



**10<sup>th</sup> Anniversary International Symposium:**  
**Health for All**  
**Challenges in ageing societies**

**BOOK OF ABSTRACTS**

25th of May 2023

Venue:

Faculty of Health Sciences, University of Ljubljana, Slovenia

**Title**

Book of abstracts for the 10th Anniversary International Symposium: Health for All - Challenges in ageing societies

**Symposium organizers**

Faculty of Health Sciences, University of Ljubljana, Slovenia

and

Faculty of Medicine, University of Rijeka, Croatia

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**Editor**

Miha Fošnarič

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## MORNING PROGRAM

08:00 – 09:00	Registration	
09:00 – 09:10	Opening	<b>Andrej Starc</b> Dean of the Faculty of health Sciences, University of Ljubljana, Slovenia <b>Tomislav Rukavina</b> Head of the Department of Social Medicine and Epidemiology, Faculty of Medicine, University of Rijeka, Croatia
09:10 – 09:40	Challenges to the sustainable performance of healthcare systems (Plenary lecture)	<b>Petra Došenović Bonča</b> Faculty of Economics, University of Ljubljana, Slovenia
<b>Major challenges in older age</b> Session Chair: Tomislav Rukavina		
09:40 – 10:00	R&D in the service of ageing societies (Invited lecture)	<b>Tomislav Rukavina</b> Faculty of Medicine, University of Rijeka, Croatia
10:00 – 10:20	Older and Wiser: The Rotterdam Approach to Elderly Care (Invited lecture)	<b>Anthony Polychronakis</b> GGD Rotterdam-Rijmond, Netherlands
10:20 – 10:30	Discussion	
10:30 – 11:00	Coffee break	
11:00 – 11:10	Institutional geriatric palliative care: collaboration between occupational therapists and physiotherapists (Lecture)	<b>Anja Grušovnik Mušič,</b> <b>Alenka Omerzel</b> VITADOM, Elderly home Škofljica, Slovenia
11:10 – 11:20	Silent struggle: the impact of hearing loss on the quality of life of older adults (Lecture)	<b>Darja Pajk</b> EFHOH / NVVS, Netherlands
<b>Risk and protective factors in ageing</b> Session Chair: Aleksandar Racz		
11:20 – 11:40	Climate changes and impact on health (Invited lecture)	<b>Ana Jelaković</b> University Hospital Centre Zagreb, Croatia
11:40 – 12:00	“Shinrin-Yoku” (Forest walking / Forest bath / Forest medicine) and possible impact on health (Invited lecture)	<b>Aleksandar Racz</b> School of Medicine, University of Zagreb, Croatia
12:00 – 12:10	Discussion	
12:10 – 13:20	Lunch	

## AFTERNOON PROGRAM

<b>Interventions in communities – Best practice examples in Europe</b>		
Session Chair: Vanja Vasiljev		
13:20 – 13:40	Hunt on a silent killer (Invited lecture)	Bojan Jelaković University Hospital Centre Zagreb, Croatia
13:40 – 14:00	Conflicting expectations: Co-producing care with dementia patients and their informal caregivers (Invited lecture)	Jeroen van Wijngaarden Erasmus School of Health Policy and Management of the Erasmus University in Rotterdam, Neatherlands
14:00 – 14:10	Project „Make a wish - Women's Employment Programme“ – innovation in deinstitutionalized help for elderly citizens and those in need in the local community (Lecture)	Valentina Šipuš Veleučilište Ivanić-Grad, Croatia
14:10 – 14:20	Discussion	
14:20 – 15:20	<b>Poster session &amp; Coffee Break</b>	
<b>Sustainability of health and social care systems in Europe</b>		
Session Chair: Denis Juraga		
15:20 – 15:40	Value based model in H2020 ValueCare: How to measure value generated (Invited Lecture)	Oscar Zanutto Istituto di Ricovero e Assistenza agli Anziani – ISRAA, Italy
15:40 – 16:00	Policy recommendation (Invited online lecture)	Tamara Alhambra Borrás University of Valencia, Spain
16:00 – 16:20	Gearing up for VBHC in Slovenia (Invited lecture)	<u>Valentina Prevolnik Rupel</u> <sup>1</sup> , Dorjan Marušič <sup>2</sup> , Petra Došenović Bonča <sup>1</sup> 1) Institute for Economic Research, Ljubljana, Slovenia 2) Tetras d.o.o., Koper, Slovenia
16:20 – 16:30	Sustainable growth in the use of eHEALTH applications - building trust in healthcare digitalisation initiatives (Lecture)	Stanimirović Dalibor <sup>1</sup> , <u>Matjaž Drev</u> <sup>2</sup> 1) Faculty of Public Administration, University of Ljubljana, Slovenia 2) National Institute of Health, Slovenia
16:30 – 16:40	Digitalisation in health crisis – implications of eHEALTH during the Covid-19 pandemic in Slovenia (Lecture)	Stanimirović Dalibor <sup>1</sup> , <u>Rant Živa</u> <sup>2</sup> 1) Faculty of Public Administration, University of Ljubljana, Slovenia 2) National Institute of Health, Slovenia
16:40 – 16:50	Discussion	
16:50	Conclusion	

# CHALLENGES TO THE SUSTAINABLE PERFORMANCE OF HEALTHCARE SYSTEMS

Petra Došenović Bonča

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## ABSTRACT

Increasing health expenditures due to population ageing, patient multimorbidity and other factors that stimulate the demand for health care goods and services as well as technological advances on the supply-side have been challenging the sustainability of healthcare systems. Their vulnerabilities have been both revealed and amplified by the global pandemic. In this contribution, I discuss the concept of sustainable performance of healthcare systems in terms of fiscal sustainability, human resource sustainability and acceptability to stakeholders as well adaptability and improvement over time to build future-proofed healthcare systems. I also outline challenges to the sustainable performance of healthcare systems across three main areas that include increasingly complex patient populations, ongoing gaps between evidence, policy and practice, and concerns of system fragmentation. The main barriers to building sustainable patient-centered healthcare systems are not technological but institutional and organizational. Approaches to addressing such barriers include harmonizing legislation and policy, improving governance, focusing on trustworthiness and stakeholder participation, centering on capacity-building and designing effective incentives to achieve the desired outcomes as well as providing interoperable IT infrastructure.

Keywords: health expenditures, sustainability, challenges to the sustainable performance

## **R&D IN THE SERVICE OF AGEING SOCIETIES**

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### **ABSTRACT**

The world's population, including Europe's, is ageing rapidly. In the last 50 years, life expectancy at birth has increased by about 10 years for both sexes. The demographic change we have experienced in recent decades has already taken place and is expected to have an even greater impact on almost all aspects of society in the future. Such a situation requires comprehensive and well-defined societal measures aimed at a paradigm shift, especially in the fields of medicine and health care, social systems and technology. Therefore, the considerable efforts of researchers from different scientific fields around the world will and should be directed towards finding solutions that can help modern societies deal more successfully with the above-mentioned population trends. In this presentation, only some of the challenges for research and development in the future will be mentioned, with a special focus on the objectives of past and ongoing EU funding programmes on this topic. On the other hand, a critical review of the programmes carried out so far will be given, with a special focus on the implementation of the research results.

Keywords: ageing population, EU, research programmes, results implementation

# **OLDER AND WISER: THE ROTTERDAM APPROACH TO ELDERLY CARE**

Antonios Polychronakis

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## **ABSTRACT**

Rotterdam is facing the challenge of an ageing population. The number of 65+ in Rotterdam is set to increase by 2035, from 97,000 to 129,000. Soon they will make 20% of Rotterdam's population. The greatest increase will be among 75+ with a greater chance of an increase in healthcare expenditure due to diseases like diabetes, dementia and cardiovascular problems. 50% of the elderly feels lonely. These issues demands action. Therefore Rotterdam implemented an approach to senior care, the programma Older & Wiser (2019-2022). Older & Wiser consists of 4 policy pillars:

1. Vitality
2. Making a difference (Loneliness)
3. Home and living environment
4. Care and support

Rotterdam wants elderly residents to experience their life in good health and with social contacts. If they are unable to do everything themselves, the city wants to support them. The 4 pillars consist of multiple intervention and innovation actions. Rotterdam intends to lay strong foundations for long-term policy like the Langer Thuis ambition (Living longer independently at home). Rotterdam evaluates the actions every year in consultation with older people, looking at the current impact, what the city has achieved and what still needs to be done.

Keywords: Vitality, Loneliness, Living, Care, Support

# **INSTITUTIONAL GERIATRIC PALLIATIVE CARE: COLLABORATION BETWEEN OCCUPATIONAL THERAPISTS AND PHYSIOTHERAPISTS**

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## **ABSTRACT**

**Problem:** Due to the increasing ageing population, the last phase of life is changing significantly. This represents a challenge for caregivers in geriatric palliative care in nursing homes. Occupational therapists and physiotherapists working closely together can benefit geriatric palliative care.

**Objectives:** Highlight the benefits of collaboration between occupational therapists and physiotherapists in GPC.

**Methods:** Collect data from the PubMed database, Research Gate social networking site, and data from our institution.

**Results:** Average age of elderly home dwellers is 83, and most of them are characterized by multimorbidity and with a high dependency in activities of daily living (64%). The most common diseases that require geriatric palliative care are dementia, congestive heart failure, oncological conditions, Parkinson's disease, rheumatoid arthritis, chronic obstructive pulmonary disease and kidney failure.

**Conclusions:** Collaboration between occupational therapists and physiotherapists during the assessment, planning and execution of interventions in the context of geriatric palliative care can help the patient better manage pain, restrictions in movement, fatigue, breathlessness and fear in order to maintain their quality of life at the highest possible level for as long as possible.

**Keywords:** geriatric palliative care, nursing home, occupational therapist, physiotherapist

# "SILENT STRUGGLE: THE IMPACT OF HEARING LOSS ON THE QUALITY OF LIFE OF OLDER ADULTS"

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## ABSTRACT

Hearing loss is a common condition that affects millions of people worldwide. It is the third most common chronic health condition among older adults, following arthritis and heart disease. Hearing loss can occur at any age, but it is more prevalent in older adults. According to the World Health Organization (WHO), around 466 million people worldwide have disabling hearing loss, and approximately one-third of people over the age of 65 have hearing loss. By the age of 75, around half of all adults will have difficulty hearing.

The impact of hearing loss on individuals can be significant, affecting their quality of life and well-being. Hearing loss can also have a negative impact on cognitive function, including memory and thinking abilities. Recent research has suggested that hearing loss is linked to an increased risk of cognitive decline, dementia, and Alzheimer's disease (JAMA Internal Medicine in 2018). It is thought that the reduced stimulation to the brain caused by hearing loss may contribute to these conditions.

Treatment options are available to manage hearing loss effectively and improve quality of life. Regular hearing screenings and early intervention are essential in preventing further damage and improving outcomes.

Keywords: hearing loss, older adults, prevention

## CLIMATE CHANGES AND IMPACT ON HEALTH

Ana Jelaković

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### ABSTRACT

Climate changes and air pollution is no longer an issue of climatologist and biologist. We are living in turbulent and troublesome times, which impacts every live being on this planet. Beside health impact on particular person, and especially on chronically ill, climate changes and more pronounced seasonal changes influence the epidemiology of all non-communicable disease. This is a review of seasonal changes with emphasis on cardiovascular risk and blood pressure changes.

Key words: seasonal changes, blood pressure, cardiovascular risk

## **“SHINRIN-YOKU” (FOREST WALKING / FOREST BATH / FOREST MEDICINE) AND POSSIBLE IMPACT ON HEALTH**

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### ABSTRACT

Shinrin-yoku (SY) is a Japanese word first identified by the director of the Japanese Forestry Agency, Tomohide Akiyama, in 1982 as a method to attract people to visit the Japanese forests. The Japanese characters, or Kanji, for Shinrin-yoku, are 森林浴 where the first character represents a forest (three trees), the second character symbolizes a wood and the third character corresponds with bathe. Shinrin-yoku (“森林浴”) (forest bathing) is a healing practice in Japan, where people immerse themselves in nature, especially forests, while mindfully paying attention to their all five senses. Literature reviews reported diverse health benefits of SY such as a decrease in blood pressure, the activation of parasympathetic nervous activity, and the suppression of sympathetic nervous activity, as well as biochemical effects such as decreased salivary amylase and blood cortisol concentrations, and increased immune function. Moreover, the alleviation of negative emotions, an increase of positive emotions, improvements in depressive symptoms, and improvements in QoL measures have been recorded. Taken together, these findings suggest that SY might have potential preventive effects on non-communicable diseases for various population groups. As the SY program might be effective in reducing anxiety, depression and stress which are known as psychological dementia risk factors, as well as SY can bring some positive benefits in improving the autonomic nervous system responses and cognitive functions of patients with dementia, SY might bring certain benefits to elderly people and serve as a protective activity in aging.

Key words: Shinrin – Yoku, Forest therapy, Forest medicine, aging

## HUNTING THE SILENT KILLER

Bojan Jelaković

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### ABSTRACT

High systolic blood pressure is the leading death risk worldwide. More than 19% of deaths per year are caused by hypertension. This is the case also in Croatia where 37% of deaths are related to the high blood pressure. In last 15 years prevalence of hypertension in Croatia increased by approximatively 6%, so every second adult inhabitant of Croatia has hypertension. This is consequence of poor life style, stress but also air pollution and noise. Primary and primordial prevention failed. Being aware that policy makers and stakeholders are not devoted to this important problem Croatian Hypertension League has started with the permanent public health action "Hunting the Silent Killer" aiming to increase awareness and educate general population. Beside education which is organized in classical manner (public health action) we are organizing digital education. In this program we included physicians, nurses, pharmacists, nutritionists, kinesiologists, psychologists, but also medical students and pupils from schools for nurses. In addition to education, we are going to remote parts of Croatia where medical care is not available as in cities where we organize complete exams of villagers. We hope that our action will increase interest of government and other institutions to organize such programs at the national level.

Key words: arterial hypertension, blood pressure, risk factors, prevention, education, public health

# **CONFLICTING EXPECTATIONS: CO-PRODUCING CARE WITH DEMENTIA PATIENTS AND THEIR INFORMAL CARE GIVERS**

Jeroen van Wijngaarden

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Netherlands

## **ABSTRACT**

Present Dutch policy dictates that people with dementia should remain at home for as long as possible. If they need care, they must preferably appeal to family, friends and neighbors first. Professional help and nursing homes are deemed as last resort provisions. Casemanagers dementia care are expected to co-produce tailored made care and support both with patients and informal care givers. On the one hand this relates to changing preferences among citizens who prefer tailor made, nearby care over standard, institutional care. On the other hand, substituting paid professionals by unpaid family support is also seen as an effective way to slow down the increasing healthcare expenses coinciding with the ageing population. In our study we identified the dilemma's these casemanagers face and the strategies they use.

**PROJECT „MAKE A WISH - WOMEN'S EMPLOYMENT PROGRAMME“ –  
INNOVATION IN DEINSTITUTIONALIZED HELP FOR ELDERLY CITIZENS  
AND THOSE IN NEED IN THE LOCAL COMMUNITY**

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**ABSTRACT**

In Croatia, during 2016, a job creation programme was implemented in several local self-government units aimed at employing women with the lowest level of employability in the labour market who would care for senior citizens in the local community. Based on this positive experience, the project called Make a Wish - women's employment programme, financed by the European Social Fund, was designed. The project started in 2017 and by the middle of 2022 it went through 3 phases with a large response of applicants (units of local self-government and non-profit organizations) as well as approved projects and received important place in the organization of social welfare at the local and national level. The aim of the presentation is to present the project as an example of successful innovation and help in the local community for the elderly and infirm; to present the benefits of this approach for all stakeholders, but also the problems that arise during the implementation and after the end of the project. For this purpose, the analysis of existing documents about the project itself and online content related to the project Make a Wish - women's employment programme will be used.

Keywords: care for elderly; ESF project; unemployed women

## VALUE BASED MODEL IN H2020 VALUECARE: how to measure value generated

Oscar Zanutto

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### ABSTRACT

ValueCare is a European project funded by the European Horizon 2020 programme with a duration of four and a half years: from December 2019 to May 2024.

The main objective of the project is to provide integrated outcome-based care for the elderly using an ICT solution implemented in seven pilot sites across Europe. Another aim is to develop a value-based model based on the project.

For this reason, the presentation intends to first introduce the VBHC model and explain how it works. Secondly, to present the model outlined by M. Porter and to highlight how it has been translated and declined in the project. Focusing on the care pathways and the metro-mapping tool used to assess satisfaction with the experience.

Finally, value metrics will be presented, outcomes, patient experience and cost analysis.

In conclusion, the talk aims to highlight the main elements that constitute the construction of a value-based model and what steps to take for its initial implementation.

Keywords: VBHC model, value, cost analysis, care

# ACHIEVING LONG-TERM SUSTAINABILITY IN HEALTHCARE: KEY POLICY CONSIDERATIONS FOR DECISION-MAKERS

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## ABSTRACT

The current care provision presents several problems that may affect the quality of the care delivered and the sustainability of the care systems. Among those problems, the care fragmentation, the lack of person-centered care, the lack of focus on prevention and the inaccessibility of care are highlighted as the most frequent. The ValueCare project is aimed at facilitating access to high quality, person-centred, and integrated health and social care services, supported by ICT solutions, among older adults.

This study is intended to present the lessons learned from the ValueCare project in terms of: I) lessons learned on providing value-based integrated health and social care; II) Lessons learned on the evaluation of health and social outcomes; III) Lessons learned on the IT solutions tested during the ValueCare project, as well as General lessons learned.

Based on these lessons learned, policy recommendations were elaborated to equip decision makers with the knowledge built within the ValueCare project and its policy implications to make best informed decisions about providing value-based integrated health and social care for older adults.

Key words: policy recommendation, care sustainability, value-based care, person-centered care, integrated care

## GEARING UP FOR VALUE-BASED HEALTH CARE (VBHC) IN SLOVENIA

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### ABSTRACT

The VBHC paradigm in Slovenia is receiving increasing but still scattered attention. The expert panel prepared the guidelines for the implementation of VBHC in Slovenia and designed a web-based survey to gain insight into stakeholders' perceptions of VBHC.

The survey was conducted in 2022 among the regulators and third-party payers (9), health care workers (63), pharmaceutical companies and other suppliers (16), and academics (13).

Only 14% of all respondents have good knowledge about VBHC. 55.6% of regulators believe that to measure the value of health care a combination of various measures, such as clinical generic and disease-specific measures, PREMs, PROMs, and sustainability indicators, should be used. While survey results indicate a high awareness of health care workers about the relevance of health outcomes measurement, they also reveal their hesitancy to disclose them. This could be linked to the lack of sufficient resources of providers for data quality control and analysis. Further obstacles are the insufficient capacity to adjust the payment models and inadequate IT support.

While there are some challenges in outcomes measurement in Slovenia, overcoming them is not impossible, especially if supported by continuing education and ensuring the feedback to medical staff on outcome measurement results and benchmarking.

Key words: VBHC, obstacles to implementation, outcomes measurement, PROMs

# SUSTAINABLE GROWTH IN THE USE OF eHEALTH APPLICATIONS - BUILDING TRUST IN HEALTHCARE DIGITALISATION INITIATIVES

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## ABSTRACT

The up-surge in the use of eHealth applications reveals that the trust of patients and healthcare professionals in digital tools is growing. A suitable normative framework and compliance with legislation in the field of personal data protection in the context of eHealth applications play a decisive role in building trust in healthcare digitalisation initiatives. This article reviews the normative framework of eHealth and the compliance of eHealth applications with the fundamental principles of personal data protection and information security. The study is based on a broad review of the literature, legislative acts and regulations, and discussions with experts engaged in the management of eHealth applications on the national level. The research findings imply that all key organisational, technical, and logical-technical measures to prevent the unauthorised processing of personal data following the requirements of national legislation and the General Data Protection Regulation (GDPR) are in place. The growing number of users proves that trust in eHealth solutions has been achieved in recent years. Moreover, the successful alignment of technological challenges and legislative requirements could hopefully represent an important incentive for further implementation of digitalisation initiatives in the Slovenian healthcare system.

Key words: eHealth, digitalisation, public trust, information security, GDPR.

## DIGITALISATION IN HEALTH CRISIS – IMPLICATIONS OF eHEALTH DURING THE COVID-19 PANDEMIC IN SLOVENIA

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### ABSTRACT

Comprehensive digitalisation of the Slovenian healthcare system and the use of national eHealth applications enables access to data and information relevant to quality healthcare treatment and evidence-based decision-making to all citizens, healthcare professionals, and policymakers. The article analyses the role and use of the selected eHealth applications during the Covid-19 pandemic in Slovenia, which initiated a huge growth of interest in digitalisation processes and the use of eHealth applications. The research is based on a review of numerous sources, followed by interviews with experts from the National Institute of Public Health being in charge of the national eHealth applications. The research results are supported by insights into the actual statistics on the use of these applications from their business intelligence and administration modules. The results of the study suggest that the Covid-19 pandemic could mark a turning point in the perception of digitalisation and its implications. The digitalisation is arguably becoming not only a key instrument for public health management, but also an indispensable factor in efforts to accelerate the development of the healthcare system and empower patients to take action for their own health and well-being.

Key words: digitalisation, public health, Covid-19, implications, eHealth.

## **THE VALUECARE PROJECT: TESTING THE VALUE-BASED INTEGRATED CARE MODEL IN TREVISO**

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### ABSTRACT

ValueCare is a European project funded by the European Horizon 2020 programme with a duration of 4½ years: from December 2019 to May 2024.

The aim of the project is to provide integrated outcome-based care for the older people using an ICT solution implemented in seven pilot sites across Europe, of which Treviso is one.

The aim of the intervention is to present the activities that were carried out in the Treviso pilot, with a particular focus on the group ones and the results they achieved.

These activities were organised starting from the skills and knowledge of professionals, with the aim of putting the older people at the centre of their care process, leaving them a space for intervention and confrontation. It is important to emphasise that all these activities were accompanied by the use of the ICT solution developed by the project's technical partners.

The creation of these moments of sharing allowed older people not only to learn new knowledge, but also to socialize and feel less isolated.

In conclusion, this implementation modality in Treviso aims at placing the older people at the centre of the care process and at providing value-based personalised care.

Key words: integrated care model, group activities

# PILOT STUDY: A CASE-BASED STUDY IN CLINICAL REASONING ON PRESSURE INJURY RISK ASSESSMENT AND PREVENTION COMPARED TO TRADITIONAL CLASSROOM LECTURE

Ljubiša Pađen, Renata Vettorazzi, Manca Pajnič and Mirjam Ravljen

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## ABSTRACT

**Problem:** Case-based learning is a recognised teaching method in health care professionals education as it bridges the gap between theory and practice. **Objectives:** The objective of this pilot study was to explore students' perspectives on learning approaches and assess their level of knowledge before and after the learning intervention. **Methods:** Our study employed a mixed-method approach, dividing 30 students into two groups: intervention (n=15) and control (n=15). The intervention group engaged in a case-based study in clinical reasoning on pressure injury risk assessment and prevention, while the control group attended a traditional classroom lecture on the same topic. Students' experiences were captured through written reflections, and their knowledge levels were assessed using the Beckman et al. (2010) questionnaire before and after the learning intervention. **Results:** Out of the 30 students who completed the questionnaire, there were noticeable changes in knowledge levels within the groups before and after the intervention. Furthermore differences were also observed between the groups. Students in their reflections highlighted the engaging nature of case-based learning. **Conclusions:** The case-based approach was superior to the traditional classroom approach. Students have emphasised that learning through case studies has increased their active participation in learning compared to traditional class-room teaching.

Key words: critical thinking, competencies, knowledge, health care, education