Project Number:	**325137**
Acronym:	**E-NO FALLS**
Title:	**European Network fOr FALL Prevention, Intervention & Security E-NO FALLS**
Call (part) identifier:	CIP-ICT-PSP-2012-6
Start date:	28/01/2013
Duration:	37 months

D5.3.4 Third annual progress and summary financial report

Nature[1]: R
Dissemination level[2]: PU
Due date: Month 37
Date of delivery: Month 37
Partner involved:

- Universitat Politècnica de Catalunya (UPC)

Authors: Andreu Català (UPC) Lucía Alandes (UPC)

[1] R = Report, P = Prototype, D = Demonstrator, O = Other

[2] PU = Public, PP = Restricted to other programme participants (including the Commission Services), RE= Restricted to a group specified by the consortium (including the Commission Services), CO = Confidential, only for members of the consortium (including the Commission Services)

Revision history

Rev.	Date	Partner	Description	Name
0	02/10/15	UPC	Initial release	Lucía Alandes
1	15/12/15	UPC	First version	Lucía Alandes
2	01/02/16	UPC	Second version	Andreu Català /Lucía Alandes
3	14/03/16	UPC	Final revision and approval	Andreu Català

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Glossary

TN	Thematic Network
WP	Work Package
DoW	Description of Work
ENF	E-NO FALLS
PFN	PROFOUND
EIP-AHA	European Innovation Partnership on Active and Healthy Ageing
QM	Quality Management

PROGRESS REPORT

Grant Agreement number: 325137

Project acronym: E-NO FALLS

Project title: European Network fOr FALL Prevention, Intervention & Security E-NO FALLS

Project type: ☐ **Pilot A** ☐ **Pilot B** ☑ **TN** ☐ **BPN**

Periodic report: **1st** ☐ **2nd** ☐ **3rd X**

Period covered: **from March 1th, 2015 to February 27th, 2016 (M26– M37)**

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Project website address: http://www.e-nofalls.eu

1 Declaration by the Project Coordinator

I, as coordinator of this project and in line with my obligations as stated in Article II.2 of the
Grant Agreement declare that:

- The attached periodic report represents an accurate description of the work carried out in this project for this reporting period;
- The project (tick as appropriate):

  X has fully achieved its objectives for the period;

  ☐ has achieved most of its objectives for the period with relatively minor deviations;

  ☐ has failed to achieve critical objectives and/or is deviating significantly from the schedule.

- The public Website is up to date;
- *[this point only applies to projects with actual cost reimbursement]* To my best knowledge, the information contained in the financial statement(s) submitted as part of this report is in line with the actual work carried out and consistent with the reported resources and if applicable with the certificates on financial statements.

Name and position of Coordinator: Andreu Català Mallofré, SENIOR RESEARCHER

Date: 26/02/2016

Signature:

2 Publishable Summary

2.1 Objective

The main goal of E-NO FALLS thematic network is to integrate and bring together knowledge, experiences and best practices acquired at European and international level in the area of fall prevention, intervention and safety, with the aim of coordinating ongoing activities and creating the necessary conditions and consensus on action plans, standards and specifications in view to ensure the widest future replication and co-deployment of innovative solutions (with special emphasis on ICT-based ones).

- The network main goal is to integrate and bring together knowledge, experiences and best practices acquired at European and international level in the area of fall prevention, intervention and safety.

- The network will be a forum to eventually provide guidance for ICT-enabled solutions and their roll-out.

2.2 Chosen Approach

E-NO FALLS is implemented on the basis of a three-year work plan, which foresees timely completion of all the networking, coordination and dissemination activities outlined in the previous sections of this document, along with specific actions (i.e. working groups, workshops, awareness campaigns and exchanges of good practices) for bringing together relevant stakeholders, expertise and facilities with the objective of exploring new ways of implementing ICT-based solutions.

From a technical/technological perspective, most of the deliverables of the project will be public documents addressing roadmaps, toolkits and best practices guidelines and also recommendations for overcoming the main obstacles detected, contributing in this way towards the deployment of innovative ICT-based fall prevention and effective intervention solutions for elderly people while empowering an EU-wide market for ICT-enabled Ageing Well solutions.

An integrated methodology taking care of this approach has been developed, thus E-NO FALLS is organised in three stages (I, II, III) - each covering one or more work packages - and horizontal activities concerning the management and dissemination of the project.

2.3 Contribution

E-NO FALLS contributes to the implementation of the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) which aims to increase the average healthy lifespan of Europeans by 2 years by 2020.

E-NO-FALLS has been committed to the EIP AHA Action Group A2 on fall prevention and will actively support the implementation of the action plan. The Action Group A2 is based on Specific Action on innovation in support of "Personalized health management, starting with a Falls Prevention Initiative".

2.4 Alignment

In the same sense, E-NO FALLS collaborates with the PROFOUND thematic network through the alignment process, to ensure synergies and efforts sharing. The output expectation of the network is to maximize the social and economic potential of ICT-based solutions, while promoting and accelerating wider deployments for improving quality of life and sustainability of care for the ageing population. E-NO FALLS will provide a website repository of available ICT technologies for both falls prevention and detection. It will also include a revision of advanced prototypes developed in research projects.

The thematic networks E-NO FALLS and PROFOUND together with the EIP AHA A2 act as facilitators of the repository with the main objective to publicize ICT fall prevention and detection initiatives and deepen their knowledge through the interaction with all stakeholders involved in these systems, from the end-user to the decision makers. The repository is strongly related to the on-line innovation factory, a collaborative tool for the developing of new ideas for falls prevention technology.

Moreover, the alignment between E-NO FALLS and PROFOUND thematic networks actively seek and exploit synergies in terms of: activities, events, communication, deliverables, awareness campaigns and milestones.

During this last period specially, E-NOFALLS has disseminate the PROFOUND campaign "Stay Steady Stay Strong" and the IOF (Innovation Online Factory) linked with the ICT Repository.

In addition, the two networks have been working together in the Falls Festival organization, in both editions, the fist one that was held in Stuttgart and the last one in Bologna.

2.5 Objectives Achieved during the third period

The project activities are scheduled along 37 months. During the third year, main achievements have been:

1. **Communication and awareness**, where a list of recommendations is proposed after a deep analysis with all the stakeholders involved in the use of ICT tools for fall detection and prevention. These recommendations include a clear message for Research and industry stakeholders that they must establish strong collaborative partnerships with healthcare professionals (and those in healthcare management and policy-making positions), as this group is vital to successful communication with older adults and their families/carers in order to ensure that up-to-date, reliable information on ICT solutions for falls.

2. **Catalogue of socioeconomic and clinical impact assessment methods for falls prevention, intervention and security.**
   This toolkit is oriented to provide the validation of the impact assessment methods to assess the feasibility of methods in various uses with regard to the socio-economic and clinical impact area (i.e. security, privacy, inclusiveness, accessibility, interoperability, standards, open-source, etc.), assessment type as well as the life-cycle of the system assessed.

3. Exploring the potential of **Precommercial Public-Private Procurement** as a main driver of the innovation in the ICT for falls sector. After the identification of the critical success factors for innovation procurement in the field, the network has developed a **Roadmap** for the pre-commercial procurement of ICT-based fall prevention and effective intervention. The Expected result is the increment of awareness among all stakeholders involved in the "ICT_for_Falls" ecosystem and encourage them to potentially launch or participate in a PCP process to create step-change innovations in falls prevention/detection

4. **Standards and interoperability recommendations.** One of the main goals of E-NO FALLS is to elaborate guidelines, Interoperability standards and toolkits for accelerating the deployment of innovative and ICT-based solutions related to fall prevention and intervention for elderly people. After defining the framework for sustainable business model we have detected the need to the implementation of a standardized and widely accessible legal platform that would reduce the existing information gap between the different stakeholders. This platform could include the standards, specifications, use cases, workflows, and subset of terminologies, interoperability agreements and guidelines developed by standards development organizations meaning the expansion of knowledge about the entire background inherent to the adoption of fall solutions.

5. **Enabling market development**. The identification of barriers that hinder market uptake of ICT solutions for fall prevention and management are addressed by collecting the main challenges, steps and phases to achieve Build-up Awareness: The task of healthcare providers in the fall prevention sector is to measure the first signals of fall risk so that future falls can be reduced. ICT solutions can help care providers to investigate fall risk and to tailor the interventions in order to accomplish a reduction of fall risk and future falls. Drive prescription: Clinical protocols to include the beneficial impact of the fall

prevention ICT solutions use engage end-users: Education of frontline health professionals as they are often seen as key influencers in influencing of families. Significant instance of falls in hospitals and care homes, which are a driver of significant cost to the health services. Promote fall prevention programmes; national patient advocacy groups, primary healthcare providers, local authorities and elderly. To reduce the resistance of the community members, particularly the elders to technological solutions.

6. E-NOFALLS has created a databank where more than 60 devices and systems are described. The ICT repository http://www.e-nofalls.eu/ictrepository provides in this website a "repository" of available ICT technologies for both falls prevention and detection. Reviews of technical systems are given in this website as well as user-related experience and questions.

3 Project Progress

3.1 Project objectives for the period

Project objectives are exhaustively described in the Dow document. In the publishable summary, a brief summary has been presented. We will consider these referred points as the basis for the description of the activity and goals obtained during the second year of the project.

To reach such ambitious goal, E-NO FALLS project is structured over the following four Working Groups (WG):

- WG1: Targeted Information and awareness actions - Partnership enhancement.
- WG2: Socioeconomic and clinical impact assessment methods.
- WG3: Public/private pre-commercial procurement.
- WG4: Towards Market Uptake.

The project is structured over five Work Packages (WPs), WP1, WP2, WP3 and WP4 related to WG1, WG2, WG3 and WG4 respectively and WP5 related to the Project Management and the implementation tools for the Dissemination & Communication & Visibility of the project are carried out by the coordinator. Each WP is organized in a set of related tasks, each of them leaded by one partner who is in charge of the coordination of the work to be done and the quality of the foreseen objectives.

The activity of the WPs has been running as scheduled in the DoW, developing the foreseen related Tasks with some delay in some tasks. In Figure it is shown the Gantt Diagram of the project. A complete view of the Gantt diagram, responsibilities and distribution of task and deliverables among the different partners and the distribution of person month and costs are in Annex 3 in the DoW revised version 03/03/2015.

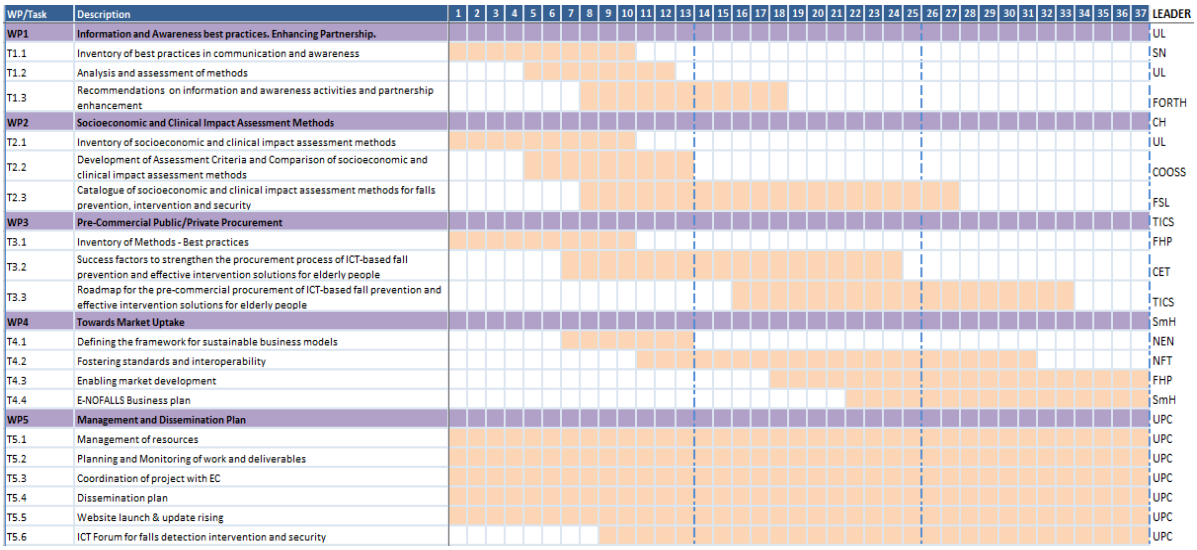

Figure 1. E-NO FALLS Gantt Diagram

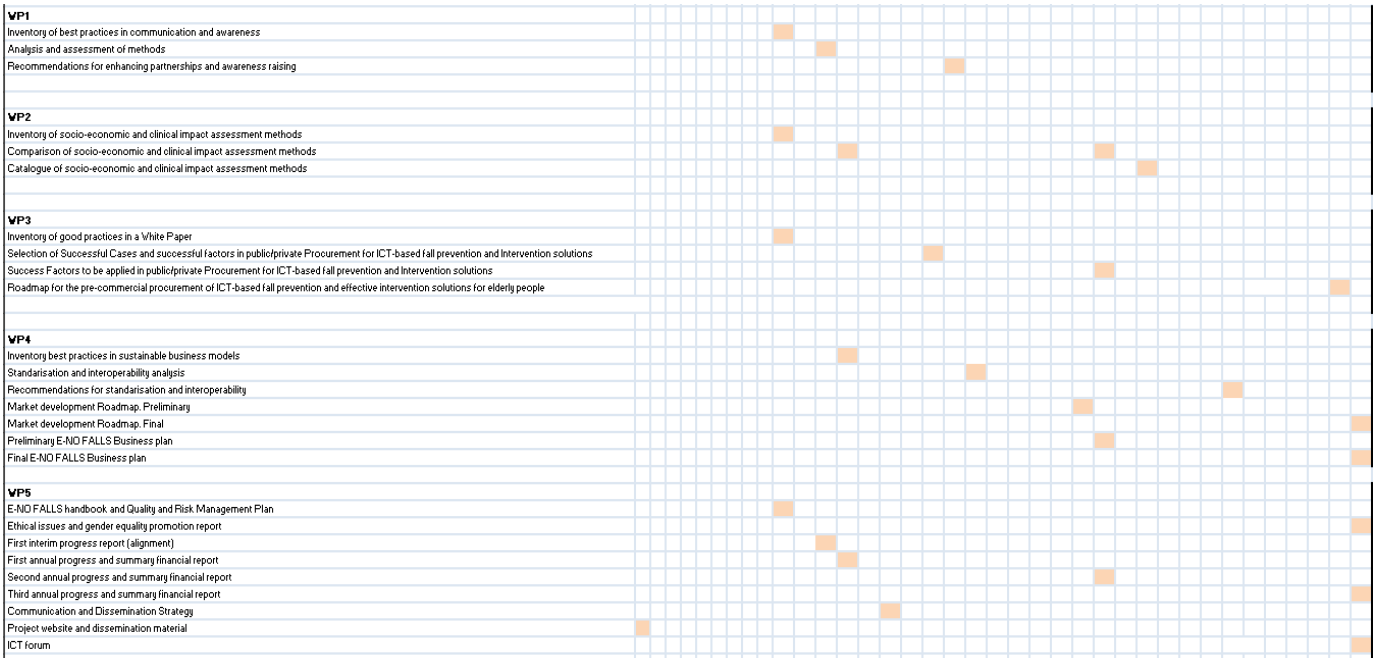

Figure 1. E-NO FALLS Gantt Diagram

3.2 Work progress and achievements during the period

3.2.1 WP1. Information and Awareness best practices. Enhancing Partnership

3.2.1.1 Work Package 1 Overview

The main goal of WP1 is to identify effective ways to raise awareness and disseminate the E-NO FALLS results and outputs among the different stakeholders in the value chain of the falls domain.
WP1 are already finished and just some disseminations activities have been done during this period.

As a conclusion the WP1 has been focused in:

Communication and awareness, where a list of recommendations is proposed after a deep analysis with all the stakeholders involved in the use of ICT tools for fall detection and prevention. One of the main conclusions are the following recommendations:

- Health professionals are the key people to communicate information to older adults and their families/carers Healthcare professionals are a vital source of information on falls and related solutions for older adults and their families/carers. Therefore, stakeholders in research and industry should aim to develop strong collaborative partnerships with healthcare professionals, and those in healthcare management and policy-making positions, in order to ensure that up-to-date, reliable information on ICT solutions for falls is being effectively disseminated among potential end users of these solutions

- Awareness and dissemination activities need to target a variety of stakeholders including older adults, family members, carers, general public, health providers, health organisations, public authorities, scientific community and industry

- Evidence-based knowledge should be shared via methods that are suitable for the target audience

- Older adults should be a main target group for initiatives that aim to raise awareness about the potential for falls-related ICT solutions to improve safety and facilitate independence

- Product and service providers should aim to assure users of high quality products, low costs, and provide adequate user training and support services

- Recommendations with regards to successful actions on information and awareness raising to be used in the falls ICT-based solutions domain;

All communication and awareness activities need to be targeted and designed based on the specific goal to be achieved. Knowing the target group and the preferred outcome helps pick the necessary methods in order to go about reaching the goal. In the field of Falls management, there is a specific network of stakeholders that are acting towards helping improve prevention and management outcomes. People involved in this field need to identify all stakeholders in their region/country that are involved in falls prevention and the links that they have with each other. It is often the case that there are several links missing in the network for falls prevention and management making dissemination and communication activities difficult to accomplish

the desired goals. Falls prevention and management is a collaborative effort and collaboration enhancement is at the core of reaching the desired outcomes for the majority of the elderly population.

National and international projects can be used to connect different stakeholders establishing a wide range of networks. By connecting all stakeholders, communication channels are more holistic and therefore more effective. However, communication will be effective only if the information is able to reach at all levels of the network involved. It is important to identify the network in its entirety and also the ways that each node of the network can be reached. For example, rural communities of elder adults living alone who do not have direct access to information, can be reached through their family members or local care provider. Social media routes can have a large impact to a big audience, however, are not directly relevant to the elderly community (based on computer literacy and access to internet), but again, social media can target family members and therefore reach indirectly a large part of the elderly community. However, researchers can only reach a wider audience when having the support of public authorities in all levels including budget, communication strategies, awareness campaigns, projects.

3.2.1.2 Work Package 1 Deliverables

In order to fulfil the objectives listed, WP1 is divided into three tasks with three corresponding deliverables, as listed in Table 1.

Deliverable Number	Deliverable Title	Lead participant	Estimated indicative person- months	Nature	Delivery Month
D1.1	Inventory of best practices in communication and awareness	SN	6.00	Report	10
D1.2	Analysis and assessment of methods	UL	8.00	Report	13
D1.3	Recommendations for enhancing partnerships and awareness rising. Preliminary	FORTH	9.00	Report	18
		Total	23.00		

Table 1. Details of WP1 Deliverables

3.2.1.3 Use of Resources

The break-down of person-months (PM) for each participant in WP1 is displayed in Table 2. Since WP1 is on-going at this point in time, the actual PMs attributed to each participant in are higher than the total projected PMs for the WP. Details on the use of resources for each participant in WP1 are provided in the following sections.

Participant Number	Participant Name	Projected Person-Months	Actual Person-Months Used	Person-Months Remaining
1	UPC	2.00	2.6	-0.6
2	FHP	0.00	1.75	-1.75
3	UL	7.00	7.35	-0.35
4	COOSS	3.00	3.00	0.00
7	FSL	2.00	2.00	0.00
9	TICS	1.00	1.01	-0.01
10	FORTH	3.00	3.38	0.38
12	EURECAT	3.00	2.95	0.05
13	SN	2.00	2.69	-0.69
16	CHA	0.00	0.56	-0.56
18	McR	0.00	1.33	-1.33
	Total	23.00	28.62	-5.62

Table 2. WP1 Person-Months per participant

3.2.2 WP2: Socioeconomic and Clinical Impact Assessment Methods

3.2.2.1 Work Package 2 Overview

The objective of WP2 is to create an inventory of criteria and methods for socio-economic assessment. But socio-economic assessment is dependent from the fulfilment of other aspects:

- technical aspects,
- medical effectiveness,
- organizational and
- economic aspects.

D2.1 were rejected because there were insufficient information on the impact assessment methods (as per DoW). Following the recommendations the deliverable was revised and resubmitted . D2.2 have been revised according D.2.1 and the deadline extension was approved. And the D.2.3 has been already submitted .

The main objective of the D2.3 is the realization of a Catalogue, based on the criteria already individuated and answers collected from questionnaire in the D2.2, on the methods able to select the more appropriate ICT solution for falls prevention.

A partly standardised questionnaire was send to experts (clinicians, health economists and technicians) identified by the E-No-Falls partners and the ProFouND network. The results of the questionnaire should be used to develop a handbook of socio-economic and clinical assessment methods in D2.3

This toolkit is oriented to provide the validation of the impact assessment methods to assess the feasibility of methods in various uses with regard to the socio-economic and clinical impact area (i.e. security, privacy, inclusiveness, accessibility, interoperability, standards, open-source, etc.), assessment type as well as the life-cycle of the system assessed. The toolkit is not only to list different methods but also to characterize a method's application area and the method, including its limitations, by suggesting appropriate assessment criteria and then assessing the methods (toolkit). The results show the focus and applicability of a selection of methods for different purposes.

While the number of studies on the effectiveness of interventions to prevent and detect falls in older adults has increased, many research questions related to fall prevention among older persons identified remain active research questions today.

Falls are caused by complex interactions between physiological, clinical, environmental, and situational factors which makes fall assessment for prevention and intervention a challenging task. [3] No assessment method can integrate all these factors. A collection of

[3] Robinovitch S, Feldman F, Yang Y, Sims-Gould J, Leung M. Falls in older people in long-term care--authors' reply: Lancet. 2013 Apr 6;381(9873):1180. doi: 10.1016/S0140-6736(13)60793-X.

methods had to be used for socio-economic and clinical assessment. Furthermore there are missing methods for non-fall-specific assessments, e.g. quality of life.

There are a number of gaps and omissions in the existing body of evidence on falls prevention/intervention assessment methods due to several different reasons: the multifactorial nature of fall, the lack of randomized controlled trials in older people, the different settings, and the lack of cost/benefit analysis in evaluation of falls interventions.
This is especially true in the context of ICT-based solutions for falls, as methodological quality of many studies varies widely and there is notable heterogeneity. In fact, much of the evidence comes from circumscribed trials and pilots, and there is a lack of evidence of the longer-term contribution and value of more advanced systems under real life conditions.

On the other side there are a big number of existing methods for some aspects: improvements in quality of life is an important goal of therapeutic activities, but not consistently measured in studies. Overall approximately 800 instruments to measure quality of life exist, but standardization in the development and collection of scales is lacking [4]. For fall prevention/intervention assessments actual existing methods are providing information for a single part of these factors.

Although we tried to reduce heterogeneity in the definition of assessment methods as much as possible by grouping them in more homogeneous categories, inconsistency in how to translate these approaches in the real context remains.

Future studies should focus on how to minimize these limitations, and hence the internal validity would be greatly improved. Investigators should choose an RCT design, when feasible, because of its potential to eliminate bias, as well as to control known and unknown confounding variables. In situations when it is unethical or logistically impractical to conduct a randomized trial, high-level quasi-experiments should be used. In addition, attention should be given to selection and number of study samples to improve both internal and external validity.

[4] Staeck F. Messen, was wichtig ist. Ärzte Zeitung. 2015 09.07.2015.

Example of one of the clinical methods of that appears at the Toolkit

Motor Function Test

Method	Time Up and Go Test (TUG)
	Client stands from a chair with an armrest, walks 3m and turns around, returns to chair and sits down.[1-3] Cut off points for level of risk: 10-14 seconds**.**
	Any setting in ambulatory elderly
	Sensitivity = 71% Specificity = 89%. [2-3] The test has concurrent validity due to high correlation scores with the Berg test, Barthel Index, and gait speed. It is easy and quick to perform and does not require specialist equipment.
	• Rely on clinical judgment • Specified cut-off points vary between studies. • The totality of evidence to date is that it has limited predictive ability and should not be used in isolation to identify community-dwelling older people at increased risk of falls.
	This assessment appears to have clinical utility demonstrated by time to administer and little burden to patients. The TUG is recommended as a routine screening test for falls in guidelines published by the American Geriatric Society and the British Geriatric Society
	1. Podsiadlo D, Richardson S. The timed "Up & Go": a test of basic functional mobility for frail elderly persons. J Am Geriatr Soc. 1991 Feb;39(2):142-8 2. Barry E, Galvin R, Keogh C et al. Is the Timed Up and Go test a useful predictor of risk of falls in community dwelling older adults: a systematic review and meta-analysis. BMC Geriatr. 2014 Feb 1;14:14. 3. Beauchet O, Fantino B, Allali G et al. Timed Up and Go test and risk of falls in older adults: a systematic review. J Nutr Health Aging. 2011 Dec;15(10):933-8 4. National Institute for Health and Care Excellence (NICE). Falls: assessment and prevention of falls in older people, Issue: 2013: https://www.nice.org.uk/guidance/cg161/resources/guidance-falls-assessment-and-prevention-of-falls-in-older-people-pdf

3.2.2.2 Work Package 2 Deliverables

In order to fulfil the objectives listed, WP2 is divided into three tasks with three corresponding deliverables, as listed in Table 3.

Deliverable Number	Deliverable Title	Lead participant	Estimated indicative person- months	Nature	Delivery Month
D2.1	Inventory of socio-economic and clinical impact assessment methods	UL	4.00	Report	10
D2.2	Comparison of socio-economic and clinical impact assessment methods	COOSS	9.00	Report	13/25
D2.3	Catalogue of socio-economic and clinical impact assessment methods	FSL	9.00	Report	27/34
		Total	22.00		

Table 3. Details of WP2 Deliverables

3.2.2.3 Use of Resources

The break-down of person-months (PM) for each participant in WP2 is displayed in Table .. Details on the use of resources for each participant in WP2 are provided in the following sections.

Participant Number	Participant Name	Projected Person-Months	Actual Person-Months Used	Person-Months Remaining
1	UPC	2.00	2.20	-0.20
3	UL	3.00	3.46	-0.46
4	COOSS	2.50	3.05	-0.55
7	FSL	3.00	3.50	-0.50
9	TICS	2.00	1.99	0.01
10	FORTH	3.00	2.94	-0.06
13	SN	0.00	0.6	-0.6
14	AAIF	2.00	1.75	0.25
16	CHA	4.50	5.51	-1.01
	Total	22.00	25.00	-3.00

Table 4. WP2 Person-Months per participant

3.2.3 WP3: Pre-Commercial Public/Private Procurement

3.2.3.1 Work Package 3 Overview

The main goal of WP3 on Pre-Commercial Public/Private Procurement, focuses on exploring the potential of pre-commercial public-private procurement to contribute to the deployment of innovative ICT-based fall prevention and effective intervention solutions for elderly people.

A deep analyse of the PCP /PPI projects allow us to detect the success factors to strengthen the innovative procurement process.

Finally, during this third year the design of a roadmap for the pre-commercial procurement of ICT-based fall prevention and effective intervention.

After the identification of the critical success factors for innovation procurement in the field, E-NOFALLS has developed a Roadmap for the pre-commercial procurement of ICT-based fall prevention and effective intervention. The impact of this roadmap is the increment of awareness among all stakeholders involved in the "ICT_for_Falls" ecosystem and encourage them to potentially launch or participate in a PCP process to create step-change innovations in falls prevention/detection.

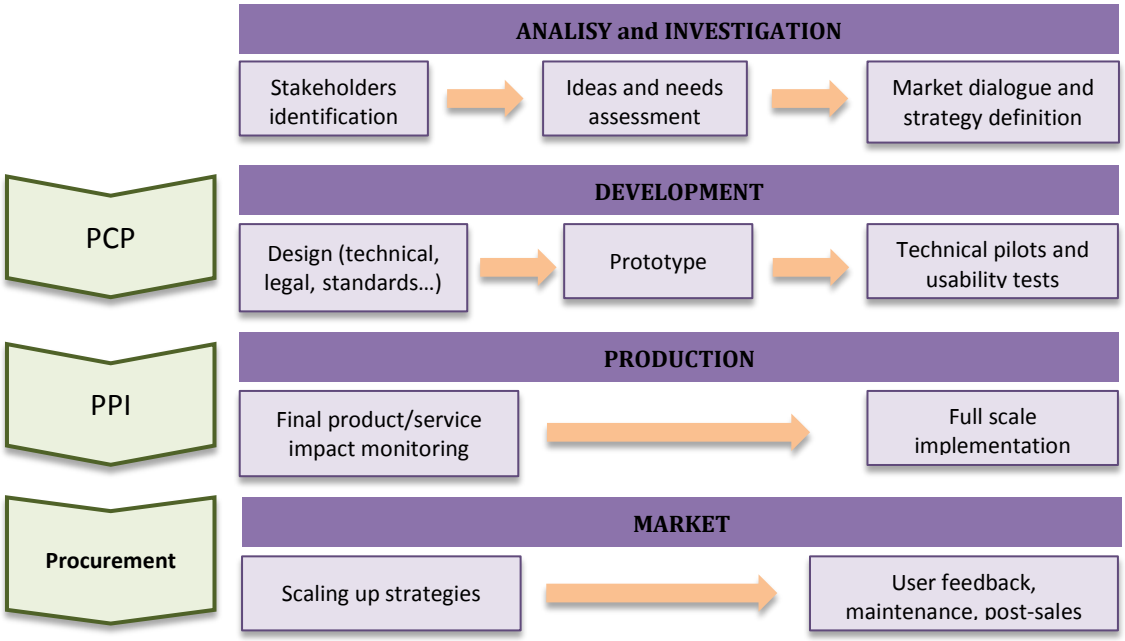

Figure 2. ICT for Falls Value Chain

Current deployment challenges

- Widespread use of ICT tools for analyzing fall risk
- Distinguishing effective systems to detect and prevent falls
- Fitting with health systems and social services
- Better scalability and deployment best practices in the field of prevention and detection
- Raising awareness to find assessment methods
- Developing more sustainable solutions
- Fostering standards and interoperability of ICT4Falls systems

The analysis carried out within the different steps of this study allows us to conclude that Pre-Commercial Procurement and Public Procurement of Innovative processes have the potential to positively influence innovation, research and development in falls area.
PCP and PPI are separate but complementary procurements. It is important to know the characteristics of both processes to apply them in the correct situation. PCP offers a way for contracting authorities procuring a R&D to address challenges of public interest for which no technological solution is available on the market yet. On the other hand, PPI offers the opportunity to contracting authorities to act as lead costumer by procuring 'innovative' solutions (not the R&D to develop them) that are newly arriving to the market but that not have had the opportunity to penetrate on it. In both cases it is necessary to follow the correct pathway to achieve a successful process.
Nowadays, PPI is easier to implant than PCP because PPI is already regulated in the procurement system in contrast to PCP. This means that in a PCP process there is a wide degree of specificity in the different procurement phases which may lead to completely different results.

3.2.3.2 Work Package 3 Deliverables

In order to fulfil the objectives listed, WP3 is divided into three tasks with three corresponding deliverables

Deliverable Number	Deliverable Title	Lead participant	Estimated indicative person-months	Nature	Delivery Month
D3.1	Inventory of good practices in a White Paper	FHP	6.00	Report	14
D3.2.1	Success factors to strengthen the procurement process of ICT-based fall prevention and effective intervention solutions for elderly people. Preliminary	EURECAT	6.00	Report	21
D3.2.2	Success factors to strengthen the procurement process of ICT-based fall prevention and effective intervention solutions for elderly people. Final	EURECAT	5.00	Report	26
D3.3	Roadmap for the pre-commercial procurement of ICT-based fall prevention and effective intervention solutions for elderly people. Preliminary	TICS	13.50	Report	33
		Total	30.50		

Table 5. Details of WP3 Deliverables

3.2.3.3 Use of Resources

Participant Number	Participant Name	Projected Person-Months	Actual Person-Months Used	Person-Months Remaining
1	UPC	2.00	2.50	-0.50
2	FHP	5.00	3.65	1.35
4	COOSS	3.90	4.00	0.10
9	TICS	7.44	8.67	-1.23
11	NUIG	5.00	5.00	0.00
12	EURECAT	4.44	4.96	-0.51
15	SIV	2.68	2.29	0.39
	Total	30.50	31.07	-0.57

Table 6. WP3 Person-Months per participant

3.2.4 WP4 Towards Market Uptake

3.2.4.1 Work Package 4 Overview

The main goal of WP4 are:

To elaborate guidelines, interoperability standards and toolkits for accelerating the deployment of innovative and ICT-based solutions related to fall prevention and intervention for elderly people, taking into account wider safety and independent living support as part of integrated solutions to prolong independent living of people at risk of falling.

To analyze the barriers to be overcome in order to build the road towards the wide market penetration and deployment of innovative and ICT-based solutions.

To lay the groundwork of the sustainability of the thematic network through the business plan

Standardization and interoperability

In D.4.2.2 Recommendations for standardisation and interoperability, it has been detected the need to the implementation of a standardized and widely accessible legal platform that would reduce the existing information gap between the different stakeholders. This platform could include the standards, specifications, use cases, workflows, subset of terminologies, interoperability agreements and guidelines developed by standards development organizations meaning the expansion of knowledge about the entire background inherent to the adoption of fall solutions.

As an ICT based fall prevention device is not necessarily a medical device, it is the responsibility of the manufacturers to classify the device as a medical device or not. This decision has strong influence in the verification and validation phase of the product design (medical devices usually result in additional costs and regulatory requirements) and also affects the approachable market segments.

In fact, despite the many advantages of interoperability and the use of standards, many of the ICT based fall prevention and management solutions have not chosen to be medical devices and hardly comply with the requirements in the standards. These devices do not follow a standardized data architecture and, therefore, cannot exchange data with the electronic health record.

Additionally, there is a clear lack of appropriate guidelines for ICT based solutions for fall prevention and management.

We believe that updating the clinical guidelines of fall prevention and management can potentiate the diagnosis and management of falls and fall-related injuries, especially for primary healthcare practitioners and, consequently, the use of standards in ICT based solutions for fall prevention and management.

Interoperability of ICT based fall prevention solutions is very much of concern for clients and healthcare professionals as well as for manufacturers. We believe that defining an internationally acceptable interoperability Strategy and Framework may be the key to enhance the interoperability of devices, applications, data repositories, services and networks and ensure that new IT devices interact seamlessly anywhere.

Market Development

D.4.3.2 Market Development Roadmap

The main goal of task T4.3 is the construction of a roadmap for market development for market development of ICT solutions for fall prevention and management. The construction of this roadmap was carried out in two phases: a first draft phase describing the main requirements and barriers which hinder the development of the market for ICT-based fall prevention and effective intervention solutions for, in "*D4.3.1. Market development Roadmap. Preliminary*" [6]; and a second and final phase, which results are in *D.4.3.2 Market Development Roadmap* .

The final roadmap for the market development submitted in this third year contain the key challenges, steps and phases (pathways) to go through while implementing a business process of ICT-based fall prevention and effective intervention solutions for elderly people. Additionally, it is enhanced by the final version of recommendations gathered from experts, identified stakeholders with knowledge on the market uptake of ICT-based solutions for falls, and based on the experience of network partners and members.

Business Plan

A revised version of the D.4.4.1 Preliminary E-NOFALLS Business Plan was submitted after the second annual review and it was accepted. And D4.4.2 'Final E-NO FALLS Business Plan' has been already submitted.

The final business plan is part of task 4.4 of the E-NO FALLS project. This task includes the preliminary and final version of the E-NOFALLS business plan. The final business plan describes the possibilities for the continuity of the current E-NO FALLS network after the preliminary investigation in D4.4.1. The main topics discussed are:

- Identification of results and outcomes of E-NO FALLS that can be exploited.
- Overview of current exploitation practices in relation to knowledge networks of E-NO FALLS partners and third parties like EIP AHA A2 and ProFouND.

For the business plan, concrete actions are proposed if the network needs to continue without European wide financial support. The latter seems an option if the concept of Health Impact Bonds would be adopted on a EU scale. The concept of a Health Impact Bond on falls prevention, adopted from the Social Impact Bonds, is discussed in D.4.4.2 'Final E-NO FALLS Business Plan'

As this annual report demonstrates, WP4 has progress in line with the targets set. It is projected that the remaining tasks and deliverables has been completed on schedule, in spite of the change of the WP leader.

Task 4.1 Defining the framework for sustainable business models is completed, and has provided an inventory of best practices addressing sustainable business models in order to identify criteria that would help to create a generally usable business model for an efficient deployment of falls ICT management systems .

Task 4.2 Fostering standards and interoperability

- The conclusions of the Analysis of standardization and interoperability are that Researchers and product developers do not know about standards
- Standards are difficult and complicated, compliance is expensive
- The ideal package of standards does not yet exist

Task 4.3 Enabling market development

Elaborate a Roadmap for the Market development, containing the key challenges, steps and phases to go through while implementing a business process of falls ICT solutions.

Task 4.4 E-NO FALLS Business plan

Analysis of market opportunities and define viable business plan to exploit the results and ensure the continuity of the network offering “services” after the project end

3.2.4.2 Work Package 4 Deliverables

In order to fulfil the objectives listed, WP4 is divided into 4 tasks with 7 corresponding deliverables.

Deliverable Number	Deliverable Title	Lead participant	Estimated indicative person- months	Nature	Delivery Month
D4.1	Inventory-best practices in sustainable business models	SIV	8.00	Report	16
D4.2.1	Standardisation and interoperability Analysis	NEN	7.00	Report	21
D4.2.2	Recommendations for standardisation and interoperability	NEN	7.00	Report	31
D4.3.1	Market development Roadmap. Preliminary	FHP	8.00	Report	24
D4.3.2	Market development Roadmap. Final	FHP	7.00	Report	37
D4.4.1	Preliminary E-NO FALLS Business Plan	SMH	2.00	Report	25/32
D4.4.2	Final E-NO FALLS Business plan	SMH	2.00	Report	37
		Total	41.00		

Table 7. Details of WP4 Deliverables

3.2.4.3 Use of Resources

The break-down of person-months (PM) for each participant in WP4 is displayed. Details on the use of resources for each participant in WP4 are provided in the following sections.

Participant Number	Participant Name	Projected Person-Months	Actual Person-Months Used	Person-Months Remaining
1	UPC	3.00	3.70	-0.70
2	FHP	5.40	5.17	0.23
5	SmH	4.68	4.09	0.59
6	NFT	3.40	3.44	-0.44
8	ERL	2.50	1.70	0.8
12	EURECAT	4.00	5.18	-1.18
14	AAIF	4.44	6.21	-1.77
15	SIV	4.62	4.62	0.00
17	NEN	5.44	5.20	0.24
18	McR	3.44	3.25	0.19
	Total	41.00	42.56	-1.56

Table 8. WP4 Person-Months per participant

3.2.5 WP5: Management and dissemination plan

3.2.5.1 Work Package 5 Overview

Project Management is a critical component of the E-NOFALLS project and the purpose of this work package is to ensure the quality of results of the project activities and tasks and target dates for deliverable deadlines are achieved.

Specifically, the work package mainly aims to:

• Optimize the application of resources by creating an appropriate management framework, linking together all project components.

• Optimise the work within the project and among the partners.

• Ensure that all the aspects of the EC requirements for communication and reporting are met.

• Develop the project basic dissemination tools

The dissemination plan supports presentation and reporting of all activities performed and all actions planned during the project lifecycle including, the design of the project visual identity ("branding"), the scheduling of all on-line and off-line dissemination activities and reporting to the Commission and achieving visibility in Commission-programme websites. The communication and dissemination strategies have been aligned with PROFOUND thematic network and EIP AHA A2 initiative.

During this third period the report of Ethical issues and gender equality promotion has been developed. The deliverable 5.2 Ethical issues and gender equality promotion report, it was schedule to be delivered in month 28 but considering that it is a report related to all the project the coordinator suggested to submit the deliverable at the last month.

In addition, the ICT repository that was fully in progress and working, has been studied through the deliverable “D5.6 ICT forum: Statistics and analysis of forum use and results”

E-NOFALLS have created the ICT forum in order to provide a common site where anybody interested in the ICT systems for fall prevention could find the most significant developments in the area coming either from research projects or already in the market. The interactivity of the site allows comparisons, analysis and recommendations.

E-NO FALLS host the common ICT forum on the ENO-FALLS website (linked to fallprevention.eu). The forum establish a “repository” of available ICT technologies for falls prevention or detection. This it features:

• Reviews. The reviews of a technical system are being guided according to a certain list of items that will be provided by the web portal.

• User-related experience. Someone who has some experience with the device and can provide the personal comments

• Questions. Someone interested in the device who wants to know more about specific aspects of it.

• The information can be provided by any person. At the beginning E-NOFALLS, PROFOUND, and EIPAHAA2 partners have provided the content of the forum.
Moderation of the information are necessary to have relevant and consistent information in the forum .E-NOFALLS are responsible for providing this moderation.
E-NOFALLS and PROFOUND have been collaborating in order to engage different companies and other coordinator projects to participate actively in the ICT forum.

The E-NO FALLS network has discussed with ProFouND about the different ways to link the two websites (E- NO FALLS Repository with the Online Innovation Factory from ProFouND). Some solutions such as tagging things that were on each site appear to be complex to be implemented, therefore we agreed to host logos and a brief description of the networks in each site in a visible way. The text for the ProFound Online Innovation Factory is:

Want to discuss this or other technologies for falls detection, monitoring, and prevention? Go to the ProFouND Online Innovation Factory where users can engage in discussion on the challenges, desired outcomes, solutions, and different implementations of technology for falls, and learn from best practice in leading reference sites.

The ProFouND logo direct straight to the forum here http://ProFouND.eu.com/forums/forum/innovation-factory/

By the other hand the E-NO Falls logo appears in the top right of the OIF with a similar short text.

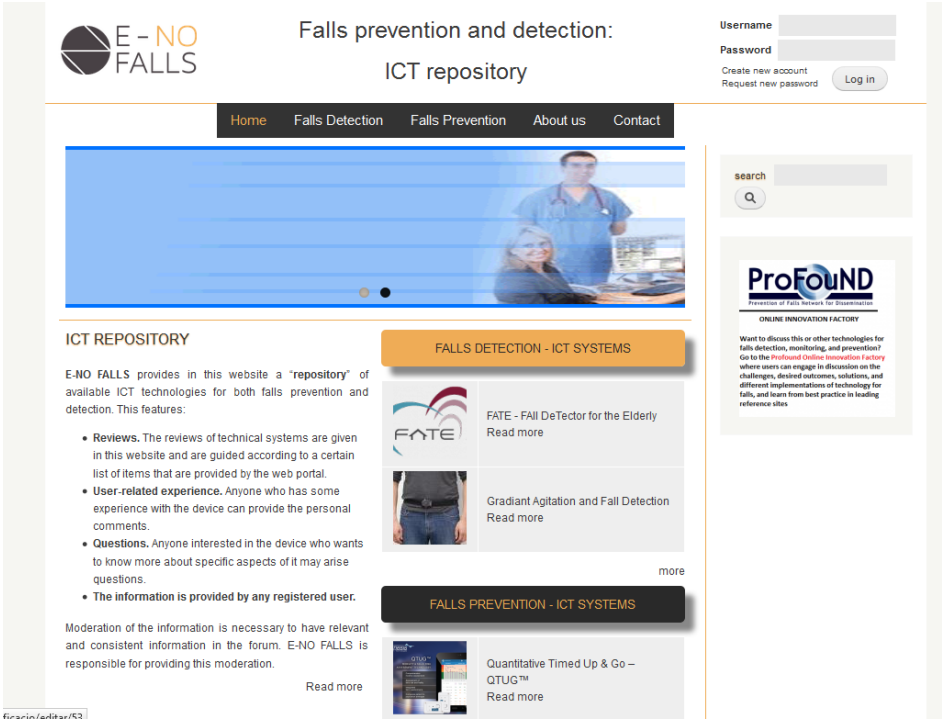

Figure 3. E-NO FALLS ICT Repository main page

Since the ICT forum is available, about one and half year ago the number of devices and revisions have been increasing.

- 55 devices uploaded
  - 38 fall detection
  - 17 fall prevention
- 14 revisions

We can see that have been introduced more for fall detection area rather than fall prevention, which is basically due to the existence of more fall detection solutions already in the market. Indeed, there are few existing fall prevention solutions, being a very innovative field of research with lower technology readiness levels at this moment.

3.2.5.2 Work Package 5 Deliverables

Deliverable Number	Deliverable Title	Lead participant	Estimated indicative person- months	Nature	Delivery Month
D5.1	E-NO FALLS handbook and Quality and Risk Management Plan	UPC	3.50	Report	12
D5.2	Ethical issues and gender equality promotion report	UPC	1.00	Report	28/37
D5.3.1	First interim progress report (alignment)	UPC	1.50	Report	19
D5.3.2	First annual progress and summary financial report	UPC	1.50	Report	19
D5.3.3	Second annual progress and summary financial report	UPC	1.50	Report	26
D5.3.4	Third annual progress and summary financial report	UPC	1.50	Report	37
D5.4	Communication and Dissemination Strategy	UPC	4.00	Report	19
D5.5	Project website and dissemination material	UPC	2.00	Report	1
D5.6	ICT forum	UPC	8.00	Report	31/37
		Total	24.50		

Table 9. Details of WP5 Deliverables

3.2.5.3 Use of Resources

Details on the use of resources for each participant in WP5 are provided in the following sections.

Participant Number	Participant Name	Projected Person-Months	Actual Person-Months Used	Person-Months Remaining
1	UPC	22.50	23.30	-0.8
12	EURECAT	2.00	1.89	0.11
	Total	24.50	25.19	-0.69

Table 10. WP5 Person-Months per participant

3.3 Deliverables and milestones tables

3.3.1 Deliverables

Del. Number	Deliverable name	WP	Lead participant	Nature	Dissemination level	Delivery date from	Delivered	Actual delivery	Comments
D2.3	Comparison of socio-economic and clinical impact assessment methods	WP2	FSL	Report	Public	M28	Yes	M34	Delayed because of the D2.1 rejection
D3.2.2	Success Factors to be applied in PPC ICT-based fall prevention and Intervention solutions	WP3	EUT	Report	Public	M24	Yes	M26	
D3.3	Roadmap for the PPC of ICT-based fall prevention and effective intervention solutions for elderly people	WP3	TICS	Report	Public	M33	Yes	M37	Delayed because the result of the previous review period
D4.2.2	Recommendations for Standardisation and interoperability analysis	WP4	NEN	Report	Public	M31	Yes	M31	

D4.3.1	Market development Roadmap. Final	WP4	FHP	Report	Public	M37	Yes	M37	
D4.4.1	Preliminary E-NOFALLS Business plan	WP4	SMH	Report	Public	M25	Yes	M25	It was rejected and resubmitted
D4.4.2	Final E-NO FALLS Business plan	WP4	SMH	Report	Public	M37	Yes	M37	
D.5.2	Ethical issues and gender equality promotion report	WP5	UPC	Report	Public	M28	Yes	M37	Delayed because we wait until the end of the project
D5.3.4	Third annual progress and summary financial report	WP5	UPC	Report	Public	M37	Yes	M37	
D5.6	ICT	WP5	UPC	Report	Public	M31	Yes	M37	Delayed because we wait until the end of the project

Table 11. Deliverables for the M26-M37 period

3.3.2 Milestones

The following milestones scheduled for the third period

Milestone no.	Milestone name	Due achievement date	Achieved Yes/No	Ahievement date	Comments
ML4.1	Market uptake workshop Falls Festival	27	Yes	36	In the Falls Festival E-No Falls has been part of the committee and organized the session **Innovation in procurement: the case for business** Chair: Andreu Catala invited the speakers Louis Potel, European Project Manager, RESAH, Hospital Procurement Network, Paris, France. Ruud Van de Bilt, Managing Director, SPRINT, Groningen, Netherlands and Marlou Bijlsma, European Project Manager, The Netherlands Standardisation Institute, Delft, Netherlands . And also invites the expert in **Procurement and Implementation** Ramon Maspons, Chief Innovation Officer, Catalan Agency for Health Innovation (AQUAS), Catalonia, Spain

Table 12. Milestones for the M26-M37 period

4 Project Management

Management activities are formally concentrated and specified in WP5. This work package is not the only management activity in the project. Along all the WPs there exist management duties related with the regular tasks and scheduled activities. All the beneficiaries are involved in them with different degrees of responsibility (leaders of WP, responsible of task, deliverable editor, minutes edition responsible…).

The overall management structure of the project is well described in the DoW document (pages 65 to 70 of the Part B) and it is almost 100% operative. Figure 2 depicts the relationship between the main management bodies in the project.

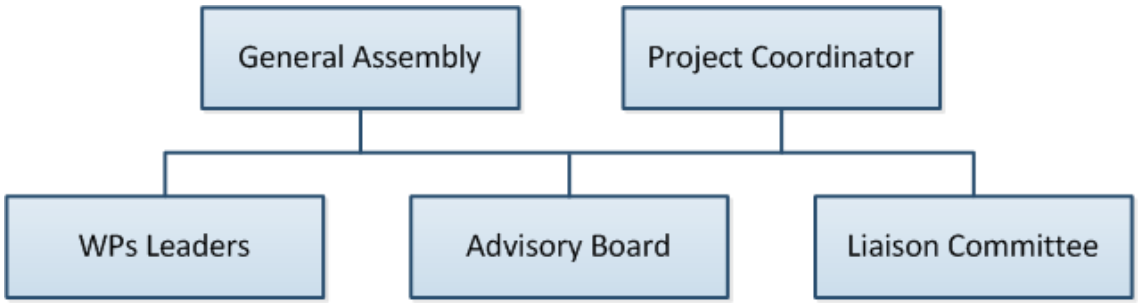

Figure 4. E-NO FALLS management organization diagram

It must be point out that the General Assembly (GA), as the decision-making body, is regularly organized and it is composed of one representative per partner. Meetings of the General Assembly are held every 12 months. The corresponding Agenda and final Minutes of the meetings are available to the consortium in the documentation repository of E-NO FALLS.

The formal management structure is completed with:

- The Advisory Board to be shared with PROFOUND Thematic Network. The Advisory Board will be an external body comprised of relevant stakeholders: MEMBERS To strengthen the credibility and external validity of PROFOUND and E-NOFALLS the management board of both networks will be aided by an Advisory Panel of independent experts.
A meeting with advisory board took place during the Falls Festival in Stuttgart (24-26th March 2015) with the addition of Nick Guldemond and during the Falls Festival in Bologna (22-24 February 2016) *see result of the Advisory Board in Bologna

- The Liaison Committee to be co-chaired by the coordinators of E-NO FALLS and PROFOUND thematic networks and two representatives of each one. It will be complemented by WP leaders as necessary in a flexible composition. Its task will consist on safeguarding the agreed alignment, coordinating activities and promoting synergies and cooperation. The committee will meet periodically, either virtually or physically.
During this period have not been an specific meeting of the liaison committee, even though, the fluid communication and common work was a reality during the period, as an example, all members of the liaison committee worked together for the organization of the Falls Festival

External advisor report / recommendations. Final meeting - Bologna 22/3/2016
E-NO FALLS
Stephen Lord and Vicky Scott

The external advisors have the following comments and recommendations.

- For the development of new technologies for assisting falls prevention, a compromise is required regarding the need to balance innovation and standardisation to allow: a) new fall prevention methods and initiatives to be developed and b) agreed current standards and measurements to be used by health care services. Such compromise should allow standards to be modified as new knowledge accrues.

- Several barriers to market development were identified. These included issues related to interoperability, reimbursement, deployment, funding, intellectual property, validation and different objectives of private and public partners. Case studies of four successful fall detector products were instructive. Most were developed over long periods, and had internal / commercial validation. None were formally registered as medical devices.

- Main successes of the E-NO FALLS program were the inventory of fall detection and prevention devices, and the development of tool kits and market development roadmap.

- Several options were discussed with regard to sustainability of the program. It was apparent that maintenance of the website and network were not feasible without further funding. Pay-for use systems for either membership of web use were considered unviable. The website content was considered to have value for at least another year, and it is recommended it be linked / or posted on another maintained websites such as the EU “deliverables” or the ProFouND website.

- Overall, it was considered that when the E-NO FALLS program meets its final deliverables the project should be considered to be completed.

4.1 Meetings organized during the period

- General Assembly Meeting – March 2015 Stuttgart
- WP leaders meeting-Barcelona October 2015
- Kick-off meeting D4.3.2 Barcelona
- General Assembly Meeting - February 2016 Bologna
- Periodic Conference Calls and meetings for WP3, WP4 and with WP leaders (July 2015 and January 2016)

4.1.1 Falls Festival Stuttgart March 2015

Figure 5. Falls Festival Stuttgart

4.1.2 E-NOFALLS General Assembly Meeting – Bologna February 2016

Figure 6. E-NO FALLS General Assembly Bologna

4.1.3 OTHER EVENTS

- **Final workshop FATE Project, Barcelona May 2015**

E-NOFALLS participate with the Presentation "social dimension and impact of falls in older people" by Andreu Català (coordinator)

Figure 7. E-NO FALLS participating in FATE final workshop

- **Final workshop IDONTFALL Project, September 2015 Rome**

E-NOFALLS participate with the Presentation of "Strategies for the deployment of ICT solutions in Falls prevention and detection" by Andreu Català (coordinator)

- **Home Automation and Smart Living Event – Eindhoven November 2015**

Hosted by Smart Homes and attended by UPC representing E-NO FALLS, it is an annual 2-day Living Event and it is a unique platform showing the latest technology and services for the home and care environment. Over 130 exhibitors display their latest products and services, and annually attracts 3.500 professional visitors. Next to the exhibition with thematic areas on innovation, energy, audio & video, and education, visitors also have the opportunity to attend inspiring presentations on case studies and realized projects.

Figure 8. Home Automation and Smart Living Event

- **4th Conference of Partner EIP AHA: Accelerating market uptake of innovation for active and healthy ageing across Europe " Brussels December 2015**

The Conference was the opportunity to showcase the work conducted by EIP on AHA Action Groups over the period 2012-2015.
The A2 group it is focused in Falls Prevention and E-NOFALLS it is part of it. During the e vent it was presented the produced State-of-play publications highlighting the achievements of their groups both at individual and collective level, key messages to be taken home and lessons for the future. The publications present both the Action Groups in their ways of working as well as the tangible results in this first phase of implementation of the EIP on AHA for the Action Groups. The Conference of Partners was also the occasion to generate an open discussion about the future vision for the Partnership. In that respect, the Reference Sites Collaborative Network inform the actual Call for Reference Sites.

4.2 E-NO FALLS relation with EIP AHA Action Group 2

The European Innovation Partnership on Active and Healthy Ageing (EIP AHA), gathers stakeholders from the public and private sectors across different policy areas. Together they work on shared interests, activities and projects to find innovative solutions that meet the needs of ageing population. Two calls for Action Group A2 "Falls Prevention and management" commitments were sent out by the European commission in 2012 and 2013 and E-NOFALLS were included.
The commitment was approved and E-NO FALLS became an active member of the Partnership. At this moment he EIP on AHA has opened a new "Call for Commitments" and E-NOFALLS has participate actively in the renovated Action Plan.

Several meetings of the Action Group 2 have been attended during the period

- Partners meeting, Brussels, October 2015
- 4th CONFERENCE OF PARTNERS, Brussels, December 2015
- Partners meeting Bologna, February 2016
- Teleconferences meetings
- Webinars
- Yammer

As responsible of a thematic network, UPC was designed as coordinator of the Action Area 4 of the Action Group 2 since 2013 and in the new Action Plan some of the E-NOFALLS partners (UPC, EURECAT,) has been proposed for leadership in some specifics objectives.

4.3 Project Planning and Status

As it has been discussed in the precedent sections above, the project planning is running quite on time with minor deviations, as it was already explained case by case when the evolution of the work in every individual WP has been presented.
The delays in some deliverables have not been significant for the whole evolution of the project.

We can consider the following:

- All the WPs started on time as it was scheduled in the DoW, with main objectives reached in satisfactory way.

- Main activities of the Project are active now:
  - WP1: is finished.
  - WP2: is finished
  - WP3: is finished
  - WP4: is finished
  - WP5: is finished

Please take note that since May 2015 CETEMSA partner (CET) it is Centre Tecnològic de Catalunya (EURECAT)

4.4 Dissemination Activities

4.4.1 New brochure

During this last year we redesign the leaflet of the project introducing the results and has been distributed in all the events and meetings where E-NOFALLS has participated.

Figure 9. New E-NO FALLS leaflet

4.4.2 Newsletter

In order to disseminate the results of the work done and also events and news related to Falls, we create a Newsletter to spread all this knowledge .The newsletter has been sent to the partners and stakeholders.

Newsletter 2-December 2015

www.e-nofalls.eu

4th Conference of Partners of the EIP on AHA

The 2015 Conference of Partners of the European Innovation Partnership on Active & Healthy Ageing (EIP on AHA) was held in Brussels on the 9th and 10th December 2015.

This year's Conference of Partners was dedicated to the theme **Accelerating market uptake of innovation for active and healthy ageing across Europe**.

The Conference was the opportunity to showcase the **work conducted by EIP on AHA Action Groups over the period 2012-2015**.
Five Action Groups produced State-of-play publications highlighting the achievements of their groups both at individual and collective level, key messages to be taken home and lessons for the future. The publications present both the Action Groups in their ways of working as well as the tangible results in this first phase of implementation of the EIP on AHA for the Action Groups on adherence to medical plans, falls prevention, integrated care systems, ICT solutions for independent living and age-friendly environments.

The Conference of Partners was also the occasion to generate an open discussion about the future vision for the Partnership. In that respect, the Reference Sites Collaborative Network has elaborated a proposal to inform the next **Call for Reference Sites**.
The official text of the new Call for Reference Sites will be published by the European Commission at the end of January 2016 on the Marketplace and announced in this newsletter. The call for applications will be open until 15 March. Between 15 March and end of May 2016 will be the period of peer reviews. The Reference Sites awards will then be announced in early June 2016.

Figure 10. E-NO FALLS Newsletter

4.4.3 Posters

During the Falls Festival in Bologna, last February, there was an EU Market Place – Implementing Innovation Across the Regions
Interactive market place of project consortia from ProFouND, ENO-FALLS, EIP AHA AGA2 and Reference Sites showcasing examples of successful implementation across the EU. Project members were available by their posters for questions at allocated times;

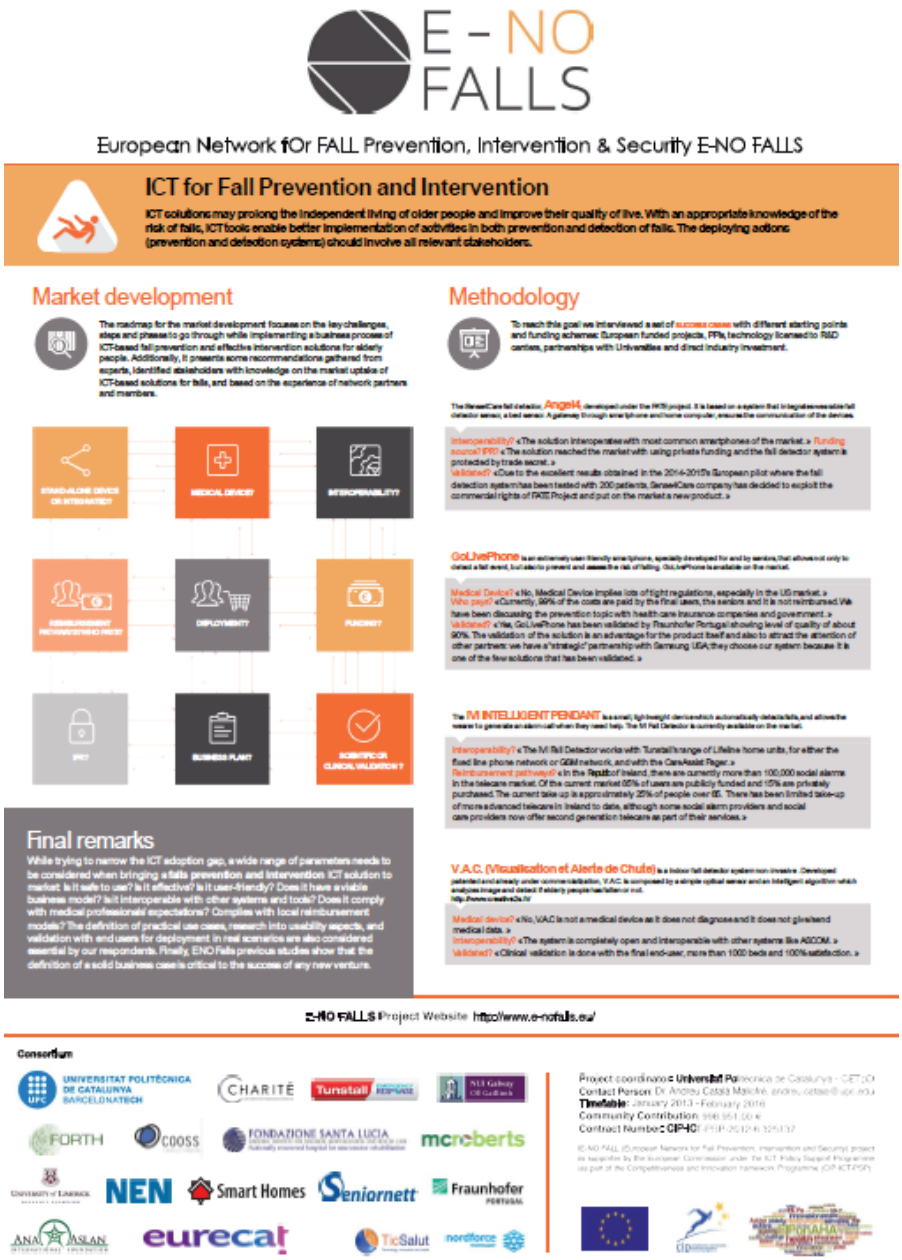

Figure 11. WP4 Poster Market Uptake

4.4.4 Article in the Journal Gerontechnology

Gerontechnology it is an international journal on the fundamental aspects of technology to serve the ageing society and the aim of this peer-reviewed journal is to provide a forum for reporting original research, review papers, and personal perspectives on the broad area of fitting technological environments to support changing life goals and lifestyle preferences into advanced age. Research outcomes reported in the Journal form the basis - for designers, architects, standards developers, builders, engineers, marketers, manufacturers, medical doctors, pharmacists, decision makers, and related professionals in the health, social, business and technology professions - to provide the proper environment for the greatest number of people in society.
E-NOFALLS have submitted an article with the main achievements of the project consortium

4.4.5 International Older Person Day

To celebrate International Older Person's Day on 1st October 2015 (ProFouND) consortium, with members throughout Europe delivered flash mobs and/or took part in strength and balance exercise classes to raise awareness of falls prevention. E-NOFALLS also participate delivering leaflets of the campaign in Vilanova I la Geltrú (Barcelona) where there was also a celebration of this day.

Figure 12. Stay strong stay steady campaign

4.4.6 Social Media (FACEBOOK and TWITTER)

Figure 13. Facebook and Twitter

The table below shows the dissemination activities carried out during the second period.

Name of the event	Date	Place	Target Audience	Size of Audience	Partners Involved	Comments
Dissemination to the Greek key stakeholders	February 2015	Greece	Clinicians, researchers, engineers, computer scientists, physiotherapists, policy makers, health providers, etc	50	FORTH	
European summit on Innovation for Active and Healthy Ageing	March 2015	Brussels (Belgium)	Health care institutions, researchers, industry	500	All ENF Partners	
Active Ageing Going Local (AGL)	6th March 2015	Ancona, IT	P.A., Care Providers, SMEs, end users	50	COOSS	
ICT 2015 - Innovate, Connect, Transform	20-22 October 2015	Lisbon (Portugal)	EU Projects managers, ICT enterprises, Research institutes, NHS representatives	6000	COOSS	
MEDICA 2015	16-19 November 2015	Dusseldorf (Germany)	EU Projects managers, ICT enterprises, Research institutes, NHS representatives	800	COOSS	
Role, strength and impact of European networks in realizing the political priorities of President Juncker"	11th February 2016	Rome (Italy)	Members of EU Networks dealing with social and health related challenges across EU	100	COOSS	
Mobile World Congress, Barcelona	3 -6th March 2015	Barcelona (Spain)	Booth visitors (private companies, research centres		EURECAT	
Contact to a nursing home due to the online-survey and I am going to analyse 300 protocols					CHA	

of falls of their residents which will be hopefully a publication afterwards						
Dissemination on AAIF's website at http://www.brainaging.ro/ro/proiecte-2/	January 2013 - in present	International	International visitors	≈6000 / year	AAIF	
Conference: European concepts in long-term care	June 2015	Targu Mures (Romania)	Health care institutions, researchers, industry, care providers	80	AAIF	Presentation by Prof. Luiza Spiru: "Innovative technical solutions for improved quality of life and independence of the elderly living at home or in residential care centres" including presentation of E-No Falls project
AAL FORUM 2015	September 2015	Bucharest (Romania)	International stakeholders, health and ICT professionals, EU projects, EU representatives	25	AAIF	Project promotion: A presentation of the projects carried out by AAIF, including the E-NO FALLS Project has been made during the Side-event: Ambient Assisted Living development in Romania. Title: The contribution of Ana Aslan International Foundation as medical partner, end-user organization and projects local coordinator.
Carer Support Platform Users meeting	September 2015	Bucharest (Romania)	Formal and informal carers	40	AAIF	Presentation of AAIF projects during Workshop
MYMATE PROJECT Kick-off meeting	February 2016	Valencia (Spain)	Health care institutions, researchers, industry	8	AAIF	Project promotion: promotion of the projects carried out

						by AAIF, including the E-No Falls Project
Senior TV PROJECT Kick-off meeting	February 2016	Vigo (Spain)	Health care institutions, researchers, industry	10	AAIF	Project promotion: promotion of the projects carried out by AAIF, including the E-No Falls Project
National Alzheimer Conference	February 2016	Bucharest (Romania)	Medical professionals, informal carers, patients	100	AAIF	Conference – Presentation by Prof. Spiru on AAIF projects ; Presentation title: Innovative ICT Solutions for Patients with MCI and Dementias - A Romanian Success Story
Workshop INSPIRE – PCP and PPI: How to be more efficient in Procurement –Workshop"	March 2015	Barcelona	Health care institutions, researchers, industry		TICS	TicSalut participated in the preparation of the presentation and in the coordination with the organizers (AQUAS). TICS also contacted experts in procurement of innovation presenting E-NOFALLS WP3 to them and D3.3.
Home Automation and Smart Living Exhibition and conference	November 2015	Eindhoven (Netherlands)	Care and services providers, housing associations, etc	3500	SMH and UPC	Stand with 3 devices for falls prevention and detection plus

						leaflets, posters and numbers of interviews
Meeting UPC- Diputació de Barcelona	November 2015	Barcelona	Local policy makers	6	UPC	
Final Workshop Fate Project	May 2015	Barcelona	EU Projects managers, ICT enterprises, Research institutes, NHS representatives	50	UPC	
Final Workshop I don't FALL	September 2015	Rome (Italy)	EU Projects managers, ICT enterprises, Research institutes, NHS representatives	50	UPC	
4th Conference of Partners EIP AHA	9-10 December 2015	Brussels	International stakeholders, health and ICT professionals, EU projects, EU representatives	5000	UPC, COOSS, EURECAT,NEN, FHP	
European Falls Festival	March 2015	Stuttgart (Germany)	International stakeholders, health and ICT professionals, EU projects, EU representatives	300	All partners	
European Falls Festival	February 2016	Bologna (Italy)	International stakeholders, health and ICT professionals, EU projects, EU representatives	350	UPC, FHP, UL, COOSS,CHA, NEN, NFT,SN,MCR,TICS, EURECAT,FSL,SMH, FORTH, AAIF	
Col·legi Enginyers Industrials de Catalunya Conference "Technical Tips for AHA"	March 2016	Barcelona	Industrial engineering professionals	30	UPC	Co-organized by engineering social faces

Table 13. Dissemination Activities carried out during the period

5 Updating of Risk Management

5.1 Introduction

The objective of the present section is to update the risk management for E-NO FALLS project,

In fact, it must be established that Quality and Risk Management frame and main issues were define in the deliverable D5.1 (E-NO FALLS Handbook and Quality and Risk Management Plan). Sections 7 and 8 of this document define the main concepts related with Quality and Quality Management. Related roles of main responsible are also considered.

Some definitions about risk are introduced in section 8. These are followed by general considerations on Risk Management process (assessment, identification, indicators, handling and monitoring).

5.2 Updating process of the risk analysis in E-NO FALLS

We will focus the attention on three areas with a risk appearance possibility:

- **Questionnaires development and distribution.** Questionnaires are organized according to different target groups. When necessary, ethics approval have been obtained. Related risks must be considered.

- **Technological aspects.** Mainly related with the development of the project website and the ICT forum for falls prevention, intervention and security.

- **Communication and dissemination activities.**

The following sections will include the updating of risk analysis and management for the main areas identified above.

5.3 Risk Identification and Contingency Strategies

This section will concentrate on the risks derived from the status of the project execution for the period M14-M25. Mitigation strategies for the main risks/threats that might take place in the WPs are presented in the table below:

Risk Number	Identification	Impact	Probability of Occurrence	Mitigation Strategy	Effect on the project execution
1	Questionnaires developed are not completely satisfactory	High	Low	Guidance from experts of the network . Experience from the previous period.	This would affect information acquisition from stakeholders groups.
2	Questionnaire Distribution are not appropriated	High	Low	Questionnaires have been distributed taken into account the nature of each stakeholder group, the availability of resources and time constraints. Contact by telephone, mail, etc Focalize in experts	Lack of acquired valid results from stakeholders groups and wasted time. Less an representatively of respondents in own surveys
3	Website is not available to update content	Moderate	Low	The Website is being produced by WP5. WP5 is supported by UPC, a large University that has the capacity and manpower to produce a quality website, however many other partners in the consortium can take this role if necessary.	Some delay could be experienced on using the project's website.
4	Not intuitive website	Moderate	Low	Already revised	Low impact on disseminating guidelines and toolkits.
5	Fail to develop common approaches and indicators for measurements of socio-economic impact	Moderate	Low	All the most important methodologies an assessment criteria has been analyzed and supported by the opinion of a wide number of experts.	Delivered inventory and comparison of the different socioeconomic and clinical impact assessment methods
6	Guidelines and toolkits ineffective	Low	Low	A deep analyse of the different areas of the project has been done in the second period in order to structure the back bound of the futures. Communication and awareness guidelines are already set.	Low impact in European policies
7	Failing to act as a group to influence policy by contributing to the implementation of an innovative European fall prevention, intervention and safety initiative	Medium	Medium	Encourage the activity and dissemination of the whole partners of the network in European national an regional events related to the active and healthy ageing.	Low impact in European policies
10	Low level of participation in the annual thematic	Low	Low	Low level of commitment to the activities of the network , specially workshops and assemblies are answered by a	This would affect the exchange of good practices among organizations and awareness actions among

Risk Number	Identification	Impact	Probability of Occurrence	Mitigation Strategy	Effect on the project execution
	workshops			dialogue and warnings and declaration of defaulting partner in extreme cases for the members of the network. Joining efforts with other thematic networks in others to engage as much stakeholders as possible. Plan the workshop as a part of bigger events like e-health forums.	authorities, businesses and end-users
11	Low level of activity in the ICT forum repository for falls detection, intervention and security	Moderate	Medium	To appoint a group of moderators to encourage the participation of the different stakeholders in the ICT forum. The information can be provided by any person.	Lack of valid contents about ICT based technologies for falls

Table 14. E-NO FALLS Risks and Contingencies Strategies