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DIGI4Care – Institutional Action Plan – RTD Health Cluster (HRTD_BA), Bosnia and Herzegovina / Republika Srpska

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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 RTD Health Cluster (HRTD BA), Bosnia and Herzegovina / Republika Srpska.

Executive Summary

This Action Plan comprises four initiatives. The first initiative establishes an online Learning Management System (LMS) platform to support continuing medical education for healthcare professionals. The platform will provide at least 3 video-based modules on digital health technologies, engage at least 50 registered users, and explore accreditation with the Medical Chamber of Republika Srpska. The second initiative develops Standard Operating Procedures (SOPs) for implementing digital assistive technologies at the PI Retirement Home in Banja Luka, formalizing insights from Pilot 4 into an institutionally adopted protocol. The third initiative creates and disseminates a practical checklist for introducing digital tools in care homes for older adults across Republika Srpska, which is validated at the PI Retirement Home in Banja Luka and distributed to at least 5 additional care homes. The fourth initiative develops an interdisciplinary short study programme, "Digital and Assistive Technologies in Social Care with the Elderly," in collaboration with the Faculty of Electrical Engineering and the Faculty of Political Sciences at the University of Banja Luka, with a target enrolment of at least 10 candidates.

The Action Plan follows an ecosystem approach that combines education (LMS platform, study programme), operational guidance (SOP, checklist) and institutional anchoring (accreditation, partnerships with university faculties and care homes). The SOP and the checklist are designed as transferable models for care homes across Bosnia and Herzegovina and the wider Danube Region. The KPI framework is specific and verifiable: three modules published, 50 registered users, one validated and adopted SOP, a checklist distributed to at least five care homes, and 10 candidates enrolled in the study programme. The identified risks include low digital literacy among professionals and elderly users, limited infrastructure and funding constraints — especially in rural areas — and data privacy and ethical concerns. Mitigation strategies include hands-on training, prioritization of low-cost, scalable technologies, partnerships with the public and private sectors, and alignment with national and EU data protection standards.

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Action Plan Overview

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

Institution / Partner	RTD Health Cluster (HRTD_BA)
Country	Bosnia and Herzegovina, Republic of Srpska
Contact person (name, role, email)	Zoran Dimitrijević, info@emedicina.online
Implementation setting	☐ Own institution ☐ With ASP(s) ☐ Pilot organisation(s) ☑ Other: Own institution and external institutions
Related pilot(s) / solutions (if relevant)	Pilot 4 – Digital assistive technologies in post-clinical rehabilitation, outpatient and long-term care settings in the field of Dementia, Alzheimer's and Cognitive Diseases
Timeframe of this Action Plan	Start: 01/05/2026 End: Q1/2027 (Action 1) / 31/12/2026 (Actions 2 & 3)
After-project life	☑ Routine operations ☐ Budget line ☐ Ownership assigned ☐ Other: _____

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

Action #	Action title	Dimension(s)	Owner	Start-End
1	Online LMS Platform for Continuous Medical Education of Healthcare Professionals	Workflow & skills / Tech uptake	HRTD_BA	05/2026 – Q1/2027
2	Standard Operational Procedures (SOP) for Implementation of Digital Assistive Technologies in Care for Elderly at PI Retirement Home Banja Luka	Workflow & skills / Care pathway	HRTD_BA + PI Retirement Home Banja Luka	05/2026 – 12/2026
3	Checklist for Introduction of Digital Tools in Care Homes for Elderly in Republika Srpska	Tech uptake & financing / Workflow & skills	HRTD_BA	06/2026 – 12/2026
4	Development of Short Interdisciplinary Study Programme "Digital and Assistive Technologies in Social Care with Elderly"	Workflow & skills / Care pathway	HRTD_BA + University of Banja Luka (Faculty of Electrical Engineering and Faculty of Political Sciences)	06/2026 – 12/2026

Priority Action 1 - Action Sheet

Institution / Partner	RTD Health Cluster (HRTD_BA)

Target organisation	☑ Own institution ☐ With ASP(s) ☐ Pilot organisation(s) ☑ Other: HealthCare professionals (medical doctors) in Republic of Srpska
Related pilot-tested solution / technology	Pilot 4 – Digital assistive technologies in post-clinical rehabilitation and long-term care (Dementia, Alzheimer's, Cognitive Diseases)
Dimension(s) (tick)	☑ Tech uptake & financing ☐ Data ☐ Regulatory/ethical ☐ Care pathway ☑ Workflow & skills
Action title (one line)	Online LMS Platform for Continuous Medical Education of Healthcare Professionals (edukacija.emedicina.online)
Problem/opportunity	Healthcare professionals in Republic of Srpska lack access to structured, accredited digital health education. Digital tools tested in DIGI4Care Pilot 4 require ongoing training to achieve sustainable uptake beyond the project.
Objective (SMART)	Launch an open-access LMS platform (edukacija.emedicina.online) by Q1/2027 delivering a minimum of 3 video-based modules on digital health technologies and Artificial Intelligence (AI) in healthcare pathways, with at least 50 registered users and exploration of accreditation pathway with the Medical Chamber of Republic of Srpska.
Main steps (bullets)	• Set up WordPress-based LMS (LearnPress) on edukacija.emedicina.online • Develop MVP curriculum: 3 modules on digital healthcare technologies, AI in rehabilitation, data management in healthcare • Produce video lessons using Smart Village video studio

	• Launch platform and promote it to healthcare professionals in RS • Organize meetings with Medical Chamber of RS to explore accreditation Evaluate platform usage logs (e.g., LMS analytics) and gather participant feedback.
Timeline (start/end + 3 milestones)	Start: 01/05/2026 End: Q1/2027 M1: Platform set up and MVP curriculum developed (07/2026) M2: Platform launched and promoted (09/2026) M3: Meeting with Medical Chamber – accreditation explored (Q1/2027)
Responsible actors	Responsible actors Owner: HRTD_BA Sponsor: DIGI4Care project leadership Key contributors: Smart Village (video studio), Faculty of Electrical Engineering Banja Luka and Faculty of Medicine Banja Luka (content, as cluster members), HRTD_BA technical staff (LMS development and setup)
Resources & budget / funding	People/time: HRTD_BA staff + technical staff + JU Dom penzionera BL staff Budget categories: license (domain/hosting), training content development Rough amount (EUR): 1,500 Funding: internal / partner
KPIs + data source	KPI 1: Platform live and accessible (edukacija.emedicina.online) KPI 2: Minimum 3 modules published KPI 3: Minimum 50 registered users Data sources: LMS user records, registration logs
Risks + mitigations (max 3)	• Delay in content development → early engagement content contributors • Low registration → targeted promotion through HRTD_BA network and DIGI4Care training sessions (D3.2.3)

	Accreditation process slow → treat as long-term goal; platform operates independently regardless
Sustainability & after-project life	Platform remains operational on emedicina.online infrastructure after project ends. Content updated with new modules. If accreditation is achieved, platform becomes a recurring CME resource for doctors in RS. Potential expansion to other health professions.

Priority Action 2 - Action Sheet

Institution / Partner	RTD Health Cluster (HRTD_BA) + PI Retirement Home Banja Luka
Target organisation	☐ Own institution ☑ With ASP(s) Retirement Home Banja Luka (pilot implementation site) ☐ Pilot organisation(s) ☐ Other: _____
Related pilot-tested solution / technology	Pilot 4 – Digital assistive technologies in post-clinical rehabilitation and long-term care (Dementia, Alzheimer's, Cognitive Diseases)
Dimension(s) (tick)	Workflow & skills / Care pathway ☐ Tech uptake & financing ☐ Data ☐ Regulatory/ethical ☑ Care pathway ☑ Workflow & skills
Action title (one line)	Standard Operational Procedures (SOP) for Implementation of Digital Assistive Technologies in Care for Elderly + PI Retirement Home Banja Luka
Problem/opportunity	PI Retirement Home Banja Luka has gained hands-on experience with digital

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	assistive technologies through DIGI4Care Pilot 4 but lacks a formalised internal protocol and SO procedures for their routine application in care for elderly residents with dementia, Alzheimer's and cognitive diseases. Without documentation, knowledge remains informal and non-transferable.
Objective (SMART)	Develop, validate and formally adopt an internal protocol and procedures at PI Retirement Home Banja Luka for the use of digital assistive technologies in care for elderly residents with dementia, Alzheimer's and cognitive diseases by December 2026.
Main steps (bullets)	• Collect and document lessons learned from Pilot 4 implementation at PI Retirement Home Banja Luka • Draft SOP structure: patient assessment, technology selection, workflow integration, documentation • Validate draft with PI Retirement Home BL staff and DIGI4Care project team (1–2-hour workshop with staff to explain and test SOP) • Formally adopt SOP within PI Retirement Home BL internal procedures Disseminate SOP findings at DIGI4Care Showcasing Roundtable (D3.4.3)
Timeline (start/end + 3 milestones)	Start: 01/05/2026 End: 31/12/2026 M1: Lessons learned documented (06/2026) M2: Draft SOP prepared and validated (09/2026) M3: SOP doc formally adopted PI Retirement Home BL (12/2026)
Responsible actors	Owner: HRTD_BA + PI Retirement Home Banja Luka Sponsor: DIGI4Care project

	leadership Key contributors: PI Retirement Home BL care staff and management
Resources & budget / funding	People/time: PI Retirement Home BL staff + HRTD_BA research time Budget categories: internal staff time rough amount (EUR): 800 Funding: internal
KPIs + data source	KPI 1: SOP document drafted and validated KPI 2: SOP formally adopted by PI Retirement Home Banja Luka Data sources: PI Retirement Home BL internal documentation, project records
Risks + mitigations (max 3)	• Limited availability of PI Retirement Home BL staff → schedule protocol workshops around existing DIGI4Care training sessions Institutional adoption delayed → secure early buy-in from PI Retirement Home BL management
Sustainability & after-project life	Protocol becomes part of PI Retirement Home Banja Luka legislative framework and internal rules. Serves as a transferable model for other care homes in RS and the wider region. Can be updated as new digital technologies emerge.

Priority Action 3 - Action Sheet

Institution / Partner	RTD Health Cluster (HRTD_BA) + PI Retirement Home Banja Luka
Target organisation	☐ Own institution ☑ With ASP(s) Retirement Home Banja Luka (pilot

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	implementation site) ☐ Pilot organisation(s) ☐ Other: _____
Related pilot-tested solution / technology	Pilot 4 – Digital assistive technologies in post-clinical rehabilitation and long-term care (Dementia, Alzheimer's, Cognitive Diseases)
Dimension(s) (tick)	Workflow & skills / Care pathway ☑ Tech uptake & financing ☐ Data ☐ Regulatory/ethical ☐ Care pathway ☑ Workflow & skills
Action title (one line)	Checklist for Introduction of Digital Tools in Care Homes for Elderly in Republika Srpska
Problem/opportunity	Care homes for elderly in RS lack practical guidance on how to assess, select and integrate digital assistive technologies into their daily operations. Staff are often unfamiliar with available tools and uncertain about implementation requirements.
Objective (SMART)	Develop, validate and distribute a practical implementation checklist for digital assistive technologies in care homes for elderly in RS by December 2026, with initial piloting at Dom starih Prijedor.
Main steps (bullets)	• Analyse implementation experiences from DIGI4Care Pilot 4 relevant to long-term care settings • Develop structured checklist covering technology assessment, staff readiness, patient suitability, data protection, workflow integration • Validate checklist with JU Dom penzionera Banja Luka staff and HRTD_BA experts

	• Distribute checklist to care homes in RS via HRTD_BA network • Present checklist at DIGI4Care Showcasing Roundtable in Prijedor (D3.4.3)
Timeline (start/end + 3 milestones)	Start: 01/06/2026 End: 31/12/2026 M1: Draft checklist prepared (08/2026) M2: Validated with JU Dom penzionera Banja Luka (10/2026) M3: Checklist distributed to care homes in RS (12/2026)
Responsible actors	Owner: HRTD_BA research team Sponsor: DIGI4Care project leadership Key contributors: JU Dom penzionera Banja Luka staff, Dom penzionera Prijedor staff
Resources & budget / funding	People/time: HRTD_BA research staff + expert consultation Budget categories: internal staff time Rough amount (EUR): 500 Funding: internal
KPIs + data source	KPI 1: Checklist developed and published KPI 2: Checklist validated with at least 1 care home (Dom starih Prijedor) KPI 3: Checklist distributed to minimum 5 care homes in RS Data sources: Distribution records, project dissemination documentation
Risks + mitigations (max 3)	• Low engagement from care homes → involve sector associations and use HRTD_BA network • Checklist too complex for staff → ensure practical, concise and visual format • Limited dissemination reach → use roundtable events and DIGI4Care training sessions for distribution
Sustainability & after-project life	Checklist remains publicly available on emedicina.online. Can be updated as technology landscape evolves. Serves as a

	transferable model for care homes across BiH and the wider Danube Region

Priority Action 4 - Action Sheet

Institution / Partner	RTD Health Cluster (HRTD_BA)
Target organisation	☐ Own institution ☑ With ASP(s) ☐ Pilot organisation(s) ☑ Other: Faculty of Electrical Engineering (ETF) and Faculty of political Sciences (FPN)
Related pilot-tested solution / technology	Pilot 4 – Digital assistive technologies in post-clinical rehabilitation and long-term care (Dementia, Alzheimer's, Cognitive Diseases)
Dimension(s) (tick)	☐ Tech uptake & financing ☐ Data ☑ Regulatory/ethical ☐ Care pathway ☑ Workflow & skills
Action title (one line)	Development of Short Interdisciplinary Study Programme "Digital and Assistive Technologies in Social Care with Elderly"
Problem/opportunity	The use of digital assistive technologies (DAT) in the social care of older adults is gradually expanding in Republic of Srpska, driven by demographic aging, workforce shortages, and increasing demand for home-based services. Social Care staff in Republic of Srpska has lack knowledge of and skills on how to assess, select and integrate appropriate DAT into Social Care system of Republic of Srpska.

	Social care of elderly incorporates various digital tools tailored to individual needs: health & safety monitoring, medication management, communication, social connection and cognitive Support. Using DAT reduces social exclusion of elderly and allows Social Care staff to spend more time on face-to-face support and their efficiency.
Objective (SMART)	This interdisciplinary programme aims to equip participants with foundational and applied knowledge of DAT used in elderly social care, with a focus on practical implementation within the context of Republic of Srpska. It seeks to strengthen interdisciplinary collaboration between healthcare, social work, and technical professionals to improve the quality and accessibility of care services. A key objective is to develop competencies for selecting, using, and evaluating technologies such as telecare systems, remote monitoring tools, and assistive devices that support independent living and safety of older adults. The programme also aims to enhance digital literacy among professionals and promote user-centered approaches tailored to the needs of the elderly population. In addition, the programme intends to raise awareness of ethical, legal, and organizational aspects of digital care, including data protection and integration into existing social and healthcare systems.
Main steps (bullets)	• Design Short Study Programme syllabus and learning objectives

	• Prepare teaching materials and case studies from DIGI4Care pilot 4 • Submit course for accreditation for the ETF and FPN joint course • Launch course in the academic curriculum offer
Timeline (start/end + 3 milestones)	Start: 01/06/2026 End: 31/12/2026 M6: Joint short study programme syllabus and structure prepared M11-12: Accreditation submitted and approved M12: Joint short study programme included in curriculum, academic term start
Responsible actors	Owner: Faculty of Electrical Engineering, UNIBL Sponsor: DIGI4Care project leadership Key contributors (roles): Academic staff, Retirement Home Banja Luka staff, digital health experts
Resources & budget / funding	People/time: academic staff preparation time Budget categories: ☐ licence ☐ integration ☑ training ☐ support ☐ other: _____ Rough amount (EUR): 500 Funding: ☑ internal ☑ external/grant ☐ partner
KPIs + data source	KPI 1: Short study programme prepared and accredited KPI 2: Minimum 10 candidates enrolled KPI 3: Minim. one retirement home and social work office included in practical work.
Risks + mitigations (max 3)	1. Low digital literacy among professionals and elderly users

	Risk: Limited ability to effectively use assistive technologies may reduce programme impact. *Mitigation:* Integrate hands-on training, simple user interfaces, and continuous technical support; include basic digital skills modules tailored to both staff and older adults. 2. Limited infrastructure and funding constraints *Risk:* Uneven access to reliable internet, devices, and financial resources—especially in rural areas—may hinder implementation. *Mitigation:* Prioritize scalable, low-cost technologies; seek partnerships with public institutions and private sector; phase implementation starting with pilot sites. 3. Data privacy and ethical concerns *Risk:* Mismanagement of sensitive personal and health data could undermine trust and compliance. *Mitigation:* Align programme with national and EU data protection standards, ensure secure data systems, and include training on ethics, consent, and data handling for all participants.
Sustainability & after-project life	How will this remain active after the project? Sustainability will be ensured by embedding the SS Programme into existing curricula of health, social care, and technical faculties, as well as through continuous professional development (CPD) frameworks. This joint short study programme should become an integral part of the Study Programme Catalogue as

	well at UNIBL. How will it support scale-up/transfer? The programme will be designed as a modular and adaptable curriculum that can be easily transferred to other regions or institutions. Standardized teaching materials, guidelines, and evaluation tools will allow replication across different settings. Collaboration with regional stakeholders and alignment with EU best practices will facilitate broader adoption beyond Republic of Srpska.

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