Interreg Danube Region

Co-funded by the European Union

DIGI4Care

DIGI4Care

DIGI4Care – Institutional Action Plan – Gottsegen National Cardiovascular Center (GOKVI), Hungary

Contents

Introduction 3
Executive Summary 4
Action Plan Overview 5
Priority Action 1 - Action Sheet 6
Priority Action 2 - Action Sheet 8
Priority Action 3 - Action Sheet 10

Interreg Danube Region
Co-funded by the European Union
DIGI4Care

Introduction

From Transnational Strategy to Institutional Action: Sustaining the Uptake of Digital Health Solutions

This document forms part of Deliverable D1.4.3 (Output O1.4) of the DIGI4Care project (DRP0200543), co-funded by the European Union through the Interreg Danube Region Programme. The deliverable unfolds within the framework of Specific Objective 1 (SO1) of the project, "Enabling the uptake of digital solutions in healthcare, from prevention to rehabilitation", which culminates in the Digitally Enabled Integrated Care Model Strategy (ICM Strategy, O1.3) and the corresponding institutional-level Action Plans (O1.4), validated by the transnational uptake cases of the SO2 pilots. The Institutional Action Plans represent the final, institution-level layer of the project's strategic work under Work Package 1. They build directly on the Digitally Enabled ICM Strategy (O1.3 / D1.4.2), which serves as the joint roadmap for tackling the key dimensions of introducing digital technologies throughout the patient journey — technology uptake and financing, data, regulatory and ethical aspects, care pathways, and workflow and skills. By translating the ICM Strategy into concrete, institution-level actions that support the integration, uptake and scale-up of the digital health solutions tested in the DIGI4Care pilots, both the Strategy and the Action Plans draw on the evaluation work of Work Package 2, in particular the ICM Evaluation Report (D2.5.2) and the Pilot Evaluation Reports, which consolidate the outcomes, results and lessons learned of the four pilots. Where relevant, the Action Plans also capitalise on other key project results, including the Knowledge Platform and Radar (O1.2), the Training and Capacity-building Toolbox (O3.1), the Data Management Model (O2.2), the Dashboard (O3.2) and the university curricula (D3.3.1). In this way, the Action Plans serve as the bridge between the project's transnational strategic outputs and their sustained, institution-level application after project closure.

The Action Plan document starts with an overview presenting the implementation setting, the related pilot(s) and pilot-tested solutions, the timeframe of the plan and the arrangements for its after-project life, and lists the set of actions the partner commits to deliver. The main part contains the detailed Action Sheets, specifying for each action the technical solution, SMART objectives, implementation milestones, resource allocation, and a framework for monitoring KPIs, mitigating risks, and ensuring the long-term sustainability and after-project life of the results.

Among the eight Institutional-level Action Plans elaborated by the project partners, the present document contains the Institutional Action Plan of the Gottsegen National Cardiovascular Center (GOKVI HU), Hungary.

Executive Summary

The GOKVI Action Plan comprises three actions, building on Pilot 3 (introduction of digital solutions in the post-clinical rehabilitation phase in outpatient and long-term care settings in the field of cardiovascular diseases and diabetes). The first action revises the care pathway at the Gottsegen National Cardiovascular Center to address the absence of health data between patient visits, through an analysis of the current situation, the consolidation of lessons learned from the project and the description, testing and implementation of the revised digital care pathway, to be approved for institutional use. The second action develops training materials on telemonitoring for healthcare professionals, addressing the underusage of telemonitoring, through a literature review, a summary of lessons learned in the project and the creation of materials to be made available to healthcare professionals. The third action delivers a telemonitoring training programme, starting from a survey of healthcare professionals' knowledge of and attitudes towards telemonitoring, followed by the promotion and delivery of training sessions.

All three actions target GOKVI's own institution and are implemented sequentially between May 2026 and June 2027, with internal funding. The KPIs cover the completion and institutional approval of the revised care pathway, the completion and availability of the training materials, and the delivery of training sessions with the number of healthcare professionals trained. The identified risks include limited engagement and availability of healthcare professionals, delays in implementation and rapid changes in digital technologies, with mitigation measures such as early involvement of key clinical staff, advance planning and scheduling, easily updatable materials and integration into existing staff development activities. Sustainability is addressed through institutional embedding: the revised care pathway serves as a reference for future organisational development, while the training materials and the training programme can become part of GOKVI's regular continuing professional education activities and be adapted by other healthcare institutions.

Interreg Danube Region
Co-funded by the European Union
DIGI4Care

Action Plan Overview

The table below presents the general information on the Action Plan of GOKVI:

Institution / Partner	Gottsegen National Cardiovascular Center
Country	Hungary
Contact person (name, role, email)	Peter Vajer, project manager, peter.vajer@gokvi.hu
Implementation setting	☐ Own institution ☐ With ASP(s) ☐ Pilot organisation(s) ☑ Other: Own and other institutions
Related pilot(s) / solutions (if relevant)	Pilot 3, Piloting the introduction of digital solutions in the post- clinical rehabilitation phase in outpatient and long-term care settings in the field of Cardiovascular Diseases (CVDs) and Diabetes
Timeframe of this Action Plan	Start: 01/05/2026 End: 30/06/2027
After-project life	☑ Routine operations ☐ Budget line ☐ Ownership assigned ☐ Other: _____

The following table summarises the actions GOKVI commits to deliver within this Action Plan:

Action #	Action title	Dimension(s)	Owner	Start-End
1	Digital Care Pathway	Care pathway	HU GOKVI	05/2026 – 08/2026
2	Telemonitoring Training Materials	Workflow & skills	HU GOKVI	09/2026 – 12/2026

3	Telemonitoring Training Programme	Workflow & skills	HU GOKVI	01/2027 – 06/2027

Priority Action 1 - Action Sheet

Institution / Partner	Gottsegen National Cardiovascular Center
Target organisation	☑ Own institution ☐ ASP ☐ Pilot organisation ☐ Other: _____
Related pilot-tested solution / technology	Pilot 3, Piloting the introduction of digital solutions in the post- clinical rehabilitation phase in outpatient and long-term care settings in the field of Cardiovascular Diseases (CVDs) and Diabetes
Dimension(s) (tick)	☐ Tech uptake & financing ☐ Data ☐ Regulatory/ethical ☑ Care pathway ☐ Workflow & skills
Action title (one line)	Digital Care Pathway
Problem/opportunity	No health data between visits
Objective (SMART)	Revised care pathway
Main steps (bullets)	• Analysis of the current situation • Listing lessons learned from the project • Description of pathway
Timeline (start/end + 3 milestones)	Start: 01/05/2026 End: 30/09/2026 M1: Description of pathway M2: Testing M3: Implementation

Responsible actors	Owner: GOKVI Sponsor: Digi4Care Key contributors (roles): Healthcare staff
Resources & budget / funding	People/time: Project&healthcare staff development time Budget categories: ☐ licence ☐ integration ☐ training ☐ support ☑ other: _____ Rough amount (EUR): 1500 Funding: ☑ internal ☐ external/grant ☐ partner
KPIs + data source	KPI 1: Revised care pathway completed KPI 2: Revised care pathway approved for institutional use Data source(s): Internal documentation, approved care pathway
Risks + mitigations (max 3)	1) Limited engagement of healthcare professionals → Involve key clinical staff throughout the development and review process.-> _____ 2) Delays in the implementation of the revised care pathway → Establish a clear implementation timeline and assign responsibilities. 3) Limited integration of digital solutions into routine practice → Build on the experiences gained during Pilot 3 and promote gradual implementation.
Sustainability & after-project life	How will this remain active after the project? The revised care pathway will serve as a reference for future organisational development and may be incorporated into institutional practice following further evaluation. How will it support scale-up/transfer?

	The revised care pathway may serve as a reference for the implementation of similar digital rehabilitation approaches in other healthcare institutions.

Priority Action 2 - Action Sheet

Institution / Partner	Gottsegen National Cardiovascular Center
Target organisation	☑ Own institution ☐ ASP ☐ Pilot organisation ☐ Other: _____
Related pilot-tested solution / technology	Pilot 3, Piloting the introduction of digital solutions in the post- clinical rehabilitation phase in outpatient and long-term care settings in the field of Cardiovascular Diseases (CVDs) and Diabetes
Dimension(s) (tick)	☐ Tech uptake & financing ☐ Data ☐ Regulatory/ethical ☐ Care pathway ☑ Workflow & skills
Action title (one line)	Telemonitoring Training Materials
Problem/opportunity	Underusage of telemonitoring
Objective (SMART)	Improving knowledge on telemonitoring among HCPs in GOKVI
Main steps (bullets)	• Collecting literature • Summarizing lessons learned in project • Creating training material
Timeline (start/end + 3 milestones)	Start: 01/09/2026 End: 31/12/2026 M1: Literature concluded

Interreg Danube Region
Co-funded by the European Union
DIGI4Care

	M2: Table of contents M3: Training material
Responsible actors	Owner: GOKVI Sponsor: Digi4Care Key contributors (roles): Project&healthcare staff development time
Resources & budget / funding	People/time: Project&healthcare staff Budget categories: ☐ licence ☐ integration ☐ training ☑ support ☐ other: _____ Rough amount (EUR): 1500 Funding: ☑ internal ☐ external/grant ☐ partner
KPIs + data source	KPI 1: Training materials completed KPI 2: Training materials made available for healthcare professionals Data source(s): Training materials, internal documentation
Risks + mitigations (max 3)	1) Limited availability of staff to contribute to content development → Plan development activities in advance and involve multidisciplinary contributors. 2) Rapid changes in digital technologies → Design the training materials so they can be easily updated. 3) Limited use of the training materials after project completion → Integrate the materials into routine staff education activities.
Sustainability & after-project life	How will this remain active after the project? The training materials can be reused and regularly updated as part of GOKVI's continuing professional education

	activities. How will it support scale-up/transfer? The materials can be adapted and shared with other healthcare institutions introducing similar digital rehabilitation and telemonitoring solutions.

Priority Action 3 - Action Sheet

Institution / Partner	Gottsegen National Cardiovascular Center
Target organisation	☑ Own institution ☐ ASP ☐ Pilot organisation ☐ Other: _____
Related pilot-tested solution / technology	Pilot 3, Piloting the introduction of digital solutions in the post- clinical rehabilitation phase in outpatient and long-term care settings in the field of Cardiovascular Diseases (CVDs) and Diabetes
Dimension(s) (tick)	☐ Tech uptake & financing ☐ Data ☐ Regulatory/ethical ☐ Care pathway ☑ Workflow & skills
Action title (one line)	Telemonitoring Training Programme
Problem/opportunity	Underusage of telemonitoring
Objective (SMART)	Improving number of HCPs aware of using telemonitoring
Main steps (bullets)	• Survey among HCPs on the knowledge and attitude on telemonitoring • Assessment of survey

	• Promotion of training among HCPs • Training
Timeline (start/end + 3 milestones)	Start: 01/06/2027 End: 30/06/2027 M1: Survey M2: Assessment M3: Trained HCPs
Responsible actors	Owner: GOKVI Sponsor: GOKVI Key contributors (roles): Project staff
Resources & budget / funding	People/time: Project staff Budget categories: ☐ licence ☐ integration ☑ training ☐ support ☐ other: _____ Rough amount (EUR): 1500 Funding: ☑ internal ☐ external/grant ☐ partner
KPIs + data source	KPI 1: Training session(s) delivered KPI 2: Number of healthcare professionals trained Data source(s): Questionnaires, attendance sheet
Risks + mitigations (max 3)	1) Limited availability of healthcare professionals to attend the training → Schedule sessions well in advance and offer flexible participation. 2) Low participation or engagement → Promote the practical benefits of the training through department managers and project champions. 3) Changes in institutional priorities or workload → Integrate the training into existing staff development activities whenever feasible.

Sustainability & after-project life	How will this remain active after the project? The training programme can become part of GOKVI's regular professional development activities and be repeated as needed. How will it support scale-up/transfer? The training programme can be adapted by other healthcare institutions implementing digital rehabilitation or telemonitoring solutions.

Interreg
Danube Region

Co-funded by
the European Union

DIGI4Care