**

<b>AREA AA1: Implementing an integrated and person centred service pathway, which is enhanced by ICT and other technologies</b>	
<b>D1.1 A compilation of examples, in home and institutional settings, of:</b> <ul style="list-style-type: none"> <li>Operational falls prevention and management approaches, programmes and care pathways.</li> <li>ICT solutions, devices and technologies for screening, assessment, intervention, monitoring and supporting self-management</li> </ul>	<p>Delivered in December 2014 and updated in late November 2015.</p> <p>Integration of new practices and examples can be continued within an ongoing process</p>
<b>D1.2 A discovery report on the future wave of next generation falls prevention technologies.</b>	Delivered in December 2015 (Last version is going to be shared with the whole AG and validated by the partners)
<b>AREA AA2: Data and evidence to support the implementation of an integrated and person-centred pathway.</b>	

<sup>1</sup> The Prevention of Falls Network for Dissemination (ProFouND) is an EC funded initiative dedicated to the dissemination and implementation of best practice in falls prevention across Europe. ProFouND aims to influence policy and to increase awareness of falls and innovative prevention programmes, amongst health and social care authorities, the commercial sector, NGOs and the general public. Through this work, ProFouND will facilitate communities of interest and disseminate the work of the network to target groups across the EU (EC CIP ICT PSP Grant Agreement 325087).

<sup>2</sup> The main goal of E-NO FALLS thematic network is to integrate and bring together knowledge, experiences and best practices acquired at European and international level in the area of fall prevention, intervention and safety. It aims at coordinating ongoing activities and creating the necessary conditions and consensus on action plans, standards and specifications in view to ensure the widest future replication and co-deployment of innovative solutions (with special emphasis on ICT-based ones) (EC CIP ICT PSP Grant Agreement 325137).



<b>D2.1: Report on current approaches to collecting falls data outlining best practises and recommendations</b>	To be delivered at the end of 2015
<b>D2.2: Specification of a minimum falls dataset</b>	Delivered in early Spring 2015 A continuation of the work is foreseen to be part of the Renovated Action Plan
<b>AREA AA3: Awareness, information and education to underpin the implementation of an integrated and person-centred pathway.</b>	
<b>D3.1: Organise awareness campaign across the EU</b>	Delivered within the scope of ProFouND TN
<b>D3.3: Website with information on falls and fall prevention</b>	Delivered within the scope of ProFouND TN
<b>D3.4: Inventory of best practice evidence based models of training and training tools</b>	Delivered within the scope of ProFouND TN
<b>D3.5: Training package to support the training of the workforce</b>	Delivered within the scope of ProFouND TN
<b>AREA AA4: Governance: innovation, sustainability and scaling-up, including models for exploitation, business analysis and strategies for falls prevention technologies take up.</b>	
<b>D4.1 Shortlist of social/economic return on investment models in view of fall prevention (based upon available practices).</b>	To be delivered at the end of 2015. A continuation of the work is foreseen to be part of the Renovated Action Plan.
<b>D4.2 EU-directory on:</b> <ul style="list-style-type: none"> <li>• relevant stakeholders, professionals and stakeholders,</li> <li>• their potential roles in implementing fall prevention strategies,</li> <li>• their needs and demands for support,</li> <li>• funding and other resource streams,</li> <li>• template for national directories to help the creation of national support networks for fall prevention awareness campaigning.</li> </ul>	Delivered within the scope of PROFOUND TN
<b>D4.3 Promotional events and publications:</b> <ul style="list-style-type: none"> <li>• annual (EU- and national level) gatherings of stakeholders and decision-makers,</li> <li>• promotional brochures presenting practices and implementation activities with potential for replication transferability across regions of Europe.</li> </ul>	Delivered as part of different dissemination events (e.g. Conference of Partners, Falls Festival). Delivered in the form of State of Play elaborated in December 2015.
<b>D4.4: Online marketplace and innovation platform for falls prevention services and products, which provides matchmaking between technology providers and potential partners with a view to trial, deploy and roll out novel technologies.</b>	Delivered within the scope of PROFOUND TN
<b>D4.5: Portal with a Community of Practice for sharing and generating joint knowledge, which integrates all deliverables in one single point of access.</b>	Delivered within the scope of ENO-FALLS TN

Additionally, some other deliverables and collaborative work proposed in the former 2012 AG A2 Action Plan have not been fully achieved due to different reasons and they will be completed and/or reframed within the Renovated Action Plan 2016-2018.

## The Renovated Action Plan

### Rationale

As already introduced, the Renovated Action Plan (RAP) is fully coherent with the former goals. In fact, some of the previous objectives have been maintained or reframed and will be part of the focus of future work. The table 2 presented below describes how former deliverables are designed to become new collaborative work as part of the AG A2 RAP.

**Table 2. List of pending deliverables from existing AG A2 Action Plan to become part of the Proposed Specific objective in the Renovated Action Plan 2016-2018**

Former Deliverable/Collaborative work	Proposed Specific Objective in Renovated Action Plan RAP 2016-18
<b>AREA AA1</b>	
D1.3 Design and test a prototype database to organise, store, manipulate and analyse data collected on D1.1	SO1.1 Bringing together relevant information concerning existing programmes and practices in falls prevention in the PROEIPAHA repository (PROEIPAHA) and, in particular, the information collected so far in AG A2
D1.4 Definition of an online Information System (toolkit), based on the database developed in D1.3, which allows a fast search for implementing tools and technologies for monitoring, screening and assessment, standardized approaches, protocols, procedures and flows.	SO1.2 Widening the AG A2 collection by including practices and programmes on falls applied in specific settings and by new actors or commitments
<b>AREA AA2</b>	
D2.2: Specification of a minimum falls dataset D2.3: Strategy on how to establish a European-wide central repository for publicly available falls data	SO2.1 Defining and adopting a common language and procedures, in particular when referring to information transfer and data collection
<b>AREA AA3</b>	
D3.6: Network of research and educational organisations to contribute to the education of social and health care professionals and others working with older people	Synergy on Masters of AHA and Falls prevention
<b>AREA AA4</b>	
D4.1 Shortlist of social/economic return on investment models in view of fall prevention (based upon available practices).	SPRINT on the development of tools based on MAFEIP to be used to establish economic return from AG A2 outputs
D4.6: Promotional package which includes <ul style="list-style-type: none"> <li>• Evidence on the Return of Investments (ROI) into fall prevention initiatives in care and cure,</li> <li>• Toolkit for implementing validated programmes</li> <li>• Guide for national and regional actors on funding</li> <li>• MoU's with relevant EU level actors for joint investments</li> </ul>	SO4.1 Sustainability, "lobbying" and community generation around falls prevention related topics and AG A2 results

As can be seen, **some expected outputs established in the previous AG A2 Action Plan are still relevant and will be integrated as core objectives**, together with the new ones defined for the coming period.

In addition, there is an intention to provide **continuity and sustainability** to those achievements that have already been completed but that are still relevant today, since they could have an even bigger impact in the future. Lastly, **new goals have also been identified** in full alignment with the previous AP. These new goals are coherently framed within the **current European innovation context and principles of the EIP on AHA Triple Win**, based on the improvement of quality of life, the increase of the sustainability of systems and services while fostering EU economy's competitiveness **constitute the general framework**.

The main objective of the AG remains focused on the contribution to foster innovation in personal health management through validated programmes and good practices for early diagnosis and preventive measures (including health promotion), with falls prevention as a first use case. Nevertheless, the RAP for AG A2 2016-2018 puts **a stronger emphasis on practical scaling-up processes amongst regions in Europe**. Thus, the AG A2 objectives for the coming period cover different aspects aimed at increasing transferability and up-scaling of existing practices and programmes on falls prevention, as shown in the figure below.

### Strategic Priorities 2016-2018



**Figure 1. Conceptualisation of Strategic Priorities for Renovated Action Plan in AG A2 (Slide presented by Nick Guldmond in the Conference of Partners 2015).**

In parallel to the RAP procedure, a comprehensive analysis of relevant objectives that are cross-sectional to two or more AGs has been carried out within the Synergies Task Force. As a result of the mentioned analysis, additional goals shared with other AGs will be attached to the RAP of AG A2. An overview of the proposed synergies is shown in figure 2.

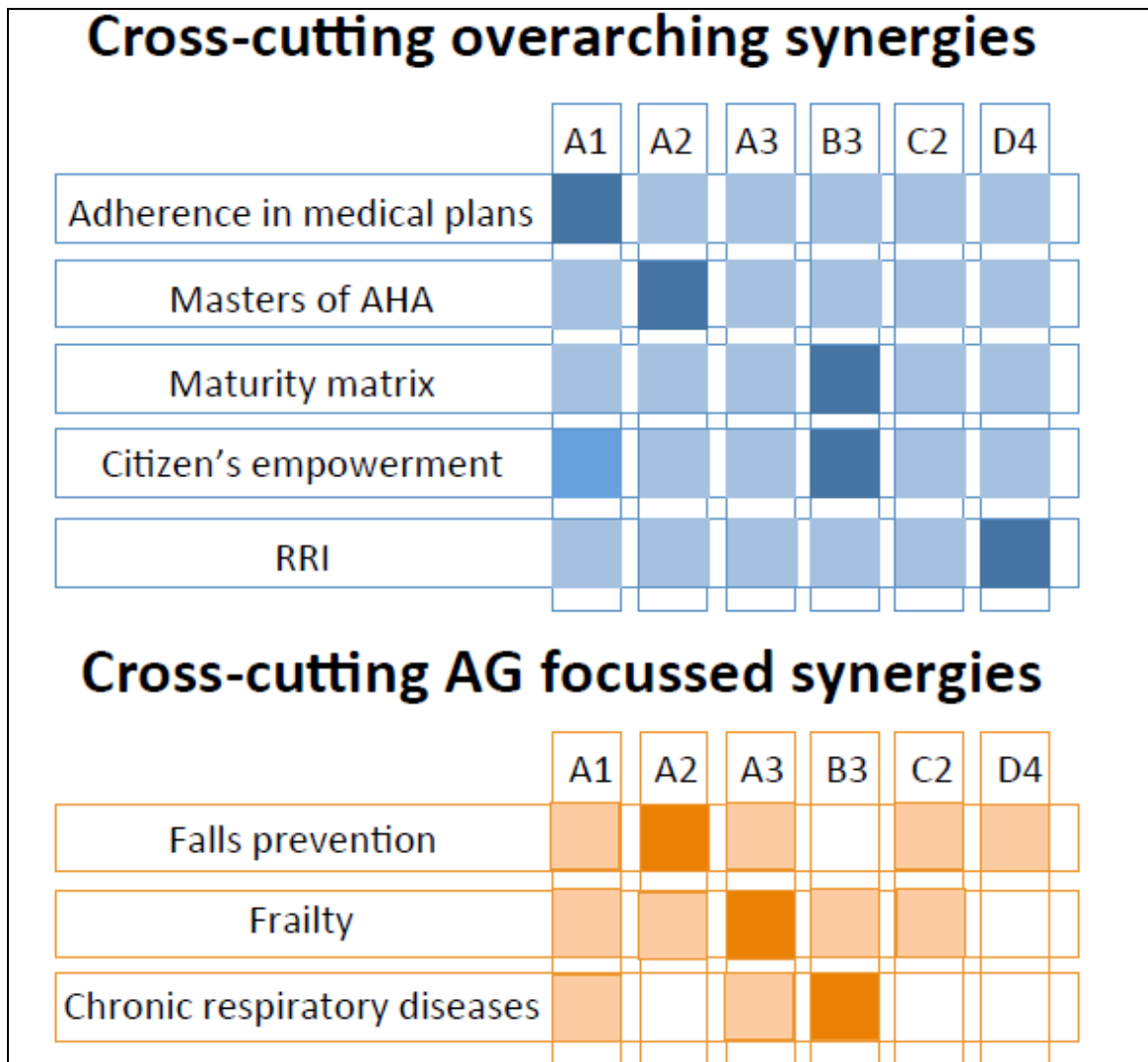


Figure 2. Synergies proposed to be part of the EIP on AHA Renovated Action Plans in 2016

**Two out of the eight proposals for synergies are directly led by AG A2 members: *Masters of AHA* and *Falls prevention*.** Obviously, there are also relevant links with all cross-cutting overarching synergies, since they respond to common fields of interest within the EIP on AHA. Finally, within cross-cutting AG focused synergies, common objectives with the synergy on *Frailty* have been also identified and articulated.

The proposed synergies are directly connected with the objectives defined in the Renovated Action Plan for AG A2, as detailed in the next section. Specific objectives and collaborative work are expected to be jointly developed to reach the goals defined in the selected proposals for synergies. For further details see also the Synergies Paper (Jean Bousquet et al, 2016)<sup>3</sup> fully describing the process and results of the synergies identification and the descriptive table shown below.

<sup>3</sup> Jean Bousquet et al (2016), Building bridges for Innovation in Ageing: Synergies between Action Groups of the EIP on AHA (in press).

**Table 3. Main objectives and AGs involved in the 8 synergies**

<b>Ref.</b>	<b>Title</b>	<b>General Objectives</b>	<b>Interested AGs</b>
<b>SYN_01</b>	Information technology and adherence in ageing population with chronic diseases and polypharmacy	To increase the adherence to treatment of older age adults with chronic diseases and polypharmacy by: (i) assessing the role of ICT - based solutions such as advanced processing of data, decision support applications and remote monitoring and consultation systems; (ii) implementing tailored ICT- based interventions. We expect that the knowledge that will be created will support stakeholders to take action in the direction of improving elderlies' quality of life.	A1, A2, A3, B3, C2
<b>SYN_02</b>	'Masters of AHA' – educating seniors, health and social carers and entrepreneurs	To contribute to the development of dynamic and sustainable care systems of tomorrow by development of a distinctive Master of Gerontology and Geriatrics that will encompass education, stakeholders empowerment and inter-disciplinary, inter-professional research according to different backgrounds and competencies.	A1, A2, A3, B3, C2, D4
<b>SYN_03</b>	Patient and citizen Empowerment across the EIP Action	To develop a consensus view of what patient empowerment is, sharing progress plans regarding the evolution of the respective patient/user empowerment objectives within the different Action Groups. On the basis of a common understanding, both of the content of the topic and of what the different groups are doing, look across the EIP as to how this more holistic perspective can contribute to scaling up of good and effective practices via transverse as well as vertical processes and can support the overall objectives of the EIP.	A1, A2, A3, B3, C2, D4
<b>SYN_04</b>	Maturity Model for Scaling-up Innovative Solutions in Europe	To share learning and expertise with the development of the B3 Maturity Model for Integrated Care by developing other specific challenges and a self-assessment tool; To test and validate the Maturity Model(s) as a tool supporting scaling-up and replication of innovative solutions in Europe and as a tool facilitating the knowledge transfer and exchange of good practices in Europe.	A1, A2, A3, B3, C2

<b>SYN_05</b>	Active and Healthy Ageing in the framework of Responsible Research and Innovation	To create an ecosystem around RRI for AHA by identify the current state of the actions and initiatives, fostering policy dialogue among the relevant stakeholders in AHA, proposing a new roadmap trying to involve in place as much local and regional stakeholders as possible and providing and monitoring indicators of progress	A1, A2, A3, B3, C2, D4
<b>SYN_06</b>	Falls and fall injuries - A Grand Societal Challenge involving prevention and healthy ageing of seniors	1) To enable macro-, meso- and micro- level analysis including, on the one hand, governance and policy-making based screening, prevention, rehabilitation and monitoring, and, on the other hand, an integration with Silver Economy, and related to WHO's consultation on Global Strategy and Action Plan on Ageing and Health. 2) To support regional and municipal levels to act and become deeply engaged in fall prevention campaigns, thereby enabling and promoting early frailty and fall risk assessment, and identifying frail and faller profiles. 3) To raise awareness and promote behavioural change among citizens in prevention of frailty and fall injuries.	A1, A2, A3, B3, C2, D4
<b>SYN_07</b>	Impact of Community-based Program on Frailty Prevention and frailty Mitigation (ICP – FPM)	To set up a public health approach to manage frailty in community dwelling older adults, to be validated in different EU member states (at least six) by integrating in the community and primary care and assessing good practice and impact, including ICT tool.	A1, A2, A3, B3, C2
<b>SYN_08</b>	Multimorbidity of chronic respiratory diseases in old age adults: an under-recognised societal	Chronic respiratory diseases (CRDs) are major chronic diseases intertwined with ageing. CRDs negatively impact AHA. Prevention and control of CRDs in the ageing population is a priority. A stepwise action plan is proposed including scientific societies and patient's organisations.	A1, A3, B3



## The objectives

Taking into account the rationale for “Personalised health management, starting with a falls prevention initiative” as initially defined in the SIP and based on the expertise, interests and potential capabilities of AG A2 members, several General Objectives for future actions have been identified. In parallel, an attempt to restructure the former AAs for future activities and collaborative work is presented below:

**Action Area/Domain A: Innovative practices on falls prevention.** This area is fully linked with the previous efforts done in the AG A2 (e.g. Deliverables D1.1.) in identifying, collecting and sharing innovative practices on falls prevention, including specific programmes, but also relevant technologies developed in the scope of falls prediction, detection, assessment and prevention. However, a step forward on the innovative practices is related with increasing their application in different regions and contexts, i.e. promoting further implementation and up-scaling.

**Action Area/Domain B: Evidence, data and procedures.** Within the scope of AHA, in general, and falls in particular, there is a different understanding of relevant issues and criteria, generating strong inconsistencies in definitions, wording and terminologies adopted. In addition, data and processes remain very fragmented. The isolation of efforts reduces the potential to reach an increased impact on the quality of life of European population.

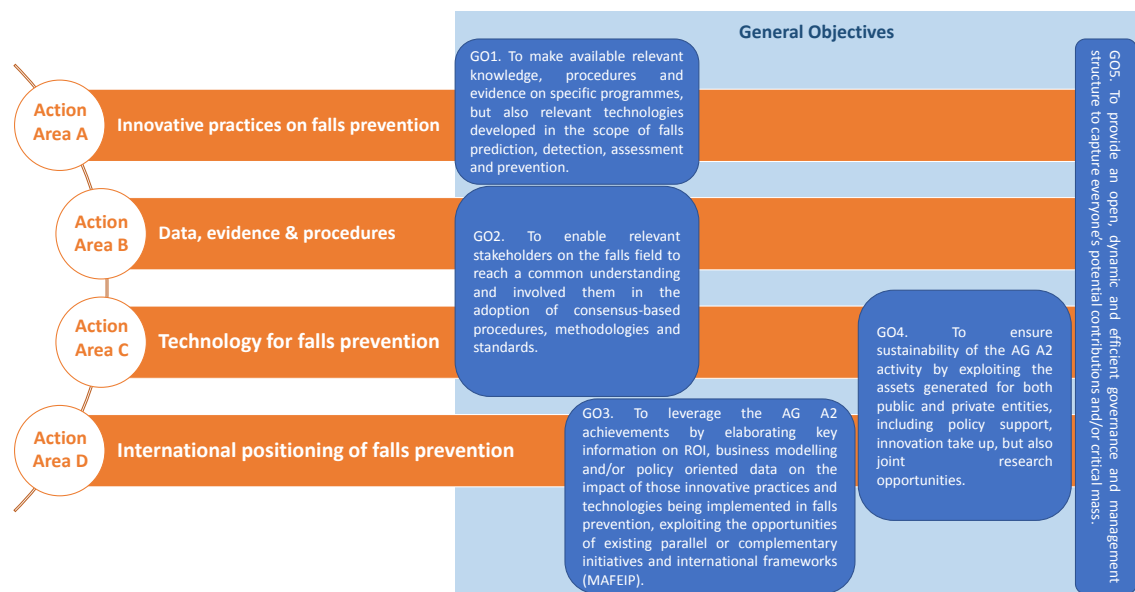


Figure 3. Correspondence between the AG A2 AAs/Domains and the General Objectives

**Action Area/Domain C: Technology for falls prevention.** This area covers several issues that need to be further elaborated in order to overcome existing barriers limiting technology uptake, including regulation, standardisation and/or additional market penetration elements

**Action Area/Domain D: International positioning of falls prevention.** In order to ensure the impact that AG A2 could generate, there is a need to strengthen sustainability and "lobbying" and consolidate the community building efforts around A2 results and existing thematic networks.

With the aim of making the four Action Areas/Domains more operative, “SMART” General Objectives were defined (see figure 3).

These General Objectives, further detailed in the next section, will be reached by working on specific objectives, through the design and implementation of future activities and collaborative work (including SPRINTs) to be carried out within a three-year framework, which are described in the following section

### General Objectives

The proposed General Objectives (GOs), emerging from the interactive discussion and reflection of the current partners, include the following:

**GO1. To make available relevant knowledge, procedures and evidence on specific programmes, but also relevant technologies developed in the scope of falls prediction, detection, assessment and prevention.**

**GO2. To enable relevant stakeholders on the falls field to reach a common understanding and involve them in the adoption of consensus-based procedures, methodologies and standards.**

**GO3. To leverage the AG A2 achievements by elaborating key information on ROI, business modelling and/or policy oriented data on the impact of those innovative practices and technologies being implemented in falls prevention, exploiting the opportunities of existing parallel or complementary initiatives and international frameworks (e.g. Scaling up Strategy, Silver Economy, MAFEIP, Millennium Goals, etc.).**

**GO4. To ensure sustainability of the AG A2 activity by exploiting the assets generated for both public and private entities, including policy support, innovation take up, but also joint research opportunities.**

**GO5. To provide an open, dynamic and efficient governance and management structure to capture everyone’s potential contributions and/or critical mass.**

### Specific Objectives

In order to achieve the proposed GOs, several Specific Objectives (SOs) have been elaborated accordingly. Table 4 below shows how they are related.

**Table 4. The Specific Objectives considered within each General Objective in the Renovated Action Plan 2016-2018**

Generic Objectives	Specific Objectives
<b>GO1. To make available relevant knowledge, procedures and evidence on specific programmes, but also relevant technologies developed in the scope of falls prediction, detection, assessment and prevention.</b>	SO1.1 Bringing together relevant information concerning existing programmes and practices in falls prevention (in particular, the information collected so far in AG A2) in a systematized format and in an easy-to-use repository.
	SO1.2 Widening the AG A2 collection by including practices and programmes on falls applied in specific settings and by new actors or commitments.

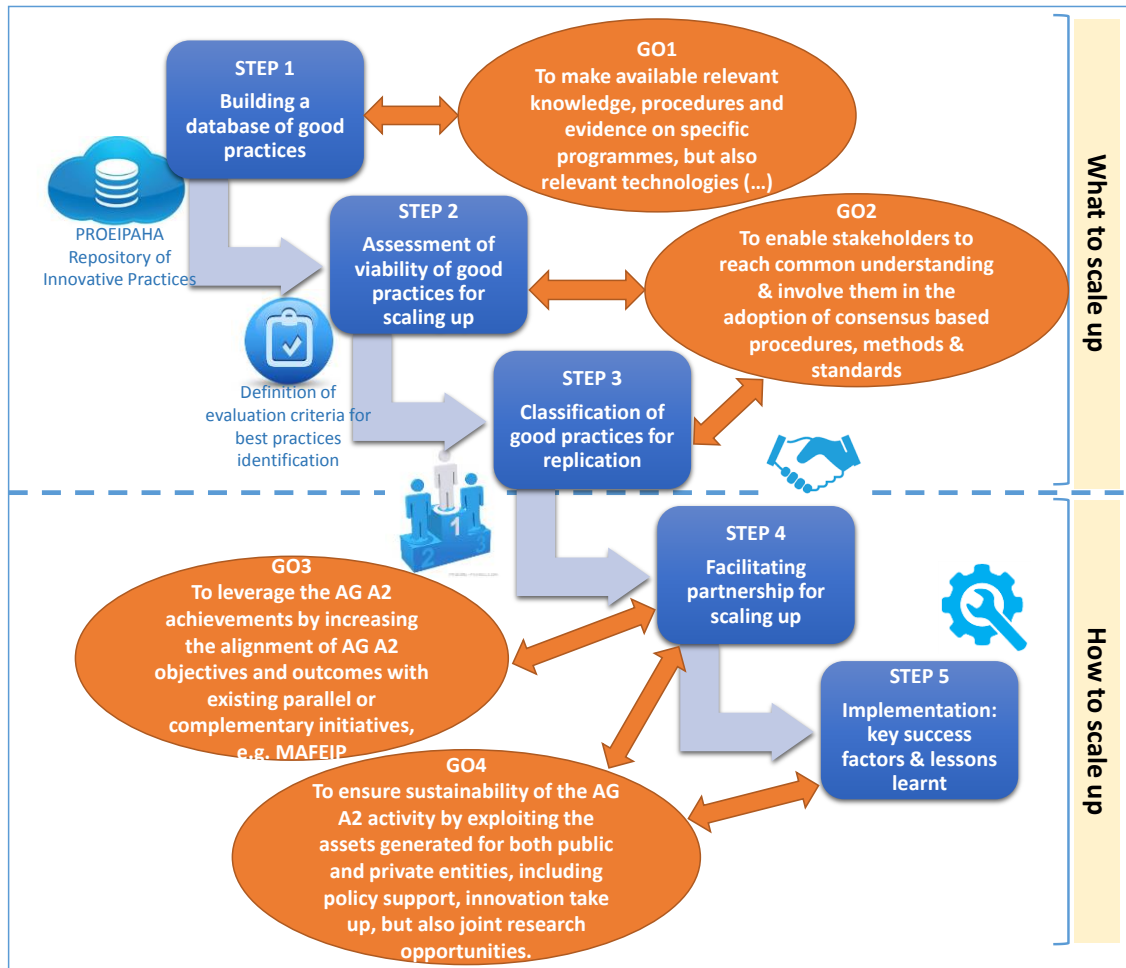


<b>GO2. To enable relevant stakeholders on the falls field to reach a common understanding and involved them in the adoption of consensus-based procedures, methodologies and standards.</b>	SO2.1 Defining and adopting a common language and procedures, in particular when referring to information transfer and data collection to increase evidence based on falls prevention programmes and technologies
	SO2.2 Defining a framework based on experts agreement to evaluate quality of practices/technologies in falls prevention (in terms of effectiveness & efficiency) and identify innovative practices to scale up.
	SO2.3 Legislative & ethical recommendations for falls prevention ICT solutions.
	SO2.4 Standardisation and interoperability analysis and recommendations on ICT for falls prevention, intervention and security.
<b>GO3. To leverage the AG A2 achievements by elaborating key information on ROI, business modelling and/or policy oriented data on the impact of those innovative practices and technologies being implemented in falls prevention, exploiting the opportunities of existing parallel or complementary initiatives and international frameworks (e.g. MAFEIP).</b>	SO3.1 Benchmarking criteria & tools: providing data on ROI and supporting business-modelling case studies, in particular by applying the MAFEIP tool.
	SO3.2 Compilation of data and evidence on fall prediction, detection, assessment and prevention, oriented to decision makers and clinical stakeholders to increase the potential of transferability and uptake of programmes and technologies.
<b>GO4. To ensure sustainability of the AG A2 activity by exploiting the assets generated for both public and private entities, including policy support, innovation take up, but also joint research opportunities.</b>	SO4.1 Sustainability, "lobbying" and community generation around falls prevention related topics, AG A2 results and existing thematic networks.
	SO4.2 Looking for funding and finance opportunities to re-activate efforts and increase the resources invested.

**The definition of the mentioned General and Specific Objectives is coherent with the rationale behind the Scaling up Strategy in Active and Healthy Ageing.** At this concern, **GO1** "To make available relevant knowledge, procedures and evidence on specific programmes, but also relevant technologies developed in the scope of falls prediction, detection, assessment and prevention" is covering **Step 1 of Scaling up Framework "building a database of good practices"**, since it is focused on providing a compilation of promising practices in falls prevention, systematically updated, completed and shared in the European AHA context.

Concerning **GO2** "To enable stakeholders to reach common understanding and involve them in the adoption of consensus based procedures, methodologies and standards", its Specific Objectives are respectively linked with **Steps 2 "assessment of viability of good practices for scaling up" (SO2.1 and SO2.2)** and **Step 3 "classification of good practices for replication" (SO2.3 and SO2.4)** of the Scaling up framework, concerning, respectively.

On the other side, **GO3** "To leverage the AG A2 achievements by increasing the alignment of AG A2 objectives and outcomes with existing parallel or complementary initiatives, e.g. MAFEIP" is **partially linked with Step 4 "Facilitating partnerships for scaling-up"** since the specific objectives are oriented to activate decision making and relevant stakeholders. **Finally**, GO4 is aligned with **Step 4** but covers initial stages of **Step 5**, since it aims at addressing specific objectives influencing implementation of practices (**SO4.1**).



**Figure 4. Interrelations between the AG A2 RAP General Objectives and the Steps defined in the Scaling up Strategy for Active and Healthy Ageing**

The last GO previously mentioned (**G05 "To provide an open, dynamic but efficient governance and management structure to capture everyone's potential contributions and/or critical mass"**) is fully operational and transversal to the RAP. It is addressed through a number of rules and mechanisms illustrated in the section "Governance and coordination".

The following pages include a detailed description of the Specific Objectives, including related content, expected results and foreseen impact indicators per each General Objective.

**GO1 To make available relevant knowledge, procedures and evidence on specific programmes, but also relevant technologies developed in the scope of falls prediction, detection, assessment and prevention across Europe and beyond.**

**SO1.1 Bringing together relevant information concerning existing programmes and practices in falls prevention (in particular, the information collected so far in AG A2) in a systematized format and in an easy-to-use repository.**

**Description:** This SO aims at consolidating previous effort on practices collection and update, and particularly, the content of deliverables D1.1 and D2.2 obtained as an outcome of the former Action Plan. Thus, SO1.1 will focus on transferring current information on the deliverable D1.1 to the existing PROEIPAHA repository, analysing needs and gaps and identifying missing fields (if any) and/or required information necessary to make the compilation of practices comprehensive and easy-to-use.

**SPRINT 1.1.1 Integration of knowledge generated and good practices compiled in AG A2 into PROEIPAHA Repository**

**Results:**

*R1.1 Current information in D1.1 being transferred to PROEIPAHA Repository*

*R1.2 Short report on the conclusions of the process and additional requirements*

**Impact indicators:**

*I1.1 Number of practices finally displayed in the Repository*

*I1.2 Number of users/views of the Repository*

*I1.3 Number of users contacting to get more information on some specific falls practice*

**Start/End Date:** January 2016- September 2016

**SPRINT 1.1.2 Exchanging knowledge on existing regional and national guidelines and additional resources on falls prevention**

**Description:** Aligned with previous results (see D2.2 and App/evidence compilation deliverable in ProFouND), AG A2 will contribute to provide user-friendly and practical information (guidelines, protocols & explanatory material) on existing resources supporting the adoption of falls related programmes and practices.

**Results:**

*R1.3 AG A2 compiled information on practices on falls prevention (D2.2 & other AG A2 identified resources) updated and disseminated into easy to use tools (websites, Apps).*

*R1.4 Public dissemination of regions and countries already supporting guidelines and programmes on the regional or national administrations.*

*R1.5 Engagement strategy to generate awareness on those countries not having guidelines*

**Impact indicators:**

*I1.4 Number of countries/regions engaged in the initiative*

*I1.5 Number of countries/regions launching/transferring new guidelines on falls*

*I1.6 Number of professionals benefiting from the knowledge provided*

**Start/End Date:** June 2016- December 2016

### **SO1.2 Widening the AG A2 collection by including practices and programmes on falls applied in specific settings and by new actors or commitments.**

**Description:** This SO aims at covering those activities addressed to integrate new knowledge provided by a) new settings being considered under the exchange of knowledge activities; b) new members entering the AG A2 after the call for commitments.

**SPRINT 1.2.1 Compilation of details about specific practices covering a wider range of different settings from those already considered (e.g. hospitals, nurse homes, built environment).** which will be first compiled and afterwards included in the PROEIPHA repository.

#### **Results:**

*R1.6 New practices included to the database built for former deliverable D1.1, also transferred to PROEIPHA Repository*

#### **Impact indicators:**

*I1.7 Number of practices finally shared within the AG A2 partnership and/or displayed on the PROEIPHA Repository*

*I1.8 Number of users/views/members sharing information on practices*

*I1.9 Diversity of practices shared (number of different settings)*

*I1.10 Number of users contacting to get more information on the specific falls practice*

**Start/End Date:** January 2016 - September 2016

**NOTE: New commitments could widely contribute according to their specific interests, needs and assets to the definition and elaboration of this SO.**

**GO2 To enable relevant stakeholders on the falls field to reach a common understanding and involve them in the adoption of consensus based procedures, methodologies and standards.**

### **SO2.1 Defining and adopting a common language and procedures, in particular when referring to information transfer and data collection to increase evidence based on falls prevention programmes and technologies**

**Description:** Definitions, methodologies, guidelines and standards should be elaborated, agreed and supported in order to generate an impact. More concretely, there is a need to adopt common recommended procedures to collect relevant data at EU level, to ensure grounded guidelines and evidence-based practices, not only for

falls prevention but also other relevant AHA topics. In addition, it is important to activate seminars and workshops to collectively build on this common understanding, from practical cases of scaling up methodologies to conceptual discussions on common terminology.

**SPRINT 2.1.1 A nomenclature and terminology based on a common language for information and process structures supporting enhancement and enrichment of practices as embedded in care pathways**

**Results:**

*R2.1 Reports and papers on consensus based terminologies for information and process structures to facilitate common understanding and exchange of data*

*R2.2 Report on recommended procedures for information gathering and process modelling (methodological)*

**Impact indicators:**

*I2.1 Increased capability to compare, understand and/or integrate data on falls prevention related issues*

*I2.2 Number of professionals sharing common and complementary understanding and terminology*

**Start/End Date:** October 2016 - June 2017

**SPRINT 2.1.2 Knowledge exchange driven activities including workshops and webinars to support scaling up of falls prevention and management processes**

**Results:**

*R2.3 Workshops and seminars focused on relevant topics facilitating scaling up of practices on falls*

*R2.4 Short webinars covering practical issues and case studies presenting different dimensions of the scaling up process.*

**Impact indicators:**

*I2.3 Number of professionals attending the webinar/workshop*

*I2.4 Accessibility and availability of practical material to be further disseminated.*

**Start/End Date:** May 2016 - December 2018

**S02.2 Defining a framework based on expert agreement to evaluate quality of practices/technologies in falls prevention (effectiveness & efficiency) and identify innovative practices to scale up.**

**Description:** The aim is to develop and validate a set of assessment criteria and the selection tools (based on Delphi methodology) to identify the best practices for a given context and region. As part of the validation process for the assessment criteria and selection process, several context-related practices (health and nursing settings

including primary health centres) will be evaluated across the assessment criteria and selection process after being implemented.

**SPRINT 2.2.1 Development of a set of assessment criteria and selection of best practice based on Delphi consultation (maybe including the development of a “smart” platform)**

According to the criteria reached by this consultation, AG A2 members will select identified best practices by implementing a blinded peer review process with a third blinded reviewer breaking ties. The inclusion of new technologies should also be examined. The falls prevention best practice descriptions should also include information about their underlying theory, implementation process and evidence outcomes and impact. It would be helpful to agree on a template for the description of best practices. Special attention will be given to practices that have proven to be cost-effective and have shown to have the greatest impact on the vulnerable population. In addition, the applicability and transferability of practices to different settings and countries will be assessed, taking into account the needed adaptations to local and regional contexts.

In order to increase the value of the process, there is a need for a repository of best practices on falls prevention and policies across Europe, selected according to their readiness to be scaled up in Europe. Integration with PROEIPHA repository can be explored.

**Results:**

*R2.5 Agreement on selection criteria of best practice produced through the Delphi study*

*R2.6 Identification and selection of best practices for falls prevention and a platform where they are available for interested stakeholders*

*R2.7 Report on recommendations derived by current gaps and needs detected regarding falls prevention strategies and practices*

**Impact indicators:**

*I2.5 Experts involved in the process (community of practice generation)*

*I2.6 Consensus agreement reached with different stakeholders*

*I2.7 Number of practices assessed and validated by experts*

*I2.8 Number of cost-effectiveness interventions for falls prevention analysed.*

**Start/End Date:** October 2016 - June 2017

**SPRINT 2.2.2 Falls prevention practices scaling up toolkit in health care settings (Hospital and primary health care).**

Due to the availability of an innovative intervention in nursing, where the evidence has been proved and indicators of effectiveness have already been developed and applied, the AG A2 proposes to implement and evaluate the mentioned practices within a European context, becoming a case study for scaling up. This intervention, named Nursing Best Practice Guideline (BPG) “Prevention of Falls and Fall Injuries in the Older Adult” is based on a validated framework (Knowledge-to-action) and has



been already evaluated and proved to be an effective strategy to improve outcomes in Ontario (Canada) (Davies B et al, 2008 and Ploeg J et al 2007). More than 90 indicators (process and outcomes) have been developed based on evidence. An online database is used for evaluating effectiveness of programme implementation since 2012.

BPG has been implemented in 18 Spanish centres (representing 88 healthcare institutions) from which we have data on the effectiveness. Institutions collect online data about the established indicators. Currently, data from most of these institutions is available from 2012, while others (second cohort group) started in 2015. The AG A2 proposes, therefore to analyse the data and share the results to promote the future implementation of this intervention and evaluate it in other regions or countries in Europe.

**Results:**

*R2.8 Implementation toolkit for providing systematic method of implementation (English, French and Spanish)*

*R2.9 More than 90 indicators (process and outcomes) developed based on evidence and an online database used for evaluating effectiveness of programme implementation English and Spanish version (RNAO® and Investén-isciii®).*

*R2.10 Implementation initiative elected as Case Study of the World Health Organisation in Europe to be scaling up amongst their countries of influence.*

**Impact indicators:**

*I2.9 Raised awareness of nurses to fill clinical records about falls and fall prevention.*

*I2.10 Improved fall risk assessment and allocation of a prevention plan.*

*I2.11 Enhanced use of a common language, consistent terminology*

*I2.12 Reduction of the percentage of patients who fall*

**Start/End Date:** March 2016 - December 2016

### **S02.3 Legislative & ethical recommendations for falls prevention ICT solutions**

**Description:** There is a need to deal with ethical concerns and legislative barriers when introducing new technologies in the field, within the Silver Economy context. There is a lack of CE- medical certification concerning specific devices (fall prevention). Security and privacy matters become an issue in this context which needs to be addressed. This is an essential requirement to have impact as in the market.

#### **SPRINT 2.3.1 Inventory of ethical issues and legislation related to the use of falls detection and monitoring technologies in the EU context and separate member states.**

Devices such as smartphone sensors or camera's as well as data exchange may be subjected to specific privacy, safety, security, responsibility and accountability regulations. This might differ for 1) particular settings (home, public space, therapy practise or institution e.g. nursing home or hospital), 2) specific target groups

(e.g. patients with mental illnesses) as well as 3) secondary and tertiary users of information and third parties. The inventory should clarify which legislation and regulation apply to what kind of technology used for particular end-users (primary, secondary, etc.) in a specific setting or context

**Results:**

*R2.11 An overview of ethical and legislative issues on the use of technologies with implications for relevant stakeholders in different EU member states.*

**Impact indicators:**

*I2.13 Better acceptance and reduced avoiding attitude to the use of falls prevention and management related technologies, improved understanding and compliance of rules and legislation with the eventual result of increased market uptake, safety and appropriate use of technology.*

**Start/End Date:** May 2016- March 2017

#### **SO2.4 Standardisation and interoperability analysis and recommendations on ICT for falls prevention, intervention and security.**

Despite the multiple barriers and complexity to face, there are many benefits in the adoption of standards and interoperability within countries and across borders. Amongst others, easier and faster access to patient's information, better diagnosis, better quality of treatment, better patient safety and, for instance, increased consumer choice and enhanced competition between vendors by opening the market for new entrants, etc.

Today, many of the ICT based fall prevention and management solutions have not chosen to be medical devices and barely comply with the requirements in the standards. These devices do not follow a standardised data architecture and, therefore, cannot exchange data with the electronic health record.

Interoperability of ICT based fall prevention solutions is very much of concern for clients and healthcare professionals as well as for manufacturers. We believe that defining an internationally acceptable interoperability Strategy and Framework may be the key to enhance the interoperability of devices, applications, data repositories, services and networks and ensure that new IT devices interact seamlessly anywhere. This framework should be multilevel, including the dimensions described in figure 5.

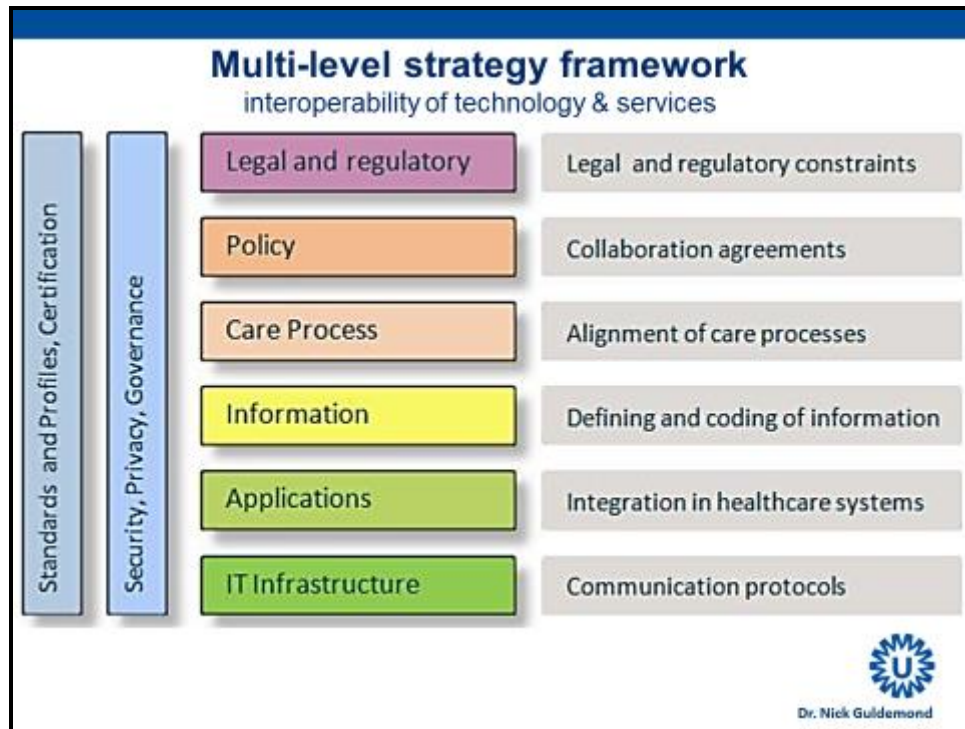
Another key point in the deployment of ICT for fall prevention is the design and promotion of technology systems that allows the final users to keep their own data recorded for any device and to decide with who they wish to share this information. There are also relevant implications for the European Commission, since the regulatory consequences of the convergence between the medical device market segment and the consumer market should be analysed.

#### **SPRINT 2.4.1 Interoperability analysis for an efficient integrated care system (care coordination platform & protocol platform)**

A care coordination platform helps patients, caregivers, and family to track patient behaviour. A care coordination platform offers different functionalities; examples



include secure messaging, medication prescription, personal care plans, personal information, automated reminders and warnings, and the involvement of family and friends in treatment. A deeper analysis of interoperability needs and potential tools for the standardisation will be given.



**Figure 5. Relevant dimensions to be considered within a multi-level framework for providing interoperability to technology and services**

The protocol platform uses common and proven clinical protocols aimed at the prevention and treatment of a disease. These protocols on the platform are turned into simple and accessible care plans, the patient can understand and use. A patient uses the care protocol itself to determine what actions he/she is taking to control the disease and keep healthy. To do this, different functionalities/modules are provided on the platform, such as exercise, diet, and care modules focused on the specific disease.

**Results:**

*R2.12 Analysis of interoperability needs concerning specific processes and technological requirements in concrete examples within integrated care systems.*

*R2.13 Solutions or tools supporting standardisation of concrete protocols and care plans*

**Impact indicators:**

*I2.14 Deeper understanding of standardisation gaps and available tools*

*I2.15 Number of professionals using and/or developing common standards*

**Start/End Date:** May 2016- March 2017

**GO3 To leverage the AG A2 achievements by increasing the alignment of AG A2 objectives and outcomes with existing parallel or complementary initiatives.**

### **S03.1 Benchmarking criteria & tools: providing data on ROI and supporting business modelling case studies, in particular MAFEIP<sup>4</sup> tool.**

**Description:** Several programmes and technologies are considered suitable for falls prevention. However, there is a need for agreed frameworks with specific tools, indicators and criteria to compare different solutions and/or programmes, their effectiveness, cost-effectiveness, strengths, weaknesses, potential benefits (Opportunities), potential risks (Threats) and complementarities, in order to promote the combined use of the most promising healthcare technologies basing on the best possible evidence and to promote new business investments.

The MAFEIP tool has been developed specifically to facilitate the monitoring and the assessment of the EIP. This method employs several early stage technology assessment methods for the estimation of the cost-utility of an innovative health technology (e.g. the potential ROI, the potential impact on the quality of life) in a very early stage of its design, research or development. During the 2015, it has been piloted in the EIP on AHA context (4 commitments, one of which was an A2 commitment), providing interesting preliminary results, especially in the field of the early stage Health Technology Assessment, which aims to inform further research and development projects involving innovative solutions. Those preliminary results suggested that a systematic application of the MAFEIP tool in the EIP on AHA could generate relevant information to inform the scaling-up of promising healthcare technologies for risk of fall assessment, fall prediction, detection and prevention. In order to facilitate this application, the development of a specific sub-tool will be considered in order to inform how A2 commitments should collect evidence in order to use the MAFEIP tool. For instance, the MAFEIP tool measures the impact on the efficacy/utility of new health technology using the Quality of Life, which is not collected in all the A2 commitments. Therefore, there is a clear need to standardise and harmonise the way different A2 commitments measure their progress, in order to facilitate the A2 contribution to the EIP on AHA general goals. A specific online training session will be organised in the near future.

The information obtained in the S03.1 aims to be functional in:

- 1) driving the adoption of mature technologies by impacting at policy level (e.g. the data/results will provide systematised information to build up evidenced based recommendation for policy makers, see Policy paper in GO4);
- 2) maximising the future impact of technologies that have a lower TRL, by informing their further research/development with the best available information (early stage Health Technology Assessment (HTA)).

The proposed SPRINTS within this Specific Objective are:

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<sup>4</sup> Monitoring and Assessment Framework for the EIP on Active and Healthy Ageing.

**SPRINT 3.1.1 Development and validation of a method for early technology assessment based on the MAFEIP tool by facilitating the collection of required data and its concrete application to some examples of healthcare technologies for falls prevention**

**Results:**

*R3.1 3-5 case studies of early stage HTA and Return on Investment (ROI) estimation for falls prevention technologies using MAFEIP tool*

*R3.2 Elaboration of a set of recommendations on how to exploit the benefits and fulfil the gaps identified using MAFEIP tool*

*R3.3 Elaboration of a set of recommendations for future R&D activities related to promising technologies*

**Impact:**

*I3.1 Increased interest in public administrations to adopt cost-effective falls technology or programmes*

*I3.2 Public/private developers, industries and service suppliers will be enabled to provide examples or estimates on how innovative health technologies for falls prevention could produce quality of life, saved costs and social returns.*

*I3.3 Demonstration of effectiveness and raising awareness*

*I3.4 To inform further R&D and design-driven steps for healthcare technologies, which have a lower TRL on the basis of the early stage HTA performed via the MAFEIP tool).*

**Start/End Date:** June 2016 - May 2017

**SPRINT 3.1.2 Developing knowledge from the cases provided to elaborate business models based on the information obtained concerning the technologies and practices analysed.**

**Results:**

*R3.4 Workshops, round tables, seminars and eLearning content will be developed in order to diffuse amongst the A2 community the culture of the MAFEIP and facilitate its use by means of a web tool.*

*R3.5 The knowledge mentioned in the R3.2 will be formalised in order to create a guidance pack to facilitate the use of the MAFEIP tool for falls (e.g. a guideline/handbook to use the MAFEIP tool for falls; the definition of a minimum set of info required to use the MAFEIP tool).*

**Impact indicators:**

*I3.5 Diffusion of the culture of monitoring and assessment in the A2 community, with particular regard to the method developed in SPRINT 3.1.1*

*I3.6 MAFEIP web tool easier to use and, consequently, increased number of users in the falls prevention and management domain*

**Start/End Date:** June 2017 - May 2018

**SPRINT 3.1.3 Guidelines to use MAFEIP tool to support the estimation of return of investment analysis as a basis for business models for falls prevention technologies and programmes.**

**Results:**

*R3.6 Report or toolkit containing the recommendations, lessons learned, and relevant requirements to know when applying MAFEIP to falls prevention ROI assessment*

*R3.7 Guidelines and conclusions of the use of MAFEIP to define business models for falls prevention technologies or programmes*

**Impact indicators:**

*I3.7 Increased elaboration of economic/business assessment in falls related technologies or programmes using MAFEIP*

*I3.8 Enlarged knowledge for the different stakeholders concerning the elaboration of business models for falls technologies and programmes*

*I3.9 Increased uptake of technology and programmes for falls prevention.*

**Start/End Date:** June 2018 - December 2018

**S03.2 Compilation of data and evidence on fall prediction, detection, assessment and prevention, oriented to decision makers and clinical stakeholders to increase the potential of transferability and uptake of programmes and technologies.**

**Description:** the AG will compile and facilitate all relevant material and integrate key messages to raise awareness, reduce barriers and contribute to the adoption of policies to increase falls prevention in Europe. Furthermore, recommendations for institutional frameworks to enable favourable conditions and reduce barriers will be presented in a policy recommendation paper.

**SPRINT 3.2.1 Policy paper on the adoption of services and technologies for falls prevention**

Amongst the issues to be addressed, this paper will provide indications to: a) disseminate the knowledge available (e.g scaling up methodologies, benchmarking of innovative practices, evidence data recommendations, etc.); b) documenting the effect (results, benefits, impact) and c) increasing the transferability potential of the different interventions to get political support and regional engagement. The content of this work will be disseminated and linked with G04, concretely S04.1 related activities.

**Results:**

*R3.8 Policy paper to increase the adoption of services and technologies for falls prevention*

**Impact indicators:**

*I3.10 Number of public administrations adopting the recommendations provided*

*I3.11 Number of practices for falls prevention being scaled up*

*I3.12 Number of users/citizens who benefit from better and improved services***Start/End Date:** February 2016 - December 2016**SPRINT 3.2.2 Inventory of existing and recommendations for new research on technologies for monitoring and interventions**

Europe's healthcare system is currently still very much focused on 'curing' rather than 'preventing', especially when it comes to the older citizens. This results in a poor physical, cognitive, stress, nutritional and social health condition, which could lead to falls and other problems.

To keep health care affordable, and to make 'healthy ageing' possible, disease management needs to be transformed into health management and must focus on preventive measures to ensure a good physical, mental, nutritional and social health condition.

The preventive health measures that exist, are generally very much ad-hoc, directed at one specific lifestyle issue or one specific health risk, and/or national or regional in focus. So an integrated falls preventative system is currently not operational because an overall view is lacking:

- a) existing sensor systems that can monitor personal health and life-style status;
- b) ICT-systems that analyse the sensor information, combine the information and draw conclusions about the overall status of a person and about the best interventions;
- c) personal feedback and intervention systems;
- d) behavioural change strategies that persuade people to join such an approach.

**Results:**

*R3.9 Overall view of: a) Intervention tools and systems; b) ICT-platforms; c) behavioural change strategies that need to be developed in order to create a true falls prevention health care system; d) sensor, intervention systems, ICT-tools and behavioural change strategies*

**Impact indicators:**

*I3.13 Clear focus of new research that has to be performed to create a falls prevention toolbox that is able to determine older citizens at risk and improve their condition.*

**Start/End Date:** February 2018 - December 2018

**GO4 To ensure sustainability of the AG A2 activity by exploiting the assets generated for both public and private entities, including policy support, innovation take up, but also joint research opportunities.**

**S04.1 Sustainability, "lobbying" and community generation around falls prevention related topics, AG A2 results and existing thematic networks.**

**Description:** Designing/planning a "communication and lobbying strategy" to engage public and private stakeholders to obtain resources for the sustainability of the

activities. The strategy should identify and design a plan to reach the right institutions in each country. The Falls Festival should be linked with this strategy, together with a storyline based on the elements already available to engage stakeholders, as an additional SPRINT for the short term. This strategy includes promotion of A2 work (e.g. the PROEIPAHHA repository) and other relevant information through digital marketing and communication.

**SPRINT 4.1.1 Strategy/plan to communicate & capture interest of policy makers ad stakeholders around AG A2 results (with emphasis on the Falls Festival)**

A collective reflexion is needed about common goals and joint approaches within the AG to leverage on the individual potential of AG A2 members in order to become a consolidated and stronger community, acting as a reference for innovation in falls prevention in Europe. This reflexion should be translated to communication objectives and activities, for internal and external purposes.

**Results:**

*R4.1 Definition of the communication goals according to predefined strategic decisions, including identification of the main assets (e.g. business models) to exploit within the AG A2.*

*R4.2 Segmentation of the targeted groups to be approached, design of the most efficient communication tools and key messages.*

*R4.3 Elaboration and implementation of the action plan, including expected outcomes and KPIs.*

**Impact indicators:**

*I4.1 Engagement of relevant stakeholders and policy makers on AG A2 activities.*

*I4.2 Number of active members contributing to the communication activities*

*I4.3 New members attracted: i.e. number subscriptions newsletter/ memberships of AG*

**Start/End Date:** March 2016 - December 2018 (periodic review)

**SPRINT 4.1.2 Strategy to include falls prevention into the future policy and research international, national & regional agendas.**

This SPRINT will integrate knowledge and activities of the academic disciplines/professional groups relevant for falls preventions, among others, nursing, medical, geriatrics, ICT, public health, internal medicine, etc. In addition, it will be important to explore exploring the links with related-overlapping fields and topics towards future agendas could be oriented (e.g. fractures, frailty, etc). This synergy will extend to an international scope and build upon existing relations of A2 with groups in e.g. Australia and Canada.

**Results:**

*R4.4 Joint (position) papers and (practise) guidelines on falls related topics*

*R4.5 Exchange of academic multidisciplinary knowledge across AG A2 members*



*R4.6 Recommendations for future topics to research within/related with falls prevention*

*R4.7 Joint contributions to consultations for the development of European roadmaps, programmes, etc.*

**Impact indicators:**

*I4.4 Increased number of joint research outputs*

*I4.5 Wider influence on the European research arena*

*I4.6 Increased number of projects funded on the topic of falls*

**Start/End Date:** May 2016- December 2018

**SPRINT 4.1.3 Community generation around A2 market place for fall prevention technologies**

As part of the strategies to increase market penetration, it is important to disseminate and share existing solutions on falls. Regarding this issue, there are existing efforts such as the market place of falls technologies developed during the last AG A2 Action Plan. In order to contribute to market penetration, there is a need to design and implement a strategy to generate and consolidate a community around the falls prevention technologies Market place. Specific target groups should be identified, exploring their needs for information, support and/or financial or additional incentives and benefits. A relevant part of the community generation will focus on opening discussions with complementary networks and communities to elaborate common objective and explore opportunities to increase collaboration and joint activities (e.g. *Joint Declaration issued by European Stakeholders Alliance for Active Ageing through Falls Prevention (ESA on Falls)*).

**Results:**

*R4.8 Identification of target groups, needs and desires*

*R4.9 Events and (digital and physical) "tools" forming a complementary channel to address/engage members*

*R4.10 Enlarged and complementary partnership around shared objectives and/or achievements to work with*

*R4.11 Common events, meetings and discussions to better understand the activities and approaches and leverage on them*

**Impact indicators:**

*I4.7 Extended Community (% of extend) and/or number of professionals and experts engaged*

*I4.8 Sustainability of existing networks and/or integration of new communities (maybe into different types and subgroups and defining a wider "network of networks").*

*I4.9 Multiplying effort of the actions developed by AG A2 and other relevant institutions/networks such ESA on Falls*

**Start/End Date:** May 2016- December 2018

**S04.2 Looking for funding opportunities to re-activate efforts and increase the resources invested.**

**Description:** A more intensive strategy to define joint proposal and common actions to contribute to the AG sustainability is needed. Several coordination actions and supporting tools can be activated to this extent.

**SPRINT 4.2.1 Strategy for joint proposals elaboration around AG A2 objectives & collaborative work**

In order to increase funding opportunities, AG A2 members should define a collaboration framework together with a concrete action plan.

**Results:**

*R4.12 Database of calls, tenders and funding programmes of interest for AG A2*

*R4.13 Action Plan for increasing joint proposals within the AG A2*

*R4.14 Identification and analysis of complementary financing instruments such as early stage investments, crowd funding, etc.*

**Impact indicators:**

*I4.10 Number of joint proposals submitted by AG A2*

*I4.11 Number of new stakeholders linked to AG A2 activities by newly funded projects*

*I4.12 Number of donors informed and engaged AG A2*

**Start/End Date:** May 2016 - December 2018



## Activities, specific results and impact indicators

**Activities** to be undertaken to make progress on the Action Plan are numerous. They will involve different resources and actors and in many cases will be cross-sectional to different objectives. They are not fully described in this document since a new call for commitments is expected and new actors, ideas, inputs and perspectives will feed into and enrich the Action Plan.

The activities described in the following tables correspond to SPRINTs that current partners (who participated in the development of this first Action Plan 2016-2018 version) will carry on. Correspondingly, they have committed to obtain a list of the expected tangible **results**.

In Appendix 2 a complete list of results, with information on lead partner, contributing partners, deadlines and impact will be provided as soon as the 2016 Call for Commitments will be concluded and new partners will be on board.

**GO1 To make available relevant knowledge, procedures and evidence on specific programmes, but also relevant technologies developed in the scope of falls prediction, detection, assessment and prevention.**

**S01.1 Bringing together relevant information concerning existing programmes and practices in falls prevention (in particular, the information collected so far in AG A2) in a systematized format and in an easy-to-use repository.**

**Proposal for leadership:** *Irene O'Byrne Maguire, Ann Murray, Isabella Springhetti, Patrik Eklund*

**Contributing partners**<sup>5</sup>: *Irene O'Byrne, Nick Guldemon, Isabella Springhetti, Ann Murray, Patrik Eklund, Nandu Goswami, Andreu Catalá, Teresa Moreno Casbas, Irene O'Byrne Maguire, Adrianna Nizinska, Armando Raimundo, Dimitrio Kilias, Luca Palmerini, Liliana Rogozea, Leandro Pecchia, Fanny Breuil, Marlou Bijlsma*

Activities	Results	Impact
<b><i>SPRINT 1.1.1. Integration of knowledge generated and good practices compiled in AG A2 into PROEIPHA Repository</i></b>	<i>R1.1 Current information in D1.1 being transferred to PROEIPHA Repository</i>	<i>I1.1 Number of practices finally displayed in the Repository</i>
	<i>R1.2 Short report on the conclusions of the process and additional requirements</i>	<i>I1.2 Number of users/views of the repository</i>
		<i>I1.3 Number of users contacting to get more information on some specific falls practice</i>

<sup>5</sup> Up to the 15<sup>th</sup> of February 2016.

<b><i>SPRINT 1.1.2 Exchanging knowledge on existing regional and national guidelines and additional resources on falls prevention</i></b>	<i>R1.3 AG A2 compiled information on practices on falls prevention (D2.2 &amp; other AG A2 identified resources) updated and disseminated into easy to use tools (websites, Apps).</i>	<i>I1.4 Number of countries/regions engaged in the initiative</i>
	<i>R1.4 Public dissemination of regions and countries already supporting guidelines and programmes on the regional or national administrations.</i>	<i>I1.5 Number of countries/regions launching/transferring new guidelines on falls</i>
	<i>R1.5 Engagement strategy to generate awareness in those countries not having guidelines</i>	<i>I1.6 Number of professionals benefiting from the knowledge provided</i>

**S01.2 Widening the AG A2 collection by including practices and programmes on falls applied in specific settings and by new actors or commitments.**

**Proposal for leadership:** *Irene O'Byrne Maguire, Ann Murray, Isabella Springhetti, Patrik Eklund*

**Contributing partners:** *Irene O'Byrne, Nick Guldemon, Isabella Springhetti, Ann Murray, Patrik Eklund, Nandu Goswami Andreu Catalá, Teresa Moreno Casbas, Irene O'Byrne Maguire, Adrianna Nizinska, Armando Raimundo, Dimitrio Kiliyas, Luca Palmerini, Liliana Rogozea, Leandro Pecchia, Fanny Breuil, Marlou Bijlsma, New commitments*

<b>Activities</b>	<b>Results</b>	<b>Impact</b>
<b><i>SPRINT 1.2.1. Compilation of details about specific practices covering a wider range of different settings from those already considered (e.g. hospitals, nurse homes, built environment),</i></b>	<i>R1.6 New practices included to the database built for former deliverable D1.1, also transferred to PROEIPHA Repository</i>	<i>I1.7 Number of practices finally shared within the AG A2 partnership and/or displayed on the PROEIPHA Repository</i>
		<i>I1.8 Number of users/views/members sharing information on practices</i>
		<i>I1.9 Diversity of practices shared (number of different settings)</i>

		<i>I1.10 Number of users contacting to get more information on the specific falls practice</i>
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**GO2. To enable relevant stakeholders on the falls field to reach a common understanding and involve them in the adoption of consensus based procedures, methodologies and standards.**

**S02.1. Defining and adopting a common language and procedures, in particular when referring to information transfer and data collection to increase evidence based on falls prevention programmes and technologies.**

**Proposal for leadership:** Patrik Eklund, Nick Guldmond & Henriette Hansen (linked to seminars)

**Contributing partners:** Isabella Springhetti, Andreu Catalá, Irene O'Byrne Maguire, Adrianna Nizinska, , Teresa Moreno Casbas, Ann Murray, Patrik Eklund, Ann Hever (?), Marlou Bijlsma (?), Joao Malva & Ana Teixeira & Cidalina Abreu, Luca Palmerini, Roberta Annicchiarico, Liliana Rogozza, Humberto Rebelo, Dimitrio Kiliyas, Bart Verkerke, Beatriz Fernandes, Armando Raimundo, Amaia Mendez, Leandro Pecchia, Fanny Breuil, Marlou Bijlsma

Activities	Results	Impact
<b><i>SPRINT 2.1.1 A nomenclature and terminology based on a common language for information and process structures supporting enhancement and enrichment of practices as embedded in care pathways</i></b>	<i>R2.1 Reports and papers on consensus based terminologies for information and process structures to facilitate common understanding and exchange of data</i>	<i>I2.1 Increased capability to compare, understand and/or integrate data on falls prevention related issues</i>
	<i>R2.2 Report on recommended procedures for information gathering and process modelling (methodological)</i>	<i>I2.2 Number of professionals sharing common and complementary understanding and terminology</i>
<b><i>SPRINT 2.1.2 Knowledge exchange driven activities including workshops and webinars to support scaling up of falls prevention and management</i></b>	<i>R2.3 Workshops and seminars focused on relevant topics facilitating scaling up of practices on falls</i>	<i>I2.3 Number of professionals attending the webinar/workshop</i>
	<i>R2.4 Short webinars</i>	<i>I2.4 Accessibility and</i>

	<i>covering practical issues and case studies presenting different dimensions of the scaling up process.</i>	<i>availability of practical material to be further disseminated.</i>
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**S02.2 Defining a framework based on expert agreement to evaluate quality of practices/technologies in falls prevention (in terms of effectiveness & efficiency) and identify innovative practices to scale up**

<b>Proposal for leadership:</b> Patrik Eklund, Teresa Moreno Casbas (health settings),  <b>Contributing partners:</b> Irene O'Byrne Maguire, Teresa Moreno Casbas, Ann Murray, Leandro Pecchia, Joao Malva & Ana Teixeira & Cidalina Abreu, Helena Fernandez, Luca Palmerini, Liliana Rogozea, Humberto Rebelo, Adrianna Nizińska, Lucía González, Armando Raimundo		
<b>Activities</b>	<b>Results</b>	<b>Impact</b>
<b><i>SPRINT 2.2.1. Development of a set of assessment criteria and selection of best practice based on Delphi consultation (maybe including the development of a "smart" platform)</i></b>	R2.5 Agreement on selection criteria of best practice produced through the Delphi study	I2.5 Experts involved in the process (community of practice generation)
	R2.6 Identification and selection of best practices for falls prevention and a platform where they are available for interested stakeholders	I2.6 Consensus agreement reached with different stakeholders
	R2.7 Report on recommendations derived by current gaps and needs detected regarding falls prevention strategies and practices	I2.7 Number of practices assessed and validated by experts
		I2.8 Number of cost-effectiveness interventions for falls prevention analysed.
<b><i>SPRINT 2.2.2 Falls prevention practices</i></b>	R2.8 Toolkit for providing systematic	I2.9 Raised awareness of nurses to fill clinical

<b><i>scaling up toolkit in health care settings (Hospital and primary health care).</i></b>	method of implementation (English, French and Spanish)	records about falls and fall prevention.
	R2.9 More than 90 indicators (process and outcomes) developed based on evidence and an online database used for evaluating effectiveness of program implementation English and Spanish version (RNAO® and Investén-isciii®).	I2.10 Improved fall risk assessment and allocation of a prevention plan.
	R2.10 Implementation initiative elected as Case Study of the World Health Organisation in Europe to be scaling up among their influence countries.	I2.11 Enhanced use of a common language, consistent terminology
		I2.12 Reduction of the percentage of patients who fall

### **S02.3. Legislative & ethical recommendations for falls prevention ICT solutions**

**Proposal for leadership:** Andreu Catalá

**Contributing partners:** Fanny Breuil, Andreu Catalá, Leandro Peccia, Luca Palmerini, Roberta Annicchiarico, Liliana Rogozea, Dimitris Kiliyas, Ann Murray, Nick Guldemond

<b>Activities/Specific Objective</b>	<b>Results</b>	<b>Impact</b>
<b><i>SPRINT 2.3.1 Inventory of ethical issues and legislation related to the use of falls detection and monitoring technologies in the EU context and separate member states.</i></b>	R2.11 An overview of ethical and legislative issues on the use technologies with implications for relevant stakeholders in different EU member states.	I2.13 Better acceptance and reduced avoiding attitude to the use of falls prevention and management related technologies, improved understanding and compliance of rules and legislation with the eventual result of increased market uptake, safety and appropriate use of

		technology.
		I1.2. Increased market uptake, safety & appropriate use of technology.

#### **S02.4 Standardisation and interoperability analysis and recommendations on ICT for falls prevention, intervention and security.**

**Proposal for leadership:** *Andreu Catalá & Marlou Bijlsma*

**Contributing partners:** *Fanny Breuil, Andreu Catalá, Luca Palmerini, Roberta Annicchiarico, Liliana Rogozea, Dimitris Kiliass, Ann Murray*

<b>Activities</b>	<b>Results</b>	<b>Impact</b>
<b><i>SPRINT 2.4.1. Interoperability analysis for an efficient integrated care system (care coordination platform &amp; protocol platform)</i></b>	<i>R2.12 Analysis of interoperability needs concerning specific processes and technological requirements in concrete examples within integrated care systems.</i>	<i>I2.14 Deeper understanding of standardisation gaps and available tools</i>
	<i>R2.13 Solutions or tools supporting standardisation of concrete protocols and care plans</i>	<i>I2.15 Number of professionals using and/or developing common standards</i>

**GO3** To leverage the AG A2 achievements by elaborating key information on ROI, business modelling and/or policy oriented data on the impact of those innovative practices and technologies being implemented in falls prevention, exploiting the opportunities of existing parallel or complementary initiatives and international frameworks (e.g. MAFEIP).

#### **S03.1. Benchmarking criteria & tools: providing data on ROI and supporting business modelling case studies, in particular by applying the MAFEIP<sup>6</sup> tool.**

**Proposal for leadership:** *Ruud van de Bilt & Leandro Pecchia*

**Contributing partners:** *Marlou Bijlsma (?), Joao Malva & Ana Teixeira & Cidalina Abreu, Andreu Catalá, Luca Palmerini, Fanny Breuil, Roberta Annicchiarico, Dimitrios Kiliass, Bart Verkerke, Lucía González, Armando Raimundo*

<b>Activities</b>	<b>Results</b>	<b>Impact</b>
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<sup>6</sup> Monitoring and Assessment Framework for the EIP on Active and Healthy Ageing

<b><i>SPRINT 3.1.1 Development and validation of a method for early technology assessment based on the MAFEIP tool by facilitating the collection of required data and its concrete application to some examples of healthcare technologies for falls prevention</i></b>	<i>R3.1 3-5 case studies of early stage HTA and Return on Investment (ROI) estimation for falls prevention technologies using MAFEIP tool</i>	<i>R3.1 3-5 case studies of early stage HTA and Return on Investment (ROI) estimation for falls prevention technologies using MAFEIP tool</i>
	<i>R3.2 Elaboration of a set of recommendations on how to exploit the benefits and fulfil the gaps identified using MAFEIP tool</i>	<i>I3.2 Public/private developers, industries and service suppliers will be enabled to provide examples or estimates on how innovative health technologies for falls prevention could produce quality of life, saved costs and social returns.</i>
		<i>I3.3 Demonstration of effectiveness and raising awareness</i>
	<i>R3.3 Elaboration of a set of recommendations for future R&amp;D activities related to promising technologies</i>	<i>I3.4 To inform further R&amp;D and design-driven steps for healthcare technologies, which have a lower TRL on the basis of the early stage HTA performed via the MAFEIP tool).</i>
<b><i>SPRINT 3.1.2 Developing knowledge from the cases provided to elaborate business models based on the information obtained concerning the technologies and practices analysed.</i></b>	<i>R3.4 Workshops, round tables, seminars and eLearning content will be developed in order to diffuse amongst the A2 community the culture of the MAFEIP and facilitate its use as web tool.</i>	<i>I3.5 Diffusion of the culture of monitoring and assessment in the A2 community, with particular regard to the method developed in SPRINT 3.1.1</i>
	<i>R3.5 The knowledge mentioned in the R3.2 will be formalised in order to create a guidance pack to facilitate the use of the MAFEIP tool for falls (e.g. a guideline/handbook to</i>	<i>I3.6 MAFEIP web tool easier to use and, consequently, increased number of users in the falls prevention and management domain</i>



	<i>use the MAFEIP tool for falls; the definition of a minimum set of info required to use the MAFEIP tool).</i>	
<b><i>SPRINT 3.1.3 Guidelines to use MAFEIP tool to support the estimation of return of investment analysis as a basis for business models for falls prevention technologies and programmes.</i></b>	<i>R3.6 Report or toolkit containing the recommendations, lessons learned, and relevant requirements to know when applying MAFEIP to falls prevention ROI assessment</i>	<i>I3.7 Increased elaboration of economic/business assessment in falls related technologies or programmes using MAFEIP</i>
	<i>R3.7 Guidelines and conclusions of the use of MAFEIP to define business models for falls prevention technologies or programmes</i>	<i>I3.8 Enlarged knowledge for the different stakeholders concerning the elaboration of business models for falls technologies and programmes</i>
		<i>I3.9 Increased uptake of technology and programmes for falls prevention.</i>

**S03.2. Compilation of data and evidence on fall prediction, detection, assessment and prevention, oriented to decision makers and clinical stakeholders to increase the potential of transferability and uptake of programmes and technologies.**

**Proposal for leadership:** *Chris Todd*

**Contributing partners:** *Leandro Pecchia, Joao Malva & Ana Teixeira & Cidalina Abreu, Helena Fernandez, Luca Palmerini, Andreu Catalá, Liliana Rogozea, Humberto Rebelo, Bart Verkerke, Adrianna Nizińska, Lucía González, Armando Raimundo*

<b>Activities/Specific Objective</b>	<b>Results</b>	<b>Impact</b>
<b><i>SPRINT 3.2.1 Policy paper on the adoption of services and technologies for falls prevention</i></b>	<i>R3.8 Policy paper to increase the adoption of services and technologies for falls prevention</i>	<i>I3.10 Number of public administrations adopting the recommendations provided</i>
		<i>I3.11 Number of practices for falls prevention being scaled up</i>
		<i>I3.12 Number of users/citizens who benefit from better and improved</i>



		services
<b><i>SPRINT 3.2.2 Inventory of existing and recommendations for new research on technologies for monitoring and interventions</i></b>	<i>R3.9 Overall view of: a) Intervention tools and systems; b) ICT-platforms; c) behavioural change strategies that need to be developed in order to create a true falls prevention health care system; d) sensor, intervention systems, ICT-tools and behavioural change strategies</i>	<i>I3.13 Clear focus of new research that has to be performed to create a falls prevention toolbox that is able to determine older citizens at risk and improve their condition.</i>

**GO4 To ensure sustainability of the AG A2 activity by exploiting the assets generated for both public and private entities, including policy support, innovation take up, but also joint research opportunities.**

**S04.1 Sustainability, "lobbying" and community generation around falls prevention related topics, AG A2 results and existing thematic networks.**

**Proposal for leadership:** Nick Guldemon, Chris Todd, Andreu Catala, Fanny Breil

**Contributing partners:** Leandro Pecchia, Joao Malva & Ana Teixeira & Cidalina Abreu, Marlou Bijlsma, Helena Fernandez, Luca Palmerini, Andreu Catalá, Liliana Rogozia, Humberto Rebelo Bart Verkerke, Adrianna Nizińska, Lucía González, Armando Raimundo Roberta Annicchiarico, Dimitrios Kiliass, Bart Verkerke, Teresa Moreno

<b>Activities/Specific Objective</b>	<b>Results</b>	<b>Impact</b>
<b><i>SPRINT 4.1.1 Strategy/plan to communicate &amp; capture interest of policy makers and stakeholders around AG A2 results (with emphasis on the Falls Festival)</i></b>	<i>R4.1 Definition of the communication goals according to predefined strategic decisions, including identification of the main assets (e.g. business models) to exploit within the AG A2.</i>	<i>I4.1 Engagement of relevant stakeholders and policy makers on AG A2 activities.</i>
	<i>R4.2 Segmentation of the targeted groups to be approached, design of the most efficient communication tools and key messages.</i>	<i>I4.2 Number of active members contributing to the communication activities</i>
	<i>R4.3 Elaboration and implementation of the action plan, including expected outcomes and</i>	<i>I4.3 New members attracted: i.e. number subscriptions newsletter/ memberships of AG</i>

	KPIs.	
<b><i>SPRINT 4.1.2 Strategy to include falls prevention into the future policy and research international, national &amp; regional agendas.</i></b>	<i>R4.4 Joint (position) papers and (practise) guidelines on falls related topics</i>	<i>I4.4 Increased number of joint research output</i>
	<i>R4.5 Exchange of academic multidisciplinary knowledge across AG A2 members</i>	<i>I4.5 Wider influence on the European research arena</i>
	<i>R4.6 Recommendations for future topics to research within/related with falls prevention</i>	
	<i>R4.7 Joint contributions to consultations for the development of European roadmaps, programmes, etc.</i>	<i>I4.6 Increased number of projects funded on the topic of falls</i>
<b><i>SPRINT 4.1.3 Community generation around A2 market place for fall prevention technologies</i></b>	<i>R4.8 Identification of target groups, needs and desires</i>	<i>I4.7 Extended Community (% of extend) and/or number of professionals and experts engaged</i>
	<i>R4.9 Events and (digital and physical) "tools" forming a complementary channel to address/engage members</i>	<i>I4.8 Sustainability of existing networks and/or integration of new communities (maybe into different types and subgroups and defining a wider "network of networks").</i>
	<i>R4.10 Enlarged and complementary partnership around shared objectives and/or achievements to work with</i>	<i>I4.9 Multiplying effort of the actions developed by AG A2 and other relevant institutions/networks such ESA on Falls</i>
	<i>R4.11 Common events, meetings and discussions to better understand the activities and approaches and leverage on them</i>	

## S04.2 Looking for funding opportunities to re-activate efforts and increase the resources invested.

**Proposal for leadership:** *Adrianna Nizińska (TBC), Nick Guldemon, Andreu Catalá (TBC)*

[Supported by PROEIPAH (WP4 and Secretariat Support Service)]

**Contributing partners:** *Leandro Pecchia, Marlou Bijlsma, Joao Malva & Ana Teixeira & Cidalina Abreu, Roberta Annicchiarico, Andreu Catalá, Liliana Rogozia, Humberto Rebelo, Bart Verkerke, Adrianna Nizińska, Lucía González, Beatriz Fernandes, Armando Raimundo.*

Activities/Specific Objective	Results	Impact
<b><i>SPRINT 4.2.1 Strategy for joint proposals elaboration around AG A2 objectives &amp; collaborative work</i></b>	<i>R4.12 Database of calls, tenders and funding programmes of interest for AG A2</i>	<i>I4.10 Number of joint proposals submitted by AG A2</i>
	<i>R4.13 Action Plan for increasing joint proposals within the AG A2</i>	<i>I4.11 Number of new stakeholders linked to AG A2 activities by newly funded projects</i>
	<i>R4.14 Identification and analysis of complementary financing instruments such as early stage investments, crowd funding, etc.</i>	<i>I4.12 Number of donors informed and engaged AG A2</i>

## Governance and coordination

### Governance principles

In order to address the General Objective GO5 “To provide an open, dynamic and efficient governance and management structure to capture everyone’s potential contributions and/or critical mass” the Action Group A2 establish its own working methods and governance, with the EC acting as a facilitator. The governance structure has three key components: the partners, the AG coordinators and the EC. The governance structure will ensure timely development and implementation of the AP and the incorporation of newly interested partners. Overall, the rules of engagement between the parties are based on the following principles:

- **Openness and partnership** – common willingness of all partners to cooperate with other relevant partners;
- **Coordination** – participation of a representative(s) in the coordination meetings of the Action Group;
- **Reporting** – regular reporting from the Action Group's meetings, progress of actions and deliverables to be made public;
- **Evaluation** – outcome of actions to be evaluated, and results made public.

### Composition of AG A2 Coordination Team

The Coordination Team that will drive and be accountable for the delivery of the Action Group A2 AP for 2016-2018 will be made up of:

- A. the leaders of ongoing SPRINTs, collaborative work and synergies included in the AP 2016-2018;
- B. any other AG member who is not in the above category but is appointed by the group for a specific purpose (e.g. Integration of knowledge, continuity of actions etc.).

At the first 2016 AG A2 face-to-face meeting the Coordination Team is going to be appointed by the Action Group.

### Role & responsibilities of Partners

AG A2 Partners commit to:

- Implementing the AP according to the scheduled deadlines and with the agreed quality standards
- Working collaboratively to prepare and deliver all AG products
- Contributing to the evaluation of the AG performance and reporting on progress.

### Role & responsibilities of Coordinators

AG A2 Coordinators are responsible for:

- Coordinating and facilitating the implementation of the AP according to the scheduled deadlines and with the agreed quality standards
- Leading the AG and address any issue related to the alignment of commitment contents with the AP

- Liaising regularly with the EC and acting as facilitators on all AG related matters
- Ensuring the effective preparation and delivery of all AG products
- Participating at meetings and in discussions
- Taking the responsibility for the effective and continuous communication between the Coordination Team, the AG and the EC
- Supporting the evaluation of the AG performance and reporting on progress
- Submitting the final results of the AP based on data and inputs provided by all AG partners.

Besides the main goal of the Coordination Team, i.e. being accountable for the delivery of the results, the following goals are also in their scope:

1. To support the use of the tools that are created to professionalise the activities of the organisation of the EIP on AHA (i.e. the Commitment Tracker, the EIP on AHA Portal and the Innovative Practices Repository etc.);
2. To support the efforts and contribute to continuously improve the measurement of impact of the EIP on AHA (i.e. supporting the implementation of MAFEIP) towards its 2020 SIP targets;
3. To enhance the visibility of the EIP on AHA and dissemination of its work whenever relevant.

#### **Role & responsibilities of the Promoters in combination with the CSA PROEIPAHA**

- Facilitating the CT with administrative support
- Participation in meetings and representative actions
- Ensuring proper preparation of AG A2 meetings

#### **Role & responsibilities of the European Commission**

- Representation of the Action Group
- Handling of external communication
- Provision of the Monitoring Framework
- Ensuring regular communication amongst partners
- Sending invitations for AG C2 meetings to all partners
- Taking responsibility for the effective flow of information and interactions between AGs
- Seeking opportunities to consolidate EIP

#### **Communication**

The responsibilities of the Coordinators and the other players in the EIP on AHA (e.g. the PROEIPAHA Secretariat Support Service Team and Promoters, the EC etc.) in terms of communication are listed in the next table. This table has been agreed earlier on between all the stakeholders.

Tasks	AG Coordinator	AG leaders from the EC	PROEIPAHA CSA (including promoter)
<b>Representing the EIP on AHA</b>	<ul style="list-style-type: none"> <li>- Sending updates to the EIP AG members</li> <li>- Presentation in Events</li> </ul>	<ul style="list-style-type: none"> <li>- Invitations for meetings</li> <li>- General Information about the EIP AHA</li> <li>- Presentation in Events (in agreement with AG coordinator)</li> </ul>	<ul style="list-style-type: none"> <li>- Sending updates to the EIP AG members (in agreement with AG Coordinator)</li> <li>- Answering requests for general information about the EIP AHA</li> </ul>
<b>External Communication (Non-AG members)</b>	<b>1) Joining Existing Commitments</b> <ul style="list-style-type: none"> <li>- Decide on the applications to join commitments together with AG leaders</li> <li>- Send confirmation message to new members joining AGs</li> </ul>	<b>1) Joining Existing Commitments</b> <ul style="list-style-type: none"> <li>Decide on the applications together with AG coordinators</li> </ul> <b>2) Mailing lists:</b> <ul style="list-style-type: none"> <li>Organising rules and different access levels</li> </ul>	<b>1) Joining Existing Commitments</b> <ul style="list-style-type: none"> <li>Send information about commitments to interested parties and follow up.</li> </ul> <b>2) Mailing lists:</b> <ul style="list-style-type: none"> <li>- Checking if new members are eligible according to the rules set up by the AG leaders</li> <li>- Keeping lists up to date</li> <li>- Upload the Mailing list on Collaborative Platform</li> <li>- Maintaining Templates</li> </ul>
<b>AG Meetings</b>	<b>1) Preparation:</b> <ul style="list-style-type: none"> <li>Setting the dates in agreement with AG leaders</li> </ul> <b>2) Agenda:</b> <ul style="list-style-type: none"> <li>- Elaborating Agenda</li> </ul> <b>5) Minutes:</b> <ul style="list-style-type: none"> <li>- Review Minutes</li> </ul>	<b>1) Preparation:</b> <ul style="list-style-type: none"> <li>Deciding on date and location in agreement with AG coordinators</li> </ul> <b>2) Agenda:</b> <ul style="list-style-type: none"> <li>- Elaborating agenda with the AG coordinator</li> </ul> <b>3) Logistics:</b> <ul style="list-style-type: none"> <li>- Provide conference calls system</li> <li>- provide room booking &amp; Catering</li> <li>- ePass</li> </ul> <b>4) Presentations</b> <ul style="list-style-type: none"> <li>Prepare contents with AG coordinators</li> </ul> <b>5) Minutes:</b> <ul style="list-style-type: none"> <li>- Review Minutes</li> </ul>	<b>1) Preparation:</b> <ul style="list-style-type: none"> <li>- Organising timeslots for international phone calls/videoconferences ("Doodle")</li> <li>- Distribute information about logistics of conference calls</li> <li>- Taking minutes of preparatory phone calls: templates, Checking/revising, Distribution</li> </ul> <b>2) Agenda:</b> <ul style="list-style-type: none"> <li>- Template for the agenda</li> <li>- Recommending agenda items to AG leaders and coordinators</li> <li>- Distribution of agenda to AG members</li> </ul> <b>3) Logistics</b> <ul style="list-style-type: none"> <li>- Collect confirmation of attendance from partners and set the list of participants before the meeting</li> <li>- Printing materials for the meeting</li> </ul> <b>4) Presentations:</b> <ul style="list-style-type: none"> <li>- Maintain template</li> <li>- Collect and distribute ppts</li> </ul> <b>5) Minutes:</b> <ul style="list-style-type: none"> <li>- Write Minutes / Record of Meeting (in coordination with AG coordinator)</li> <li>- Disseminate Minutes / Record of Meeting</li> </ul>

<b>Commitments/ Tracking Work Plan Progress</b>			<b>Tools:</b> <ul style="list-style-type: none"> <li>- Create a new tool for tracking Commitments.</li> <li>- Integrate the data to the new web platform</li> <li>- Maintain and update the tool (not the content, i.e. the partners will be in charge of updating the tool once the existing information has already been input).</li> <li>- Reminders to AG members when Commitments have not been reported.</li> <li>- Collection of finalised deliverables from the AGs.</li> <li>- Dissemination on the basis of AG leaders/coordinators dissemination plan</li> <li>- Horizontal Report on Commitments Tracking (traffic light system – on time, delivered or delayed)</li> </ul>
<b>Common Work</b>		<b>Yearly milestones:</b> <ul style="list-style-type: none"> <li>- Brainstorming and decision process on content with partners</li> <li>- Follow-up &amp; analysis of intermediate and final results</li> <li>- Relationship with AG coordinators</li> </ul> <b>Facilitation and brainstorming:</b> <ul style="list-style-type: none"> <li>- Filling out tables/encouraging collaboration</li> <li>- Reminders</li> </ul> <b>Editing, analysing and supervising:</b> <ul style="list-style-type: none"> <li>Content</li> </ul> <b>Dissemination and showcasing</b> <ul style="list-style-type: none"> <li>Concept/strategic choice</li> </ul>	<b>Yearly milestones:</b> <ul style="list-style-type: none"> <li>- Template</li> <li>- Tracking deadlines</li> <li>- Reminders</li> <li>- Relationship with AG coordinators</li> </ul> <b>Editing, analysing and supervising:</b> <ul style="list-style-type: none"> <li>- Layout</li> <li>- Language</li> </ul> <b>Dissemination and showcasing:</b> <ul style="list-style-type: none"> <li>- Presentation/layout</li> <li>- Language</li> <li>- Distribution</li> </ul>
<b>Action group functioning</b>			<b>Internal working guides</b> <b>Identity and promotion</b> <b>Newsletters/social media</b> <b>Publications and visual identity</b>



## References

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## Appendix 1. Glossary of key terms used in the Action Plan

**Commitments:** individual tasks regarding the declaration of intention on the work that one or several organisations will be doing in the context of an Action Group. Usually ‘commitments’ should refer only to individual tasks, the ones that were committed to in the 2 invitations for commitments in the period 2012-2015. Nevertheless, following the processes to join existing commitments, we are now in the situation of commitments managed by 2 or more organisations.

**Collaborative work:** agreed project carried out by several organisations, in some occasions a set of individual commitments can be grouped and create collaborative work. (Note that in some AGs collaborative work has been named as joint deliverables, common projects or even other less used terms). Even if the result in practical terms is the same, we can identify two types of collaborative work so far:

- A. Being ‘born’ in the EIP on AHA as a new project idea
- B. An individual project that was presented to AG members and ‘recruited’ new members for the project from the pool of partners of a given AG

**Sprints:** collaborative work that is managed as a project Sprint, that means that it is carried out by a set of organisations in a short-time period (e.g. 6 months) and it has one or several associated deliverables. Sprints refer to the prioritisation of collaborative work. Sprint will receive extra support from the PROEIPAHHA promoters.

**Synergies:** thematic working groups which interests are cross-cutting to one or several Action Groups under the EIP and are established in a collaborative approach. They may include collaborative work and sprints agreed among representatives of the different AG involved.

**Deliverables:** tangible results from individual commitments, collaborative work or SPRINTS (e.g. a Report, a completed pilot study, a guideline, etc.). Deliverables have to be specific, measurable, achievable, results-oriented and time-bound. Deliverables will be divided in some cases in a set of activities; these activities will also be time-related and can include “milestones”.

### Results:

In the definition of the individual commitments, collaborative works, sprints or synergies, the renovated Action Plan should pay attention to ensure that expected results are specific, measurable, achievable, results-oriented and time-bound. Results could be divided in some cases in a set of actions; these actions could be also be time-related and may include “milestones”. In most of the Action Groups, these results were previously named as “Deliverables”. For the purpose of the renovated Action Plan it is suggested to use the term “Results” instead of “Deliverables”.

## Appendix 2. List of results, partners involved and timing

The list will be updated after the Call for Commitments.

<b>Objective 1: Title</b>				
<b>Results</b>	<b>Partners</b>	<b>Start/End date</b>	<b>Impact</b>	<b>Activity</b>
Title of the result 1	Lead partner:  Contributing partners:			<b>Title of the activity</b>
Title of the result 2	Lead partner:  Contributing partners:			
Title of the result 3	Lead partner:  Contributing partners:			

### Appendix 3. List of contributing partners

The list will be updated after the Call for Commitments.

Partner (alphabetical order)	Organisation	Country
Cidalina Abreu	University of Coimbra	Portugal
Roberta Annicchiarico	Fondazione Santa Lucia	Italy
Marlou Bijlsma	NEN Netherlands Standards Organisation	The Netherlands
Fanny Breuil	EURECAT	Spain
Andreu Catalá	Universitat Politècnica de Catalunya	Spain
Patrik Eklund	Four Computing Oy	Finland
Beatriz Fernandes	Lisbon School of Health Technology	Portugal
Lucía González	Ageing Social Lab Foundation	Spain
Nandu Goswami	Medical University of Graz	Austria
Nick Guldemon	UMC Utrecht	The Netherlands
Dimitrio Kiliadis	Forthnet	Greece
Joao Malva	University of Coimbra	Portugal
Amaia Mendez	University of Deusto	Spain
Teresa Moreno Casbas	Investén-isciii - Instituto de Salud Carlos III	Spain
Ann Murray	NHS Scotland	United Kingdom
Adrianna Nizińska (new partner)	University of Lower Silesia	Poland
Irene O'Byrne Maguire	Health Service Executive - Ireland	Ireland
Luca Palmerini	University of Bologna	Italy
Leandro Pecchia	University of Warwick	United Kingdom
Liliana Rogozea	Transilvania University of Braşov	Romania
Isabella Springhetti	IRCCS Salvatore Maugeri	Italy
Armando Raimundo	University of Evora	Portugal
Arnaud Senn	European Commission	EU
Ana Teixeira	University of Coimbra	Portugal
Chris Todd	University of Manchester	United Kingdom
Ruud van del Bilt	University of Groningen	The Netherlands
Bart Verkerke	University Medical Center Groningen	The Netherlands
Maite Ferrando	Kveloce I+D+I (PROEIPAAH)	Spain
Valentina Tagueo	Outsight (PROEIPAAH)	Spain