

## OP 3.2.1

### Regional workshops

**CENTRAL EUROPE Programme 2007 – 2013**

**PRIORITY 1: Facilitating innovation across Central Europe**

#### Document Classification

|                                     |                           |
|-------------------------------------|---------------------------|
| <b>Title</b>                        | Regional workshops        |
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|                            |   |
|----------------------------|---|
| <b>Authors</b>             | <i>Dieter Westphal with contributions from all project partners</i>   |
| <b>Work package</b>        | 3   3.2. Analysis state-of-the-art, other approaches  |
| <b>Dissemination level</b> | Public  |
| <b>Nature</b>              | Report  |
| <b>Version</b>             | 1.0   |
| <b>Doc ID code</b>         |   |
| <b>Summary</b>             | The project partner will discuss with regional stakeholders the requirements for an innovation transfer system from clinics to companies and R&D institutions in their region |

The regional workshops from each partner are summarized in one report. In this report the workshops are described for each partner.

## ***LP: Bayern Innovativ GmbH/ Forum MedTech Pharma e.V.***

### **Introduction on German hospital market (2008):**

There are 2.067 hospitals in Germany employing 1.07 Mio. people (797.500 full-time) generating 2,8% of the gross domestic product. 17.5 Mio. patients are hospitalised 142.000 days a year in 503.000 bed spaces. They are served by 140.000 medical doctors and 400.000 nurses and generate a turnover of 64 Billion Euros.

### **Methods:**

In Bavaria there are 333 hospitals which had to be evaluated for their innovation potential by the criteria mentioned in Output 3.3.1.a. Details of the criteria for the innovation of a hospital see evaluation template (Output 3.3.1.b). Northern Bavaria was covered by PP12, EMN e.V., whereas Bayern Innovativ investigated Southern Bavaria. In 2010 the regional stakeholders who are described in the application form were contacted in order to organize the initial regional workshop. 260 persons in 45 clinics and 40 SME`s were addressed comprising of CEO`s and CSO`s of companies on one hand and medical directors, COO`s, nursing service directors and head of medical technology of clinics on the other hand. Furthermore representatives from 11 R&D institutions, innovation management companies and health insurances were contacted. 21 participants were planned to visit the workshop. Finally 18 top-class managers representing the entire target group attended the workshop held on the 7. Sept. 2010 from 14:00 to 16:30 o`clock.

### **Participants:**

#### ***Helmholtz Zentrum München, Neuherberg 7. September 2010, 14 - 16 Uhr***

|  |  |   |               |
|--|--|---|---------------|
| Max Biller                                       | Sachgebietsleiter<br>Medizintechnik                  | Klinikum Augsburg   | Augsburg      |
| Wolfgang Birke                                   | Geschäftsführer                                      | XWS Cross Wide Solutions<br>GmbH  | Regensburg    |
| Dipl.-Ök. Sarah<br>Dittrich                      | Leiterin Ideen- und<br>Innovationsmanagement         | Deutsches Institut für<br>Betriebswirtschaft                              | Frankfurt     |
| Prof. Dr. med.<br>Hubertus Feußner               | Oberarzt; klinischer Leiter MITI<br>Forschungsgruppe | Chirurgische Klinik und<br>Poliklinik, Klinikum r. d. Isar,<br>TU München | München       |
| Dr. Andreas Frömer                               | Projektmanager EU-Projekt,<br>Cluster Medizintechnik | Forum MedTech Pharma e.V.   | Nürnberg      |
| Günter Goldbach                                  | Geschäftsführer                                      | reputation-engineering GmbH   | Wörth/Wifling |
| Prof. Dr. med.,<br>Dipl.-Phys.<br>Eberhard Kochs | Direktor   | Klinik für Anästhesiologie,<br>Klinikum r. d. Isar, TU<br>München         | München       |
| Anton Kreuzer                                    | Pflegedirektor                                       | Kliniken Ostallgäu-<br>Kaufbeuren, Klinikum<br>Kaufbeuren                 | Kaufbeuren    |
| Prof. Dr. med.                                   | Geschäftsführender Oberarzt                          | HNO-Klinik ,  | Regensburg    |

|                                     |  |  |                   |
|-------------------------------------|--|--|-------------------|
| Thomas Kühnel                       |  | Universitätsklinikum Regensburg  |                   |
| Prof. Dr. Tim C. Lüth               | Institutsleiter  | Lehrstuhl Mikrotechnik und Medizingerätetechnik MiMed, TU München                            | Garching          |
| Dr. Wolfgang Nagel                  | Bereichsleiter Technologie-Transfer                            | Helmholtz Zentrum München  | Neuherberg        |
| Dr. Engelbert Precht                | Key Account Manager  | IMG M Laboratories GmbH  | Martinsried       |
| Dr. Joachim Ramming                 | Vorstand der Krankenhausleitung                                | Kreis Krankenhaus Erding mit Klinik Dorfen   | Erding            |
| Martin Reichel                      | Prokurist und Leiter der Abteilung Recht & Technologietransfer | Helmholtz Zentrum München GmbH   | Neuherberg        |
| Kilian Schramm                      | Geschäftsführer  | Wimasis GmbH   | München           |
| PD Dr. med. Wolfgang E. Thasler     | Oberarzt   | Chirurgische Klinik und Poliklinik am Klinikum Großhadern der LMU München                    | München           |
| Regina Thissen                      | Trainee der Sana-Kliniken AG                                   | Kreis Krankenhaus Erding mit Klinik Dorfen   | Erding            |
| Prof. Dr. med. Christoph von Ritter | Ärztlicher Leiter  | RoMed Klinik Prien am Chiemsee   | Prien am Chiemsee |
| Anna Sophie Walczak                 | Referentin für Gesundheitsökonomie                             | Medizinischer Dienst der Krankenversicherung in Bayern, Ressort Medizinische Grundsatzfragen | München           |
| Dr. Dieter Westphal                 | Projektmanager Cluster Medizintechnik                          | Forum MedTech Pharma e.V.  | Nürnberg          |

## Results/Discussion:

After the Lead Partner presentation, a fruitful und interesting discussion was started. The following statements represent the main items discussed at the initial workshop:

- “It is better to start cooperation projects with SME`s instead of big companies due to the long contracting and legal processes”
- “In Bavaria every invention of a university hospital has to be reported to a state-run company called BayPat (Bavarian Patent Agency); if the idea is patented the technology transfer offices and BayPat have to find the right local partner for a cooperation; sometimes they work too slow and I contacted a big company which is now producing the product”
- “That every invention of a university hospital has to be exclusively reported to BayPat is a very common misunderstanding: it doesn`t has to be BayPat if it comes to patents from the university hospitals!”
- “I would like to make use of the project consortium to offer my services”
- “We tried to introduce an idea management system several times in our clinic but it didn`t work; because we are not a university hospital we didn`t think about getting ideas patented yet”
- “as a representative of the medical service of the health insurance of Bavaria I could imagine to check for you the ideas for new and unknown means of treatment in the planned workshops concerning the reimbursement of the innovations”

- “Introducing the DRG`s (diagnosis related groups) in 2003 led to a concentration on processes to save costs and to optimize the assignment of beds in the hospitals; the innovation processes on the other hand were inhibited by this; so clinics nowadays don`t have money for buying innovative new Medtech equipment meaning the market for innovative new products has grown smaller”
- “Industrial companies which are certified have to have a structured innovation management mostly related to the Quality Department; this seems not to be the case with clinics”
- “As an anaesthesiologist I am into multiple Medtech areas; being a professor for medicine and for physics at the same time I have made a lot of experiences in the development of innovative medical devices and from that I know it takes a very long time and you have to spend a lot of money; that is why the companies lose interest in further developing an innovative idea into a product; other public funding institutions didn`t help”
- “It might be possible to introduce structures into the tight timetables of the inventors, but they will need a sort of motivation for doing so”
- “I tried to introduce one of my patents in the market on my own but I didn`t succeed yet; I wonder whether your idea of bringing inventors of clinics and companies together in workshops will work out”
- “Due to the fact that a third party (e.g. BayPat) is involved when it comes to negotiations with companies on how to commercialize the patent and how to cooperate the companies often get discouraged; for me that is the main obstacle for patenting an innovative idea”
- “I think the inventors should be glad for having such an institution like BayPat for they get 30% of the license fee or the earnings by selling the patent without even paying an € for the registration fee and the patent costs”
- “I received exactly 1 € from BayPat from selling one of my patents!”
- “The coordination of innovator, university hospital, Bavarian patent organisation, technology transfer centre and companies has to be optimized; perhaps a means of appraisal could result in the outcome of the project”
- “There are problems in deciding which ideas are innovative and should be promoted and which are not; it is as well a problem how the cost of an idea for a new product or service can be billed”
- “Some clinics have developed their company suggestion scheme into an idea or innovation management system; it should be situated at the upper management and ideally one person should take care of the ideas fulltime; this idea management system should be the basis for the innovation transfer system you try to implement during your project”
- “The easier and more effective way to get a lot of innovative ideas in a more structured and evaluable way is to use a special innovation management software; but writing the idea on a sheet of paper and sending it to a responsible person of one`s department will also do for the beginning; what is vital is to get the employees motivated to inform the hospital supervisors of their ideas”

### **Summary and Perspective:**

It was shown that there is a well structured and professional idea and innovation management in most of the companies but it is very rare in clinics. Moreover invention and patenting are items which have to be communicated to the target group more detailed in order to sensitize them to the benefits when delivering ideas. In companies there is the Employee Invention Law. In clinics it depends on the legal form of the clinic or whether it is a university hospital when it comes to the decision of applying for a patent or not. The solution for this problem can also be vital for the motivation of the employees to deliver their ideas to the hospital. On the other hand there are ideas as inventions not applicable for a patent and

should therefore be treated different. This can lead to simple process improvements in the hospitals or to smaller product improvements in cooperation with companies.

These items will be tracked and discussed within the InTraMed consortium. The attendees of the initial workshop and the interested parties will continuously benefit from the results of the project.

In November 2010 it is planned to continue the bottom-up approach based on employees dealing with innovations in hospitals and have meetings with them in order to discuss their best ideas.

Another item will be the introduction of or adaption of motivation schemes to their needs. How to evaluate innovative ideas in clinics is also a crucial point to be discussed.

In early 2011 there will be an initial workshop in the clinics to discuss their best ideas with relevant employees of SME`s.

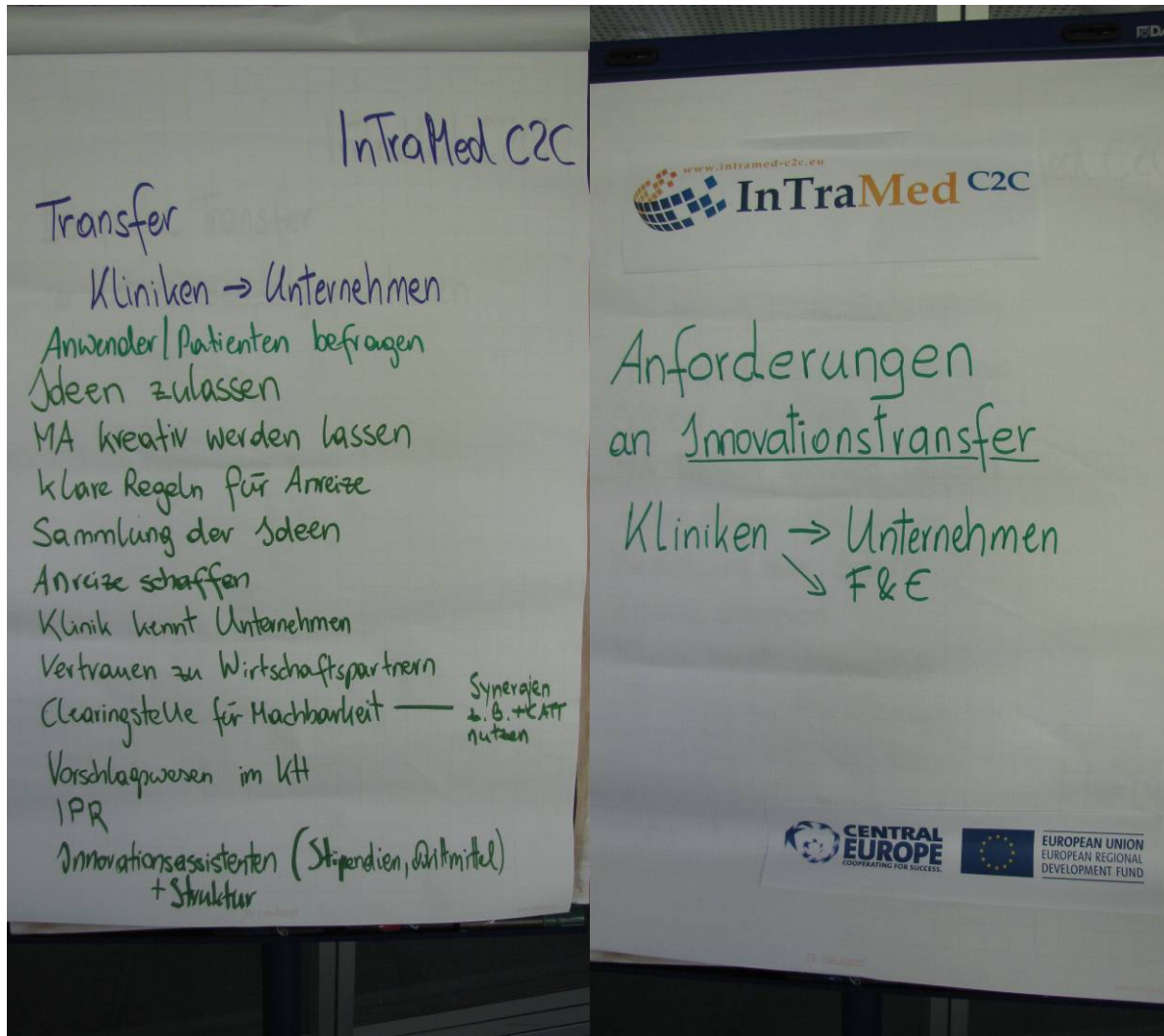
### **PP3: Health-Technology Cluster, Clusterland Upper-Austria**

The Upper-Austrian workshop was held on 9<sup>th</sup> of September 2010 in Linz with following participants:

#### **INTRAMED-C2C – REGIONAL WORKSHOP UPPER-AUSTRIA LIST OF PARTICIPANTS**

| Firma  | Titel          | Vorname   | Nachname     | Unterschrift  |
|--|----------------|-----------|--------------|---|
| Allgemeines Krankenhaus der Stadt Linz GmbH                          | Ing.           | Peter     | Buhl         |  |
| BioMed - Zentrum für biomedizinische und medizintechnische Forschung | OA Dr.         | Harald    | Schöffl      |   |
| Clusterland Oberösterreich GmbH                                      | DI(FH), MBA    | Werner    | Pamminger    |   |
| Clusterland Oberösterreich GmbH   GC                                 | Mag. Dr.       | Eva-Maria | Gillesberger |   |
| Clusterland Oberösterreich GmbH   GC                                 |                | Michaela  | Scheweder    |  |
| FH OÖ Studienbetriebs GmbH<br>Campus Linz Studiengang Medizintechnik | DI Dr.         | Martin    | Zauner       |  |
| Fresenius Kabi Austria GmbH  | Dipl. Diätass. | Irmgard   | Görisch      |  |
| GE Medical Systems Kretztechnik GmbH & Co OHG                        | DI             | Matthias  | Schmied      |  |
| Greiner Bio-One GmbH   | Ing.           | Franz     | Konrad       |   |
| LifeTool gemeinnützige GmbH  | Prok. DI       | Karl      | Kaser        |  |
| RENTEX Textilservice Gesellschaft m.b.H.                             | Mag.           | Friedrich | Tschernuth   |   |
| Wirtschaftskammer Oberösterreich                                     | Ing.           | Otto      | Kalab        |   |





Clinical staff as well as patients should be involved in an innovation transfer system. The management from the hospitals should implement general conditions, that new ideas can be mentioned. Such an “idea-mentioning-system” should be installed or all individual departments should have two “quality contact persons”. They should have regular meetings with the personnel. So these product ideas could be collected from the clinical staff in direct talks/interviews. Also the best way would to inform all employees, that ideas are very welcome. One “idea coordinator” should collect these ideas and the ideas should be discussed with the Health Technology Cluster, to organise “innovation workshops” in the clinical department.

In this field, also “innovations assistants” (as students or from companies) could be established in hospitals.

As a requirement, a motivation scheme would be an incentive. If a motivation scheme would be installed, clear regulations should exist, so that the process of idea-mentioning is previously described and it is explained which incentives are offered.

For the innovation workshops within the clinics it would be necessary, that the medical companies are known. That means longterm business relationships are helpful to establish a surrounding open to ideas and innovation.

One suggestion to improve the situation was a “clearing unit” for feasibility. In Upper-Austria the companies and clinics would be first contacted by the cluster or CATT.

#### ***PP4: TIS innovation park, Italy***

The TIS Innovation Park organized on April 29th 2010 a conference on e-Health and Telemedicine. Part of the Conference was the workshop of the Project InTraMed C2C with a working session.

The primary objectives of the workshop were:

- Identification of regional stakeholders who might be involved in the innovation transfer system from clinics to companies and/ with R&D institutions
- Evaluation of their interest/benefit
- Identification of existing approaches for innovation transfer between clinics, companies and R&D institutions

#### ***PP5: Lower Silesian Voivodeship, Poland***

There was one initial/introductory regional workshop organised with invited representatives from different clinics and companies which are the stakeholders in InTraMed C2C Project.

To identify regional stakeholders who might be involved in the innovation transfer system from clinics to companies staff of Clinics/ Hospitals (including university hospitals) and outpatient clinics with all supply levels, publicly owned, private non-profit and private for-profit were selected. Relevant groups in these clinics are primarily medical doctors, but also R&D employees, technicians and nursing staff. Within this group people relevant for innovations were identified using our network as a regional authority institution. As it was an introductory workshop there was no criteria such as publication list, research project involvements, generated IPs but only interest in subject of innovation in medical sector.

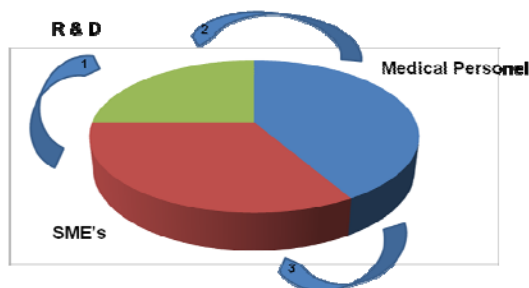
Invited representatives:

- clinics with research facilities / research projects;  
Lower Silesian Oncology Centre (public), and the University hospitals, Voivodeship Hospital (public), Falkiewicz Specialist Hospital (public)
- outpatient clinics;  
Voivodeship Medical Centre (public-Dobrzyńska), Biogenes (private)
- companies (SMEs) involved in Wroclaw park of Technology  
Giagnova, Vratis, Grinn
- R&D institutions  
Wroclaw University of Technology and Institute of Immunology and Experimental Therapy (Polish Academy of Sciences)
- Other relevant groups: health insurance institutions, health care decision maker groups, relevant political groups and technology transfer organisations.  
National health Found (in Polish – NFZ) Lower Silesian Voivodeship Marshal Office Health Policy Department (our team), Technology Transfer Centre Lower Silesian Voivodeship Marshal Office Economic Development Unit.

Actual participants:

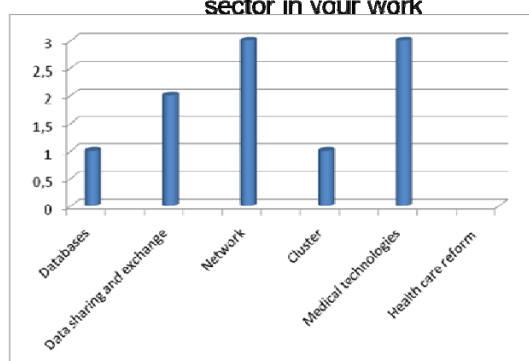
- clinics with research facilities / research projects;
  - Lower Silesian Oncology Centre - 1 person
  - Voivodship Hospital - 1 person
  - Falkiewicz Specialist Hospital - 1 person
- outpatient clinics;
  - Voivodship Medical Centre (public) - 2 persons
  - Biogenes (private) - 1 person
- companies (SMEs) involved in Wroclaw park of Technology
  - Giagnova - 1 person
- Other relevant groups: health insurance institutions, health care decision maker groups, relevant political groups and technology transfer organisations.
  - LSV Marshal Office (our team), - 4 persons
  - LSV Economic Development Unit - 1 person

From the participants list, we can conclude that R&D sector was absent. However, during the workshop questionnaire was conducted which shows that both medical personnel as well as a private company, also take part in the R&D sector. It is presented on Figure below



The main idea of an initial workshop was introduction of Project objectives within interested institutions in order to identify relevant stakeholders. In total there were 11 participants. This initial workshop did not give an overall and complete overview. It was conceived as a presentation of the Project idea and, in his educational part, was used to demonstrate Innovation Strategy in Lower Silesia. The main conclusion from the questionnaire and discussion is the need of commercialization of ideas and horizontal/cluster cooperation.

**Keywords characterizing of innovation transfer in the medical sector in your work**



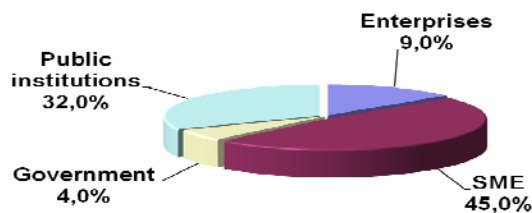


## **PP6: The John Paul II Hospital, Poland**

In order to organize a regional workshop the John Paul II Hospital in Krakow identified a potential audience to be interested in the InTraMed-C2C project. The following representatives of the target groups were taken into account:

- hospitals carrying out R&D projects – results of these projects are valuable and may be transferred to business. Hospital staff is interested in legal aspects of protecting intellectual property and possibilities of result dissemination;
- business – with particular emphasis on companies that may be addressees of innovative medical technologies;
- R&D institutions;
- business supporting institutions;
- universities;
- local government.

Interest in innovations in the healthcare sector was another criterion of audience identification. As there were no formal limitations such as the number of publications, scientific degree, the number of work years the audience was diversified. There were 20 participants with their distribution as below:



The 2.5-hour regional workshop „The Innovative Hospital – areas of cooperation with SMEs” was held in Krakow on 30 September 2010. An introduction was provided by Dr. Anna Prokop-Staszecka, Director of the John Paul II Hospital in Krakow and then there were 5 speakers presenting the InTraMed-C2C project:

- „The concept of the innovative hospital – why it is worthwhile” Kazimierz Murzyn – Managing Director of Cluster LifeScience Krakow
- „The John Paul II Hospital in Krakow – the innovative hospital” Krzysztof Bederski – Deputy Director for Treatment at John Paul II Hospital
- „Intellectual Property Management in the innovative hospital” Kamil Kipiel – President of Board of the Medical Technology Transfer Center and the Technology Park Ltd.
- „The InTraMed-C2C Project – areas of cooperation between the innovative hospital and enterprises” Joanna Nowak – representative of the Bureau of International Projects at John Paul II Hospital in Krakow
- „Forms of financing innovation in medicine” Anna Sowa-Jadczyk – Deputy Director of the Department of Project Management at Malopolska Agency for Regional Development S.A.

The presentations were followed by a discussion to address the following issues:

- lack of uniform approach to innovative ideas proposed by employees
- need to introduce appropriate regulations regarding intellectual property rights
- promotion and development of cooperation between hospitals, R&D institutions and business supporting institutions
- improvement of awareness and knowledge among medical staff with respect to legal regulations of innovations
- identifying the potential for commercializing study results

Then a vision of cooperation between target groups of the InTraMed-C2C Project in the Innovative Hospital Network (Medical Network) was presented to the participants. The concept was developed prior to the workshop in response to the actual status of cooperation between hospitals and enterprises. The primary goals of cooperation would be:

- to facilitate communication and cooperation between hospitals and business and to support the existing initiatives;
- to commercialize results of research in the field of medicine;
- to develop resources and improve medical staff competences to make effective use of the existing and future possibilities for development in compliance with knowledge-based economy. Those engaged in the Innovative Hospital-related activities will:
  - initiate permanent staff training
  - support changes in the organizational culture of institutions while maintaining the existing goals
  - promote the culture of permanent staff training

The development of the Innovative Hospital Network is a response to the needs expressed by scientific and medical circles and industry in order to initiate and coordinate cooperation between these sectors. There are 23 organizations interested in this initiative:

| No | Group                                    | Q-ty |
|----|--|------|
| 1  | Business – life science / medical sector | 12   |
| 2  | Hospitals (Health)                       | 4    |
| 3  | R&D Institutes (R&D)                     | 1    |
| 4  | Business support (Biz)                   | 3    |
| 5  | Universities&Education (Edu)             | 2    |
| 6  | Government (Gov)                         | 1    |

The Innovative Hospital Network is supposed to realize the assumptions of the Regional Strategy of Innovation aiming to increase competitiveness and innovation through promotion of cooperation between SMEs and institutions in the field of science, R&D and technology transfer.

The concept of “The Innovative Hospital” project developed by Kamil Kipiel from the Medical Technology Transfer Center and Kazimierz Murzyn from the Cluster LifeScience Krakow includes:

- planning and pilot implementation of the organizational and legal system in order to facilitate the inflow of innovative projects relating to various areas in which public hospitals function

- selecting through formal assessment procedures the best innovative ideas proposed by hospital employees for commercialization by potential partners (CTT, BA, SC/VC, companies and other).

This Project has been developed in response to the need for initiating cooperation between medical, R&D and business sectors.

### ***PP8: Regional Development Agency of Gorenjska, Slovenija***

No regional workshop performed so far.

### ***PP9: CVVI - Centre for research, innovation and regional development, Czech Republic***

No regional workshop performed so far.

### ***PP10: Budapest University, Biomedical Engineering Knowledge Centre, Hungary***

Central Hungary Region, Budapest, 29th September 2010

#### **Program of the workshop**

1. Welcome speech
2. Presentation of the participants
3. Presentation of the InTraMed-C2C project
4. Remarks, comments
5. Next steps (measures to be taken, proposal )
6. Closing

#### **Invitees**

##### **1. Health policy makers, stakeholders**

State Secretariat of Health, Health Strategy Research Institute - responsible for the information strategy of the health sector

##### **2. Universities, innovation centers**

Budapest University of Technology and Economics (BME), Semmelweis Medical University – Semmelweis Innovations, Corvinus University of Economics

##### **3. Non-governmental organisations**

Hungarian Medical Chamber, Hungarian Hospital Association, Association of Hungarian Medical Companies and Societies, Heads of the National Medical Advisory Boards

##### **4. Hospitals, clinics**

Bethesda Children Hospital, St. István and St. László Joint Hospitals and Policlinic of Budapest Municipality, St. Imre Hospital of Budapest Municipality

##### **5. Companies, enterprises**

Hungarian Association for Innovations, National Association of Employers and Entrepreneurs, Hungarian Trade and Industry Chamber, Cluster of Hungarian

Medical Service Providers and Manufacturers, Hungarian Association of IT Companies

## 6. Project Board

Biomedical Engineering Knowledge Centre of BME

### Remarks, comments of the participants

- +** Preliminary studies for a new medicine/pharmaceutical product **to be financed** (National Health Insurance Found)
- new (IT) health system → no methodology
- **Sustainability** of the project – the story of the lost jacket
- +** Semmelweis University, Innovation Centre: Regulations for Handling the **Intellectual Properties**
- Three universities in Budapest, 2005-2006: „Innopolus-Innopolis” for managing the health innovations, but **without financial – European – sources**, no future...
- +** Budapest University of Technology and Economics: Relatively big money for R&D&I, but
- the **realisation as industrial products and the income** are low, while the staff is working for approx. 200 enterprises at the Fac. of Electr. Eng. & Informatics alone
- +** New applications, **new R&D&I possibilities** („Széchenyi Program” – supported from the national budget),
- +** the Budapest University of Technology and Economics helps with his **own R&D&I capacities**,
- +** the innovators **are interested** in the product realisation and exploitation (royalty, share in a business)
- The „evil” business market: usually the **market has right...** (What does a good innovation means?)
- The project should be addressed to the **primary care** (GPs) as well (very receptive)
- Lack of the „who is who in the **health sector**” map
- To involve the neighborhood areas of the Health sector (wellness)
- Where are the **investors**?

- The hospital management is interested in the innovation, but without tools:  
**financial rules** - maintenance, replacement, procurement, . . . , innovation
- There is **no institutionalized way** for an innovation to become a product at a hospital/clinic (often the physicians have to find the way...)
- Where are the **technicians at the clinics/hospitals?** (They study at university, and then?)
- ➡ To be innovative means: to innovate something new, and to take it to the market, and then to be successful (**find the gap market**)
- +
- Hungarian Association of IT Companies – Innovation Workgroup: **methodology for the life-cycle of an innovation**

### **Propositions (measures to be taken) - accepted by the participants**

1. To keep informed the medical branch of business being open to the innovations about the InTraMed-C2C project,
2. to call the National Medical Advisory Boards attention to support the goals of the project.
3. To get feedback, collect remarks and propositions concerning to the professional content and mission of the project (NGOs and Universities)
4. To determine the health policy priorities and aspects of the Ministry.
5. To select hospitals/clinics from the region to be involved into the project.
6. To propose medical enterprises from the region to be involved into the project.
7. Next project workshop to be taken.

### ***PP11: University of Debrecen, Hungary***

The first IntraMed C2C regional workshop organized by Project Partner 11 (University of Debrecen) was held on the 28<sup>th</sup> of September, 2010 at the Knowledge and Technology Transfer Office of the University of Debrecen (UD TTO).

#### The program was the following:

- 10:00 Welcome – Judit Balogh, director of UD TTO
- 10:05 IntraMed C2C Project summary – Klára Bartha, innovation manager of UD TTO
- 10:15 Remarks, questions and answers regarding the project presentation
- 10:30 Discussion on the interests, opinions and expectations of the participants about the main concept of IntraMed C2C project
- 11:00 Summary of the workshop – Judit Balogh, director of UD TTO

#### Participants of the workshop:

We invited the most relevant stakeholders as follows: representative of the Medical and Health Science Center of the University of Debrecen (UD MHSC), representative of clinic with research facilities, representative of R&D&I related small and medium size companies involved in joint research and development projects with clinics, and representative of a mediator organization dealing with innovation transfer.



*List of participants:*

1. Dr. János Szöllősi, UD MHSC Vice President for Scientific Affairs
2. Dr. Zoltán Szekanecz, Head of Division of Rheumatology of UD MHSC
3. Dr. Gábor Méhes, Head of Division of Pathology of UD MHSC
4. Dr. Ervin Berényi, Head of Department of BioMedical Laboratory and Imaging Science of UD MHSC
5. Dr. Gábor Zahuczky, Managing Director of UD GenoMED Ltd. (spin-off company of UD)
6. Dr. Zsolt Zörök, Chief Scientific Officer of Astrid Research Ltd. (SME)
7. Beáta Szabó, Market research rapporteur of Szinapszis Market Research and Consulting Ltd. (SME)
8. Márta Völgyiné Nadabán, Vice Managing Director of INNOVA Nonprofit Ltd. (representative of Regional Development and Innovation Agency of Észak-Alföld Region)
9. Judit Balogh, Director of UD TTO
10. Klára Bartha, Innovation manager of UD TTO and project manager of IntraMed C2C project
11. Nóra Kovács, Business development manager of UD TTO
12. Tamara Pokol, trainee of UD TTO and project assistant of IntraMed C2C project
13. Emese Sziklai, trainee of UD TTO and project assistant of IntraMed C2C project

Opinions and expectations of the participants of the workshop:

The participants found that taking part in the IntraMed C2C project and the execution of the project activities (implementation of a European wide tool for innovation transfer from clinics to companies) might be useful for them to strengthen cooperation with other organizations.

*Expectations of the participants from the project:*

- ✓ To initiate cooperation not only between clinics and companies but between the several clinics of the UD MHSC as well. According to the management of the clinics of UD MHSC there are numerous ongoing research projects on the campus dealing with the same topic, so we should identify those projects and try to link them. Afterwards we can look for other partners like external companies.
- ✓ It would be favourable to become member of some international health care clusters and networks.
- ✓ To have adequate tool for the transfer of research results from clinics to companies.
- ✓ To use a standardized innovation transfer system on the campus of UD MHSC.
- ✓ To create a partner list including R&D&I related companies (SME's) institutions and other relevant stakeholders.

*According to the participants of the workshop the following tools can help to reach the goals:*

- ✓ Organizing workshops is very essential and useful because during personal (face to face) meetings people can easily identify their needs and partners can directly reflect on it.
- ✓ The most useful tools are the thematic workshops where the researchers (clinical staff) can meet the representatives of R&D&I companies dealing with the same topics so it is easy to launch cooperation.
- ✓ Speed dating is also a useful tool for finding a cooperating partner. The participants have two minutes to present their needs (demand) and or supply. The speed dating must be thematic as well.
- ✓ Being a member of health care related clusters and networks is also a good opportunity to get to know the relevant actors of the health care industry and to start to look for cooperation opportunities.

- ✓ National and international thematic conferences are also good for this purpose. The participants can learn about the state of the art techniques, the latest methods and can find cooperating partners (companies) at the exhibition hall.
- ✓ The best practice examples of the project partners can be very useful for the others. The benchmarking of these best practices would be very helpful.
- ✓ The guideline and toolkit might be an important tool.
- ✓ It is favourable to have a regional action plan at the end.

#### Conclusion of the workshop:

Relevant regional stakeholders were identified and invited to the first regional workshop of IntraMed C2C project. The participants showed considerable interest on the project and their expectations were identified as well. According to the stakeholders the most useful tools for reaching the main purpose of the project are regional thematic workshops, speed dating and benchmarking of best practices of the project partners.

### ***PP12: Medical Valley EMN e.V., Germany***

The Medical Valley EMN e.V. has decided to start an open process of including possible stakeholders in the IntraMED-C2C process.

**Clinics:** Especially for the clinics it was decided to be open for participation. The meaning was that in each clinic there are innovative ideas and a focus on university clinics or huge clinics with research facilities is possibly not the appropriate way to exploit the innovation potential of the Medical Valley. So, in a first step all clinics within the Medical Valley have been identified and the main persons (clinical directors, nursing directors and hospital administration) of each clinic invited to an initial workshop. In total more than 290 people have been addressed. Eight clinics showed interest in participating in the workshop.

**Companies and R&D institutions:** Companies and R&D institutions will be included in the innovation transfer system on demand. After the inventions of the clinical staff are identified, companies and R&D institutions being able to provide solutions will be selected and included in the innovation process. This ensures a targeted matching of invention and conversion.

**Other relevant groups:** In a first step the Medical Valley EMN e.V. focussed on technology transfer units. Technology transfer organisations have been identified and in personal talks addressed. What became clear is that the bottom-up innovation transfer from clinics to companies is strongly underrepresented, also in university clinics. Also the structures for an innovation transfer within the clinics are not well developed. In later stages also health insurance institutions, health care decision maker groups and relevant political groups are planned to be included.

#### **The initial IntraMED-C2C workshop in the Medical Valley**

From the eight clinics interested in participation, just four clinics attended the workshop:

- Dr. Becker Kiliani-Klinik
- Kreisklinik gGmbH Bad Neustadt a.d. Saale
- Kreiskrankenhaus Höchststadt
- Cnopf'sche Kinderklinik

One clinic was involved in personal talks before the workshop due to time problems in joining the workshop. The remaining three clinics will be addressed in personal talks after the

workshop. Several clinics requested additional information on IntraMED-C2C and think about participation in the innovation transfer system in a later stage.

The workshop took place at September 14, 2010. The workshop was planned as a two-hour initial workshop. The first hour of the workshop was a short introduction on IntraMED-C2C highlighting the project objectives, the project activities, the possibilities for participation and the time schedule. A common knowledge of IntraMED-C2C was realised. In the second part of the workshop the status quo of innovation management and innovation transfer in the clinics was discussed and best practices worked out. In the third part of the workshop the optimum framework conditions for the IntraMED-C2C innovation transfer system have been discussed and the feedback from the clinics will be included in the planning of the system.

The main feedback of the clinics was:

- Innovation transfer from clinics to companies is restricted and not standardized.
- The main tool for extracting inventions is a suggestion scheme that in most cases doesn't work properly.
- In case of a successful innovation transfer from clinics to companies the long duration of the patent application and approval is seen negative. A long period from invention to use of an innovative product is not motivating.
- A monetary reward for an invention of clinic staff is not required. The clinic staff will have an own interest in invention in order to improve patient care and to relieve himself.
- Hospitals have to commit themselves to the fact that their employees can be involved in the innovation process and participation in all related activities during working hours is possible.
- The IntraMED-C2C partners have to support the clinics in the innovation process. If no support is provided, the clinics will not be able to participate. The support should comprise:
  - Discussion of ideas with the clinical staff
  - Evaluation and selection of the most promising ideas from the clinics by expert panel
  - Support the clinical staff in the preparation of the selected ideas to the needs of SMEs
  - Planning the innovation workshops as well as identifying and inviting respective SMEs and R&D-institutions
  - Moderating the innovation workshops
  - Advice on patent issues in the context of product development
  - Permanent contact for all questions concerning the innovation transfer
  - Assistance in project management of cooperation projects between the clinics and SMEs

Following structure from invention to project implementation was developed by the workshop participants:

