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DIGI4Care – Institutional Action Plan – Ludwig Boltzmann Institute for Digital Health and Patient Safety (LBI DHPS), Austria

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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 Ludwig Boltzmann Institute for Digital Health and Patient Safety (LBI AT), Austria.

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Executive Summary

The LBI DHPS Action Plan comprises three actions, drawing on the DIGI4Care Data Management Model (O2.2), Pilot 2 (tele-didactic point-of-care ultrasound training) and Pilot 3 (iWEAR wearable-supported post-ICU monitoring). The first action adopts the End-of-Pilot dataset inventory and the sensitivity, retention and access schema of the Data Management Model as a standing internal Standard Operating Procedure of LBI DHPS, to be approved with the involvement of the Data Protection Officer and applied to at least one active or new data-collecting project. The second action adapts the tele-didactic curriculum developed in Pilot 2 into a skill-development module for the TeleHealthAid Academy, addressing telemedicine and technology-acceptance competency needs of general practitioners in lagging regions, with the module draft reviewed by the Lead Partner against the D1.3.1 specification. The third action codifies a structured pre-discharge post-intensive-care syndrome (PICS) pathway and SOP bundle at the AUVA Trauma Center Vienna, built on Pilot 3 and covering CPAx and CFS screening, individualised briefing, rehabilitation hand-off and the scheduling of six- and twelve-month visits.

The actions address the data, workflow and skills, and care pathway dimensions of the ICM Strategy, and are implemented at LBI DHPS, at the Ludwig Boltzmann Institute for Traumatology and at the AUVA Trauma Center Vienna as a target-group adopter. The KPIs are defined as verifiable outputs: formal approval of the SOP and its first application, delivery of the module draft and sign-off by the Lead Partner, and endorsement of the PICS SOP bundle at the Vienna-Meidling site, with quality-management records, deliverable trackers and clinical-governance documentation as data sources. The identified risks include competing end-of-project workload, misalignment with the Academy specification, clinical workload and uncertainty of scale-up funding, with mitigation measures such as scheduling the work into the post-project window, early coordination with the Lead Partner, embedding the pathway within the existing pre-discharge workflow and pursuing follow-on funding. Sustainability is addressed through continuation in follow-on projects and routine practice: the Data Management Model is maintained as a living reference for future transnational projects, the adapted module is embedded in the TeleHealthAid Academy and feeds the Guidelines for Adaptation (D1.5.2), and the PICS pathway is adopted into AUVA routine operations as the foundation for a wearable-supported extension and multi-site scale-up.

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Action Plan Overview

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

Institution / Partner	Ludwig Boltzmann Institute for Digital Health and Patient Safety (LBI DHPS)
Country	Austria
Contact person (name, role, email)	Akos Tiboldi — Research Project Manager (DIGI4Care), akos.tiboldi@lbg.ac.at
Implementation setting	X Own institution ☐ With ASP(s) ☐ Pilot organisation(s) X Other: target-group adopter (AUVA Trauma Center Vienna)
Related pilot(s) / solutions (if relevant)	• Data Management Model — DMM (Output O2.2) • Pilot 2 — tele-didactic point-of-care ultrasound (POCUS) / emergency tele-ultrasound training • Pilot 3 — iWEAR wearable-supported post-ICU monitoring
Timeframe of this Action Plan	Start: 01/07/2026 End: 30/06/2027
After-project life	X Routine operations ☐ Budget line X Ownership assigned X Other: Other: adapted into follow-on projects (TeleHealthAid, PREVENT-PICS)

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

Action #	Action title	Dimension(s)	Owner	Start-End
1	Adopt the DMM dataset inventory & sensitivity/retention schema as a standing LBI DHPS SOP	Data	LBI DHPS Data Management	07/2026 – 09/2026
2	Adapt the DIGI4Care P2 tele-didactic curriculum into a TeleHealthAid Academy module (D1.3.1)	Workflow & skills	LBI (DHPS, trauma)	07/2026 – 09/2026
3	Codify a pre-discharge PICS pathway / SOP bundle at AUVA, built on Pilot 3 (iWEAR)	Care pathway	AUVA Trauma Center Vienna, with LBI DHPS/trauma support	07/2026 – 09/2026

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Priority Action 1 - Action Sheet

Institution / Partner	Ludwig Boltzmann Institute for Digital Health and Patient Safety (LBI DHPS) — LBI_AT
Target organisation	X Own institution ☐ ASP ☐ Pilot organisation ☐ Other: _____
Related pilot-tested solution / technology	DIGI4Care Data Management Model (O2.2): dataset inventory, sensitivity classification, pseudonymisation position, retention & access concept.
Dimension(s) (tick)	☐ Tech uptake & financing X Data ☐ Regulatory/ethical ☐ Care pathway ☐ Workflow & skills
Action title (one line)	Adopt the End-of-Pilot dataset inventory and sensitivity/retention schema as a standing LBI DHPS SOP
Problem/opportunity	DMM practice was developed at project level; no internal SOP yet captures the harmonised dataset-inventory and classification approach for routine reuse.
Objective (SMART)	By end of month 3, approve and apply an internal LBI DHPS SOP based on the DMM dataset inventory and sensitivity / retention / access schema for new data-collecting projects.
Main steps (bullets)	• Extract the DMM dataset-inventory and classification template into an SOP draft

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	• Internal review with Data Management and the DPO; adapt to LBI workflows • Approve the SOP and assign a standing owner Apply to at least one active/new project as first use
Timeline (start/end + 3 milestones)	Start: 01/07/2026 End: 30/09/2026 M1 (07/2026): SOP draft prepared from the DMM M2 (08/2026): internal + DPO review completed M3 (09/2026): SOP approved and first application
Responsible actors	Owner: LBI DHPS Data Manager (A. Tiboldi) Sponsor: LBI DHPS Institute Management Key contributors: Data Protection Officer; pilot data leads
Resources & budget / funding	People/time: internal staff (Data Management, DPO) Budget categories: ☐ licence ☐ integration ☐ training ☒ support ☐ other Rough amount (EUR): € 4.000,- (internal staff time) Funding: ☒ internal ☐ external/grant ☐ partner
KPIs + data source	KPI 1: SOP formally approved (Yes/No) KPI 2: ≥ 1 project applying the SOP Data source(s): LBI DHPS quality-management records; project documentation
Risks + mitigations (max 3)	1) Competing end-of-project workload → schedule SOP work into the post-project window

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	2) SOP too generic to be useful → anchor it to the concrete DMM templates 3) Low internal uptake → management endorsement and a named owner
Sustainability & after-project life	Becomes routine LBI DHPS practice (data governance baseline). The DMM is maintained as a living reference and adapted for follow-on transnational projects, fulfilling the LBI_AT durability commitment for O2.2.

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Priority Action 2 - Action Sheet

Institution / Partner	LBI DHPS (LBI_AT) — knowledge-transfer / support partner. Ludwig Boltzmann Institute for Traumatology,The Research Center in Cooperation with AUVA — implementing organisation; LBI is Partner 2 in the follow-on Interreg CE project TeleHealthAid (CE0301269).
Target organisation	X Own institution ☐ ASP ☐ Pilot organisation X Other: Ludwig Boltzmann Institute for Traumatology, The Research Center in Cooperation with AUVA
Related pilot-tested solution / technology	DIGI4Care Pilot 2 — tele-didactic point-of-care ultrasound (POCUS) / emergency tele-ultrasound training methodology.
Dimension(s) (tick)	☐ Tech uptake & financing ☐ Data ☐ Regulatory/ethical ☐ Care pathway ☒ Workflow & skills
Action title (one line)	Adapt the DIGI4Care P2 tele-didactic curriculum into a TeleHealthAid Academy skill-development module (D1.3.1)
Problem/opportunity	Pilot 2 produced a validated tele-didactic POCUS training approach. The TeleHealthAid Academy needs telemedicine / technology-acceptance modules for GPs in lagging regions — a direct reuse opportunity.
Objective (SMART)	By end of month 3, deliver a drafted TeleHealthAid Academy module (learning objectives, content, delivery format) adapted from the P2 tele-didactic

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	curriculum and ready for Academy integration.
Main steps (bullets)	• Map P2 tele-didactic content to TeleHealthAid Academy / GP competency needs • Adapt the curriculum (POCUS / tele-ultrasound + technology acceptance) into module format • Internal and Lead-Partner (SU) review against the D1.3.1 specification Hand over the draft module for Academy integration
Timeline (start/end + 3 milestones)	Start: 01/07/2026 End: 30/09/2026 M1 (07/2026): content mapping to Academy needs M2 (08/2026): module draft produced M3 (09/2026): review and handover for integration
Responsible actors	Owner: LBI training / skill-development lead Sponsor: LBI DHPS Institute Management/LBI Traumatology Key contributors: TeleHealthAid Lead Partner (Semmelweis University) Academy team; P2 trainers
Resources & budget / funding	People/time: LBI staff (curriculum / training development) Budget categories: ☐ licence ☐ integration ☒ training ☐ support ☐ other Rough amount (EUR): covered within the TeleHealthAid budget — staff costs during the project Funding: ☐ internal ☒ external/grant (TeleHealthAid, Interreg CE) ☒ partner

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KPIs + data source	KPI 1: module draft delivered (Yes/No) KPI 2: review sign-off by the Lead Partner Data source(s): TeleHealthAid WP1 deliverable tracker (D1.3.1)
Risks + mitigations (max 3)	1) Misalignment with the Academy specification → early coordination with the Lead Partner 2) POCUS content too specialised for GPs → simplify per the P2 ease-of-interpretation approach 3) Timing vs TeleHealthAid WP1 schedule → align to D1.3.1 milestones
Sustainability & after-project life	Module embedded in the TeleHealthAid Academy; tele-didactic good practice transferred beyond DIGI4Care. Feeds the Guidelines for Adaptation (D1.5.2) so non-partner GP networks can take up the model.

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Priority Action 3 - Action Sheet

Institution / Partner	LBI DHPS (LBI_AT) — knowledge-transfer / support partner. Ludwig Boltzmann Institute for Traumatology, The Research Center in Cooperation with AUVA, — knowledge-transfer / support partner. Implementing / target organisation: AUVA Trauma Center Vienna
Target organisation	☐ Own institution ☐ ASP ☐ Pilot organisation ☒ Other: AUVA Trauma Center Vienna *Eligibility: target-group adopter — a non-partner organisation taking up DIGI4Care pilot good practice, expressly permitted under the JS March briefing.*
Related pilot-tested solution / technology	DIGI4Care Pilot 3 — iWEAR wearable-supported post-ICU monitoring (Fitrockr platform; pseudonymised data-flow governance).
Dimension(s) (tick)	☐ Tech uptake & financing ☐ Data ☐ Regulatory/ethical ☒ Care pathway ☐ Workflow & skills
Action title (one line)	Codify a structured pre-discharge PICS pathway / SOP bundle at AUVA, built on DIGI4Care Pilot 3
Problem/opportunity	AUVA operates a defined rehabilitation system but has no standardised, person-centred post-intensive-care (PICS) pathway. Pilot 3 provides a validated wearable-supported model ready for adoption.
Objective (SMART)	By end of month 3, draft and internally endorse an AUVA pre-discharge PICS SOP bundle (CPAx + CFS screen, individualised

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	briefing, rehabilitation hand-off, 6/12-month visit scheduling) at the Vienna-Meidling site, based on Pilot 3.
Main steps (bullets)	• Adapt P3 pathway elements to the AUVA rehabilitation workflow • Draft the SOP bundle (screen, briefing, hand-off note, visit schedule) • Clinical review with AUVA ICU / rehabilitation champions Secure internal endorsement at the Vienna-Meidling site
Timeline (start/end + 3 milestones)	Start: 01/07/2026 End: 30/09/2026 M1 (07/2026): pathway adaptation to AUVA workflow M2 (08/2026): SOP bundle drafted M3 (09/2026): clinical review and site endorsement
Responsible actors	Owner: AUVA PICS clinical lead (A. Tiboldi, AUVA Trauma Center Vienna) Sponsor: AUVA medical leadership Key contributors: LBI DHPS (P3 transfer support); ICU / rehabilitation physicians; physiotherapists
Resources & budget / funding	People/time: AUVA clinical staff + LBI DHPS transfer support Budget categories: ☐ licence ☒ integration ☒ training ☐ support ☐ other Rough amount (EUR): t.b.c. (internal; scale-up via PREVENT-PICS if funded) Funding: ☒ internal ☒ external/grant (PREVENT-PICS — pending) ☐ partner
KPIs + data source	KPI 1: PICS SOP bundle endorsed at Vienna-Meidling (Yes/No)

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	KPI 2: pathway elements defined (CPAx + CFS, hand-off, scheduled visits) Data source(s): AUVA clinical-governance documentation
Risks + mitigations (max 3)	1) Clinical workload / uptake → embed within the existing pre-discharge workflow 2) Data-flow governance not yet ready → start with the non-digital pathway, add the wearable later 3) Scale-up funding uncertain → PREVENT-PICS proposal as the funding route
Sustainability & after-project life	SOP adopted into AUVA routine operations. Foundation for the wearable-supported extension and multi-site scale-up (PREVENT-PICS); demonstrates target-group uptake of DIGI4Care good practice.

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