

## OP 3.4.1

### Regional development plans

**CENTRAL EUROPE Programme 2007 – 2013**

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

#### Document Classification

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<b>Authors</b>	responsible: Mr. Philipp Wittmann, Health-Technology Cluster, Clusterland Upper-Austria
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<b>Summary</b>	To ensure sustainability of the project each partner will develop a Regional development plan in order to show how the project can get access to the target groups (see 2.1 Relevance) of the regions.

The region of Upper Austria is already well situated in the field of medical technologies. There are a huge number of small innovative companies and component suppliers, which produce high quality products in niche markets. Not for nothing, Upper Austria is called the “no.1 industrial federal state of Austria”. 26 % of Austria’s application for a patent come from Upper Austrian companies.

Austria is also well known for its low unemployment rate. Nevertheless, the shortage of skilled labor does not stop in front of our border. But the excellent education system in the field of medical technologies tries to fill the future lack with junior employees.

The political surroundings enable it, that also small companies and even Start-Up companies get financial support as well as support in management and development questions. Also innovative R&D projects are supported. Therefore exist various institutions such as the location development agency “TMG”, the cluster initiatives or the Life Science initiative.

The good infrastructure, the geographical position in the centre of the EU, and a straight access to the New EU-East-Countries also make out of Upper Austria a good location for companies. The excellent health care system, a high hospital frequency and the national health insurance make Upper Austria also a safe place to live.

However, there are still many things to improve, for example the cooperation between companies and hospitals. Many projects could be reached by connecting economy with medical university or hospitals. There must definitely be more innovation through concrete technology transfer.

Now there are different ways how to get in contact with the target groups and in further consequence to reach the goal of cooperation between them.

The four target groups (hospitals, SMEs, Research & Development Institutions, health care insurances/political groups/health care decision makers) are all of their own further splitted into subgroups. As a result, building the contact to each group is totally different.

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### **Target group 1: hospitals**

Subgroups: doctors, nursing staff, hospital engineers, other clinical staff

To reach the doctors we have to utilize more the already existing contacts to the medical directors of the hospitals, because they advice us in-house, they are the key to the doctors in hospitals. Doctors in training could be addressed via their association. Furthermore we should increase the number of participating doctors in our GC-cooperation-projects. And finally, medical specialists of general practitioners (family doctors) could also give idea inputs!

To get access to the nursing staff, we first have to clarify the effort, when we try to introduce the IntraMed-C2C project in meetings. A good alternative or possibility could be meetings of GESPAG-care-directors. In clerical hospitals could also comprehensive meetings be possible. In addition, the homecare-sector (e.g. mobile home-care) could be interesting to address.

The subgroup of hospital engineers is easier for us to reach, because we already have special events for them, the so called “hospital engineers conferences”, where we can inform about the IntraMed-C2C project. Additionally there is the possibility to present the project at GESPAG-conferences of the technical leaders (TBL-Tagungen). What we also can do, is to implicate the Austrian association of hospital engineers – the “ÖVKT”, when we manage to get a presentation at their conference in 2011 or by informing the participants of the regional

group NORTH. Maybe we could also contact the TÜV testing-engineers, because ideas or problems exist there too.

Other clinical staff, such as hygiene specialists, computing and IT engineers, quality management departments, human resources departments also must be addressed. Therefore we have to clarify if improvement-management or CIP-processes is already implemented in Upper Austrian clinics.

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### **Target group 2: SMEs**

Subgroups: managing directors, GC-contact-persons, R&D employees

The managing directors of the companies should back the "IntraMed-C2C idea" and make it public in their company. Further we can use our existing contacts through the Health Technology Cluster.

The contact-persons of the Health Technology Cluster are the first contact point to the SMEs, who should refer the information given also to their colleagues.

We should also reach the R&D employees through the GC-contact-persons, because the R&D employees should be the FIRST contact person to GC when it comes to pick up or implement new ideas.

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### **Target group 3: Research & Development Institutions**

There are several universities which also have R&D institutions or departments. We already have contacts to the FH Linz Medizintechnik, where we will inform the decane Prof. Dr. Zauner and also contact the leader of the Research Center, Mag. Erich Georg Mayer.

Other course of studies in Upper Austria, which could be interesting for InTraMED-C2C are:

- FH Wels „Innovation Management“
- FH Steyr „Process Management Health“
- FH Hagenberg „Med. Software“

At the Johannes Kepler Universität Linz the study courses of mechatronics and physics could be interesting.

The medical universities in Austria are in Vienna (initialize contact via QTH-Project- Mr. Staudinger), Innsbruck (contact via coordination point for clinical studies Innsbruck) and Graz (first contact person could be Prof. Dr. Pessenhofer).

Furthermore we should make contacts also to non-academic R&D-institutions like

- Austrian Institute of Technology (DI Bammer)
  - Biomed (Dr. Schöffl, Wolfgang Steiner)
  - Fraunhofer Austria
  - Linz Center of Mechatronics
  - RISC, SCCH Hagenberg
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#### **Target group 4: Decision Makers**

In Upper Austria there exists only one important health care insurance, the so called OÖGKK. This is, in our opinion, the only organization necessary to contact. We already know Mr. Maximilian Rumpfhuber and Mag. Franz Kiesel and will intensify the contacts.

Because of the good cooperation with the Upper Austrian politicians, we are able to inform them about InTraMed-C2C very easily. Additionally it is planned to realize press releases and press conferences with these political decision makers as participants. Following political decision makers are important for the project:

- Health department of Upper Austria, LH Dr. Josef Pühringer
- member of the provincial government of economy, KommR Viktor Sigl
- member of the provincial government of research, Mag. Doris Hummer
- Landessanitätsdirektion

The other decision makers are identified as the local steering group, which members will come together in meetings three times a year. Thus, the members are achievable in a good way.

The members are:

- Franz Konrad, CEO at Greiner Bio One
- Michael Farthofer, CEO at AKATech
- Peter Buhl, technical leader at Akh Linz
- Dr. Harald Schöffl, OA Akh Linz
- Prof Dr. Martin Zauner, decane at FH Linz
- Matthias Schmied, CEO at GE Kretztechnik
- Dir. Dr. Franz Harnoncourt, medical director at Krankenhaus der Elisabethinnen Linz
- Mag. Karl Lehner, CEO at GESPAG
- Bernhard Holzer, VAMED

Associated institutions (as written in the application form) of InTraMed-C2C must be much more integrated.