

# **ProFouND: Prevention of Falls Network for Dissemination**

# **DELIVERABLE D 1.2**

# **REPORT ON KICK OFF MEETING**

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#### Report of ProFouND kick off meeting

The ProFouND kick off meeting was held in Manchester (UK) on 25<sup>th</sup>-26<sup>th</sup> March. The kick off meeting programme is presented in Appendix 1. The meeting was attended by 42 individuals representing 19 of the 21 partners and 7 of the 10 associate members. The protracted contract negotiation period had resulted in the co-ordinating centre only being able to give a few weeks' notice of the date and unfortunately two partners could not send representatives on the dates chosen. These partners provided overviews of themselves presented by the co-ordinator on their behalves, and the co-ordinator has provided them with feedback from the meeting. A full list of participants is provided in Appendix 2.

### Day1: Monday 25<sup>th</sup> March

All presentations are presented in the order they were given in Appendix 3. Prof Todd welcomed participants to the meeting and gave an overview of the ProFouND network, its aims and objectives, the background to the creation of the network and the European Innovation Partnership on Active and Health Ageing (EIP AHA). Each partner and associate member then briefly introduced themselves, gave an overview of their institution/company/organisation, described related research and skills and identified key personnel who would be working with ProFouND.

In the next session Dr Nick Guldemond, Chair EIP AHA Action Group 2, explained the EIP AHA, its aims and objectives and the work of the falls specific Action Group (A2). There was some brief discussion of how the work of profound fitted into the EIP AHA work. Prof Todd then described the work of Work Package 1 focusing on the tasks and deliverables. Prof Skelton & Mr Richardson described the work of Work Package 2 focusing on the tasks and deliverables and the website. There was some discussion of how this work would fit with that of E-NO FALLS. The formal business of the day for all partners was followed by a sub-meeting for some (see below) and dinner.

#### Day 2: Tuesday 26<sup>th</sup> March

After a brief introduction to Day 2, Ms Liz Fay, European Funding Manager, University of Manchester, explained the grant agreement arrangements and the financial management and reporting procedures for ProFouND. Ms Fay and her colleague Claire Faichnie answered questions about administrative procedures and were available as "one to one" surgery to answer Partners' questions until after lunch. Then Dr Andreu Catala, Director E-NO FALLS, described the E-NO FALLS network. This was followed by a discussion of the need to align the two thematic networks and the EIP AHA lead by Prof Todd, Dr Catala, Director E-NO FALLS network, and Mr Geert Vancraeynest, Project Officer EC DG CONNECT based on the discussion of the liaison meeting that had happened the evening before (see below sub-meetings). Partners discussed the implications of the requirements to align networks and there was broad agreement that profound would work with E-NO FALLS over the coming months to achieve the common aims of the two networks, but that details needed to be worked out before any final agreement could be reached.

In the following session the work, focusing on the tasks and deliverables of each of the work packages was presented, for Work Package 3 by Dr Jorunn Helbostad; for Work Package 4 by Dr Kilian Rapp ; for Work Package 5 by Prof Dawn Skelton; for Work Package 6 by Prof Chris Todd; for Work Package 7 by Ms Carmel Dickinson and for Work Package 8 by Mr Wim Rogmans. The final session comprised round table discussion on integrating the work packages and delivering deliverables on time involving all Partners and Associate Members lead by Prof Skelton and Prof Todd. This was a much more interactive session and comprised debate and discussion of how best to achieve the goals of ProFouND given the changing landscape of another thematic network in the same area and the development of EIP AHA. The general consensus was that the work of ProFouND will be challenging, but achievable if the groups works together and is focused on its aims. There was general agreement that there is immediate need to get on with the work as agreed in the current DoW with immediate effect, but that we needed to work with E-NO FALLS as a matter of priority to agree which tasks would be jointly undertaken, which would remain the responsibility of individual networks and where the gains were to be identified for synergies between work packages internally and between ProFouND and other groups. It was agreed that a liaison groups would be formed with immediate effect to work on the revision of the DoW, but there would have to be agreement by the whole consortium and agreement at a Network Management Board, to be convened virtually, or acting via email written agreement. There was also discussion of budget revision, to be reviewed as part of the DOW revision.

Dates of future meetings will be agreed over the coming weeks.

#### Sub Meetings held during Kick Off Meeting.

<u>Network Executive Committee Meeting 10.00-11.30 25<sup>th</sup> March 2013</u>: The Kick off meeting was preceded by the first meeting of the Network Executive Committee comprising the representatives of leaders of each of the 8 Work Packages (Agenda attached Appendix 3). Minutes of the meeting will be submitted as part of the first periodic interim report. (Present Prof C Todd (Chair), Prof D Skelton GCU & LLT, Dr K Rapp (RBMF), Dr J Helbostad (NTNU), Ms C Dickinson (ECHAlliance), Mr W Rogmans (EuroSafe).

Liaison Meeting with E- NO FALLS and EIP AHA 18.30- 20.00 25<sup>th</sup> March 2013: After the general meeting of ProFouND on the evening of 25<sup>th</sup> members of the Network Executive Committee (see above) met with Dr Andreu Catala, Director E-NO FALLS network, Dr Nick Guldemond, Chair EIP AHA Action Group 2, and Mr Geert Vancraeynest, Project Officer EC DG CONNECT, to discuss the alignment of the two thematic networks and the work of the EIP AHA A2 group. Dr Amanda Clifford members of the E-NO FALLS Executive committee joined by Skype from Limerick, Ireland, and Mr Steve Richardson, GCU web officer for ProFouND, also attended. Mr Vancraeynest subsequently produced a document overviewing his notes from this meeting (Appendix 4). After introduction of all present a background to how the two networks came to be funded was given and a brief background to the AHA EIP provided. The key issues for discussion were how to align the two thematic networks so as to minimise duplication and provide a greater outcome from the two networks working together. There was clear willingness between E-NO FALLS and ProFouND to cooperate so as to align the two networks and work with the EIP AHA to achieve common goals. Whilst no final decisions were made about specifics there was general agreement, that the two network Descriptions of Work (DoWs) would be worked on to achieve alignment, for example by combining resources on meetings, combining the surveys planned by both networks, identifying stakeholders and creating one inventory of stakeholders with whom to liaise and working together to draw as far as possible unify website discussions and produce a single portal to the various online resources on falls prevention. It was agreed that the lead members of the two networks would set up a liaison committee, and would work together over the coming weeks to align the networks' DoWs.

## Appendix 1: Meeting programme

## Agenda Kick Off Meeting Novotel Manchester: 25<sup>th</sup> & 26<sup>th</sup> March 2013

Monday 25 <sup>th</sup>	Registration from 11.30	Ryland Room
12.00-12.30	Lunch	
12.30-13.00	Welcome to ProFouND	Chris Todd
13.00	Speed dating introductions by Partners	
	(7 minutes each including questions)	
13.00	1. University of Manchester	Chris Todd
13.07	2. Glasgow Caledonian University	Dawn Skelton
13.14	3. Robert Bosch Gesellschaft für medizinische Forschung	Kilian Rapp
13.21	4. Norges Teknisk-Naturvitenskapelige Universitet	Jorunn Helbostad
13.28	5. Later Life Training Ltd	Dawn Skelton
13.35	<ol> <li>EuroSafe European Association for Injury Prevention and Safety Promotion</li> </ol>	Wim Rogmans
13.42	7. Osteoporosis Betegek Magyarországi Egyesülete	ТВА
13.49	8. Swiss Council for Accident Prevention bfu	Barbara Pfenninger
13.56	9. Instituto de Salud Carlos III	ТВА
14.03	10. Azienda Unità Sanitaria Locale 11 Empoli	Francesco Benvenuti
14.10	11. National Center for Scientific Research "Demokritos"	Homer Papadopoulos
14.17	12. Connected Health Alliance CIC	Lorraine Acheson
14.24	13. Instituto de Biomecánica de Valencia	Juan V Dura
14.31	14. Fundacio Institut Catala de l'Envelliment	ТВА
14.38	15. Hellenic Scientific Physiotherapy Society	Vasiliki Sakellari
14.45	16. Johanniter-Unfall-Hilfe in Österreich	Georg Aumayr
14.52	17. Istituto Nazionale Riposo e Cura Anziani	Antonio Cherubini
14.59	18. Regionförbundet i Västerbottens län	Kristina Nordmark
15.06	19. Jyväskylän Yliopisto	Merja Rantakoko
15.13	20. Stichting Consument en Veiligheid	Judith Kuiper
15.20	21. Achmea B.V.	Marjan Meijboom
15.27-16.00	Coffee	
16.00-16.30	Speed dating introductions by Associate Members 4 minutes each	Bart Verkerke SPRINT Baldewijns Greet AMACS Mario Drobics iStoppFalls Andrea Orlandini GiraffPlus Karl-Göran Thorngren EFORT Helen Hawley Hague FARSEEING Nick Guldemond I-DONT-FALL
16.30-17.00	The European Innovation Partnership on Active and Healthy	Nick Guldemond
	Ageing	
17.00	Introduction to the Work packages	Chris Todd
17.00-17.30	WP 1: Management, co-ordination, sustainability & meetings	Chris Todd
17.30-18.00	WP 2: Website construction and maintenance	Dawn Skelton & Steve Richardson
18.00	Close of day 1	
20.00	Dinner in Restaurant	

Tuesday 26th	Breakfast from 07.00	Restaurant
09.00-09.15	Introduction to the day	Ryland Room
09.15-09.45	Financial, contractual and administrative issues	Liz Fay
09.45-10.15	E-NO FALLS	Andreu Català
10.15.10.45	Amendment of DoW	Chris Todd/ Andreu
		Català/ Geert
		Vancraeynest
10.45-11.15	Coffee	
11.15-11.45	WP 3: Website resources content management	Jorunn Helbostad
11.45-12.15	WP 4: Toolkit and best practice guidance development	Kilian Rapp
12.15-12.45	WP 5: Best practice exercise regimen training	Dawn Skelton & Bex
		Townley
12.45-13.30	Lunch	
13:30-14:00	WP 6: Evaluation and outcome monitoring	Chris Todd
14:00 -14.30	WP 7: ICT and technology for falls forum	Carmel Dickinson
14.30-15:00	WP 8: National and regional implementation and dissemination	Wim Rogmans
15:00-15.30	Integrating the work packages and delivering deliverables	
	on time	
15.30-16.00	Any other business	
16.00	Close of meeting	

## Appendix 2: List of participants

Marjan Meijboom	Achmea
Paul Mulder	Achmea
Mario Drobics	AIT Austrian Institute of Technology GmbH (iStoppFalls)
Baldewijns Greet	AMACS
Francesco Benvenuti	AUSL11
Giorgia Busanna	AUSL11
Barbara Pfenninger	bfu – Swiss Council for Accident Prevention
Ronnie Lundstrom	County Council of Vasterbotten
Areti Katsamagkou	Demokritos
Homer Papadopoulos	Demokritos
Chris Taylor	ECH Alliance
Lorraine Acheson	ECH Alliance
Carmel Dickinson	ECHAlliance
Ruth Norris	ECHAlliance
Vasiliki Sakellari	EEEF
Karl-Göran Thorngren	EFORT
Nick Guldemond	EIP AHA
Andreu Català	E-NOFALLS
Geert Vancraeynest	European Commission
Wim Rogmans	Eurosafe
Helen Hawley Hague	FARSEEING
Sabato Mellone	FARSEEING
Steve Richardson	GCU
Andrea Orlandini	GiraffPlus
Dawn Skelton	Glasgow Caledonian University/LLT
Juan V. Durá	IBV
Antonio Cherubini	INRCA
Georg Aumayr	Johanniter-Unfall-Hilfe in Österreich
Merja Rantakokko	JYU
Bex Townley	LLT
Jorunn L Helbostad	NTNU
Karin Stranzinger	RBK
Kilian Rapp	RBK
Kristina Nordmark	Region Vasterbotten
Bart Verkerke	SPRINT
Chris Todd	UNIMAN
Claire Faichnie	UoM
Emma Stanmore	UoM
Lis Boulton	UoM
Liz Fay	UoM
Stacey Body	UoM
Judith Kuiper	VeiligheidNL (CSI)

## Appendix 3: Meeting presentations





















3







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	WP 2	Website construction and maintenance GCU
	WP 3	Website resources content management NTNU
	WP 4	Toolkit and best practice guidance development RBMF
	WP 5	Best practice exercise regimen training LLT
	WP 6	Evaluation and outcome monitoring UNIMAN
	WP 7	ICT and technology for falls forum ECHAlliance
	WP 8	National & regional implementation & dissemination
		ProFouND







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Ernest Rutherford

Sir John Sulston

Sir Andre Geim

Sir Konstantin Novoselov













#### MANCHESTER.

The University of Manchester

## School of Nursing, Midwifery & Social Work

- First Nursing Degree in England 1969
- First Professor of Nursing in UK
- Rated number 1 Nursing and Midwifery School in UK Research Assessment Exercise (2008)
- Wide range of National/International Interdisciplinary collaborations close working with Health & Social care







ANNCHERER Second	Academic Staff Profile(FTE)
Professors	16.7
Readers	1
Senior Lecturers	18.6
Lecturers	59.7
Teaching Fellows	6.5
▶ TOTAL	102.5 (plus 43 research staff)



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Ethnicity a (adjusted for age,	and falls gender &	s <b>risk</b> deprivation)	
Self reported ethnicity n=1918	OR	95% CIs	
White			
Black/ Black British	1.38	1.12-1.71	
Asian/British Asian	1.25	0.95-1.63	
Mixed/Other	1.85	1.21-2.83	
		Todd et al 2007	
Qualitative work reveals belief Asians similar to majority pop (fatalistic) beliefs	is and attitudes ulation except a	amongst British as relates to cultural Home et al 2009	













# Falls research team in SNMSW

- Lis Boulton
- Caroline Brundle
- Helen Hawley
- Maria Horne
- Nicky Olleveant
- Lisa McEvoy
- Gretl McHugh
- Emma Stanmore
- Penelope Stanford
- Heather Waterman
- Sarah Whitehead

### Funders

- EC
- DH
- NIHR
- AR-UK
- Age-UKRIA
- WHO
- MRC















## GCU Glasgow Caledonian Some of the recent outputs Cochrane Reviews - Exercise for improving balance in older people - Exercise for preventing and treating osteoporosis in postmenopausal women - Environmental and behavioural interventions for reducing physical activity limitation in community dwelling visually impaired older people - Exercise for reducing fear of falling in older people living in the community (in preparation) - Interventions to reduce sedentary behaviour in older THE COCHRANE COLLABORATION people (in preparation) ProFouND
















































#### l<u>aterLife</u> training∙

# Later Life Training Ltd (SME) – Partner 5

Directors: Dawn Skelton, Bob Laventure, Susie Dinan-Young

Senior Tutors: Bex Townley, Sheena Gawler, Dawn McLean

Plus: Self-employed tutor team (in UK) – 21 people

Office: Based in Killin, Scotland, UK

One full time Office Manager, five part time office staff







#### l<u>aterLife</u> lraining∙

- We are a non-profit making organisation that provides evidence based training for a wide variety of professions working with older people to help increase uptake and adherence to exercise which helps maintain independence, reduce falls and improve outcomes after stroke.
- Our commitment is to a wide continuum of provision so that **all** older people, even those who are very frail, can improve their fitness with confidence.





#### aterLife raining

- All our courses aim to *increase habitual* physical activity levels and improve functional capacity and independence in this vulnerable, population group.
- Later Life Training Ltd was formed in Feb 2003. The company was originally set up to allow the continuation of the delivery of the *continuum* of training.
- The original training was developed by the three directors, alongside an advisory group, with funding from the UK's Department of Health.

DH



ProFouND

### aterLife training The Directors Professor Dawn Skelton, Professor of Ageing and Health, GCU

 Bob Laventure, Consultant, British Heart Foundation National Centre for Physical Activity & Health

Department

of Health

- Dr Susie Dinan-Young, Honorary Senior Research Fellow, University **College London**
- Have worked, or continue to work with
  - Scottish Government
  - NHS Health Scotland
  - Paths for All
  - Chartered Society of Physiotherapy Stroke Association
  - College of Occupational Therapy
  - British Geriatrics Society

- UK Department of Health
- UK Department of Work and Pensions
- UK Department of Trade and Industry
- National Association of Providers of Activities
- Age UK

























1





### Key issues

- Health *education* programs, campaigns about
  - Prevention
  - Early detection of osteoporosis
  - Progression of the disease could be stopped
- Patients' involvement
  - In decision making process
- Lobbying
- Capacity building



## Major events of HOPA

- WOD Program
- Osteoporosis Civilian Forum
- Joint program with the Rehabilitation Section of Osteoporosis Medical Society













25/04/2013





25/04/2013











bfu – Swiss Council for Accident Prevention		🗘 bfu
Accident focal points	6	
Road traffic	New drivers Motorcycles Speed Alcohol Tiredness/distraction	
Sports	Snowsports Football Cycling/mountain-biking Mountain sports Water	
Home and leisure	Falls	
We keep people safe		25.3.2013-HFP 3















## Mission

investén

The Unit's mission is to develop a statewide strategy to promote and coordinate translational and multidisciplinary healthcare research, promoting its integration into daily clinical practice, to provide the highest quality healthcare based on results from valid reliable research





# Thanks for your attention



lalbornos@isciii.es



mmoreno@isciii.es


















Community-Frailty Department						
Units	Role					
Organization of Community	Coordination GPs and family Pediatricians					
services Director: Dr. P. Salvadori	Organization of community services					
	Organization of home care services					
	Coordination hospital-commnunity continuity of care					
Rehabilitation an Frailties	Community and Hospital Rehabilitation Services					
Director: Dr. F. Benvenuti	Geriatric services (dementia & falls)					
	Adapted Physical Activity (APA) program coordination					
Substance Use Disorders	Prevention, treatment and rehabilitation of substance (legal					
Director: Dr. M. Tedici	and illegal) use disorders and pathological gambling					
Social Services	Coordination of social services at hospital and community level					
Director: Dr. R. Boldrini	Coordination of sheltered housing, nursing homes, and day Centers					
Innovation and Quality of	Implementation of strategies to improve safety and quality of					
Community Services	care of services at community level					
Director: Dr. A. Scarafuggi						

## **EU Projects**

- PROFANE (falls)
- CLEAR (telerabilitation)
- RICHARD (telemedicine)
- PROFOUND (falls)

## **AUSL11 Fall Prevention Programs**

- Hospital  $\rightarrow$  G. Busanna
- Nursing homes  $\rightarrow$  R. Boldrini
- Community  $\rightarrow$  F. Benvenuti

## **Exercise study programs**

- ISS/NIH → Stroke
- Tuscany region → Flexed posture
- Ministry of Health → Back pain

































































3























































	🖾 Döbeln	Hoyerswerda, Kreisfreie Stadt	Neustadt an der Weinstraße, Kreisfreie Stadt	E Salzland	E Zweibrücken, Kreisfreie Stadt	
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continuing education of new health						
scientists and professionals in our						
country.						
ProFouND Kick Off Meeting, Manchester: 10						
25th & 26th March 2013						








7

















Im Dienste des Lebens

### History

- Funded in 1099 during the 1st Crusade
- Christian Order to protect and give care to pilgrims
- 914 Years experience in wound management
- 1974 establishing the austrian JUHÖ to enforce the principles of the order in form of ambulance service, care service and education
- 1994 starting first research project for AAL
- 2012 starting professional research according to the principles of the Johanniter
   DIE JOHANNITER



Location
 Vienna – HQ
 Innsbruck, Tyrol
 Waidhofen a.d. Ybbs, Lower
 Austria
 Orth a.d. Donau, Lower Austria
 Pattergassen, Carinthia











The mission of INRCA is to ensure older patients excellence in care and assistance and to perform research in the fields of gerontology and geriatrics.











	SMILING	Conso	rtium	
<u>N.</u>	Legal Name	Short Name	Country	Role
1	ISTITUTO NAZIONALE DI RIPOSO E CURA PER ANZIANI V. E. II	INRCA	ITALY	🌺 🛄
2	UNIVERSITY OF STRATHCLYDE	BDM-USTRATH	UK	
3	TECHNICKA UNIVERZITA V KOSICIACH	TUKE	SLOVAKIA	o 🛄 🔔
4	STEP OF MIND LTD.	SOM	ISRAEL	
5	Alma Mater Studiorum - Universita' di Bologna	UNIBO	ITALY	۹ 🛄 💻
6	STICHTING IMEC NEDERLAND	IMEC-NL	NETHERLANDS	o 🛄 📘
7	AB.ACUS SRL	ABACUS	ITALY	l) 🗕 🦆 🧶
8	ECOLE POLYTECHNIQUE FEDERALE DE LAUSANN	NE EPFL	SWITZERLAND	۵ 🛄 💻
9	CENTRE HOSPITALIER UNIVERSITAIRE VAUDOIS	S CHUV	SWITZERLAND	<u> </u>
10	MERCAZ MISHAN LTD	MISHAN	ISRAEL	<b>*</b> **
11	vysokošpecializovaný odborný ústav Geriatrický sv. lukáša v košiciach n.o.	GCKOSICE	SLOVAKIA	<b>*</b> *
	<u></u>			
	Elderly Technology experts experts	Scientific ICT experts experts	SMEs	













# The County of Vasterbotten Vasterbotten Sweden

Foto: Kristina Nordmark



# Open Comparisons 2012

Persons with fall injuries per 1000 inhabitants aged 80 and older who entered the hospital, average values for the years 2009-2011





## FoU or Research & Development (R & D) Västerbotten was

formed in February 2011 as the embodiment of the county's municipalities and county council, and as a result of the national initiative being undertaken to strengthen the development of knowledge in social services and the relevant parts of the health services.

R & D Västerbottens role is coordinating, disseminating knowledge and participate in the implementation. Västerbotten takes part in work packages 3, 4, 6, 7 & 8.



**Umeå University** has 36 700 registred students and 4 200 lecturers and supporting staff.

Umeå university has been working with fall hazard and fall prevention research for the last 20 years. Both expertise and dissemination is the primarily role.



**County Council of Västerbotten** is the regional body responsible for health care, dental care and care for 260 000 residents in northern Sweden.

The second largest employer in the region with almost 10 000 employees.

35 primary health care centres, and two hospitals and one university hospital. The university hospital is responsible for highly specialised care for the 900 000 residents of the four Northern Counties.

The University Hospital is a natural hub for research and development.

#### Vision

County Council of Västerbotten has a vison that sets its sights high By 2020, Västerbotten will have the world's best health and the world's healthies citizens in Northern Sweden.



**Geriatric clinic at Umeå University Hospital** is a specialist clinic and a base for development, research and education within the geriatric competens field.

Diagnosis, treatment, care and rehabilitation

- inpatient care: 4 wards, orthpedic, psychogeriatric and general geriatrics
- outpatient care: rehabilitation team, rehabilition unit and reception.

**Department of Biomedical Engineering and Informatics (BMEI)** is one of UHU's in-house R&D facilities. In the context of detecting and preventing falls, BMEI can provide technical **state-of-the-art expertise** in:

- wearable sensor technology for capturing movement and physiological data
- wireless monitoring of human movement at home or outside
- measurement and analysis of movement (e.g. gait, fall detection, ergonomics)
- measurement and analysis of bioelectric signals in general (eg. EMG, ECG)
- transmission of physiological and movement data from end user to care giver
- ICT based personal systems for health monitoring and support
- and more ...



**Umeå municipality** is a local public authority with political governance and responsibility for 116,000 inhabitants. Umeå participated in the CONFIDENCE (FP7) project, as representatives for older people with fear of falling. Both expertise within the field as well as monitoring data relating to falls is a role for Umeå.





**Skellefteå municipality** is a local public authority with political governance and responsible for 72,000 inhabitants. Skellefteå has a very high number of falls, placed in the bottom-five of Sweden's 290 municipalities. The municipality's Prevention Unit would be suitable for implementation and testing of risk assessment and risk prevention.

*The Social welfare services* are the principal provider of social welfare services within the municipal boarders. The responsibility to manage the social welfare services is stated in the Social Service Act.



# I can age in Västerbotten in safety, with access to quality health care







#### UNIVERSITY OF JYVÄSKYLÄ Gerontology Research Center (GEREC)

- Collaborative effort between universities of Jyväskylä and Tampere (started January 2012)
- GEREC at University of Jyväskylä have 4 professors, research director and ~25 researchers.
- Close research collaboration with other disciplines at the University e.g. exercise and sports medicine, physiotherapy, cell and molecular biology, kinesiology, social work and psychology
- Hosts large data resources
- Operates in close collaboration with the GeroCentre Foundation, which transfers aging related research knowledge into products and good practices (www.gerocenter.fi)





2000	UNIVERSITY OF JYVÄSKYLÄ		
	Research projects relevant for ProFouND		
	Finnish Twin study on Ageing, FITSA, 2000/2001-2011. (Rantanen et al. 2003, Villana et al. 2013)		
	<ul> <li>Genetic and environmental effects on disablement process, N=217 twin pairs (women)</li> <li>Special focus on genetic effects on balance and falls</li> <li>One year fall surveillance with fall calender 2001-2002, total follow-up time 10 years</li> </ul>		
$\overline{1}$			
	Evergreen project 1988-2004 (Heikkinen 1997)		
22	<ul> <li>Data from Jyväskylä Central Hospital about physician-diagnosed injurious falls, 10-year follow-up, n=617</li> </ul>		
$\sim$	ProMo:Mobility recovery after hip fracture, 2008-2011 (Sipilä et al. 2011)		
	<ul> <li>RCT, individually tailored and home-based rehabilitation intervention aiming to restore mobility and functional capacity after hip fracture. N=81.</li> </ul>		
22,	Asymmetry, 2004-2005 (Portegijs et al. 2008)		
	<ul> <li>RCT, functional consequences of lower limb muscle asymmetry to mobility, balance, falls and fear of falling of older people with hip fracture history, N=78.</li> </ul>		
J	<ul> <li>Detailed information about research projects in www.gerec.fi</li> </ul>		


































### ProFouND team



Paul

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Profound Prevention of Falls Network for Dissemination



Marjan

Marjan Meijboom Manager Policy Development Quality and Innovation Division health +31 6 22856937 Marjan.Meijboom@achmea.nl

achmea 🚺



SPRINT Smart Prevention, Rehabilitation & INtervention Technologies; Improved mobility & participation







	Participants		
He	althcare institutions Reessingh Rehabilitation, Enschede Rehabilitation Friesland, Beetsterzwaag Rehabilitation Doorn St. Maartenskliniek, Nijmegen <b>Justry</b> 2M Sensors, Veldhoven Ambroise, Enschede aXtion, Groningen Baat Engineering, Hengelo Bionicacentrum, Groningen Cinsol BV, Nijmegen Delft Prosthetics Demcon, Oldenzaal Durea, Drunen Eriks aandrijftechniek, Schoonhoven Evocare, Hengelo Gameship, Leeuwarden Grendel Games, Leeuwarden USGT (eerst NewCom), Opende IMDS, Roden Indes, Enschede	· · · · · · · · · ·	CGI Logica, Groningen McRoberts, Den Haag Meditas, Drachten Motek Medical, Amsterdam Motion Projects, Utrecht Negotica, Groningen (Peter van der Tang) OIM Orthopedie, Assen Össur, Son en Breugel, Reykjavik (Usland) Otto Bock, Son en Breugel, Duderstadt (D) Paradoxys, Groningen Personal Space Technologies, Amsterdam Peters Metaalbewerking BV, Wanroij Pezy, Groningen QlConnect, Leidschendam Qserve (CE ) STT, Tolbert Technologies88, Leeuwarden Umaco, Groningen Veenstra-Glazenborg, Winschoten Vita Care, Apeldoorn
:	Lavoisier, Groningen Lode, Groningen	:	Vitalis, Drachten VTEC Lasers & Sensors

Xsens, Enschede

Ynnovator, Groningen

•

Un	iversities
•	UMCG (including: Center for Rehabilitation, NeuroImaging Center, departments of
	Orthopaedics, Human Movement Sciences
•	RUG (Institute for Mathematics and Informatics, Departments of Discrete Technology &
	Production Automation and Business & ICT.
•	UT (Departments of Biomechanical Engineering, Biomedical Signals & Systems, Design,
	Production and Management)
•	HvG (Hanze University of Applied Sciences)
Pri	vate research groups
•	Healthcare Innovation Forum
•	INCAS <sup>3</sup> , Assen
•	Gameship, Leeuwarden
•	Roessingh RRD, Enschede
•	Waag Society Amsterdam
,	Gameship, Leeuwarden













#### 3







## **Assistive Healthcare Information Technologies**

Fostering Independent & Healthy Living

Dr. Mario Drobics Senior Engineer Safety & Security Department AIT Austrian Institute of Technology GmbH <u>mario.drobics@ait.ac.at</u> +43 50 550 4810

http://www.ait.ac.at/ehealth



## AIT Austrian Institute of Technology



- Budget 40:30:30
- Budget: 120 Mio€



## Main Challenges

## Next-Gen Healthcare

- Demographic change
- More active role
  of patient
- Increased connectedness of players

# Availability of Data

- Data Silos, system boundaries
- Collect data from Everything, Everywhere, Every time for Everyone
- Regulations (privacy)

# Utlilization of Data

- Predictive
  analytics
- Personalisation / context
- Big Data / data mining

## Market Preparation

- Safety & efficacy
- Cost effectiveness
- Process integration

24/03/2013

- nur für den

internen Gebrauch -



## Areas of Application





## **Project Overview**



LiKeIT – Active Lifestylemanagement (national)





KIT-Aktiv – Active Lifestyle Management for Elderly (national)





SilverGame (AAL-JP)



FoSIBLE – Fostering Social Interaction for a Better Life of Elderly (JP)





DiabMemory – Health Dialog Diabetes



# iStoppFalls

**ICT-based System to Predict & Prevent Falls** 

http://www.istoppfalls.eu









## iStoppFalls

- ICT-based System to Predict and Prevent falls at home
- Risk Assessments & Exercises are done by older adults independently in their own homes
- EU-project (FP7)
- 3-years duration (until 2014)
- Consortium
- The project has received funding from the European Community (grant agreement 287361) and the Australian
   24/03/2Government.









## iStoppFalls System Design





# Your Ingenious Partner!

Dr. Mario Drobics Senior Engineer Safety & Security Department AIT Austrian Institute of Technology GmbH <u>mario.drobics@ait.ac.at</u> +43 50 550 4810

http://www.ait.ac.at/ehealth





# **V**GIRAFF<sub>Plus</sub>

### **CNR-ISTC description**

The CNR Institute for Cognitive Science and Technology

- covers research fields related to **human cognition** and **cognitive technologies**
- is the reference institution for **Cognitive Science** in Italy
- is a leading institution for **Artificial Intelligence** research

#### **Research Areas**

- Psychology and Cognitive Science
- Neuroscience
- A.I., Robotics, and ICT





## **GIRAFF**PLUS

#### **The GiraffPlus Project**

FP7-ICT-2011-7

Duration of the Project: **36 Months** (2012 – 2014)

#### **Project Coordinator**

Silvia Coradeschi Örebro University

**Technical Manager** Gabriella Cortellessa CNR-ISTC

Web Site: http://www.giraffplus.eu University/R&D

Örebro University (Sweden) CNR-ISTI (Italy) **<u>CNR-ISTC (Italy</u>** Lund University (Sweden) Mälardalen University (Sweden) University of Malaga (Spain)

#### **Public Healthcare Systems**

ASL RM/A (Italy) Örebro County Council (Sweden) Servicio Andaluz De Salud (Spain)

#### Companies

Giraff AB (Sweden) ISA - Intellicare (Portugal) Tunstall (U.K.) Xlab (Slovenia)









# Fall Prevention programmes for elderly patients with fractures

EFORT and ProFouND Manchester 2013-03-25

Karl-Göran Thorngren Professor, M.D., Ph.D., FRCSEd (hon) Dept of Orthopedics, Lund University Hospital, Sweden

EFORT, European Federation of National Associations of Orthopedics and Traumatology











Hip fractures will increase in the world

People aged 65 years or over 323 million in 1990 1555 million in 2050

Hip fractures worldwide 1.66 million in 1990 6.26 million in 2050

## A Golden Opportunity to prevent further fractures

Fracture treating departments should start to optimize the fracture patients

Initiate prevention programs

Team work with geriatricians

## Prevention of a second fracture

- The hospitalised patient with a fresh fracture should be optimized
- Fall screening Downton Fall Risk index used in Lund for all hospitalized patients
- Fall prevention
- Osteoporosis prevention
- Nutrition optimized
- Medications optimized

### National registration in Sweden called RIKSHÖFT comparing

case mix, treatment and outcome

for all hip fracture patients



















<b>№</b> The	IANCHESTER 1824 University of Manchester	al Benefit	
	<b>ProFouND Objectives</b>	SYNERGY WITH FARSEEING	
	Use novel ICT solutions to build and disseminate best practice evidence based guidelines and toolkits for fal prevention interventions- both high risk and population shift strategies	A key element of the FARSEEING project is to overcome the paucity of real fall data. This includes samples of both high functioning community-dwelling elders and high-risk groups of fallers.	
	Make evidence based tools (e.g. risk assessments and interventions) and guidelines widely available and fit for purpose where deployed	The primary outcome of the fall repository will be an evidence-based fall risk model making use of both clinical and instrumental variables (output of the monitoring and instrumented functional tests). User's fall risk factors will guide personalized interventional strategies, e.g rehab programs focused on physical, physiological or social aspects (feedback loop).	
1		ProFouND Kick Off, Manchester 25-26 March 2013	



### **TOP Delft**

### 21/03/2012












Project Outcome Indicators (or I	(mpact Indicator)
Reduction Rate of Fall Incidents	>30%
Reduction of risk of falling, measured through dedicated scales (Tinetti test, Fall Efficacy Scale)	Falling in the [15-18] range (Tinetti)
ffectiveness (Reliability) in detecting falls (or Reduction Rate of False Positive Alarms)	> 85-90%
arlier Detection of Incidents	>10% (in terms o timeliness)
increase in Quality of Life, measured through the increase in Independent Living Index and Increase in Social Inclusiveness (measured through the percentage of day time spent in social activities within the community)	ILI > 90%, SII > 50
ocietal (Healthcare/Direct and Indirect) Cost Reduction in Healthcare costs (including hospitalization costs and long-term care costs)	ROI >30% (all pilot sites) Acceptable IRR



# European Innovation Partnership on Active and Healthy Ageing





#### **EIP Partners, Regions**



## +2 HEALTHY LIFE YEARS by 2020 A triple win for Europe



# **6 Action Themes**

- A1 Prescription & adherence at regional level
- A2 Falls prevention and management
- A3 Prevention of functional decline & frailty
- B3 Integrated care
- C2 Independent living = ICT/eHealth
- D4 Age friendly environments



# **Action Plan A2**

# **Falls prevention**



# What is the Action Plan Falls prevention about?





# **Action Plan Falls Prevention: Outcome Objectives**

- 1) improve awareness & understanding fall prevention **much can be done to prevent falls & harm from falls**
- 2) facilitate activity & self-management to reduce risks in order to reduce their risk of falls
- 3) systematic approach to identifying people at risk **who will benefit from tailored intervention**
- 4) implementing holistic evidence based strategies
- for prevention & management of falls & fractures
- 5) increase sustainability of health & social care
- by reducing the personal, system & societal costs
- 6) scale up nationally & regionally
- by sharing best practices in business & governance models



# **Action Plan close up: Action Areas**

## **Action Area 1**

## Implement an integrated & person centred service pathway + technology

- 1) Repository falls prevention/management programmes & care pathways
- 2) Toolkit for implementing tools & technologies
- monitoring, screening & assessment
- decision making support, protocols & workflows
- 3) ICT solutions, devices & technologies
- for different settings
- discovery report on the future falls prevention technologies

### Action Area 2 Data & evidence

- 1) Report current approaches to collecting falls data
- outlining best practices and recommendations
- 2) Specification of a minimum falls dataset
- 3) Strategy on how to establish a European-wide central repository
- for publicly available falls data.



# **Action Plan close up: Action Areas**

## **Action Area 3**

### Awareness, information & education to underpin the implementation

- 1) Organise awareness campaign across the EU
- 2) Inventory successful public health & social marketing strategies
- 3) Inventory of best practice, evidence based training models & tools
- 4) Practical resumés of evidence
- 5) Training package to support the training of the workforce
- 6) Website with information on falls and fall prevention
- 7) Network of research & educational organisations

## Action Area 4

## Governance: innovation, sustainability and scaling-up

- 1) Assessment model
- 2) Governance & managerial resource repository
- 3) Promotional events & publications
- 4) Online marketplace & innovation platform
- for falls prevention services & products



# **Action Plan Falls Prevention: Governance**





# **Partners – members of AG A2**

- 1. AOU San Giovanni Battista di Torino Molinette RS
- 2. ASSR Regione Emilia Romagna RS
- 3. Católica Porto
- 4. Departamento de Salud Valencia-La Fe Agencia Valenciana de Salud RS\*\*
- 5. ENE d.o.o. **RS**\*\*
- 6. European Committee for Standardization (CENCENELEC)
- 7. EuroSafe
- 8. EVV Flemish Center of Expertise for Fall & fracture Prevention
- 9. Fraunhofer Portugal AICOS
- 10. Fundation MATIA RS\*
- 11. General Council of Bas-Rhin RS\*\*
- 12. Gradiant Galician R&D Center in Advanced Telecommunications
- 13. Health Service Executive Ireland
- 14. Health-Lab
- 15. Hôpital Charles-Foix AP-HP RS\*\*
- 16. IK4 Research Alliance
- 17. Investén-isciii INSTITUTO DE SALUD CALOS III
- **18. IRCCS SALVATORE MAUGERI**
- 19. JAMK University of Applied Sciences
- 20. Link Care Services RS\*

## **RS** = Reference Site

- 21. Medical Delta RS
- 22. MRC-ARUK Centre for Musculoskeletal Ageing Research
- 23. NHS Scotland, NHS 24
- 24. Office of the Older People's Commissioner in Wales / Welsh Local Government Association RS
- 25. Provincial Government of Biscay / University of Deusto RS
- 26. Radboud University Nijmegen Medical Centre RS
- 27. Région Languedoc-Roussillon RS\*\*
- 28. Regione Liguria RS\*\*
- 29. Region of Southern Denmark RS
- 30. Region of Skåne RS\*
- 31. RTEL SA
- 32. SERMAS-HOSPITAL UNIVERSITARIO DE GETAFE RS
- 33. South Karelia Social and Health Care District RS\*\*
- 34. Technalia
- 35. TicSalut Foundation RS\*\*
- 36. TRIL Centre / Trinity College Dublin
- 37. Universidad Politécnica de Madrid
- 38. University Medical Center Groningen
- 39. University of Alicante
- 40. University of Coimbra RS
- 41. University of Manchester
- 42. University of Oulu



MANGHESTER 1824		
The University of Mantcheside	WP 1	Management ,co-ordination, sustainability & meetings UNIMAN
	WP 2	Website construction & maintenance GCU
	WP 3	Website resources content management NTNU
	WP 4	Toolkit & best practice guidance development RBMF
	WP 5	Best practice exercise regimen training LLT
	WP 6	Evaluation & outcome monitoring UNIMAN
	WP 7	ICT & technology for falls forum ECHAlliance
	WP 8	National & regional implementation & dissemination
2 Lyse		ProFouND















1824			
	Deliverab	Description	Month
	le		
- 5	D1.1	Brief project presentation	1
	D1.2	Kick-off meeting & report	2
	D1.3	Management & communication guidelines	3
	D1.4	Interim periodic report: Period	7
	D1.5	First periodic report: Period	14
	D1.6	Draft business plan &	18
		sustainability strategy	
	D1.7	Interim periodic report: Period 2	20
	D1.8	Second periodic report: Period 2	26
	D1.9	Business plan & sustainability	30
	D1.10	Interim periodic report: Period 3	32
	D1.11	Third periodic report: Period 3 1	36
	D1.12	Final report	36
	2		ProFouND



MANCH IESTER			
	Deliverable	Description	Month
	D1.1	Brief project presentation	1
[	D1.2	Kick-off meeting & report	2
ſ	D1.3	Management and communication guidelines	3
[	D1.4	Interim periodic report: Period	7
ſ	D1.5	First periodic report: Period	14
[	D1.6	Draft business plan and sustainability strategy	18
[	D1.7	Interim periodic report: Period 2	20
ſ	D1.8	Second periodic report: Period 2	26
I	D1.9	Business plan and sustainability	30
ſ	D1.10	Interim periodic report: Period 3	32
l	D1.11	Third periodic report: Period 3 1	36
ſ	D1.12	Final report	36
[	D2.1	Website online	2
[	D2.2	Resources management system	6
ſ	D2.3	Basic Platform for distance learning provision	6
	D2.4	Secure data transfer portal	12
turspean Correntation	D2.5	EU Directory of Stakeholders	10



GCU Glasgow Caledonian University	WP 1	Management ,co-ordination, sustainability & meetings UNIMAN
	WP 2	Website construction and maintenance
		GCU
	WP 3	Website resources content management NTNU
	WP 4	Toolkit and best practice guidance development RBMF
	WP 5	Best practice exercise regimen training
	WP 6	Evaluation and outcome monitoring UNIMAN
	WP 7	ICT and technology for falls forum ECHAlliance
	WP 8	National & regional implementation & dissemination
		EuroSafe ProFouND

























GCLU	y Caledonian ity	GCU - WP2 Deliveı	rables
	Deliverable	Description	Month
	D2.1	Website online	2
	D2.2	Resources management system	6
	D2.3	Basic Platform for distance learning provision	6
	D2.4	Secure data transfer portal	12
	D2.5	EU Directory of Stakeholders	10
	D2.6	PFP App online	24
Carpet	2 Cip page		Profound Prevention of Falls Network for Dissemination





	Grant Agreement No. 325087		
	Start Date:	1 <sup>st</sup> March 2013	
	End Date:	29 <sup>th</sup> February 2016	
	Duration:	36 months	
0	Reporting periods:	P1 From month 1 to month 12 P2 From month 13 to month 24 P3 From month 25 to month 36	
ProFouNE	All reports must be sul after the end of each r Coordinator.	bmitted to the Commission within 60 days respective period and submitted via the	







	Cost Categories/Activities:	Personnel Costs
		Subcontracting Costs
		Other Costs
		Indirect Costs
	Eligible Costs	
Δ	<ul> <li>The EURO and Exchange Rate zone countries)</li> </ul>	es (applicable to UK and other non-Euro
Ζ	Completing the Cost Stateme	ents/Reports
oFou	Signature and submission of	Reports – Via the Portal.

Reimbursement Rates f	or ProFound
Activity	Reimbursement Rate
Personnel Costs	100%
Subcontracting	100% – N/A for this project.
Other	100%
Indirect Costs	100% Set at 7% of total costs for Thematic Networks.





Cos	t Statement: Example Form C			
	PP7 - Grant Agreement - Annex VI - Collaborative Projec			
	Prome C - Provencial Statement (Io law Mind in by weich kennehiciary )			
	Project for ended function functions Collaborative Project			
	Period term Comminge Period term Comminge Ta Comminge Ta Comminge			
	Logid Name Performent Mently Code In Organization shurt Name Heinthy Cryptonic State			
	Funding % for RTD activities (A) If that rule for indirect costs, specify %			
	1. Declaration of elizable costs lump. Sum Table caterio also of unit 2mD			
	Type of Activity BTD Demonstration Management Other TCLAA			
	(A) (B) (C) (B) (A-G)-C-D)			
	Subcost acting			
	Other Brief Costs			
	Lange same that ratio case of  with declared  with declared			
	Maximum EC contribution			
	Requested FC contribution			
	periodia any increase which hold be considered a storget according to ALX 7 dife grant agreement 7  # very clean in motion to accord a storget according to ALX 7 dife grant agreement 7  # very clean in motion to accord agreement any interest according to ALX 7 dife grant agreement 7  # very clean in motion to accord greement any interest according to ALX 7 difference of the constitution (			
	Accutational occurrent and the second s			
	Is there a certificate on the methodology provided by an independent author and accepted by the Commission accepted by the Commission Vesitia			
	Name of the auditor Cost of the conflicted results of the conflicted results of the audit the project			
	5. Control rate on the Transmit advancements In these a control was on the Transmit advancements provided by an independent auditor attached to this financial advancement exercision to a first advancements provided by an independent auditor attached to this financial advancement Yeshipo			
	Name of the auditor Cost of the cartificate (INF)			
	5. Benefician's declaration on its Scioner			
5	We declare so one hance that - the cost social social and any directly solution to the executes used to practice by project and fail within the indeclare of explain tests seefahle an Andele LL and LL to the grant approximation. Any of the practice of the practice approximation tests seefahle and and executes are the unit framediated any or controllations that the first of the data and the executes - the mession indeclare data with the unit control any or controllations that the of the data and the data and the data - the mession indeclare data with the unit control any or controllations that the of the data and the data and the data and the - the mession indeclare data and the unit control any or controllations the log of unders. In this transition and the data and the			
	generative try the project energy could be considered as noticely according to Art. 11 of the grant agreement in the constraints of the second rest counter			
	- New Is Mill supporting documentation to justify the Monradon hereiny document. It will be made available at the regard of the Commission and in			
	the event of an audit by the Commission and/or by the Court of Auditors and/or their authoritied representatives.			
	Research & Learning A. However, M. Handler, M. & March and M. & Handler and Handler and M. & Handler and Handler an			
	Date & separature			



#### **Non-Eligible Costs**

Non-eligible costs include:

- · identifiable indirect taxes and duties including VAT
- interest owed
- · provision for possible future losses or charges
- exchange losses, costs related to return on capital
- costs declared or incurred, or reimbursed in respect of another Community project (no double funding)

debt and debt service charges, excessive or reckless expenditure

#### **Personnel Costs**

• only the cost of ACTUAL hours worked directly on the project can be charged.

• Timesheets must be completed at least once a month by each person being claimed on the project to demonstrate time worked on the project – timesheets are not EC models and can be devised by each individual Beneficiary – Manchester is prepared to share our timesheets with those institutions who do currently have their own



ProFouND

• Personnel must be directly employed by the contractor in line with national legislation (including short term temporary contracts)

Personnel costs will fall under the "Personnel Costs" heading on the Form C

#### **Travel and Subsistence**

Actual travel and related subsistence costs for personnel working on the project may be charged to the project only where it is DIRECTLY linked and relevant to the project.

The prior approval of the EC is required for travel outside of the EU Member States, the Associated States or Third Countries.

All receipts and tickets for travel associated with the project must be retained for audit purposes.

Costs for travel and subsistence will fall under the "direct costs" category on the Form C





#### The EURO and Exchange Rates

All cost statements are to be completed in EURO (€)

The Commission expect that, if necessary, the exchange rate used on the cost statements submitted should be:

the rate published by the Commission (on the European Central Bank website) on the first working day of the month following the period covered by the cost statement.

or

the conversion rate published by the European Central Bank that would have applied on the date that the actual costs were incurred.

These rates can be found at: http://www.ecb.int/stats/exchange/eurofxref/html/index.en.html

## **Completing the Form C**

Must include:

- Project number
- Project acronym / project title
- Period from / to
- Beneficiary number
- Legal name / short name
- Funding % for Thematic Networks (all are 100%)
- Whether the beneficiary has received receipts to the project or interest to the pre-financing.
- Name of auditor and cost of audit (if necessary)
- Name and signature of person authorised to sign financial statement



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#### **Signatures & Sending Statements**

Cost statement forms must be signed and/or submitted via the Portal by the Duly Authorised Finance Officer **(or FSIGN)** in your institution

Cost statements must then be sent to Professor Chris Todd in good time or payment from the EC may be delayed.

Portal address:

roFouND

ProFouND

http://ec.europa.eu/research/participants/portal/page/home

#### **Consortium Agreement: Key Points**

• Publication of information containing another parties foreground or background must be agreed with the owning party prior to publication.

• Any background IP contributed to the project should be protected by an agreement drafted between the owning and receiving party

• Background to be excluded should be listed in the agreement.

• Foreground required for use in the project should only be used for the purpose for which the Access Rights have been granted.

- Access should be granted on fair and reasonable conditions.
- Information classed as confidential when marked as "confidential", or when disclosed orally, has been identified as confidential at the time of disclosure and confirmed in writing within 15 days

• Information is kept as confidential for a period for 5 years after the end of the project.

## **Contact details**

If you have any further questions about any administrative, financial or legal aspects of the project, please contact me using the details below.

<u>Liz Fay</u>

EU Funding and Development Manager

Email: liz.fay@manchester.ac.uk

or

Claire Faichnie

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~			
Coi	nsortium		
No	Name	Short name	Country
1	UNIVERSITAT POLITECNICA DE CATALUNYA	UPC	Spain
2	ASSOCIACAO FRAUNHOFER PORTUGAL RESEARCH	FHP	Portugal
3	UNIVERSITY OF LIMERICK	UL	Ireland
4	COOPERATIVA SOCIALE COOSS MARCHE ONLUS SOCIETA COOPERATIVA PER AZIONI	cooss	Italy
5	STICHTING SMART HOMES	SmH	Netherlands
6	NORDFORCE TECHNOLOGY AB	NFT	Sweden
7	FONDAZIONE SANTA LUCIA	FSL	Italy
8	EMERGENCY RESPONSE LIMITED	ERL	Ireland
9	FUNDACIO TICSALUT	TICS	Spain
10	FOUNDATION FOR RESEARCH AND TECHNOLOGY HELLAS	FORTH	Greece
11	NATIONAL UNIVERSITY OF IRELAND, GALWAY	NUIG	Ireland
12	FUNDACION PRIVADA CETEMMSA	CET	Spain
13	SENIORNETT NORGE	SN	Norway
14	FUNDATIA ANA ASLAN INTERNATIONAL	AAIF	Romania
15	SIVECO ROMANIA SA	SIV	Romania
16	CHARITE - UNIVERSITAETSMEDIZIN BERLIN	CHA	Germany
17	STICHTING NEDERLANDS NORMALISATIE - INSTITUUT	NEN	Netherlands
18	MCROBERTS BV	McR	Netherlands

	Tuckuges				
ie proj	ect is organized in 5 WPs, wit	h a total c	of 133 Pe	erson-	mont
				-	
WP Number <sup>53</sup>	WP Title	Lead beneficiary number 55	Person- months <sup>56</sup>	Start month <sup>57</sup>	End month <sup>se</sup>
WP 1	Information and Awareness best practices. Enhancing Partnership.	3	23.00	1	18
WP 2	Socioeconomic and Clinical Impact Assessment Methods	16	22.00	1	1!
WP 3	Pre-Commercial Public/Private Procurement	9	30.50	1	2
WP 4	Towards Market Uptake	15	41.00	7	3
MP 5	Management and Dissemination Plan	1	16.50	1	3
		Total	133.00		



European Network fOr FALL Prevention, Inte	ervention & Security E-NO FALLS.		
Stages and act	ivities		
I. Gathering Inform	II. Stakeholders and partnerships dinamization	III. Creation of an EU-wide market	
	WP1-WP4		
- SoA-Inventory - EU and non-EU project -Identifying potential ca actors and their specific 	s - Actions aiming actors awareness (targeting each actor's interest) - Workshops - Annual events - Focus groups 	- Socio-economic indicators & toolkits - Best guidelines - Roadmaps - Contribution to EU and national policies 	
	Dissemination & Communication & Vi	sibility	
	Project Management		ř.
Activities addressed by the T Groups TG1-TG4	bematic		7
FALLS CIP-ICT-PSP-2012-6   Ref.:	325137   http://www.e-nofalls.eu		25/04/2013









<section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header>	E-NO FALLS	HOME	PROJECT	NEWS	PUBLIC DOCUMENTS	CONSORTIUM	RELATED PROJECTS	EVENTS	
ABOUTTEPONEDTS The major of a field of the matrix is the integrate and bring together knowledge, experiences on the integrate and archive, which we field the major of all prevention, intervention and addity, with the integrate and archive the major of all prevention, intervention and addity, with the integrate and archive the major of all prevention, intervention and addity, with the integrate and archive the major of all prevention, intervention and addity, with the integrate and archive the major of all additional and the integrate and archive the major of all prevention, intervention and addity, with the integrate and the integrate	You are at: Home								
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Parsinson's disease Sincerphone Latest news press pock Rogships tod	The main goal of EAO FALLS thematic ne- practices coupling of EAO FALLS thematic ne- practices coupling of EAO FALLS in the way, to specifications in view to ensure the wide emphases an CLF Doesd onest. In this way, it value chain isuch as industry, users orgo- guidance for ICE-nealbid adultions and their Therefore, E-NO FALLS is enskaged to or conclusions, market gradue. I related provide links to other networks, projects and extern indications, market gradue. I related provide links to other networks, projects and extern inglementations. Furthermore E-NO-FALLS will com- inglementation of the action plan. In the PROFOUND, to ensure synargies and mutue and economic patential of ICT-based solution	twork is to i intianal level in intrame register to further exercise in further register to thighlight reali-out, to as a HUB what is b to fail prever d initiatives a and further is some sense i collaboration and further is register to the EII some sense i collaboration and further is provided in the the EII some sense i collaboration and some sense i collaboration and provided in the the EII some sense i collaboration and provided in the the EII some sense i collaboration and provided in the the EII some sense i collaboration and provided i the the EII some sense i collaboration to the provided in the the EII some sense i collaboration to the provided in the the the EII some sense the collaboration to the provided in the the the the some sense the collaboration the	Integrate and the area of fa sary conditions lication and a S thematic near ormal and fa ormal and fa ormal and fa s across Euror the remaining in the sense eing/has bet enford, detect datessing fail that we and the S AtA A2 or SALS on The output moting and ac	bring tog all preventi- is and con- co-deploym twork will it rmal care oper to sha obstacles is that it w an done 1 iobstacles is which w is opportu- lian on fall will collable coelerating	etter knowledge, spert on, intervention and solet sensus en action plana, sensi of innovative solution be o forum for oll attailets providens, public autor to be overcome and to en- ter betweet of the source for a the overcome and to en- ter be and to enter the source for all issues (research and issues (research) ill innek easter to all tailets in all issues (research) and issues (research) and (research) and the prevention and will acti- te other and the other th in of the network is to max wider deployments for in	where and best standards and standards and s	e         Manufactor           Gun Mon Tour Wed Tin         2           1         2         3           1         1         1           1         1         1           1         1         1           1         1         1           1         1         1           1         1         1           1         1         1           1         1         1           1         1         1           1         2         2           2         2         2           2         2         2           2         2         2           2         2         3           SPONSORED BY         Image: Comparison of Comp	1 Pro Gart 4 5 11 12 10 19 25 26 TPSP	
press pock Rogships tbd	LATEST ACTIVITY						Parkinson's disease Smartphone Wegnable devices		
	Latest news								

European Network for R	HL Prevention, Internettion & Security E-HO RALLS (M28.MMP) CONS	noto lidon (pleshare ( <b>b</b> a))
FALLS	HOME PROJECT NEWS PUBLIC DOCUMENTS CONSORTIUM	RELATED PROJECTS. EVENTS
Tou one of . Humin + Pr	and a	
SCOPE		CALENDAR
E-NO FALLS thematic in experiences and to build guidance for ICT-enable	etwork is a forum for all stateholders to share loowledge, expertise, resources, best practice all consensus to highlight the remaining abstacles to be overcome and to eventually provide disolutions and their reli-out.	January 2013 Sun Mon Tue Wed Thu Fri Bal 1 2 3 4 5 6 7 8 9 10 11 12
OBJECTIVE		13 14 15 16 17 18 10 20 21 22 23 24 25 26
The main goal of E-NC practices acquired at E ccordinating ongoing o	I FALLS thematic network is to integrate and bring togetter knowledge, experiences and best unspean and international level in the area of fail prevention, intervention and patery, with the aim of childres and creating the necessary conditions and consensus on acten plane, standards and	27 29 30 31
specifications in view t emphasis on ICT-based	to ensure the widest future replication and co-deployment of innovative solutions (with special ones).	SPONSORED BY
E-NO FALLS SOL	UTION	Trace
E-NO FALLS is envisory references and links to uptoke) related to fall (	ed to act as a HUB in the sense that it will become a single point concentrating conclusions, all what is being/has been done in all issues insearch results, policy recommendations, market prevention, detection, intervention and safety.	And And
CONTRIBUTION		TAGS
E-ND FALLS portal will p analisholdens to have a all the activities of the <i>r</i> actively support the in thematic network, PROI masmize the social and for improving quality of	model kills to other networks, projects and informes addressing falls which will make scient to other networks, and the strain strain and the coproduct to be instabled in tensors. Therefore, E. NOR-IALS and converts to the EIP AMA AZ action in fall provertion and will research and the strain strain str	E-Noi Faille Benertital semanna Matter symptomy Parlemann's classima Simampicies Weignable descues
Project Name	European Network for FALL Prevention, Intervention & Security	
Project Acronym	E-No Falts	
Project Reference	325137	
Total cost:	€1.00m	
EC funding:	61.00m	
Project start date	26/01/2013	
Project duration	36 months	
Project Coordinator	University Polytechnic of Catalonia - CETpD, Technical Research Centre for Dependency Care and Autonomous LVing	
Contact Person	Dr. Andrew Català Mallotné	
	Rambia de l'Espasició, 59-69 08800 Vilaneva i la Gettrú, Spain. Tel (+34) 934016742 E-mait andeu catala at upc.edu	
LegilAdvice Develop	eed by CETpD Copyright & 2013, E-RO RALLS Project	We consist we for

















3



NTNU – T Norwegian I Science and	rondheim University of Technology Deliverables	
Deliverable	Description	Month
D3.1	Content classification scheme	4
D3.2	Crowd sourcing underway	12
D3.3	Crowd sourcing quadrupled	30
D3.4	Content classification scheme revision	30
		ProFound Prevention of Falls Network for Dissemination



	vibutior	fro	maartaarc
Participant	Participant Short name	WP 3	in partners
Number	TINTAAN	2	
2	GCU	1.5	
2	DBME	0.25	
4	NTNU	4	
5	LLT	0	
6	EuroSafe	0	
7	HOPA	0.25	
8	bfu <sup>1</sup>	0.25	
9	ISCIII	0.25	
10	AUSL11 <sup>2</sup>	0.75	
11	Demokritos	0	
12	ECHAlliance	0.25	
13	IBV	0.25	
14	FICE	0.25	
15	Bolu Health	0.25	
16	EEEF	0.25	
17	JUHÖ	0.25	
18	INRCA	0.25	
19	Vasterbotten <sup>2</sup>	0.25	
20	JYU	0.25	
21	CSI	0.25	
22	Achmea	0	

































Robert-Bosch-Krank	enhaus	Timeline		SEVISIH FRANKINGRE
month	D4.1			]
6	Online videos (strength and balance exercises)			
8		D4.2 First evidence synthesis (and generic guidance)		
18			D4.3 First suite of tailored toolkits (available online, implementation guidelines)	
20		D4.4 Updates evidence syntheses		
30	D4.5 Online videos in 3 further languages	D4.7 Full series of evidence synthesis, implementation guidelines, tailored	D4.6 Suite of tailored toolkits (3 further languages)	
34		toolkits in app version) D4.8 Update evidence syntheses	Kick Off Meeting, Manc	hester, March 2013





laterLife Iraining∙	WP 1	Management ,co-ordination, sustainability & meetings
	WP 2	Website construction and maintenance GCU
	WP 3	Website resources content management NTNU
	WP 4	Toolkit and best practice guidance development RBMF
	WP 5	Best practice exercise regimen training
	WP 6	Evaluation and outcome monitoring UNIMAN
	WP 7	ICT and technology for falls forum ECHAlliance
	WP 8	National & regional implementation

	WP5 - LLT	
Deliverable	Description	Month
D5.1	Home exercise booklets distributed for translation	1
D5.2	Protocol for tutor training	4
D5.3	Online resources to support tutor training (Cascade Trainers)	6
D5.4	Protocol for quality assurance	9
D5.5	Interim report on trained tutors	24
D5.6	Final report on trained tutors	36
20.0		







3



#### <u>aterLife</u> training∙

## Motivate Me (MMe)

- MMe Motivate Me
  - One day training course on barriers and motivators to exercise/physical activity for older people
  - Instructors trained in MMe have better attendance and adherence to their classes
  - Skills on "listening" and responding to concerns and ways to improve self efficacy
  - Strategies on aiding behaviour change
  - Support strategies to increase uptake and to ensure adherence
  - Certificate of Attendance







### l<u>aterLife</u> training∙

## Postural Stability Instructor (PSI)

- Postural Stability Instructor (PSI)
  - 6 day training course in delivering the evidence based FaME exercise programme
  - FaME is a progressive group based exercise programme
  - Covers all the components of fitness including floor work to regain skills to get up off the floor
  - Training on adaptations for different medical conditions and syndromes of ageing
  - Risk assessment covered in detail
  - Specialist Instructor Qualification





# aterLife Training Training in tutor delivery How to run the courses locally Training on leading workshops and skills on management of training Timetable and delivery styles Assessment criteria and assessment skills Paperwork (health & safety, registers, assessment paperwork etc) How to "sell" the course and advertise What is available as support from LLT



### **Cascade Trainers**

- Identified locally
- Need to be available to cascade train, have excellent motivation and confidence and be able to translate materials (with local partners) for cascade training
- Training "cost" to NEW instructors determined locally
- Intellectual property remains with LLT
  - Royalty paid (8% of course from March 2016) to cover updating of information, quality assurance and continuing professional development.



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### laterLife training Local Eligibility Criteria for choosing local CT's

- Time and availability to deliver cascade training in the two qualifications (PSI and OEP) at least twice a year.
   Ensure reach, maintain confidence in delivery
- Time to keep up to date and involved with LLT online training materials (5-7 days a year), quality assurance and completion of paperwork reporting numbers trained, outcomes and reach of training.
- Time and ability to translate teaching materials (in conjunction with local partners).
- Access to venues to be able to deliver training











Deliverable	Description	Month
D6 1	Core standardised data set	
D6.2	Protocol for standard data collection from administrative databases	6
D6.3	Open meeting on core datasets and protocols	7
D6.4	Protocol for bespoke data collection	9
D6.5	Baseline data in participating centres/regions	15
D6.6	Interim report on data collection	24
D6.7	Report on changes in participating centres and regions	36
2		ProFoun









## Task 6.5: Ongoing data collection and analysis of both process and outcome measures M6-36

- WP 6 will set up a system for continuous data collection, collation
- falls and injury incidence
- Process data
  - description of service set up and changes,
  - numbers of older people going through services
  - costs of running services.
  - socio-economic components at a macro and micro level
     eg WHO data

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MANCHEST 1824	ER		
De	eliverable	Description	Month
D1	1.1	Brief project presentation	1
D1	1.2	Kick-off meeting & report	2
D1	1.3	Management and communication guidelines	3
D1	1.4	Interim periodic report: Period	7
D1	1.5	First periodic report: Period	14
D1	1.6	Draft business plan and sustainability strategy	18
D1	1.7	Interim periodic report: Period 2	20
D1	1.8	Second periodic report: Period 2	26
D1	1.9	Business plan and sustainability	30
D1	1.10	Interim periodic report: Period 3	32
D1	1.11	Third periodic report: Period 3 1	36
D1	1.12	Final report	36
D2	2.1	Website online	2
D2	2.2	Resources management system	6
D2	2.3	Basic Platform for distance learning provision	6
	2.4	Secure data transfer portal	12
Linguan Correlator	2.5	EU Directory of Stakeholders	10




1















ECHAIlia

2

7.1On-line marketplace & innovation factory

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7.2 Reference site project or technology

7.3 Partnership networking event

7.4 Repository of best practice

7.5 Final ICT networking meeting











2

















The challenge: fragmented budget → focussed actions					
		Delivery Budget (Ms)	Proposed Budget EuroSafe (Ms)	Each Partner (average 1 Ms)	
	Directory	15.25	1.5	0.5	
	High level meeting	3.0	0.75	0.25	
	Peer-to-peer	-	0.25		
	ENGO action plan	-	1.0		
	Publications strategy	5.5	0.25	0.25	
	Public awareness	-	0.25		
	Final report	1.0	1.0	-	
		24.75	5.0	20.00	X 20
EuroSafe European Association for Igury Prevention and Solidy Promotion Prevention of Falls Network for Dissemination					

