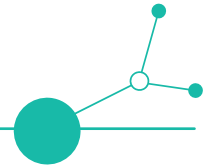


A3.2 - Innovation plan for long-term care facilities for older people

PP3 - ISRAA



Version 1
07 2025



Regional Innovation plan [Veneto Region - Italy]

1) Define and describe purpose for the innovation

Define a systematic innovation approach aligned with strategic goals and long-term success. Clearly outline the plan's intent to guide decisions, resource allocation, and stakeholder engagement. Please, consider the motivation for innovation and two frames of the innovation - ideal and realistic solution.

Strategic objective

The strategic objective of this innovation plan is to capitalize on the knowledge and skills learned by ISRAA management and experts for the benefit of other providers in the regional and national territory who find themselves managing service centers for the elderly. The latter often present shortcomings related to the technological options available to innovate the insurance and the quality of the services provided.

What was experienced in the context of the DIGICARE4CE project represents a concrete CASE STUDY that can be made available to those, among the managers of services with a decision-making role, who want to:

- Conduct an assessment of the level of attitude towards the digital transformation of their services
- Train and learn the existing solutions among those tested in the context of the DIGICARE4CE project but also those illustrated within the online tool developed by the project
- The broader objective is also to create a community of practices capable of generating value through continuous comparison, exchange and learning about the tested solutions, the implementation processes followed and the technological choices made by pooling the lessons learned about the impacts, both clinical and economic, generated by such innovations.

Stakeholders engagement in the innovation plan implementation:

To implement this innovative plan, the ISRAA team will make the following resources available:

- General Management of the Institution
- Representation of the Institution in the context of URIPA Veneto (Regional Union of Institutions and Public and Private Assistance Initiatives) in order to present the online tool generated in the project and to start an active discussion between social managers operating in the LTC sector
- Enhance the network of ISRAA contacts, developed by the Innovation and Development service, with the network of innovators present at regional and national level, through the involvement of the following actors:

Regional: SeniorNet and URIPA

National: Bocconi University, Aging2.0 Chapter Ambassador, Companies in the technology sector.

- AgeIT, an initiative funded in the context of the PNRR-Mission 4 which represents the national synthesis point around aging and the innovations that the sector needs and which, through the quadruple helix approach, are being implemented.

These entities, together with ISRAA, will be able to amplify the contents produced by DigiCare4CE within their formal communications networks and specific webinars that will be organized during 2025 and 2026.

Motivation for the adoption

The motivation to join and support this innovation plan comes from the growing difficulty encountered by the elderly sector in retaining and recruiting new human resources on the one hand, and from the increase in management costs on the other. These forces are acting as levers multiplying managerial propensities to learn and experiment with new technological solutions comma and organizational models capable of optimizing care processes, reducing staff stress, and shifting the axis and corporate investment more towards the production of health outcomes.

As highlighted by the administration of the LOTECADIM questionnaire during 2024, it clearly emerges that managers do not know the opportunities provided by the available technological options and need support to navigate within the possible investment choices by having, ex ante, concrete evidence capable of providing solid decision-making elements.

Realistic Solution

The solution that ISRAA intends to pursue will be placed on two different but interconnected levels:

- at the **institution level**, ISRAA has already decided to extend the use of the “Ancelia” solution, provided by the TEIA CARE provider, throughout 2026. This extension will be accompanied by an evaluation of the internal impact of reducing falls among assisted elderly people, improving the age of care and the benefits produced in terms of objective evidence useful for managing relationships with family members of people with dementia

- At the **national level**, ISRAA will organize 2 webinars during 2025 and 2026 dedicated to sharing application experiences related to the use of technologies operated by LTC service centers both in Italy and in the territory of the Interreg CE program area, which can act as an inspirational element and guide towards future adoptions of innovations already tested.

- ISRAA, will program a training proposal with **Master value, aimed at LTC service managers, dedicated to Digital Health Transformation in Long Term Care**. This offer is currently scarce, in the Italian context, since there is only one training proposal. The will is to involve international experts in the sector who have concretely implemented technological innovations together with organizational-managerial transition paths, capable of producing system development. This will be the strength of the training proposal which, thanks to the knowledge gained in DigiCare4CE, could be of objective use to potential users operating in the LTC context.

2) Considered factors before a Innovation plan design

Review and integrate regional (and, if relevant, national) digital transformation policies, strategies, and guidelines. Focus on identifying regional priorities for LTC digital transformation, evaluating investment levels in care innovation, and recognizing the key elements for digital transformation as defined by policymakers. Evaluate impact on ecosystem, consider legal regulations and the need of processes transformation. Also identified bottlenecks and challenges.

The innovation plan fall on the follow regulatory framework of the LTC:

1. Regional Digital Transformation Policies and Strategies in Health Care

The Veneto Region emphasizes a strong alignment with European and national digital transformation agendas, particularly in health and social care sectors. The Agenda Digitale del Veneto and the 2030 Strategy for Sustainable Development integrate health care innovation as part of broader goals for digital and sustainable regional growth.

- **Policy Integration:** Digital health initiatives are embedded in regional policies to foster interoperability, data integration, and telemedicine solutions.

- Governance: The S3 governance model supports a multi-level, participative approach involving public health agencies, ICT providers, and research institutions.

2. Regional Priorities for LTC Digital Transformation

- Telemedicine and Remote Monitoring: Prioritized to enhance service delivery to aging populations, reduce hospitalizations, and enable care at home.
- Interoperability of Health Systems: Ensuring that electronic health records and other digital systems can communicate effectively across providers.
- AI and Data Analytics in Care: For predictive care models and improved diagnostics, especially in chronic disease management.

3. Evaluation of Investment Levels in Care Innovation

- Public Investment: Significant funding allocated through the POR FESR and POR FSE+ programmes towards ICT infrastructure and health tech solutions.
- Private Sector Engagement: Encouragement of public-private partnerships to scale up innovative care models.
- EU Programmes: Participation in Horizon Europe and Interreg projects as leverage for attracting investment into digital health solutions.

4. Key Elements for Digital Transformation as Defined by Policymakers

- Human Capital: Upskilling care providers with digital competencies; fostering ITS (Istituti Tecnici Superiori) to bridge the skills gap.
- Infrastructure: Expanding broadband and 5G to support high-quality telecare, especially in rural areas.
- Regulatory Framework: Updating data protection and patient consent policies in line with GDPR to facilitate secure data exchange.

5. Impact on Ecosystem and Legal Regulations

- Systemic Integration: Shifting from siloed health services to integrated care pathways supported by ICT.
- Legal Considerations: Adherence to national and EU legal standards for digital health, including liability in telemedicine and data governance.
- Process Transformation: Adoption of new workflows, such as remote consultations, e-prescriptions, and automated patient follow-ups.

6. Bottlenecks and Challenges

- Digital Divide: Disparities in digital access and literacy, particularly among older adults.
- Funding Gaps: Insufficient long-term funding for sustaining digital health projects post-implementation.
- Resistance to Change: Cultural inertia in traditional care settings, hesitance to adopt new technologies.
- Infrastructure Lag: Need for improved broadband coverage in underserved areas.
- Fragmentation: Lack of standardization across health systems, hindering full-scale interoperability.

Regarding the other Regional, National Legal and Policy Frameworks Supporting Digital Transformation

It is worth to mention the following regulations at EU-Level:

- Regolamento UE 2016/679 (GDPR):
 - Core regulation for data protection and privacy, especially relevant in health and social care sectors.
 - Key Provisions:
 - Consent Management: Patients must give explicit, informed consent for data processing.
 - Data Minimization & Security: Only necessary data is collected, securely stored, and processed.
 - Right to Access & Portability: Individuals can access their data and transfer it across providers.
 - Impact Assessments (DPIA): Required for high-risk processing (e.g., large-scale health data or telemedicine).

Regional Legislation and Governance in Veneto:

- L.R. n. 19/2016 - "Istituzione dell'Azienda Zero":
 - Established Azienda Zero to centralize health system management, including ICT infrastructure.
 - Key Roles:
 - Coordination of health information systems.
 - Oversight on digital health service deployment (telemedicine, e-health platforms).
 - Rationalization of health care ICT costs through unified procurement and management.
- DGR n. 2122/2018 - Piano Socio-Sanitario Regionale 2019-2023:
 - Sets regional strategic goals for integrated health and social care services, driven by digitalization.
 - Promotes:
 - Unified Electronic Health Records (EHR) accessible across care levels.
 - Integration of telemedicine and remote assistance for chronic and elderly patients.
 - Development of interoperable systems to ensure continuity of care.
- DGR n. 344/2020 - "Avvio della sperimentazione della Telemedicina":
 - Launch of telemedicine pilots, aimed at:
 - Providing remote consultations and telemonitoring.
 - Enabling home-based care for LTC patients.
 - Gathering insights to define regional telemedicine standards.

The expected impact on LTC Ecosystem and Digital Transformation is about:

- Process Integration:

- Regional health services, via Azienda Zero, ensure that telemedicine, EHR, and e-prescriptions work seamlessly.
- CAD and GDPR shape ethical and secure digital care delivery.
- Ecosystem Impact:
 - Collaboration among ULSS, municipalities, research centers, and ICT providers.
 - Creation of regional data lakes to support AI-driven insights for LTC patients.
- Governance Shift:
 - Centralized coordination under Azienda Zero provides uniformity and economies of scale.
 - Enables data-driven decision-making for care management and planning.

5. Strategic Priorities Moving Forward

1. Expand Telemedicine:
 - Leverage lessons from DGR 344/2020 for full deployment.
 - Ensure GDPR-compliant platforms and standardized clinical protocols.
2. Enhance Data Interoperability:
 - Build on PNRR Mission 6 and DGR 2122/2018 goals.
 - Develop shared data environments across health and social care.
3. Invest in Digital Literacy:
 - Address human capital gaps as outlined in S3 and regional laws.
 - Promote training for both professionals and patients.
4. Strengthen Legal and Ethical Oversight:
 - Establish regional data protection boards in coordination with Azienda Zero.
 - Regular audits of digital systems for security and compliance.

Existing Technology Infrastructure:

ISRAA will make use of:

- All the ICT infrastructure that is in Nucleo Sole in “Rosa Zalivani” nursing home
- The staff operating in Nucleo Sole and the team engaged in the “Innovation and Development Department” (30 experts entirely)
- The financial Department who has invested 5.000,00€ in the “Ancelia” technology implementation all over the 2026

Budgetary Constraints:

After the 2026; ISRAA is going to plan the potential adoption of the “Ancelia” solution in the entire “Rosa Zalivani” building in the the other 3 care units.

Resident Needs and Preferences & Staff Experience

As the number of older people is increasing, the demand on long-term care services is rising, putting growing pressure on a system already facing higher admission costs and significant staff shortage. This often requires present staff to compensate for the lack of personnel, especially during night shifts or in periods of understaffing. Residents, particularly those with dementia, need more personalized, respectful, and non-intrusive care. DigiCare4CE Italian pilot showcased that ANCELIA solution supported the staff in their work routine. The platform has been widely utilized by care workers, especially during night shifts, as it provides an overall view of the unit,

increasing their perceived sense of control and safety. It made their work more efficient by reducing unnecessary room entries and promptly alerting staff when intervention was needed, allowing them to enter resident's rooms in a more targeted way. Reported cases included instances where the technology helped reduce or remove bed rails, gain a better understanding of residents' habits by identifying wandering behaviours, detecting agitation, and preventing falls.

Process Transformation:

Regarding the ISRAA digital health care innovation, that will be based on the "Ancelia" testing over the 2026, it will be essential to engage all of the following roles:

- General Director and all the executive profiles
- the middle management engagement
- the practitioners

Identified Bottlenecks and Challenges:

ISRAA foresee the following main barriers:

- The regulatory GDPR framework that still to operate as a limitation for the data analysis coming from the AI algorithms
- The digital skills level of the workforce
- The time limitation of the middle management to devote the right amount of time in overlooking the "Ancelia" implementation all over the "Rosa Zalivani" venue
- Budget constraints

3) Explore various levels of digitization, determine level of digitalization

Select the appropriate digital maturity level for your innovation—from Basic Digitization to Full Digital Transformation—and indicate the corresponding EU Technology Readiness Level (TRL). Describe your choice in terms of:

- *Technology Adoption: Implementation of digital tools across the organization.*
- *Process Integration: How digital technologies are embedded in core workflows.*
- *Data Utilization: Use of data for decision-making and operational improvement.*
- *Innovation Capability: The organization's ability to drive digital innovation.*
- *Cultural Shift: The extent to which digital skills and mindsets are integrated into the culture.*

1. Technology Adoption

The care unit will integrate **Ancelia**, an AI-driven system designed specifically for long-term care environments. Key aspects:

- **Optical sensors** automatically collect data on residents' conditions.
- **Mobile apps** for operators (OSS/ASA, nurses) allow real-time response to alerts via smartphones/tablets.
- **Manager apps** provide data dashboards, enabling oversight and decision-making remotely or on-site.

The technology is designed for **seamless deployment**, with full support for installation, training, and updates. The system becomes a fundamental tool in everyday operations.

Ancelia solution is already at TRL 10

2. Process Integration

Ancelia is embedded directly into **core workflows**:

- **Real-time alerts:** Staff receive immediate notifications of risks (falls, wandering, prolonged immobility).
- **Automated monitoring** reduces manual checks, freeing time for personalized care.
- **Virtual room access** helps avoid unnecessary room entries, improving sleep quality for residents.

It automates low-value tasks (e.g., posture monitoring), enabling staff to focus on high-touch care. AI-driven **auto-detection of interventions** also minimizes disruption, adapting naturally to staff movements without extra input.

3. Data Utilization

Ancelia harnesses data for **operational improvement**:

- **Resident-specific analytics:** Tracks movement patterns, incidents, and care responses.
- **Managerial dashboards:** Visualize workload by time/location, optimizing staff allocation.
- **Objective reporting:** Facilitates evidence-based reviews, care adjustments, and family communication.

Data is **automatically captured**, ensuring high accuracy and reducing manual data entry errors. This supports **continuous quality improvement**.

4. Innovation Capability

It is based on the closer ISRAA's Innovation and Development team collaboration with the "Rosa Zalivani" coordinator and the Teia Care's experts. Together these actors are operating the research on the field and the continuous improvement of the care management adaptation based on the data gathered by the AI algorithm.

5. Cultural Shift

Ancelia promotes a shift to a **digitally enabled care culture**:

- **Training & support:** Hands-on coaching ensures staff are confident and comfortable.
- **Empowerment:** Reduces stress by providing clarity, safety, and tools for efficient care.
- **Transparency:** Facilitates open communication with families and within care teams.

This fosters a **mindset change**, where digital tools are not just aids but integral to delivering **personalized, dignified dementia care**.

4) Define and describe objectives (with dependencies and indicators) for the innovation (related to the purpose)

Set clear, SMART (specific, measurable, achievable, relevant, and time-bound—that) goals targeting outcomes like enhanced product features, improved client satisfaction, or cost reduction. Include defined KPIs and success criteria to track progress and resolve any conflicting aims early.

- At the **national level**, ISRAA will organize 2 webinars during 2025 and 2026 dedicated to sharing application experiences related to the use of technologies operated by LTC service centers both in Italy and in the territory of the Interreg CE program area, which can act as an inspirational element and guide towards future adoptions of innovations already tested.

- ISRAA, will program a training proposal with **Master value, aimed at LTC service managers, dedicated to Digital Health Transformation in Long Term Care**. This offer is currently scarce, in the Italian context, since there is only one training proposal. The will is to involve international experts in the sector who have concretely implemented technological innovations together with organizational-managerial transition paths, capable of producing system development¹. **Objective 1: Goal:** Improve the “Ancelia” technical solution use to improve the care model in “Nucleo Sole” unit - ISRAA all over 2026.

- Indicator(s):
 - a) monthly check point about the use of the “app manager” and related data analytics by the care coordinator (register)
 - b) monthly number of falls
 - c) monthly number of avoided falls based on Ancelia’s tracking system
 - d) safety perceptions of the care workers based on the specific questionnaire
 - e) level of workforce satisfaction measured by the specific questionnaire
- Priority (select): Must-have, Should-have, Could-have, Won't-have | long-term, middle-term, short-term
- SHOULD HAVE
- Risk & Mitigation: bi-monthly update planned by the innovation department

2. Objective 2: National webinars for the DHT transition

- Goal: Improve the awareness of the LTC managers about the available options
- Indicator(s):
 - number of webinars done over 2025 and 2026 (2)
 - number of managers and experts that will join each webinar: 20 each
- Priority (select): Must-have, Should-have, Could-have, Won't-have | long-term, middle-term, short-term
- MUST HAVE
- Risk & Mitigation:
 - early preparation and marketing of both the event
 - engagement of the European network where ISRAA is member at regional and national level

3. Objective 3: Master on the Digital Health Transformation at National level

- Goal: deliver the Master on DHT on 2026
- Indicator(s):
 - Master Programme
 - Master marketing plan deployed over II semester on 2025
 - Master delivery on 2026 (register)
- Priority (select): Must-have, Should-have, Could-have, Won't-have | long-term, middle-term, short-term
- SHOULD HAVE
- Risk & Mitigation:

- Low number of participants registration that will mitigated by the large marketing initiatives deployed
- Price cost reduction in case of < 20 participants
- Networks and LTC representative organizations involvement

5) Define and describe development requirements and processes for the innovation

Describe the process for planning, designing, and deploying the innovation. Define clear milestones and scope, ensuring that digital innovations are smoothly integrated into existing workflows. Evaluate technology needs, assign key roles with specific responsibilities, and incorporate diverse stakeholder perspectives to preempt challenges. Define how the innovation will be realized, whether you want to use in-house development or you plan to use external developers.

General description:

The requirements for the innovation process that ISRAA is going to pursue is based on the strong engagement of the following key actors who got the vision, the power and the organizational leverages to lead the transition that is needed along with the digital transformation of care in the Nucleo Sole care unit by using and embracing “Ancelia” technical solution into the daily routine: The ISRAA’s General Director, the Care Manager, the Rosa Zalivani Coordinator, the Nucleo Sole care team and its coordinator supported by the three experts of the innovation and development department. In the following sections it will be presented the process and the specific tasks.

1. Roles and Responsibilities

- **Project Sponsor (Director of the Nursing Home):** Approves budget, ensures alignment with institutional goals, oversees strategic implementation.
- **Innovation Manager:** Leads the innovation project, coordinates between departments, ensures timeline adherence, and reports to the Sponsor.
- **IT Lead:** Manages the technical requirements, evaluates technologies, supervises software integration, and oversees external vendors if used.
- **Clinical Lead (Head Nurse/Medical Director):** Ensures clinical needs are met, leads user requirement gathering, and integrates clinical workflows.
- **Change Management Officer:** Handles staff training, communication, and resistance management, ensuring staff engagement and adoption.
- **External Developers/Consultants (if used):** Responsible for system development/customization, technical support, and updates.

2. Implementation Control Approach

- **Agile Methodology:** The project will be executed in sprints, with iterative development cycles and continuous feedback loops from end-users.
- **Governance Committee:** Bi-monthly review meetings, progress checks, and approval gates for each milestone.
- **KPIs for Control:** Adherence to timeline, user adoption rate, system uptime, error rates, and user satisfaction surveys.

3. Cooperation on Innovation

- **Stakeholder Engagement:** Regular workshops with nurses, doctors, administrative staff, patients' families, and IT teams to gather inputs.
- **Knowledge Sharing:** Participate in regional/national forums for public health innovation to benchmark and share experiences.

4. Evaluation and Delivery Milestones

M6 and M12 on 2026 check point regarding the status of the KPIs mentioned above

5. Implementation Evaluation and Testing

- **User Acceptance Testing (UAT):** Involves clinical and admin staff in testing functionalities before full roll-out.
- **Pilot Feedback Loop:** Structured surveys and focus groups during the pilot phase to capture usability and impact.
- **Performance Benchmarks:** Pre-defined benchmarks for system reliability, speed, and accuracy of clinical data.

6. Allowable Rollback Criteria

- **Rollback Triggers:**
 - User adoption rate < 50% after pilot phase.
 - System errors exceeding 5% of transactions.
 - Non-compliance with public sector data security regulations.
- **Rollback Plan:**
 - Revert to legacy systems within 2 weeks of rollback decision.
 - Implement corrective action plan before reattempting deployment.

7. Technology Selection and Flexibility

- **Selection Criteria:**
 - Compliance with Italian public healthcare regulations (GDPR, FSE integration).
 - Interoperability with existing hospital systems (HL7, FHIR standards).
 - Vendor support and long-term maintainability.
- **Flexibility:**
 - Modular architecture allowing future expansions (e.g., adding AI tools).
 - Cloud-based or hybrid options to scale according to operational needs.
- **Development Strategy:**
 - **Hybrid Approach:** Core system outsourced to experienced vendors; minor customization and integration managed in-house.

8. Reference Documents and Agreement

- **Reference Documents:**
 - Regional Health Authority ICT Guidelines.

<ul style="list-style-type: none"> ○ National Digital Healthcare Strategy. ○ Nursing Home Internal Policies on IT Usage and Data Privacy. • Agreements: <ul style="list-style-type: none"> ○ Service Level Agreement (SLA) with technology providers. ○ Data Processing Agreement (DPA) ensuring compliance with GDPR. ○ Memoranda of Understanding (MoU) with academic or private partners for innovation support. <p style="text-align: center;">Process for Planning, Designing, and Deploying Innovation</p> <ol style="list-style-type: none"> 1. Planning Phase: <ul style="list-style-type: none"> ○ Conduct a detailed needs analysis involving all departments. ○ Define scope, objectives, and required resources. ○ Risk assessment and mitigation strategy creation. 2. Design Phase: <ul style="list-style-type: none"> ○ Co-create the system workflow design with clinical and IT leads. ○ Mock-ups and prototypes for user feedback. ○ Develop training plans and support documentation. 3. Deployment Phase: <ul style="list-style-type: none"> ○ Roll out a controlled pilot. ○ Monitor performance and gather feedback.
<p>6) Define and describe implementation requirements and plan for the innovation</p>
<p><i>Deploy the innovation in manageable phases—from testing and pilot projects with care teams to a full-scale launch and review. Define goals, timelines, and resource allocations for each phase, and track progress using metrics like time-to-implementation, staff adoption rates, and cost efficiency.</i></p>
<p>Branch 1: Assessment and Capacity Building</p> <p style="padding-left: 40px;">Objective:</p> <p style="padding-left: 40px;">Enable service managers to evaluate their organization's digital transformation readiness and build internal capacity through targeted knowledge transfer.</p> <p style="padding-left: 40px;">Milestones:</p> <ol style="list-style-type: none"> 1. Deployment of Self-Assessment Tools: <ul style="list-style-type: none"> ○ Launch the DIGICARE4CE self-assessment tool for participating care providers. 2. Training Programme Initiation: <ul style="list-style-type: none"> ○ Develop and deliver a training curriculum based on DIGICARE4CE-tested solutions.

- Milestone: Conduct 1 Master - training sessions, training at least 15 managers within 12 months.

3. Feedback and Learning Evaluation:

- Collect and analyze feedback from participants on training effectiveness.
- Milestone: Achieve >80% satisfaction rate among participants; adjust content accordingly.

Branch 2: Pilot Implementation with Care Teams

Objective:

Test the practical application of selected digital innovations in real-life care environments and gather evidence on their effectiveness.

Milestones:

1. Selection and Preparation of NUCLEO SOLE:

- Identify and prepare the NUCLEO SOLE for pilot implementation improvement based on assessment outcomes.
- Milestone: Pilot sites confirmed and implementation plans finalized within 12 months post-assessment.

2. Technology Deployment and Staff Onboarding:

- Deploy for further 12 months Ancelia technology and provide support for staff adoption.
- Milestone: Technologies operational in pilot sites; 100% of relevant staff engaged

3. Initial Data Collection and Analysis:

- Begin monitoring clinical and economic indicators (e.g., time savings, quality improvements).
- Milestone: Preliminary report on pilot outcomes published within 6 months of pilot start.

Branch 3: Full-Scale Launch and Ecosystem Integration

Objective:

Scale up the successful innovations across a broader network and embed them within strategic frameworks at regional and national levels.

Milestones:

1. Dissemination of Pilot Results:

- Share pilot learnings through webinars, conferences, and publications.
- Milestone: Host at least 2 dissemination events over 2025-2026

2. Community of Practice Formation:

- Establish a network for ongoing exchange among adopters and innovators.
- Milestone: Community of practice launched; first roundtable or forum held within 3 months of full-scale launch.

<p style="text-align: center;">Monitoring and Evaluation (Cross-Branch Milestones)</p> <ul style="list-style-type: none"> • Dashboard Launch: Develop and activate a real-time dashboard to monitor KPIs across all phases. <ul style="list-style-type: none"> ○ Milestone: Dashboard functional by month 6 • Performance Reviews: Conduct quarterly reviews to assess time-to-implementation, cost efficiency, and adoption rates. <ul style="list-style-type: none"> ○ Milestone: First review report published on June 2026
<p>7) Define and describe reflection (testing, validation, verification) requirements and plan for the innovation</p>
<p><i>Regularly assess the process to address challenges such as technical issues, resistance, or resource limits. Schedule checkpoints to review progress and, based on clear criteria like unmet KPIs or negative feedback, decide when to adjust or revisit earlier steps.</i></p>
<p>Reflection - Testing, Validation, Verification:</p> <p>The innovation and development department will check bi-monthly the progress of the evolution for each of the three strands of innovation.</p> <p>The data gathered from each KPI indicator will be processed by the innovation department team, shared with the ISRAA's management and the one of the Rosa Zalivani nursing home.</p> <p>Unit Testing:</p> <p>Innovation and Development Management</p> <p>"Rosa Zalivani" nursing home</p> <p>"Sole Care Unit"</p> <p>Integration Testing:</p> <p>Teia Care Company - Milano (Italy)</p> <p>Continuous Integration with Implementation:</p> <p>Not applicable</p>
<p>8) Define and describe delivery and sustainability requirements and plan for the innovation</p>
<p><i>Ensure the innovation is viable and scalable by planning for ongoing development, maintenance, and regular evaluations. Use both tangible outcomes (e.g., improved data use and reduced workload) and intangible benefits (e.g., increased client satisfaction) to guide future enhancements.</i></p>
<p>To ensure the long-term viability and scalability of innovative solutions in the Long-Term Care (LTC) sector, it is essential to integrate ongoing development, maintenance, and regular evaluations into institutional and systemic strategies. This approach must be informed by both tangible outcomes—such as improved data use and reduced workload—and intangible benefits, including enhanced client satisfaction and strengthened stakeholder relationships. Future enhancements should thus be guided by evidence-based insights that demonstrate value at multiple levels of care delivery.</p> <p>At the institutional level, ISRAA has already committed to extending the implementation of the "Ancelia" solution, developed by TEIA CARE, throughout 2026. This strategic extension will</p>

be coupled with a comprehensive evaluation of Ancelia's internal impact, particularly in terms of its effectiveness in reducing fall incidents among elderly residents, enhancing the quality of care, and generating objective data. These data will be instrumental not only in improving operational efficiency but also in strengthening relationships with the families of individuals affected by dementia, by providing transparent, evidence-based communication regarding care outcomes.

At the national and transnational levels, ISRAA will actively contribute to knowledge dissemination and cross-border learning. In 2025 and 2026, ISRAA will organize two webinars focused on the practical application of digital technologies within LTC service centers in Italy and across the Interreg CENTRAL EUROPE (CE) programme area. These events aim to serve as a catalyst for broader adoption of tested innovations, providing LTC stakeholders with real-world insights and inspiration for integrating digital health solutions within their own contexts.

Furthermore, ISRAA is preparing a specialized training program with a Master-level qualification, specifically targeting LTC service managers. This initiative addresses a significant gap in the Italian educational landscape, where currently only one such program exists. The proposed curriculum will focus on Digital Health Transformation in Long-Term Care, uniquely combining technical knowledge with organizational and managerial change strategies. By involving international experts who have successfully led technological and systemic innovations, this training will emphasize practical, system-level development. Drawing upon the extensive knowledge and experience acquired through the DigiCare4CE project, this program aspires to equip LTC professionals with the tools and insights needed to drive sustainable innovation in care environments.

Through these targeted actions at both institutional and systemic levels, ISRAA seeks to ensure that digital health innovations not only remain viable but also scale effectively, generating continuous improvements in care delivery and overall system performance.