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Romania - Hungary

ROHU00472 – ECBC - PEIC – Application Form

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A – Project identification

A.1 Project identification

Field	Value
Project id (automatically created)	ROHU00472
Name of the lead partner organisation	JUDETUL TIMIS
Name of the lead partner organisation in English	TIMIS COUNTY
Project title	Enhanced cross-border capabilities for primary, emergency and intensive care in Timis – Csongrád-Csanád cooperation area
Project acronym	ECBC - PEIC
Programme priority	Cooperation for a more social and cohesive PA between Romania and Hungary
Specific objective	RS04.5: Ensuring equal access to health care and fostering resilience of health systems, including primary care, and promoting the transition from institutional to family and community based care
Project duration in months	30

A.2 Project summary

Please give a short overview of the project and describe: the common challenge of the programme area you are jointly tackling in your project; the overall objective of the project and the expected change your project will make to the current situation; the main outputs you will produce and those who will benefit from them; the approach you plan to take and why a cross-border approach is needed; what is new/original about the project.

RO and HU care systems are centralized so that development opportunities are top-down, which results in less ability to reflect local needs. The specificity of the border region is that it provides opportunities for bottom-up development reflecting local issues. Project investments and soft activities will enable the best possible primary, emergency, and intensive healthcare to be provided to the most of CB area population, as it is common in border regions for patients to seek care on the other side of the border. Some of the important challenges the project will address are: the insufficient capacity of the intensive care (IC) and pediatric care (PC) on both sides of the border; the contacts, joint activities and joint learning by current and future IC and PC staff (students, residents, doctors) are rather sporadic and not systematically built; there is a lack of practice of general CB consultation on therapeutical, operational, administrative, strategic planning levels, for securing the best conduct in complex cases.

The overall project objective is to foster resilience, personalization, availability, and quality of CB health services by improving primary, emergency and intensive patient care through field strategic investments in Timis – Csongrád - Csanád cooperation area: by expanding the surface dedicated to IC and PC infrastructure of respective clinics, by properly rebuilding spaces to be used for new IC beds in Timișoara and new PC beds in the convertible ward operated in Szeged, by increasing the interoperability of the partners medical units (building and using joint communication channels, devising a CB consultancy support approach for therapy of complex cases, designing a CB

patient transfer protocol) and by connecting the current and future IC and PC personnel in the PA counties through participation at CB conferences, webinars and professional stages for residents.

Project Outputs – Output 1.1 ECBC - PEIC SOLUTIONS: This project output cumulates 1 IC investment, 1 PC investment, 1 IC equipment set; Output 1.2 ECBC - PEIC PARTNERSHIP: ECBC-PEIC balanced mix of cooperative organizations (CJTIMIS, SZTE, ECCHT) owns all the necessary competences to implement the planned activities; partners have complementary profiles needed to achieve set project goals and their roles are coherently and proportionally distributed; Output 1.3 ECBC - PEIC INTERDISCIPLINARY ACTIONS: Project implementation will deliver following types of CB actions and participations (p): 10 webinars (500p), 4 practice stages (32 p), 4 conferences (200 p); Output 1.4 ECBC - PEIC SUSTAINABLE PLANNING TOOLS: Partners specialists will enable and will continuously jointly plan the development of 1 consultancy support system for treatment of complex cases, 1 cross-border patient transfer protocol, 1 operative medical communication channel.

Project results – Result 1: Organizations cooperating across borders after project completion / Target value: 3 / It is estimated that the same technical group will further cooperate during project sustainability period, capitalizing upon project outputs; Result 2: Annual users of new or modernized health infrastructure / Target value: 2420 / SZTE goal is to reach an annual case count of 2000 people after the project implementation. ECCHT estimate is that on the 8 newly established beds they will annually admit a minimum number of 420 people, with an average duration of hospitalization of 7 days in Intensive Care; Result 3: Participations in joint actions across borders after project completion / Target value: 4 / This result will be achieved by holding professional activities such as webinar, conference, at least 4 actions in total; Result 4: Joint strategies and action plans taken up by organizations / Target value: 3 / Partners will continuously jointly plan the development of 1 consultancy support system for treatment of complex cases, 1 cross-border patient transfer protocol, 1 operative medical communication channel.

The project is relevant for the program area as the Timiș County Hospital and the Szeged University are considered as reference structures in the domain, offering health services to patients from wider geographies, covering the RO-HU border region counties, but also serving as organizational and operational models and sources of best practices for the IC and PC professionals and units in Western Romania and South-Eastern Hungary.

Interdisciplinary cooperation is an advantage and a unique feature of the project, as it allows specialists to learn new approaches and care systems and to develop in their own field. All the soft activities (CB stages, webinars, conferences, protocol) of the project aim to develop the cross-border cooperation and knowledge-sharing, to raise and improve the quality of patient care, and to maximize the potential of the improvements made through the project in the provision of professional healthcare for people in the region.

A.3 Project budget overview

Funding source	Funding amount	Co-financing rate (%)	Automatic public contribution	Other public contribution	Total public contribution	Private contribution	Total contribution	Total project budget
ERDF	1.989.359,08	65,70%	470.032,46	568.610,50	1.038.642,96	0,00	1.038.642,96	3.028.002,04
Total EU funds	1.989.359,08	65,70%	470.032,46	568.610,50	1.038.642,96	0,00	1.038.642,96	3.028.002,04
Total project budget	1.989.359,08	65,70%	470.032,46	568.610,50	1.038.642,96	0,00	1.038.642,96	3.028.002,04

A.4 Project outputs and result overview

Programme output indicator	Aggregated value	Measurement unit	Output	Output title	Output target value
Strategies and action plans jointly developed	3,00	strategy/action plan	Output 1.4	ECBC - PEIC SUSTAINABLE PLANNING TOOLS	3,00

Programme output indicator	Aggregated value	Measurement unit	Output	Output title	Output target value
Jointly developed solutions	3,00	solutions	Output 1.1	ECBC - PEIC SOLUTIONS	3,00
Organisations cooperating across borders	3,00	organisations	Output 1.2	ECBC - PEIC PARTNERSHIP	3,00
Participations in joint actions across borders	732,00	participations	Output 1.3	ECBC - PEIC INTERDISCIPLINARY ACTIONS	732,00

Programme result indicator	Baseline	Result indicator target value	Measurement unit
Organisations cooperating across borders after project completion	0,00	3,00	organisations
Annual users of new or modernised health care facilities	0,00	2.420,00	users/year
Participations in joint actions across borders after project completion	0,00	293,00	participations
Joint strategies and action plans taken up by organisations	0,00	3,00	joint strategy/action plan

B – Project partners

Partners overview

Number	Status	Name of the organisation in English	Country	Organisation abbreviation	Partner role	Associated organisations	Partner total eligible budget
1	Active	TIMIS COUNTY	România (RO)	JUDETUL TIMIS	LP	–	1.464.880,14
2	Active	University Of Szeged	Magyarország (HU)	SZTE	PP	–	1.124.995,90
3	Active	Emergency Clinical County Hospital "Pius Brinzeu" Timisoara	România (RO)	ECCHT	PP	–	438.126,00

B.1 Lead partner

Field	Value
Partner number	1
Partner role	LP
Name of the organisation in original language	JUDETUL TIMIS
Name of the organisation in English	TIMIS COUNTY
Organisation abbreviation	JUDETUL TIMIS
Department / unit / division	SUSTAINABLE DEVELOPMENT AND INVESTMENTS

Partner main address and **address of department / unit / division**

Field	Value
Country	România (RO)
NUTS 2	Vest (RO42)
NUTS 3	Timiş (RO424)
Street, House number, Postal code, City	REVOLUȚIEI DIN 1989 BOULEVARD 17, 300034 TIMIȘOARA
Homepage	www.cjtimis.ro

Legal and financial information

Field	Value
Type of partner	Local public authority
Legal status	Public
VAT number (if applicable)	4358029
Is your organisation entitled to recover VAT based on national legislation for the activities implemented in the project?	No
PIC (from EC Participant Register)	883397819

Contact

Field	Value
Legal representative	MR., PRESIDENT ALFRED-ROBERT SIMONIS
Contact person	MRS., SUPERIOR COUNSELLOR GABRIELA LABUNET
Email	gabriela.labunet@cjtimis.ro
Telephone no.	+40 256406300

Motivation

Which of the organisation's thematic competences and experiences are relevant for the project?

According to the Statute of Timiș County Council (approved by Timiș County's Council Decision no. 13/31.01.2023):

Chapter I – General Presentation of the Territorial and Administrative Unit. Timiș County Council is a legal entity with full legal capacity and its own assets, subject to public law, fiscal law, and possessing rights and obligations arising from contracts related to the management of assets within the public and private domains of the legal entity, as well as from relationships with other legal or natural persons, in accordance with the law. The Timiș County territorial and administrative unit was established in 1968 based on Law no. 2/1968, subsequently amended by Law no. 83/2004, Law no. 84/2004, Law no. 67/2005, Law no. 461/2006, Law no. 369/2007, Law no. 374/2007, and Law no. 108/2008.

Chapter IX – Cooperation and Association. Timiș County Council collaborates and associates with both Romanian and foreign public or private entities for the purpose of financing and participating in joint actions, projects, works, or services of local interest, in accordance with Article 89 of Government Order no. 57/2019, as amended. The responsibilities of Timiș County Council are outlined in the Administrative Code and the Regulation on the organization and operation of Timiș County Council. The primary categories of responsibilities fulfilled by the County Council are as follows:

- Responsibilities related to the establishment, organization, and operation of the specialized apparatus of the County Council, public institutions of county interest, and autonomous societies and regencies of county interest.
- Responsibilities related to the economic and social development of the county.
- Responsibilities related to the administration of public and private assets within the county.
- Responsibilities related to the administration of public services of county interest.
- Responsibilities related to the management of public services of county interest.
- Responsibilities related to inter-institutional cooperation, both internally and externally.
- Other responsibilities as stipulated by law.

Timiș County has the jurisdiction and responsibilities as defined by Law 215/2001 of Local Government and in this respect Timiș County is investing in social, environmental, infrastructure and health care development of the county. According to Local Public Administration Law no. 215/2001, Timiș County manages public services, including health care. According to Health Reform Law no. 95/2006, public hospitals that are in network of Ministry of Health are

financed in addition by local budgets. Timiș County is financing the administrative and operational expenses of the Emergency Clinic County Hospital Pius Brinzeu Timisoara, namely procurement of goods and services and also investment costs such as renovation, consolidation, extension, modernization, and procurement of furniture and medical equipment.

What is the role (contribution and main activities) of your organisation in the project?

CJTIMIȘ is specifically involved in the works procurement and execution for the Extension of the Intensive Care infrastructure in the program area through repurposing and functionalization of existing spaces into new specialized salons in Timisoara. These works will lead to strengthening the capacity of ECCHT Timisoara by expanding it with 8 IC-adult beds. This contribution is crucial in regard with the pressing needs to strengthen cross-border intervention capacities for crisis and disaster situations that require specialized IC and PC services, both for adults and pediatric patients, at a higher volume. The aim is that the healthcare services react more quickly and efficiently in the everyday practices and the case of natural disasters and major epidemics/pandemics that do not stop at state borders. The experience gained and the challenges addressed and the lessons learned in the case of disasters, collective accidents, and especially the COVID 19 pandemic that affected the whole world, have shown that in such situations mutual help and CB cooperation is essential to solve and/or limit the effects produced. PC and IC medical services registered the highest level of demand in such situations, the number of beds in the IC and PC wards, the level of equipment and specialized equipment being the essential indicator/objective that determined the efficiency and quality of solving medical crises.

Furthermore, CJTIMIS is motivated by its strategic health sector mission, underpinning investment, cooperation and knowledge transfer based project level actions for:

- Ensuring access for all people to promotive, preventive, protective, curative, rehabilitative and palliative services across the lifespan, prioritizing key health system functions for individuals and families as a central part of integrated services delivered at all levels of healthcare (primary, secondary and tertiary);
- Systematically addressing health determinants (including social, economic, environmental, as well as individual-genetic and behavioral characteristics) through evidence-informed public policies and multi-sectoral actions;
- Stimulating and supporting individuals, families and communities to optimize their own health, through involvement in policies to promote and protect health and well-being, joint development (with authorities) of social services and assuming self-care roles and caring for other community members;
- Providing permanent support for county health infrastructure, represented by 16 public health units with a county service role, of which 6 belong to the Ministry of Health, 2 to ministries with their own health network, and the other 8 to other local public institutions.

If applicable, describe the organisation's experience in participating in and/or managing EU co-financed projects or other international projects.

BABYROHU project – LB: Timiș County Council (Romania); PP2: University Of Szeged (Hungary); PP3: Emergency Clinical County Hospital "Pius Brînzeu" Timișoara (Romania). Project budget: total 13,813,965.84 EUR, out of which ERDF 11,741,870.95 EUR. LB: 7,715,999.90 EUR ERDF, 1,180,003.34 EUR national co-financing; PP2: 1,475,871.05 EUR ERDF, 260,447.84 EUR national co-financing; PP3: 2,550,000.00 EUR ERDF, 389,970.00 EUR national co-financing.

Objective: the project aims to improve prevention and health care services in the obstetrics gynecology and neonatology field in the Hungarian-Romanian cross-border area through a strategic approach, by investing in medical infrastructure, including equipment, and implementing soft measures resulting from collaboration and the know-how exchange, in order to reduce health inequalities among the population.

Project main activities: LB, PP3 – construction works and endowment with medical equipment for the Emergency Clinical County Hospital "Pius Brinzeu" in Timișoara; PP2 – reconstruction and endowment of the Department of Obstetrics Gynecology and installation of electronic patient records system for intensive care of the University of Szeged; LB, PP2, PP3 – procurement and installation of new medical equipment and furniture.

JEDI project – total budget of the project: €6,531,618.00; ERDF grant amount: €5,551,875.30. Collaborating partners: Lead partner – Vocational Training Center in Szeged; DKMT Duna-Körös-Maros-Tisza Euroregional Development Agency Nonprofit Közhasznú Kft; Diocese of Szeged-Csanád; Homokhát Eurointegration Small Area and Economic Development Service Nonprofit Közhasznú Kft; Timiș County Council; Timiș County Chamber of Commerce, Industry and Agriculture.

The aim of the joint employment-based initiative (JEDI) project is to increase employment in the Romanian-Hungarian cross-border area by developing vocational training conditions and implementing activities that balance labor market demand and supply, as well as promote labor mobility in the cross-border target area. Specific goals: facilitating the balance of demand and supply in the labor market of the region that crosses the Romanian-Hungarian border; the development of vocational training conditions and supply in the region; encouraging and multiplying labor mobility between the Romanian and Hungarian sides of the border (mainly in Csongrád-Csanád County and Timiș County). The project will create modern conditions for vocational training in the region. This will also contribute to the development of the cross-border labor market of Csongrád-Csanád County and Timiș County through several activities aimed at promoting the continued unification of the labor markets that currently exist separately on both sides of the border.

Co-financing

Source	Amount	Percentage
ERDF	922.874,48	63,00%
Partner contribution	542.005,66	37,00%
Partner total eligible budget	1.464.880,14	100,00%

Origin of partner contribution

Source of contribution	Legal status of contribution	Amount	% of total partner budget
JUDETUL TIMIS	Public	334.432,15	22,83%
RO State Budget	Automatic Public	207.573,51	14,16%
Sub-total public contribution		334.432,15	22,83%
Sub-total automatic public contribution		207.573,51	14,16%
Sub-total private contribution		0,00	0,00%
Total		542.005,66	37,00%

State aid – criteria self-check

Question	Answer	Justification
Criterium I.1 – Will the project applicant implement activities and/or offer goods/services for which a market exists?	No	Within ROHU00472 – ECBC – PEIC, TIMIȘ COUNTY COUNCIL does not receive economic advantages from the project. The primary benefits of the project are meant to further develop the quality of the health-care level of the region. These results are universally accessible to all residents within the region, ensuring that the advantage is not conferred selectively. TIMIȘ COUNTY COUNCIL itself is not directly involved in the economic activities related to the project.
Criterium I.2 – Are there activities/goods/services that could have been undertaken by an operator with the view to making profit (even if this is not the	No	The project, as designed, does not channel funds in a manner that would confer an indirect advantage to any specific undertaking or group of undertakings. The primary objectives of the project are to enhance the

Question	Answer	Justification
applicant's intention)?		quality of the health-care level of the region. The benefits of the project are universally accessible to all residents of the region, ensuring no selective advantage.
Criterium II.1 – Does the project applicant plan to carry out the economic activities on its own, i.e. not to select an external service provider via public procurement procedures for example?	No	The support provided to the project does not distort or have the potential to distort competition. TIMIȘ COUNTY COUNCIL, while being a partner in the project, is not engaged in commercial activities where the support could enhance its market position relative to competitors. The project's outcomes are universally accessible benefits that do not favour any specific business or sector.
Criterium II.2 – Will the project applicant, any other operator not included in the project as a project partner or the target audience gain any benefits from its project economic activities, not received in the normal course of business?	No	The support provided to the project is primarily focused on addressing healthcare challenges in the region. The interventions, solutions and outcomes are tailored to improve the quality of the health-care level of the region by developing the health-care system.

Result of State aid criteria self-check: No risk of state aid.

State aid relevant activities · GBER scheme / de minimis: –

B.1 Project Partner 2

Field	Value
Partner number	2
Partner role	PP
Name of the organisation in original language	Szegedi Tudományegyetem
Name of the organisation in English	University Of Szeged
Organisation abbreviation	SZTE
Department / unit / division	Department of Pediatrics and Pediatric Health Center

Partner main address

Field	Value
Country	Magyarország (HU)
NUTS 2	Dél-Alföld (HU33)
NUTS 3	Csongrád (HU333)
Street, House number, Postal code, City	Dugonics square 13, 6720 SZEGED
Homepage	www.u-szeged.hu

Address of department / unit / division

Field	Value
Country	Magyarország (HU)
NUTS 2	Dél-Alföld (HU33)
NUTS 3	Csongrád (HU333)
Street, House number, Postal code, City	Korányi fasor 14-15, 6720 SZEGED

Legal and financial information

Field	Value
Type of partner	Higher education and research organisations

Field	Value
Legal status	Public
VAT number (if applicable)	19308650-2-06
Is your organisation entitled to recover VAT based on national legislation for the activities implemented in the project?	No
PIC (from EC Participant Register)	887748463

Contact

Field	Value
Legal representative	Rektor Dr. László Rovó, Chancellor Judit Fendler
Contact person	MRS. Kinga Gaál-Lajtos
Email	gaal-lajtos.kinga@szte.hu
Telephone no.	+36 (62) 546-732

Motivation

Which of the organisation's thematic competences and experiences are relevant for the project?

The Department of Pediatrics and Pediatric Health Center serving as a regional center encompassing three counties provides medical care from basic care to emergency care and intensive care. Within primary care, we maintain a close relationship with the children's GP, our clinic also operates a primary care clinic for children. Basic care also includes the school health service, where we treat children from kindergarten to high school age, in 14 school medical districts, which covers approximately 30,000 children in numbers. The main task of the doctor in schools is to perform screening tests and give the mandatory vaccinations. The child is sent to our specialist ambulance, with a health problem. Screening of pulmonological, cardiological, nephrological and orthopedic problems are typical. These children appear in our day hospital or inpatient ward for examination. Children also come to the specialist ambulance from the GP. Their treatment can no longer be solved within the framework of primary care, so they are examined at our clinic. Children admitted on this patient route are also admitted to an inpatient ward or a day hospital. With the creation of the 15-bed ward, we want to create a patient care room that can be used from day hospital care to the care of children who are permanently hospitalized, as a separate ward in case of COVID-19 or other infectious disease. The design of the department must be ensured in such a way that it adapts to the patient needs. Our clinic is the 3rd progression level pediatric care institution in the Southern Great Plain region, where care is provided in the fields of intensive care, neonatology, surgery, infectious disease department, infant and pediatric medicine. In the event of a pandemic or emergency, children's care is solved in our institution, in all specialties. All specialist areas are at our disposal in the care of children, so that we can provide the care necessary for recovery safely and to a high standard for all children. A 15-bed care unit will be created, where personnel and medical devices can be regrouped and separated in the wards immediately.

The department has a separate entrance, so it can be completely closed off from other patient care areas. With the closure, we can ensure the complete isolation of patients affected by the epidemic. During the 2 years during the COVID-19 epidemic, everyday patient care was not the focus and this was also the priority. By sharing the experiences of this period, we can create an infrastructural background at the clinic, with which care can be provided with an immediate response during another epidemic. The transfer of professional experience is necessary on both the Romanian and Hungarian side. The sharing of experiences contributes to the achievement of the common goal of being able to care for our patients uniformly on both sides.

What is the role (contribution and main activities) of your organisation in the project?

During the COVID-19 period, our clinic gained extensive experience in the care of patients with a simple course and requiring intensive care, and treated COVID-19 patients from 3 counties. Our doctors and nurses have excellent professional experience, who have not encountered such a situation before, and they easily and quickly adapted to the new system. Thanks to excellent teamwork, they were able to easily handle the difficulties caused by COVID-19. At the same time, this period also highlighted our shortcomings in relation to separations system of the patiens.

The Department of Pediatrics and Pediatric Health Center has set a goal to ensure equal access to healthcare and the capacity of healthcare systems, aiming to provide comprehensive care for sick children and their families from primary care to intensive care. The objective is to establish departments that can respond immediately based on patient needs, capable of providing general care, isolation for specific patient care, and even sub-intensive care as required. To achieve this, as a first step, a fully separable care space will be created in the basement of the building, with 15 beds per ward, designed to function both as a ward and as a completely isolated unit. This provides a background that not only meets community needs by offering general pediatric care during basic situation but also functions as an immediately isolated care space during an epidemic by replacing staff and medical equipment.

This Project contributions and main activities:

- Development of the Department of Pediatrics and Pediatric Health Center which will include the renovation of a 15-bed inpatient ward;
- In addition to optimizing primary care, the ward to be renovated will be able to operate as a hermetically sealed ward in a pandemic situation, with a wide range of patient care including sub-intensive care (with non-invasive respiratory support);
- Knowledge sharing with the Romanian partner. Active cooperation in the establishment of working groups for cross-border cooperation and exchange of expertise;
- Improving patient care, establishing effective communication channels to exchange good practices and discuss specific cases (in compliance with GDPR rules);
- Participation in professional cooperation aimed at improving health-care education through the implementation of cross-border events;
- Participation in the development of protocol in the subject of patients transfer and children-care;
- Providing publicity for project and its professional activities.

If applicable, describe the organisation's experience in participating in and/or managing EU co-financed projects or other international projects.

- **HURO-0802/008_AF – SCREENGEN:** Newborn screening and genetic analysis of rare diseases: development of Euro-regional infrastructure and cooperation
- **TIOP-2.2.2/C-10/1-2011-0010:** Follow-up of the premature infants of the Southern Great Plain Region at the Pediatric Clinic and Child Health Centre of the University of Szeged
- **EFOP-2.2.1-VEKOP-16-2016-00001:** Development of emergency care for children
- **EFOP-2.2.0-16-2016-00002:** Development of the infrastructural conditions of child psychiatry, addictionology and the mental health care system
- **ROHU443 - BABYROHU:** Connecting health service in the Field of Obstetrics Gynecology and Neonatal Care between Emergency Clinical Country Hospital Pius Brinzeu Timisoara and the Pediatric Clinic of Szeged

Co-financing

Source	Amount	Percentage
ERDF	899.996,72	80,00%
Partner contribution	224.999,18	20,00%
Partner total eligible budget	1.124.995,90	100,00%

Origin of partner contribution

Source of contribution	Legal status of contribution	Amount	% of total partner budget
SZTE	Public	0,00	0,00%
HU State Budget	Automatic Public	224.999,18	20,00%
Sub-total public contribution		0,00	0,00%
Sub-total automatic public contribution		224.999,18	20,00%
Sub-total private contribution		0,00	0,00%
Total		224.999,18	20,00%

State aid – criteria self-check

Question	Answer	Justification
Criterium I.1 – Will the project applicant implement activities and/or offer goods/services for which a market exists?	No	No, the applicant will only carry out medical and educational activities within the project.
Criterium I.2 – Are there activities/goods/services that could have been undertaken by an operator with the view to making profit (even if this is not the applicant's intention)?	No	No, there are no activities carried out by the applicant for profit.
Criterium II.1 – Does the project applicant plan to carry out the economic activities on its own, i.e. not to select an external service provider via public procurement procedures for example?	No	No, but University of Szeged must carry out public procurement procedures for certain activities due to the status of the university. The following activities probably will be carried out by an external service provider: event management services/catering, procurement of equipment, procurement of an Independent Accredited Public Procurement Expert.
Criterium II.2 – Will the project applicant, any other operator not included in the project as a project partner or the target audience gain any benefits from its project economic activities, not received in the normal course of business (i.e. not received in the absence of funding granted through the project)?	No	No, as this is a special cross-border project, we are procuring the necessary supplies specifically for the benefit of patient care in the border region.

Result of State aid criteria self-check: No risk of state aid.

State aid relevant activities · GBER scheme / de minimis: –

B.1 Project Partner 3

Field	Value
Partner number	3
Partner role	PP
Name of the organisation in original language	Spitalul Clinic Judeţean de Urgenţă "Pius Brînzeu" Timişoara
Name of the organisation in English	Emergency Clinical County Hospital "Pius Brinzeu" Timisoara
Organisation abbreviation	ECCHT
Department / unit / division	IC UNIT

Partner main address and address of department / unit / division

Field	Value
Country	România (RO)
NUTS 2	Vest (RO42)
NUTS 3	Timiş (RO424)
Street, House number, Postal code, City	Liviu Rebreanu Boulevard 156, 300723 TIMIȘOARA

Field	Value
Homepage	www.hosptm.ro/

Legal and financial information

Field	Value
Type of partner	Infrastructure and (public) service provider
Legal status	Public
VAT number (if applicable)	4663448
Is your organisation entitled to recover VAT based on national legislation for the activities implemented in the project?	No
PIC (from EC Participant Register)	919138342

Contact

Field	Value
Legal representative	Prof. dr., Manager Dorel Săndesc
Contact person	Mrs. CORINA-MARIA DUMBULEU
Email	corina.dumbuleu@hosptm.ro
Telephone no.	004 0735328613

Motivation

Which of the organisation's thematic competences and experiences are relevant for the project?

ECCHT's mission is to provide medical services for the population from the Western region of Romania. The main concern of the hospital is to obtain satisfied patients, continuous training for the medical staff and sustain medical research. The history of ECCHT starts at the beginning of the 70s when, thanks to the merit of famous personalities from Timisoara medical life such as Prof. Dr. Pius Brinzeu, Prof. Dr. Stefan Gavrilescu, Prof. Dr. Ion Lighezan, Prof. Dr. Ferdinand Nistor, it was brought to the attention of the governors of that time the urgent need to build a modern medical unit in Timișoara. The year 1974 finds the Timisoara County Clinical Hospital in the final phase of construction, in the fall of the same year it begins its activity with 1030 beds and 13 clinical wards. The period of the 1970s coincides with the period of the founders of the medical school in Banat, because in the 1980s the first kidney transplants were performed in Romania, urological endoscopy was introduced, endoscopy of the digestive tube was developed, and the activity of the Cardiac Pacemaker Implant Center continued. In the 1990s, the computerized tomography department came into operation, ultrasound diagnostics was extensively developed, and endoscopic surgery was expanded. The Third Millennium represents for the County Hospital the moment when the infrastructure is developed through the appearance of the new Orthopedic Clinics and at the same time the construction of the new "Casa Austria" Traumatology Center, health facilities that meet the internationally accepted standard in terms of patient comfort and also the working conditions of doctors. ECCHT is nowadays the most important hospital in Timiș County, it has the highest capacity in terms of the number of beds and the services offered. Thus, within the hospital there is a clinical laboratory for medical analyzes, providing integrated outpatient services. At the same time, it benefits from a multitude of sections within the university clinics, different departments, specialized clinics, research cores, which provide facilities for several types of services. In terms of digitization, the hospital stands out through a series of both hardware and software equipment that ensure the possibility of improving medical services both at the level of organization and at the level of medical practice. There is an integrated computer system Hospital Manager Suite, an integrated Hippocrate IT system and IT applications for managing salaries, personnel records, etc. Moreover, within the Timișoara Diabetes Center, telemedicine services

are provided to support patients, including free consultations via video-conference, call-center or correspondence by e-mail, addressing all patients with diabetes in Romania.

What is the role (contribution and main activities) of your organisation in the project?

ECCHT roles within project implementation are:

- moderation, in cooperation with other PP, especially SZTE, of the joint working group (JWG) activities, group that will be created by Project Partners, as a project coordinative structure. In the frame of 8 Joint Working Group sessions (2 face-to-face and 6 online) partners specialists will enable a consultancy support system for treatment of complex cases, will debate and formulate 1 cross-border patient transfer protocol, will debate, and jointly establish the coordination keys for setting up of operative communication channels.
- preparation and deployment, in cooperation with other PP, especially SZTE, of: 10 CB webinars that are foreseen with 50 participants / webinar, giving participants the opportunity to deepen their knowledge on a variety of topics, in an international and interdisciplinary professional environment, providing them a broad exposure to the latest healthcare procedures and practices; 4 CB conferences, 1-day format conference, 2 RO, 2 HU, with at least 50 participants / conference, enabling participants to learn about different topics from expert speakers and research, thus enhancing their professional development, while presenting project's achievements; 4 CB (2 HU, 2 RO) practice stages (5 DAYS) for 32 (4 X 8) CB residents, enriching their theoretical knowledge and practical skills, thus contributing to the dissemination and potentially implementation of good practices. Residents will gain first-hand knowledge of another country's health system; Project communication events – The aim of the events is to present the vision and professional development of the project and to show how the project contributes to improving the quality of life and healthcare. The considered events are Opening conference in Timisoara; Closing conference in Szeged.
- procurement and operation of specific Intensive care equipment, to complete the Investment performed by CJTimiș; the foreseen equipment set consists of the following type and pieces of medical equipment – Semi-Automatic Hydraulic Stretcher 3, Mobile Table 2, Trolley 8, Patient Warming Device with Mattress 6, Emergency Trolley 1, Complete Video laryngoscope 1, Defibrillator with Pacemaker 1, Intermittent Compression System 8, Mobile Direct X-ray Unit 1, Kineto Armchair 2, Probes wireless ultrasound 2, Ultrasound with transesophageal probe 1, Cough assist 2; this procurement will significantly increase the intensive care capacity; to be fully functional, the ICU beds must be served by highly qualified personnel and be endowed with highly specialized medical equipment as, by their nature, ICUs are between the most technologized sectors within hospitals.

If applicable, describe the organisation's experience in participating in and/or managing EU co-financed projects or other international projects.

"Pius Brînzeu" Timișoara County Emergency Clinical Hospital signed financing contract no. 754/151/NOZO/19.09.2023 for the project entitled "Reducing the risk of nosocomial infections at SCJU Timișoara", within the National Program for Recovery and Resilience, Component 12 – Health, Investment 2. Development of public hospital infrastructure, Specific Investment: I2.4. Equipment and materials intended to reduce the risk of nosocomial infections, call code MS-0024. The objective of the project is to modernize the infrastructure of SCJU "Pius Brinzeu" Timișoara and provide it with equipment and materials necessary for the prevention, diagnosis and treatment of infections associated with medical care. The total value of the project is 35,312,463.24 Lei including VAT.

"Pius Brînzeu" Timișoara County Emergency Clinical Hospital signed financing contract no. 120AMB/69/02.03.2023 for the project entitled "Modernization, expansion and equipment of the SCJU Timișoara integrated outpatient clinic", within the National Rehabilitation and Resilience Program, Component 12 – Health, Investment 1. Development of pre-hospital medical infrastructure, Specific investment: I1.3: Ambulatory health care facilities. The objective of the project is to rehabilitate and modernize the infrastructure of the integrated outpatient clinic of SCJU

"Pius Brînzeu" Timișoara, in order to transfer the center of gravity from the hospital health services to the specialized outpatient clinics, in parallel with the provision of complex and quality medical services for prevention, diagnosis and continuous monitoring of the health status of the population in the Western Region. The total value of the project is 16,135,869.43 Lei including VAT.

The County Emergency Clinical Hospital "Pius Brînzeu" Timișoara carried out as partner 1, together with the Timișoara Municipal Emergency Clinical Hospital as the leader, the project "Development of a regional system of medical centers of excellence in prenatal screening in the Western Region", SMIS Code 149478, financed by the European Social Fund through the Human Capital Operational Program 2014–2020 within priority Axis 4 – Social inclusion and combating poverty. Budget: 12 million lei.

"Pius Brînzeu" County Emergency Clinic Hospital, Timișoara, carried out the EXTRAVITAL project – the implementation in the current activity of the Anesthesia and Intensive Care (ATI) departments in Romania of the proven modern methods of "Extracorporeal Vital Support of cardio-pulmonary, renal and hepatic functions" to decrease mortality in critical patients, and Increase the Professional Competencies of Specialized Personnel, POCU/91/4/8/110977, SMIS Code 2014+: 110977. Budget: 11.5 million lei.

ECCHT implemented the Project BABYROHU, financed by Interreg Program V-A Romania-Hungary 2014–2020, eMS code ROHU 443.

Co-financing

Source	Amount	Percentage
ERDF	166.487,88	38,00%
Partner contribution	271.638,12	62,00%
Partner total eligible budget	438.126,00	100,00%

Origin of partner contribution

Source of contribution	Legal status of contribution	Amount	% of total partner budget
ECCHT	Public	234.178,35	53,45%
RO State Budget	Automatic Public	37.459,77	8,54%
Sub-total public contribution		234.178,35	53,45%
Sub-total automatic public contribution		37.459,77	8,54%
Sub-total private contribution		0,00	0,00%
Total		271.638,12	62,00%

State aid – criteria self-check

Question	Answer	Justification
Criterium I.1 – Will the project applicant implement activities and/or offer goods/services for which a market exists?	No	Within ROHU00472 – ECBC – PEIC, ECCHT does not receive economic advantages from the project. The primary benefits of the project are meant to further develop the quality of the health-care level of the region. These results are universally accessible to all residents within the region, ensuring that the advantage is not conferred selectively. ECCHT itself is not directly involved in the economic activities related to the project.
Criterium I.2 – Are there activities/goods/services that could have been undertaken by an operator with the view to making profit (even if this is not the applicant's intention)?	No	The project, ROHU00472 – ECBC – PEIC, as designed, does not channel funds in a manner that would confer an indirect advantage to any specific undertaking or group of undertakings. The primary objectives of the project are to enhance the quality of the health-care level of the region. The benefits of the project are universally accessible to all residents of the region, ensuring no selective

Question	Answer	Justification
		advantage.
Criterium II.1 – Does the project applicant plan to carry out the economic activities on its own, i.e. not to select an external service provider via public procurement procedures for example?	No	The support provided to the project does not distort or have the potential to distort competition. ECCHT, while being a partner in the project, is not engaged in commercial activities where the support could enhance its market position relative to competitors. The project's outcomes are universally accessible benefits that do not favour any specific business or sector.
Criterium II.2 – Will the project applicant, any other operator not included in the project as a project partner or the target audience gain any benefits from its project economic activities, not received in the normal course of business (i.e. not received in the absence of funding granted through the project)?	No	The support provided to the project is primarily focused on addressing healthcare challenges in the region. The interventions, solutions and outcomes are tailored to improve the quality of the health-care level of the region by developing the health-care system.

Result of State aid criteria self-check: No risk of state aid.

State aid relevant activities · GBER scheme / de minimis: –

Associated organisations

No associated organisations.

C – Project description

C.1 Project overall objective

Below, you can see the Programme priority specific objective your project will contribute to (chosen in section A.1.).

RS04.5: Ensuring equal access to health care and fostering resilience of health systems, including primary care, and promoting the transition from institutional to family and community based care

Project overall objective

Now think about your main objective – what do you aim to achieve by the end of your project? Remember your project needs to contribute to the programme's objective. Your objective should:

- *be realistic and achievable by the end of the project, or shortly after;*
- *specify who needs project results and in which territory;*
- *be measurable – indicate the change you are aiming for.*

Fostering resilience, personalization, availability, and quality of CB health services by improving primary, emergency and intensive patient care through field strategic investments in Timis – Csongrád-Csanád cooperation area, by empowering medical units' interoperability (CB operative communication channels, CB consultancy support system for treatment of complex cases, CB patient transfer protocol) and by connecting medical staff in the PA counties (CB conferences, webinars, resident stages).

C.2 Project relevance and context

C.2.1 What are the common territorial challenge(s) that will be tackled by the project?

Please describe why your project is needed in the programme area and the relevance of your project for the programme area, in terms of common challenges and opportunities addressed.

The proposed project is needed in the program area because it will contribute massively to increase the capabilities of intensive care (IC) and pediatrics primary, emergency and sub-intensive care (PC) components of the two health systems to offer better health services in normal situation and to coordinate in emergency situations (from pandemics, to various types of collective accidents, natural disasters, etc.) sharing a set of improved, reciprocally known and jointly trained competences and balancing the mobilization of resources in a cross-border setting.

Some of the important challenges the project will address are:

- the Insufficient capacity of the IC and PC on both sides of the border
- the contacts, joint activities and joint learning by current and future IC and PC staff (students, residents, doctors) are rather sporadic and not systematically build;
- there is a lack of practice of general cross-border consultation on therapeutical, operational, administrative, strategic planning levels, for securing the best conduct in complex cases.

The lack of experience sharing between different disciplines across the border, especially with Romanian side excelling in adult IC interventions while on the Hungarian side there is high competence regarding PC, limits development opportunities. This is even bigger problem in crisis situations such as pandemic situations and mass accidents. Szeged and Timișoara are located alongside major transportation axis Budapest Bucharest on the route of M43-A1 highways that are potential venues for massive collective accidents like the 2022 in Hungary. There is significant probability of occurrence of emergency situations of various types that could exceed the response capacity (human, infrastructure, knowledge) of the current IC and PC departments on either a single side or on both sides of the border, that should be addressed by better preparedness of and extended medical capabilities in both countries.

Romanian and Hungarian care systems are centralized so that development opportunities are top-down, which results in less ability to reflect local needs. The specificity of the border region is that it provides opportunities for bottom-up development reflecting local issues. Project investments and soft activities will enable the best possible primary, emergency and intensive healthcare to be provided to the most of CB area population, as it is common in border regions for patients to seek care on the other side of the border.

National, regional, and local health sector stakeholders, public or private, are interested in fostering the performance of the public medical services systems and in the development of new joint approaches within the common Romanian-Hungarian frontier region, that could result in ready-to-replicate models in various other bilateral settings, between each of the two countries and their respective neighbouring countries. Such approaches could contribute with improvements of the availability and quality of various medical services beyond the field of pediatric and intensive care that constitutes the focus of the current project, as it is generally accepted that besides being geographically marginal, the border areas are less developed at the level of the availability of these services and less prone to be supported by the national public health systems.

Considering these challenges and opportunities led to the establishment of clear targets for increasing the number of beds in IC and PC and for cross-border cooperation, both in emergencies and other crises. ECBC-PEIC positively and peculiarly impact the essential indicator of response capabilities, available number of IC and PC beds, fostering continuous amelioration of everyday care (IC and PC) medical services. The project is relevant for the program area as the Timiș County Hospital's ICU and the Szeged University are considered as reference structures in the domain,

offering health services to patients from wider geographies, covering the RO-HU border region counties, but also serving as organizational and operational models and sources of best practices for the IC and PC professionals and units in Western Romania and South-Eastern Hungary.

C.2.2 How does the project tackle identified common challenges and/or opportunities and what is new about the approach the project takes?

Please describe new solutions that will be developed during the project and/or existing solutions that will be adopted and implemented during the project lifetime. Describe also in what way the approach goes beyond existing practice in the sector/programme area/participating countries.

The project proposes the systemic cooperation within departments specializing in Anesthesiology and Intensive Care and Pediatrics (functioning within the structure of the project partners, ECCHT and SZTE) to improve patient care through sustainable investments, and help to ensure cross-border mobility for patients, but also to enhance the level of expertise of the medical staff, through the implementation of new collaboration models and exchanges of experience.

The overall project objective is to foster resilience, personalization, availability, and quality of CB health services by improving primary, emergency and intensive patient care through field strategic investments in Timiș – Csongrád - Csanád cooperation area:

- by expanding the surface dedicated to IC and PC infrastructure of respective clinics,
- by properly rebuilding spaces to be used for new IC beds in Timișoara and new PC beds in the convertible ward operated in Szeged,
- by increasing the interoperability of the partners medical units (building and using joint communication channels, devising a cross-border consultancy support approach for therapy of complex cases, designing a cross-border patient transfer protocol) and
- by connecting the current and future IC and PC personnel in the PA counties through participation to joint conferences, development and delivery of cross-border webinars, and organizing professional stages for residents.

ECCHT identified an area at the same floor with the current spaces of IC Clinic where 8 mixed medical and surgical IC beds can be arranged (4 rooms of 2 beds each, plus auxiliary room for staff on duty, spaces for equipment and sanitary materials storage, waste management area). This intervention will significantly increase the intensive care capacity from 27 to 35 critical patients. The intervention will create the needed conditions to have a set of previously purchased medical equipment (beds, various monitors, various other IC devices) that were added to the inventory of the mobile hospitals or temporary extensions of the IC departments operating during the pandemic and are currently stored) to be installed and brought into exploitation by the personnel of the ICU and integrated in the current activity of the clinic. To be fully functional, the ICU beds must be served by highly qualified personnel and be endowed with highly specialized medical equipment as, by their nature, ICUs are between the most technologized sectors within hospitals.

SZTE has also identified an area within the Pediatrics Department, where 15 beds for pediatric patients can be arranged, serving a medical services field that is currently deficient. SZTE is embarking on a path to ensure equal access to healthcare and the capacity of healthcare systems in pediatric patient care. This involves creating departments that can be involved in patient care based on the material of patients arriving at the clinic. Currently, this is not possible due to the infrastructural conditions of the wards, which consist of 4-bed rooms with one bathroom and one toilet per department. These conditions do not allow for isolation possibilities and cannot immediately adapt to unexpected patient care events. This was evident during the COVID-19 pandemic when isolation and larger intensive care spaces were needed. In addition to general infant and pediatric care, the proposed unit can function as an isolation or even a non-invasive intensive care unit. The unit can respond

immediately based on the patient material arriving at the clinic, and as a fully separable unit with a separate entrance, it will be suitable for the treatment of pandemic situations or even for non-invasive intensive care, as the design is planned to provide all necessary facilities for the care of such patients. In this case, the two-bed rooms will become single-bed rooms, as this type of care requires larger spaces, allowing us to expand our current 12-bed care unit by an additional 7 beds. The ward will be suitable for ventilation and minor intensive interventions.

Interdisciplinary cooperation is an advantage and a unique feature of the project, as it allows specialists to learn new approaches and care systems and to develop in their own field. All the soft activities (CB stages, webinars, conferences, protocol) of the project aim to develop the cross-border cooperation and knowledge-sharing, to raise and improve the quality of patient care, and to maximize the potential of the improvements made through the project in the provision of professional healthcare for people in the region.

C.2.3 Why is cross-border cooperation needed to achieve the project's objectives and result?

Please explain why the project objectives cannot be efficiently reached acting only on a national/regional/local level and/or describe what benefits the project partners/target groups/project area/programme area gain in taking a cross-border approach.

Since the two medical systems in Romania and Hungary are structured and regulated in such a way as to strictly target the national level, they do not address the potential needs of cross-border region, nor do they capitalize on existing opportunities and complementarities. Thus, the Interreg VI Ro-Hu Program 2021-2027 offers a platform for development that responds to local needs and exploits existing opportunities joint cooperation in various ways.

To achieve the general objective of the project, the project partners aim to achieve the following two specific objectives, objectives that are based on cross-border cooperation, common needs and agreed common solutions:

Specific Objective 1: Extension of the Intensive Care and Renovation of Pediatric Care infrastructure in the program area through repurposing and functionalization of existing spaces into new specialized salons in Timisoara, respectively convertible ward in Szeged. Strengthening the capacity of ECCHT Timisoara by expanding with 8 IC-adult beds on the Romanian side and setting up a pediatric convertible ward with 15 beds by SZTE on the Hungarian side is crucial to maintaining health services and improving local primary and emergency care. Also is part of the pressing needs to strengthen cross-border intervention capacities for crisis and disaster situations that require specialized IC and PC services, both for adults and pediatric patients, at a higher volume. The aim is that the healthcare services react more quickly and efficiently in the everyday practices and the case of natural disasters and major epidemics/pandemics that do not stop at state borders. The experience gained and the challenges addressed and the lessons learned in the case of disasters, collective accidents, and especially the COVID 19 pandemic that affected the whole world, have shown that in such situations mutual help and CB cooperation is essential to solve and/or limit the effects produced. PC and IC medical services registered the highest level of demand in such situations, the number of beds in the IC and PC wards, the level of equipment and specialized equipment being the essential indicator/objective that determined the efficiency and quality of solving medical crises.

Specific Objective 2: Increasing the competence of IC and Pediatrics current and future specialists and CB interoperability of IC and Pediatrics units. In the frame of Joint Working Group sessions, partners specialists will jointly plan and enable a consultancy support system for treatment of complex cases. Partners will further cooperate to jointly plan and develop one cross-border patient transfer protocol with the aim of establishing the most professionally efficient methods of transporting patients within and across borders. Moreover, partners will set operative medical communication channels to deploy exchange of experiences: CB stages for residents, (8 residents per country, per year for 5 days per resident), quarterly webinars in different subjects, joint thematic conferences (2 times/year 1 HU and 1 RO). All these planned activities are sustainable tools, adequately designed and developed within the cross-border cooperation platform offered by the Interreg program. Experiences from pandemic care show that effective patient care requires proper communication and quick responses to changing situations,

especially with neighboring countries. Establishing CB operational communication channels, CB patient transport protocol, and creating an advisory system to handle complex cases significantly contribute to improving CB patient care. Understanding each other's healthcare system is essential for managing efficient pandemic situations, allowing the development of unified and common guidelines and protocols that closely align with both RO and HU care protocols.

Another challenge that is addressed by the proposed project, essential in crisis situations but also in current operating situations, is the increase of cross-border mobility of patients based on the mutual knowledge of the capabilities usable in cross-border approaches through data exchanges, the development of capacities and experience of collaboration.

The results of this project will be able to serve as models of good practices transferable to other CB areas of the two countries or even outside them, to other generic cross-border areas at the level of the EU.

C.2.4 Who will benefit from your project outputs?

In the first column of each row, please select one of the pre-defined target groups from the drop-down list. In the second column explain in more detail exactly who will benefit from your project. For example, if you choose the category education, you need to explain which specific schools or groups of schools and in which territory.

Target group	Specification
Local public authority	The local public authorities (Timisoara and Szeged) have clearly defined responsibilities in the field of setting up and managing both general and emergency health care infrastructure, securing quality and timely medical interventions. Ideally, the above mentioned health care services should be delivered locally or in a reasonable proximity to the patients' domicile. However, in extreme situations, such an approach could prove unsuitable, given a sudden and massive influx of cases requiring intensive care interventions. Beyond relying on existing infrastructure in other cities from region, a high-performing solution could be represented by a well prepared and well operationalized cross-border access to complementing medical infrastructure doubled with proper equipping and competent staffing. Appealing to a CB approach could help cities from border regions, like Timisoara and Szeged, to expand their supporting region for interventions in exceptional situations, making them comparable to similar cities located in the center of their respective country, which can easily call on operational reserves from cities located in a 360-degree surrounding geography.
Regional public authority	The county level public authorities (Timis and Csongrád – Csanád) have powers and responsibilities aligned with those of the national authorities, referring to the setting up and delivery of specialized medical services including the pediatric and intensive care ones, both in regular and emergency situations (natural disasters, pandemics, collective accidents, etc.). The intensive care medical assistance in emergency situations is delivered according to national and regional regulations, under the coordination of the National/County Committees for Emergency Situation including decisions related to the inter-hospital transfer of patients receiving intensive care medical assistance. Within the current project several Cooperation Agreements and technical medical protocol are planned to be jointly elaborated in order to provide the regulatory and the technical framework for the cross-border collaboration of partner hospitals, setting the qualitative and quantitative requirements to be met within the pediatric and intensive care medical services delivery to patients/victims in emergency/crisis situations or in individual complex cases that could benefit of CB transfers.
National public authority	The national public authorities in Romania and Hungary to benefit during and following the implementation of this project are the two Health Ministries. They should be interested in fostering the performance of the public medical services delivery systems and in the development of new joint approaches within the common Romania-Hungary frontier region. This could result in ready-to-replicate models in various other bilateral settings, between each of the two countries and their respective neighbouring countries. Such approaches could contribute with improvements of the availability and quality of various medical services beyond the field of pediatric and intensive care that constitutes the focus of the current project, as it is generally accepted that besides being geographically marginal, the border areas are less developed at the level of the availability of these services and less prone to be supported by the national public health systems. ROHU care systems are centralized so that development opportunities are top-down, which results in less ability to reflect local needs. The specificity of the border region is that it provides opportunities for bottom-up development reflecting local issues. Project investments and soft activities will enable the best possible healthcare to be provided to the CB area population, as it is common in border regions for patients to seek care on the other side of the border.
Hospitals and medical centres	Strengthening the capacity of ECCHT Timișoara by expanding with 8 IC-adult beds on the RO side and setting up a pediatric convertible ward with 15 beds by SZTE on the HU side is part of the pressing needs to strengthen cross-border intervention capacities for everyday work and for crisis and disaster situations that require specialized IC and PC services,

Target group	Specification
	both for adults and pediatric patients, at a volume higher than the current need for medical services. Thus, this project brings together and fosters cooperation between some of the most CB field actors in the area, ECCHT and SZTE.ECCHT is the largest health unit in the west of RO, being a regional, university hospital, which serves an important geographical area, representing a reference and expertise center for the counties of Timiș, Arad, Caraș-Severin, Mehedinți, Hunedoara, Bihor, but the area from which patients are sent to this center is much wider. Annually, an average number of about 67,000 patients are hospitalized in ECCHT, plus an impressive number of presentations in the Urgent Reception Unit (over 80,000 presentations annually in the UPU). The degree of occupancy of the beds in the IC is over 100% continuously, being forced to implement a prioritization list according to the severity of the cases, although all the cases addressed to us are critical. More than 3,500 patients are admitted to the IC annually.In the HU side the SZTE Pediatrics clinic fulfils its national, regional, and territorial care obligations in basic and specialist care at the 3rd level of progressivity. The spectrum of care includes active and chronic inpatient care, specialized outpatient care and school medical care. SZTE clinic provides pediatric patient care from primary care to emergency care to intensive care. SZTE treats patients from premature babies weighing 500 grams to 18-year-olds. On an annual basis, SZTE clinic treats 8,000 inpatient cases and 72,000 outpatient cases at four departments.
General public	Based on the most recent population statistical data (provisional results of the population and housing census Round 2021, RPL2021, in Romania, https://www.recensamantromania.ro/rezultate-rpl-2021/rezultate-definitivecaracteristicidemografice/, and 2023 updated data by Central Statistical Office in Hungary, https://www.ksh.hu/stadat_files/nep/en/nep0034.html):• Timiș County has 650,533 residents.• Csongrád – Csanád County has 391,207 residents.Our project is designed to have a positive impact on a significant number of the inhabitants.The general public will benefit following implementation of the project as a general improvement of the health care infrastructure (in terms of capacity and accessibility) and also an increase of the participating hospitals' professional capacities will be achieved.Individually, persons from the cross-border area facing serious health issues conducting to states that impose the resort to intensive care therapy, will have better chances to survive and to recover, given the fact that a surplus of knowledge exposed during the project activities will diffuse within the ecosystem active in this field via participation of doctors from the whole program area.CB children will also benefit, as a separate department with a separate bathroom will be created for them, where two children with different diseases will not be placed in the same ward, so we can also prevent cross-infection. In addition to children, the primary target group within the population is the health institution.On longer term, the results of the project could serve as models for further collaboration towards improved accessibility to cross-border medical services, resulting in benefits for the program area population.
Higher education and research organisations	In addition to the infrastructure development, the project proposes close CB cooperation in order to achieve:• an increase of the competence of medical personnel working in intensive and pediatric care;• creation and usage of work protocol that allow the rapid exchange of medical information between the two regional university hospitals representative for the geographical areas of the two countries and beyond;• creation of protocol and procedures conceived to allow for a rapid bidirectional transfer of patients in demanding emergency situations;• organization and unrolling of comprehensive conferences that will disseminate the IC and PC expertise of the project partners and other experts and the project outputs and experience into the entire CB area and beyond.Thus, two medical universities that are functioning in Timișoara and Szeged, supervising from a scientific and professional point of view the activity of the two major regional hospitals, will benefit, as various healthcare professionals they employ will be involved in the project, both as project team members or as participants to project events. They will increase their competences at both professional and managerial levels. Additionally, within the project, some of the activities will result in joint educational interventions, dedicated to residents and other junior staff, or in week-long practical, on-site, cross-border stages for residents that, based on immediate joint work and learning, will determine the setting up of closer and deeper human and professional relationships between young doctors, better understanding of the common issues and regional complementarities, openness and readiness towards future collaborations. The two universities will be positioned to highlight their co-operation potential and interest to participate in major, strategic level projects, resulting in relevant CB developments that could serve as best practice examples in both national and international contexts.

C.2.5 How does the project contribute to wider strategies and policies?

Please indicate to which strategies and policies your project will contribute. Then describe in what way you will contribute.

EU Strategy for the Danube Region

The EU Strategy for the Danube Region (EUSDR) is a macro-regional strategy that addresses 12 thematic areas (Priority Areas) to strengthen quality of life in the Danube Region. Priority Area 10 (PA 10) of the EU Strategy for the

Danube Region (EUSDR) aims at stepping up institutional capacity and cooperation as a precondition for shaping a sustainable, resilient and prosperous future.

In doing so, we address institutional capacity-building at local, regional and national level, involvement of civil society in public governance, increasing local development and better spending as well as increasing absorption rates of EU funds.

Territorial Agenda 2030

Territorial development policies and cooperation on joint objectives are essential to increase the resilience of municipalities, regions and countries, while also strengthening their recovery processes.

ECBC - PEIC and TA2030 ascertain the need to act as people and places drift apart – increasing imbalances and inequalities, e.g., in the fields:

- Quality of life,
- Services of general interest,
- Demographic and societal imbalances,
- Digitalization and the 4th industrial revolution,
- Employment and economic development,
- Interdependencies between places,
- Global embeddedness.

ECBC-PEIC and TA2030 determined also the need to respond to the increasing pressure concerning sustainable development and climate change, e.g. in the fields:

- Climate change,
- Loss of biodiversity and land consumption,
- Air, soil and water quality,
- Secure, affordable and sustainable energy,
- Just transition,
- Circular value chains,
- Nature, landscape and cultural heritage.

ECBC – PEIC pays particular attention to the next TA 2030 territorial priorities:

BALANCED EUROPE - Better balanced territorial development utilizing Europe's diversity - neighborhoods, communities, municipalities, counties, regions and Member States are encouraged to cooperate on responses to global societal challenges and improving working, living and business conditions in all places as well as strengthening socio-economic prosperity, innovation capacity, positions in global value chains and global competitiveness across Europe.

HEALTHY ENVIRONMENT - Better ecological livelihoods, climate-neutral and resilient towns, cities and regions – consists in the development of nature based solutions as well as green and blue infrastructure networks that link ecosystems and protected areas in spatial planning, land management and other policies, and the development of new crisis management tools to increase places' safety and resilience.

Other – EU4Health programme

The EU4Health programme was adopted as a response to the COVID-19 pandemic and to reinforce crisis preparedness in the EU. The pandemic highlighted the fragility of national health systems. The EU4Health

programme will bring a contribution to the long-term health challenges by building stronger, more resilient and more accessible health systems.

EU4Health will pave the way to a European Health Union by investing in urgent health priorities:

- response to the COVID-19 crisis and reinforcing the EU's resilience for cross-border health threats

EU4Health brings an EU added value and complements the policies of the Member States to pursue four general objectives representing the ambitions of the programme and ten specific objectives representing the areas of intervention, which are basically tackled also via our project:

- Improve and foster health
  - International health initiatives and cooperation
- Protect people
  - Prevention, preparedness and response to cross-border health threats
  - Establishing a reserve of medical, healthcare and support staff
- Access to medicinal products, medical devices and crisis-relevant products
- Strengthen health systems
  - Reinforcing health data, digital tools and services, digital transformation of healthcare
  - Enhancing access to healthcare
  - Integrated work among national health systems

Other – Public health sector strategy: National public health program HU

It is extremely important to improve the health of children and young people, because it is at this age that their health-related habits and behaviors are established, which will also be present in adulthood. We can count on positive health gains by investing in children's health. The same goes for the health of active and retired people. The health status of children and young people fundamentally determine the nation's fate and future prospects. It is important to review legislation supporting children's health, health promotion in schools, community health promotion, and information campaigns for children. These contribute to achieving the goals of the National Health Program. Developing epidemic resistance and response capacity is also a fundamental goal of the program. The dual-functional patient department that we are developing will contribute to the response to the epidemiological situation. During an epidemic, we can even provide intensive care to patients in the isolated wards, and outside of an epidemic period, general child care would work.

Other – Public health sector strategy: National public health program RO

Our project shares Ro strategic health sector development principles, such as:

- "A healthier and more autonomous population, with a sustained and growing healthy life expectancy and a good quality of life". Romanian citizens are responsible partners, adequately informed, who actively participate in the management of their own health and make favorable decisions for themselves, the social groups and the communities they belong to for better public health. Society as a whole values health as a common good and the relevant actors act synergistically for the best possible health of individuals and the population.
- The population-based approach to health is preferred to the strictly medical approach and is reflected by prioritizing preventive interventions, ensuring easy and fair access to high-performing, high-quality health services, provided in a timely manner, interconnected and offered in a coordinated and integrated manner, and through a financing adequate, flexible and supported, as well as a population with satisfied needs and expectations. Healthcare professionals interact empathetically, professionally and compassionately with

patients, their families and loved ones and actively support them in their health decisions. Also, professionals in the health system are properly valued and rewarded, work in a safe environment, are pro-active, act coordinated and synergistically and provide interventions/services that produce added value to society.

Other – Csongrád-Csanád Spatial Development Program 2021 – 2027

Csongrád-Csanád County has already selected the 4 largest cities of the county for the implementation of the sustainable urban development tool: Szeged, Hódmezővásárhely, Makó and Szentes.

All of these cities have the necessary experience and competencies for integrated planning and project preparation.

The review of the integrated settlement development strategies is also taking place in parallel with the preparation of the county regional development documents.

Cities under county law, as well as Makó and Szentes, are classified as sustainable urban development zone. Among the settlements belonging to this zone, Szeged, as a spatial organization city of regional importance, Hódmezővásárhely, Makó and Szentes are also considered to be target areas for sustainable urban development.

Among the demarcated settlements, Szeged, Hódmezővásárhely, and Makó are part of the regional development zone designated with an international perspective of the county spatial planning plan, and also of the urban network node area along the international triple border, where, in accordance with the strategic goals of the county, the economic, cultural and logistical role of the cross-border metropolitan group is aimed at further strengthening. In the northern half of the county, Szentes has spatial organization functions that cross the county border.

Our project complements following county strategic initiatives:

- Strengthening the Szeged-based County knowledge base and innovation system:
  - (1) Support for the educational and research and development activities of the University of Szeged
  - (4) Regional infrastructural developments in the Szeged city area.
- Complex regional developments in the Tiszántúl districts of the county: (6) Development of regional health infrastructure and health services.

Other – Timiș County Development Strategy 2021 – 2027

Our project complements Timiș County Strategic Objective No. 3 (Timiș Equipped)

Specific objective OS 3.2. Modern health network, with a regional role and a good service of the territory. The objective proposes to ensure the provision of high-performance medical services, especially at the regional and county level, as well as the provision of proximity services and facilities in the territory, especially by ensuring the service of rural areas and small towns. Moreover, this objective aims to position Timiș county in the top of the best performing counties at the national level by ensuring varied and efficient medical services and a network of health units optimally distributed in the territory.

This objective will be operationalized through the following lines of action:

- D3.2.1 Rehabilitation, modernization and endowment of the existing health infrastructure
- D3.2.2 Development of infrastructure and health services to ensure the good service of the territory
- D3.2.3 Development of measures to ensure an optimal level of population health.

C.2.6 Which synergies with past or current EU and other projects or initiatives will the project make use of?

HURO-0802/008_AF – SCREENGEN: Newborn screening and genetic analysis of rare diseases: development of Euro-regional infrastructure and cooperation

Establishing cross-border cooperation ensures equal access to the early diagnostics of rare, serious, hereditary diseases (phenylketonuria, hypothyroidism, galactosemia, hemophilia, Duchenne syndrome, Cystic fibrosis) for a wide population. The target group is newborns in the euro region, patients with rare diseases and their families. This was achieved with the creation of a new metabolism center (Arad), the coordinated and complementary development of the existing laboratories (Szeged, Timișoara), the creation of a high-level regional center, the mutual use of tests, the transfer of experience, the organization of joint professional meetings, and informing the population. As a result of the HURO 0802/008_AF SCREENGEN project, the disparity between the counties was eliminated with the establishment of the cross-border diagnostic system. Early diagnosis and therapy ensure the prevention of serious, permanent damage and death, or the slowing down of the progression of pathological processes, and the improvement of the quality of life for patients and their families. All this resulted in a positive cost-benefit ratio for society.

This project taught the project partners how to introduce a new method in a country where there was no established approach, and no protocols were in place. As the leading partner, providing training in the methods and sharing professional experiences significantly contributed to launching a screening program on the Romanian side. This program aims to screen newborns for rare metabolic disorders.

ROHU443 – BABYROHU: Connecting health service in the field of Obstetrics Gynecology and Neonatal Care between Emergency Clinical Country Hospital Pius Brinzeu Timisoara and the Pediatric Clinic of Szeged

The main aims of the project: Within the framework of the Romanian-Hungarian cross-border cooperation program, the Obstetrics and Gynecology and Neonatology Clinic will be built in Timișoara, Romania, as part of an infrastructure investment. In Szeged, Hungary, the Obstetrics and Gynecology Clinic carries out the necessary equipment procurement, and the patient registration system is procured for the intensive care unit of the Pediatric clinic. For the partners involved in the cooperation, the replacement of medical equipment is uniformly necessary, because the equipment currently in use is old and outdated. The doctors of the project partners specialize in the same field, but their experiences are different. Within the framework of the cooperation, it is possible to exchange professional experience and develop common professional guidelines. The collaborative thinking of experts from various fields provides an opportunity to establish a professional relationship in this project that will be beneficial and constructive for all project partners.

In summary, it can be stated that we have successfully collaborated with our project partners in the two previous cross-border cooperation programs. We achieved common goals during the first SCREENGEN project, and the collaboration was further strengthened in the subsequent BABYROHU application, fostering cooperation between the two countries. Based on the experiences gained from these two projects, we intend to continue collaborating with our cross-border partners in the future.

C.2.7 How does the project build on available knowledge?

Please describe the experiences/lessons learned that the project draws on, and other available knowledge the project capitalises on.

ECBC-PEIC is constructed on following pillars:

- complementary specializations of the partner IC and PC departments: the adult patients specialized County Hospital Timisoara is a center of excellence delivering training courses in Continuous Renal Replacement Therapies and Extracorporeal Membrane Oxygenation and Extracorporeal CO2 removal Timisoara Hospital is internationally recognized for the concept and implementation of the Intensive Care Unit digitalization. SZTE has a very good expertise in pediatric care and intensive care. The Department of Pediatrics and Pediatric Health Center in Szeged serves as the highest-level care facility, covering the majority of sub-disciplines in pediatric and neonatal care. SZTE is capable of providing specialties and sub-disciplines for which only a few facilities are needed nationally due to low patient numbers, high professional care levels, or high costs. This includes services such as hemodialysis, plasmapheresis, transplantation-related care, biological therapies, neonatal and newborn surgery, hemato-oncological care, autoimmune diseases, and rare endocrine and metabolic genetic diseases. With excellent diagnostic imaging, laboratory facilities, and well-trained specialists, partners knowledge can ensure the resilience of the healthcare system from primary care through emergency care to intensive care;
- successful previous collaborations between the two hospitals, including common RO-HU Interreg projects: the result of the previous cooperation are include the International Anesthesiology and IC conferences organized in Timisoara with previous participation of Hungarian specialists and the finalization of the new building of the Obstetrics-Gynecology Department of the Emergency Clinical County Hospital Pius Brînzeu Timișoara financed within the Interreg V-A ROHU-443 project;
- excellent equipping and operational standards of the existing capacities, especially following the significant acquisitions part of the response to the COVID pandemic: existent specially equipped ambulances that could transport patients between Timisoara and Szeged and the interconnected M43 & A1 highways and existence of helicopters to be used for internal emergency situation patients' transportation within national borders;
- interconnected emergency situations intervention services that could provide infrastructural support to the partner hospitals in worst case scenarios (radio communication, etc.): a good experience of coordinated activity during and post the COVID 19 pandemic response, with emergency services delivered even in new off-site mobile hospitals, extended onsite capacities (in container units), and with patients transfers from Timisoara to Szeged, followed by successful follow-up learning processes;
- previous usage of EU mechanisms for financial compensation of the cross-border medical services;
- EUSDR lessons learned, of Programme lessons learned and instituted projects results database for capitalization;
- available policies/objectives/documents of the European Commission: The strategic plan of the General Directorate of Health and Food Safety 2020 - 2024 (in which regards coordinated response to cross-border health threats, ehealth);
- priorities of the WHO-Regional Office for Europe: positioning citizens at the center of the health services provided, ensuring their financial protection, improving governance and responsible planning and management of available resources; protecting against health threats (highlighting lessons learned during the Covid-19 pandemic, supporting governments in preparing and increasing response capacity, strengthening regional preparedness and response capacity, and producing crisis management assets);
- promoting health and well-being (supporting communities that encourage health and well-being, promoting healthier and better lives, improving patient safety and combating antimicrobial resistance, developing a strategic information system for different levels of inequalities in health and well-being, improving efficiency through innovation in digitization and organization of health programs and policies).

C.3 Project partnership

Describe the structure of your partnership and explain why these partners are needed to implement the project and to achieve project objectives. What is the contribution of each partner to the project?

Project brought together three cross-border partners with already established cooperation in the past and represents capitalization of previously conducted field activities, competences and experiences. We successfully worked together (SCREENGEN and BABYROHU projects) to achieve set goals, whether it has been investments, healthcare developments, learning new methods, or creating common protocols during professional exchanges. Ensuring equal access to healthcare and enhancing the resilience of healthcare systems, including primary healthcare, as well as facilitating the transition from institutional care to family and community-based care, are key goals for us. Project partners will take care of extension works (performed by CJTIMIS) and endowment (performed by ECCHT) of the Intensive Care Unit in Timișoara and Renovation Works of Pediatric Care infrastructure in Szeged (performed by SZTE) in the program area through repurposing and functionalization of existing spaces into new specialized salons in Timișoara, respectively convertible ward in Szeged. All project partners will cooperate and pay particular attention for increasing the competence of IC and Pediatrics current and future specialists and CB interoperability of IC and Pediatrics units, for the integration and use of project social media platform as digital engine to market for financing program and authorities, project vision and its key messages, for subsidy contract adequate and sustainable execution. The extensive network of relationships at this partnership level, partners group of experts, and the excellent professional qualifications and experiences of professionals at the Timisoara IC Clinic and Szeged Pediatric Clinic are guarantees that ECBC-PEIC will be realized and successful. These collaborations will establish also new partnerships, and we are looking forward to participate in joint projects in the future.

ECBC-PEIC balanced mix of PPs owns all the necessary competences to implement the planned activities. ECBC-PEIC composition reflects the complementary profiles needed to achieve set project goals and the main PPs roles are coherently and proportionally distributed. The project work plan is designed and implemented according to partners' core competences. Thus, the roles among project partners are allocated on the basis of their strengths and advantages in order to increase the added value of the cross-border cooperation, achieve economies of scale and exploit knowledge curves. The strategic added value is linked to a blend of capacities ensuring the efficient facing of the challenge of the project and a wide impact towards the cross-border territory. Partners are actively involved in the work plan and have the required competences, jurisdiction and political and financial support and will to successfully implement the ECBC-PEIC project. During project preparation (regular email, official addresses, bilateral or multilateral brainstorming and analysis physical and online meetings) the following conclusions and facts emerged for the further development and tasks division inside the actual proposed project partnership:

1. PPs appreciated that the activities and the roles assumed through the project are in accordance with the attributions of the three organizations, which undoubtedly assures the necessary guarantee for the achievement of the strategic impact of the project and the indicators of the financing program.
2. PPs have all the prerogatives necessary, a common institutional cooperation background, as well as specific experience and knowledge, that will prove useful for the optimum implementation of the project.
3. PPs have responsibilities, as well as relevant experience in gearing up and cooperating with local, regional, national, cross-border, international health sector stakeholders.

Project Partnership agreed methods of implementation are:

- dedicated partnership relations and committed involvement of all partners;
- strict coordination and well-organized project team;
- reasonable, well justified subcontracting;
- interactive exchange of knowledge and experience;
- active involvement of the stakeholders and target groups;
- link between the present and future territorial cooperation;
- use of the new investment works, state-of-the-art technological achievements and equipment;
- sustaining the multiplication of best practices, results and achievements of the project along the entire cross-border region and wider;

- promote new initiatives and policies for the cross-border area in order to develop new field, social values and responsibilities that will be used to stimulate the sustainable development, change behavior and raise awareness.

The project represents an important step in also consolidating project partnership while solving common problems of the partner counties, countries and its citizens, increasing their responsibility towards health public care and a better life of the current and next generations.

C.4 Project work plan

Number	Work package name
1	IMPLEMENTATION

Work package 1

Field	Value
Work package title	IMPLEMENTATION

Objectives

Your objectives should be: realistic and achievable by the end of the project; specific (who needs project outputs delivered in this work package, and in which territory); measurable – indicate the change you are aiming for.

Define one project specific objective that will be achieved when all activities in this work package are implemented and outputs delivered.

ECBC-PEIC Specific Objectives:

- Extension of the Intensive Care and Renovation of Pediatric Care infrastructure in the program area through repurposing and functionalization of existing spaces into new specialized salons in Timișoara, respectively convertible ward in Szeged;
- Increasing the competence of IC and Pediatrics current and future specialists and CB interoperability of IC and Pediatrics units;
- Integration and use of project social media platform as digital engine to market for financing program and authorities, project vision and its key messages;
- Subsidy contract adequate and sustainable execution.

Think about the communication objective that will contribute to the achievement of the specific objective. Communication objectives aim at changes in a target audience's behaviour, knowledge or belief.

Project communication objective is to leverage audience's behavior, knowledge or belief genuinely and positively in relation with proposed operations by:

- aligning project communication strategy towards project's related field of intervention information and promotion in the benefit of the established set of target groups, during and after project implementation period;
- ensuring a good coordination between the partners in the communication and dissemination activities in order to jointly convey the message of ECBC-PEIC and create a framework that allows project consortium and management authorities to capitalize upon project's communication database;
- emphasizing, during the project life cycle, key messages and actions in order to meet the objectives set by the consortium, by sustainable handling of project instruments, tools, resources and events;
- providing project sustainable information and promotion during project implementation and after the project ending.

Activity 1.1

Field	Value
Title	PROJECT MONITORING AND SUSTAINABILITY
Start period	Period 1, 1 - 6
End period	Period 5, 25 - 30
Partner(s) involved	JUDETUL TIMIS, SZTE, ECCHT

Description

This activity prioritizes the constitution and the optimum operation of project coordinative structures:

- Project Joint Steering Committee (PJSC)
- Project Implementation Committee (PIC)
- Joint working group (JWG).

Project will be implemented in accordance with: Subsidy Contract stipulations and annexes; Project management plan (PMP), subject of PIC meetings constant analysis for easing project decision-making in PJSC and also establishing the baseline against which project quality will be measured and describing the methods and procedures to be used for monitoring and verifying project quality progress; Project manager will initiate the developing of a Quality Management Plan (QMP) – a formal document that encompasses internal procedures that address key aspects of assessing project quality standards; Project team will follow its tasks for each member and seek excellence in internal information flows; constant, effective, and green (sustainable electronic, digital documentation and approval forums) information exchange between PPs is guaranteed by Communication Strategy which will be developed using only electronic formats: emailing, Zoom, Dropbox, Google Drive, PPs websites, project social media platform, technical communication platform. Project Communication Strategy (CS) remains a dynamic document with the possibility for review and changes based on lessons learned from its implementation. PIC and PJSC will make necessary changes and keep all stakeholders and partners informed, via project communication platforms and events. The joint working group (JWG) will be created by Project Partners. In the frame of 8 Joint Working Group sessions (2 face-to-face and 6 online) partners specialists will enable a consultancy support system for treatment of complex cases, will debate and formulate 1 cross-border patient transfer protocol, will debate, and jointly establish the coordination keys for setting up of operative communication channels. Project monitoring will be achieved: by Partners Project progress reports submitted to FLC, followed by CJTIMIS consolidated technical and financial reports submitted to JS and MA; by PIC, PJSC, JWG online and physical meetings to be held for monitoring/validation of project contents, finances, management performance, modifications etc.; by ensuring and building on a mutual, well timed, and trustworthy communication flow between Project Manager, Project Officer, Joint Secretariat and Management Authority.

Deliverables 1.1

Running number	Deliverable title	Description	Delivery period
D.1.1.1	Project CB forums constituted	3 CB forums will be constituted for project coordination: PIC, PJSC and the joint working groups (JWG) composed of specialists appointed by the project partners and relevant stakeholders	Period 1, 1 - 6
D.1.1.2	Project management meetings	At least 15, 3 for each period, PIC and PJSC management meetings are foreseen, gathering 150 CB participants	Period 5, 25 - 30
D.1.1.3	Project technical meetings	In the frame of 8 JWG sessions, gathering 80 CB participants, partners specialists will enable a consultancy support system for treatment of complex cases, will debate and formulate 1 cross-border patient transfer protocol, will jointly establish an operative communication channel.	Period 5, 25 - 30

Running number	Deliverable title	Description	Delivery period
D.1.1.4	Project Plans	We are registering here 1 PMP, 1 QMP and 1 CS / CP which will be updated permanently.	Period 5, 25 - 30
D.1.1.5	Project Communication Platform	We are registering here joint constant, effective and green information channel between PPs, media and other relevant stakeholders: the project social media platform.	Period 5, 25 - 30
D.1.1.6	Project Communication Events	The aim of the events is to present the vision and professional development of the project and to show how the project contributes to improving the quality of life and healthcare. The considered events are Opening conference in Timisoara; Closing conference in Szeged.	Period 5, 25 - 30
D.1.1.7	Project Communication tools	Providing 1 joint project visibility set in order to make the project's professional activities and achievements widely known. This will include: temporary and permanent information boards; bilingual people roll-ups + project posters; press releases and media campaign; project stickers.	Period 5, 25 - 30

Activity 1.2

Field	Value
Title	PROJECT INVESTMENTS PORTFOLIO COMPLETION
Start period	Period 1, 1 - 6
End period	Period 5, 25 - 30
Partner(s) involved	JUDETUL TIMIS, SZTE, ECCHT

Description

This activity is project hard pillar, grouping the contracting and execution of main targeted health infrastructure works OBJECTIVES: I1.1 SZTE PC investment and I1.2 CJTIMIS IC investment. ECCHT will procure additional and state of the art IC dedicated equipment. The investment planned by the University of Szeged Pediatric Department in Szeged will be implemented in the basement of the southern part of the building, with an area of 361 m2. In the available space, 7 double rooms and one single room for physically disabled patients will be established, resulting in a total of 15-bed patient care area. Each patient room will have its own bathroom. The necessary facilities for patient care will be arranged, including the patient admission desk, examination room, various storage rooms (e.g., textile storage, consumables storage, cleaning supplies storage), a patient waiting area, and for the staff, a medical room, a lounge, and necessary restroom facilities. CJTIMIS and ECCHT identified an area at the same floor with the current spaces of IC Clinic where 8 mixed medical and surgical IC beds can be arranged (4 rooms of 2 beds each, plus auxiliary room for staff on duty, spaces for equipment and sanitary materials storage, waste management area). This intervention will significantly increase the intensive care capacity from 27 to 35 critical patients. The intervention will create the needed conditions to have a set of previously purchased medical equipment (beds, various monitors, various other IC devices) that were added to the inventory of the mobile hospitals or temporary extensions of the IC departments operating during the pandemic and are currently stored) to be installed and brought into exploitation by the personnel of the ICU and integrated in the current activity of the clinic. To be fully functional, the ICU beds must be served by highly qualified personnel and be endowed with highly specialized medical equipment as, by their nature, ICUs are between the most technologized sectors within hospitals.

Deliverables 1.2

Running number	Deliverable title	Description	Delivery period
D.1.2.1	I1.1 SZTE PC investment completed	Works execution in accordance with technical documentation finalized by setting up a pediatric convertible ward with 15 beds by SZTE on the Hu side	Period 5, 25 - 30
D.1.2.2	I1.2 CJTIMIS IC investment completed	Works execution in accordance with technical documentation finalized by expanding the capacity of Intensive Care Unit Timișoara with 8 IC adult beds	Period 5, 25 - 30

Running number	Deliverable title	Description	Delivery period
D.1.2.3	ECCHT IC equipment OPERATIVE set	1 set of IC equipment will be acquired and made operational	Period 5, 25 - 30

Activity 1.3

Field	Value
Title	PROJECT INTERDISCIPLINARY COOPERATION
Start period	Period 1, 1 - 6
End period	Period 5, 25 - 30
Partner(s) involved	JUDETUL TIMIS, SZTE, ECCHT

Description

This activity is representing the soft, CB educational, exchange of experiences and knowledge core of the project. In the frame of 8 Joint Working Group sessions, partners specialists will enable a consultancy support system for treatment of complex cases. Partners will further cooperate to develop 1 cross-border patient transfer protocol, at least 1 operative medical communication channel, exchange of experiences (CB stages for residents, 8 residents per country, per year for 5 days per resident), quarterly webinars: in different tasks, joint thematic conferences: 2 times/year (1 HU and 1 RO).

In the framework of professional cooperation, knowledge transfer is planned on the following topics, such as:

- Role of triage in pediatric emergency care;
- What is the difference between pediatric and adult emergency care?;
- The role of telemedicine/telehealth in pre-hospital care of children: the Romanian experience;
- POCUS: new bedside method, how can we use it;
- Prevention of communicable diseases in pediatric practice – vaccination;
- Polytrauma care, pediatric perspective;
- The role of daycare in emergency pediatrics;
- Minimal invasive trauma care in pediatric practice;
- Teleconsultation and telemonitoring between the rural and tertiary care hospitals in pediatrics;
- Emergency care of acute mental diseases in childhood.

These assumed activities are project interdisciplinary cooperation sustainable education tools (SET) and sustainable planning tools (SPT).

Deliverables 1.3

Running number	Deliverable title	Description	Delivery period
D.1.3.1	SET: WEBINARS	10 CB webinars are foreseen with 50 participants / webinar, giving participants the opportunity to deepen their knowledge on a variety of topics, in an international and interdisciplinary professional environment, providing them a broad exposure to the latest healthcare procedures and practices.	Period 5, 25 - 30
D.1.3.2	SET: CONFERENCES	4 CB conferences, 1-day format conference, 2 RO, 2 HU, with at least 50 participants /conference, enabling participants to learn about different topics from expert speakers and research, thus enhancing their professional development, while presenting project's achievements.	Period 5, 25 - 30
D.1.3.3	SET: PRACTICE STAGES	4 CB (2 HU, 2 RO) practice stages (5 DAYS) for 32 (4 X8) CB residents, enriching their theoretical knowledge and practical skills, thus contributing to the dissemination and potentially implementation of good practices. Residents will gain first-hand knowledge	Period 5, 25 - 30

Running number	Deliverable title	Description	Delivery period
		of another country's health system.	
D.1.3.4	SPT: PROTOCOL	Partners will cooperate to jointly plan and develop one cross-border patient transfer protocol with the aim of establishing the most professionally efficient methods of transporting patients within and across borders.	Period 5, 25 - 30
D.1.3.5	SPT: SUPPORT SYSTEM	In the frame of Joint Working Group sessions, partners specialists will jointly plan and enable a consultancy support system for treatment of complex cases.	Period 5, 25 - 30
D.1.3.6	SPT: PROFESSIONAL COMMUNICATION CHANNEL	Partners will jointly plan, set and update one internal operative medical communication channel to prepare, deploy and evaluate exchange of experiences: CB stages for residents, quarterly webinars in different subjects, joint thematic conferences.	Period 5, 25 - 30

Outputs

Output 1.1

Field	Value
Output Title	ECBC - PEIC SOLUTIONS
Programme Output Indicator	RCO116_4.5: Jointly developed solutions
Measurement Unit	solutions
Target Value	3,00
Delivery period	Period 5, 25 - 30
Output Description	This project output cumulates 1 IC investment, 1 PC investment, 1 IC equipment set.

Output 1.2

Field	Value
Output Title	ECBC - PEIC PARTNERSHIP
Programme Output Indicator	RCO87_4.5: Organisations cooperating across borders
Measurement Unit	organisations
Target Value	3,00
Delivery period	Period 5, 25 - 30
Output Description	ECBC-PEIC balanced mix of cooperative organizations (CJ Timis, SZTE, ECCHT) owns all the necessary competences to implement the planned activities. ECBC-PEIC composition reflects the complementary profiles needed to achieve set project goals and the main PPs roles are coherently and proportionally distributed. The project work plan is designed and implemented according to partners' core competences.

Output 1.3

Field	Value
Output Title	ECBC - PEIC INTERDISCIPLINARY ACTIONS
Programme Output Indicator	RCO81_4.5: Participations in joint actions across borders
Measurement Unit	participations
Target Value	732,00
Delivery period	Period 5, 25 - 30
Output Description	Project implementation will deliver following types of CB actions and participations (p): 10 webinars (500p), 4 practice stages (32 p), 4 conferences (200 p).

Output 1.4

Field	Value
Output Title	ECBC - PEIC SUSTAINABLE PLANNING TOOLS
Programme Output Indicator	RCO83_4.5: Strategies and action plans jointly developed
Measurement Unit	strategy/action plan
Target Value	3,00
Delivery period	Period 5, 25 - 30
Output Description	Partners specialists will enable and will continuously jointly plan the development of 1 consultancy support system for treatment of complex cases, 1 cross-border patient transfer protocol, 1 operative medical communication channel.

Investments

Investment 1.1

Field	Value
Title	SZTE PC investment
Expected delivery period	Period 5, 25 - 30

Justification

Please explain why this investment is needed.

For the University of Szeged Department of Pediatrics and Pediatric Health Center the investment has multiple goals. The main goal is that the examination of children coming from primary care for children (children's family doctor and school doctor service) takes place in a suitable cubical environment, in a ward with two beds and a bathroom. The parent can be next to the child, in most cases the mother. This is an infrastructural investment that benefits not only the patients and their relatives, but also the staff working in the department. The other equally important goal is to make a part of the old building - which was built more than 70 years ago- suitable for 21st century patient care, thereby satisfying social and employee expectations. This investment would be the first step in eliminating the duplication of child care currently operating at several locations and taking steps towards the creation of a one-location model. The 15-bed, en-suite ward, suitable for isolation (with 2 beds per ward and one single ward accessible for persons with reduced mobility, ensures optimal and faster patient care while preventing the development of cross-infections, thus reducing the risk of infection. Additionally, the well-being of the sick children greatly improves, as they are not accommodated in typical hospital rooms but in a much more pleasant environment, resembling a home setting. This allows the mother to be constantly present. The renovation contributes to the promotion of an energy-efficient approach, as it is carried out with a focus on energy conservation and sustainability.

Please clearly describe the cross-border relevance of the investment.

The project will improve the health of the local population on both sides of the border by renovating and refurbishing two health departments. The lessons learnt from the development of these two wards will contribute to the organization of optimal patient care on both sides of the border, both for children-care and for intensive care. General forecasts by international health organizations show that epidemiological situations will be unavoidable in the coming years, and global warming predicts the emergence of new and unprecedented viruses, all of which will require efficient patient care and joint developments based on international cooperation. Throughout the healing process, we keep in mind - and aim to strengthen during the grant period - the perspective that the child spends as little time as possible at our clinic, and the majority of the healing process can take place in a home environment. The time spent in a healthcare institution is stressful for everyone. It is stressful for the child, as they are separated from their familiar world and away from friends. It is stressful for the parent who takes time off work and is away

from other family members who also need parental/maternal presence. Finally, it is also stressful for society, as the parent/mother is absent from their workplace. By facilitating early discharge, we contribute to ensuring that as many people as possible have access to healthcare in the shortest possible time, thus ensuring equal access to healthcare as soon as possible.

Please describe who is benefiting (e.g. partners, regions, end-users, etc.) from this investment, and in what way.

Our clinic is located in the Southern Great Plain Region and it is a III. progressive level patient care institution. The patient care provided to the people in the implementation area in our institution, primary care, inpatient and outpatient care are provided, in parallel with many specialties. The investment to be implemented in our institution is the development of a 15-bed inpatient ward, with the necessary service rooms, will primarily benefit child patients. The currently available cubature at the clinic does not meet today's social health expectations. With the investment, we want to provide sick children and their parents with an environment that would make the time spent inside easier. At the same time, professionals and doctors prefer to work in a renovated environment that provides all conditions. This investment could be the beginning of further clinical renovations, which also represents significant progress from the clinic's point of view, since the building built in the mid-1900s is now considered old. In an appropriate environment, which does not give the impression that the child is in a clinical ward, it also promotes recovery, and at the same time, the two-bed wards also contribute to the fact that the parent can be with the child continuously. With this, the parent can support their child's recovery.

In the case of pilot investment, please clarify which problem it tackles, which findings you expect from it, how it can be replicated, and how the experience coming from it will be used for the benefit of the programme area.

N/A

Location of the physical investment

Field	Value
Country	Magyarország (HU)
NUTS 2	Dél-Alföld (HU33)
NUTS 3	Csongrád (HU333)
Street, House number, Postal code, City	Korányi fasor 14-15, 6720, SZEGED

Risk associated with the investment

Describe the risk associated with the investment, go/no-go decisions, etc. (if any).

General financial risks: delay in reimbursement of payments, exchange rate fluctuations. Solutions: the expected exchange rate fluctuations were considered in the financial plans. The economic capacity of the partners participating in the project is able to bridge the delay in repayments so that the realization of the project is not jeopardized.

General risks affecting human resources: the determination of resource requirements in the plans is still not sufficient to carry out the work, staff loss. Specific risks: a management member leaves, the partners do not follow the schedule, the reports do not meet the requirements, delays, the management team does not reach a common consensus when writing the progress reports. The problem of construction, renovation, equipment procurement.

Solution: the management team and the lead partner have adequate experience in managing projects and handling problems. Meetings of the management group at regular intervals can help prevent dangerous situations. The program and schedule were designed with appropriate allowances and the involvement of experts. In the event of other problems, quick action with the involvement of experts, mutual assistance of partners.

Investment documentation

Please list all technical requirements and permissions (e.g. building permits) required for the investment according to the respective national legislation. If these are already available, attach them to this application form, otherwise indicate when you expect them to be available.

The planned investment does not require a building permit or any other permissions according to the respective national legislation.

For investments in infrastructure with an expected lifespan of at least five years, please indicate whether an assessment of expected impacts of climate change has been carried out. Should it be necessary, you must be ready to submit this documentation to the relevant programme body/ies.

N/A

Ownership

Who owns the site where the investment is located?

University of Szeged

The building and all the items and accessories are the property of the University of Szeged and operated by the University of Szeged. The department affected by the modernization is the Department of Pediatrics and Pediatric Health Center, 6720 Szeged, Korányi fasor 14-15, Topographic number 3724.

Who will retain ownership of the investment at the end of the project?

University of Szeged

The University of Szeged retains ownership of the building involved in the project after the project implementation.

Who will take care of the maintenance of the investment? How will this be done?

University of Szeged

Maintenance, operating and consumable costs will be provided by the hospital.

Investment 1.2

Field	Value
Title	CJTIMIS IC investment
Expected delivery period	Period 5, 25 - 30

Justification

Please explain why this investment is needed.

The IC section is an integrated part of ECCHT Timisoara, it is located at 2nd floor of it in buildings A and B and consists of several rooms arranged in a central hallway. The construction is a system with load-bearing masonry walls with thicknesses of 30/37.5cm, with pillars of 35x45cm and beams of 30x55cm. The floors are monolithic reinforced concrete with a thickness of 20 cm. Currently, the total usable space owned by the IC Section is approximately 800 m2, including the following spaces: hall; salons; CTA room; dressing room; storage warehouse for sanitary materials; department chief physician's room; office; guard room; registry office; toilet; storage room; clapper, filter. Since the currently owned space is too small and inefficiently structured from a constructive point of view, this investment focuses on the extension of the IC clinic, in a new identified and dedicated properly structured

space, located in the spatial continuation of the actual IC Clinic, respecting thus functional circuits and air conditioning, according to the legislation in force. RO side, in order to standardize the patient care spaces from a technical point of view, proposes the modernization of an area that is non-compliant at this moment, although it already hosts patients. The non-conformities are due to the non-fulfillment of the minimum conditions stipulated by the standards in the following areas: isolation; medical air; technical infrastructure; centralized monitoring capacity; ambient air filtration system; rooms with negative pressure for isolation of highly contagious patients; respective structure was put into use in 1974 and has not undergone any improvement until this moment. This intervention will significantly increase the intensive care capacity. To be fully functional, the ICU beds must be served by highly qualified personnel and be endowed with highly specialized medical equipment as, by their nature, ICUs are between the most technologized sectors within hospitals.

Please clearly describe the cross-border relevance of the investment.

By achieving the investment objective in the building in L. Rebreanu str. no. 156, the following CB positive effects are obtained: increasing the level of safety of patients and medical personnel; the immediate and specific treatment of patients who decompensate; isolation of patients with highly contagious pathology, according to the sanitary legislation in force, respecting the functional epidemiological circuits; decrease in the hospitalization of patients with possibly infectious pathology in the Emergency Unit; the design and arrangement of spaces and structures through which to obtain efficient functional circuits and equipment necessary for carrying out the medical activity, in compliance with the legislation in force for the prevention of nosocomial infections; streamlining and improving the department's work flow, reducing hospitalization time and implicitly increasing the number of cases that the department can solve; creating and developing effective circuits from admission to discharge in order to reduce the risk of infection, in accordance with WHO no. 914/2006 and with European norms; ensuring by standards a dynamic and continuous improvement of the quality of hospital medical services, including the whole set of activities of a logistic, technical and medical nature in order to speed up the recovery of the sick and their reintegration at work, in the family and in society; environmental protection - through specific standards for monitoring environmental factors in relation to the medical services provided and through the control of the application of regulations related to the quality of environmental factors; Increasing accessibility to specialized healthcare services by providing transparent information and involving a wider segment of the population; Human capital, both in terms of health and education and professional training, is of particular importance for the sustainable development of a community.

Please describe who is benefiting (e.g. partners, regions, end-users, etc.) from this investment, and in what way.

In the ECCHT IC Unit are hospitalized patients in serious condition from the hospital, with life in imminent danger, suffering from life-threatening organ failure, regardless of the causative disease (polytrauma, heart disease, acute poisoning, patients undergoing major surgical interventions, etc.). The 76 beds (from which only 27 beds are for advanced medical and surgical intensive care) dedicated to critical patients at the clinic cover all areas of pathology. Although the number of beds seems to be sufficient, their distribution in several areas and satellite buildings means that their provision is uneven, and the safety standards are not met in all these sectors. Thus, the global analysis at the level of the western ROHU region revealed that the area has an insufficient number of intensive care beds equipped according to the European standards in force, to cover the needs of the population on both sides of the border in emergency situations. Although the departments on both sides of the border have high-level medical knowledge and know-how, the hospitalization conditions require substantial improvement in certain sectors. Annually, an average number of about 67,000 patients are hospitalized in ECCHTT, plus an impressive number of presentations in the Urgent Reception Unit - UPU (over 80,000 presentations annually). For example, in 2019 - 79,812 presentations in the UPU, in 2023, January 1 - November 30, 2023, there were 74,672 presentations in the UPU. The degree of occupancy of the beds in the IC CLINIC is over 100% continuously, being forced to implement a prioritization list according to the severity of the cases, although all the cases addressed to us are critical. More than 3,500 patients are admitted to the IC CLINIC annually, a significant number of patients having to be treated in inappropriate conditions in the wards they come from.

In the case of pilot investment, please clarify which problem it tackles, which findings you expect from it, how it can be replicated, and how the experience coming from it will be used for the benefit of the programme area.

n/a

Location of the physical investment

Field	Value
Country	România (RO)
NUTS 2	Vest (RO42)
NUTS 3	Timiş (RO424)
Street, House number, Postal code, City	Liviu Rebreanu Boulevard 156, 300723, TIMIȘOARA

Risk associated with the investment

Describe the risk associated with the investment, go/no-go decisions, etc. (if any).

LEGISLATIVE RISK - This risk category is the hardest to be controlled by project partners. The frequency of legislation acts and procedures modifications can have a major impact upon project activities implementation. In terms of public procurement, our background in European projects is already signaling the low interest of potential contractors to participate at procedures and also the low quality of the offers received. Project partnership human resources will try to find the proper solutions in order to adapt to legislative modifications, if case. These solutions will be agreed inside project coordination forums and submitted for MA approval, if case. TECHNICAL RISK - This category of risks is subject of contracts execution and deal with: low quality delivery of works / services / equipment; under TOR requirements delivery of works / services / equipment; non-satisfactory execution of contracts. This type of risk management is done through: a) foreseen of sufficient time margins for procurement and contract execution; b) PP's will act jointly in terms of preparing the tender documentation; c) project team will act jointly in order to correctly evaluate the offers received and to optimum check the works, test the goods / equipment received. FINANCIAL RISK - Experience shows that financial delays are overall caused by complicated public procurement procedures, temporary financial shortage until internal budget approval, financial shortages within works execution or contractors' chain of works needed goods production, distribution and selling. This is a risk with medium impact, real probability and low likelihood. A rigorous budget control mechanism will be set up from the beginning, which will be sufficiently sensitive to provide warning of any likely problems in time for remedial action to be taken.

Investment documentation

Please list all technical requirements and permissions (e.g. building permits) required for the investment according to the respective national legislation. If these are already available, attach them to this application form, otherwise indicate when you expect them to be available.

Investment documentation is attached to the AF.

For investments in infrastructure with an expected lifespan of at least five years, please indicate whether an assessment of expected impacts of climate change has been carried out. Should it be necessary, you must be ready to submit this documentation to the relevant programme body/ies.

n/a

Ownership

Who owns the site where the investment is located?

The building is registered in CF 448544, CAD 448544-C1 and belongs to the public domain of Timiș county (CJTIMIS) and are under the direct administration of ECCHT, in accordance with Contract of Administration no. 17524 dated 09.12.2016, amended until now through further CJTIMIS Decisions, when needed. The owner is obliged to hand over the goods free of encumbrances and to take over the goods free of encumbrances, upon the termination, in any way, of the contract of administration. The administrator is obliged to keep a distinct record of his own assets and distinct record of the assets taken under administration. At least once a year, the administrator will present a report to the owner of his management. The report must include all the information necessary for verification its accuracy. The administrator is obliged to allow the owner, at any time, examination of registers and supporting documents related to its management. In the event that investment works are carried out that lead to an increase in the value of inventory of goods, after the final reception of the works, the administrator will communicate to the owner the report of final reception accompanied by the situation regarding the totality payments made for the execution of the works (pre-feasibility study, feasibility study, technical project, ISC taxes, notices of any kind, etc.) as well as the account book related to them.

The parties will cooperate in order to achieve this investment overall objectives: ensuring the quality of the hospital infrastructure in accordance with the operating norms; ensuring a correct medical diagnosis of the patient's health and safety; minimizing the times allocated to the investigations of patients in serious condition; ensuring all the normal spaces in the intrinsic structure of each section.

Who will retain ownership of the investment at the end of the project?

The ownership of the investment at the end of the project will be performed as described above. CJTimiș will be the owner empowered to: check if the use and destination of the assets given in administration is done in compliance with the provisions of the administration contract; monitor the manner in which administrators fulfill the obligations established by contract; control the manner in which the assets are used and maintained, with compliance with the established destination. ECCHT has the right to use, possess and dispose of the assets transferred into administration, in the conditions of the law and of this contract. ECCHT has the following obligations: to administer and preserve the assets as a good owner; to directly exploit the assets entrusted, under the conditions of the law and the present contract, without prejudice to the owner; to maintain the destination of the assets according to their specifics; to request approval for any investment, work or construction to be done carried out on land owned by Timiș County and placed under administration; to carry out cadastral works in order to update the Land Registers, in situation in which it is necessary. Topo-cadastral works will be subject to staff verification; to carry out technical expertise for the constructions received under administration; to carry out the seismic risk analysis for the constructions received in administration; in exercising the right of administration, to follow the application of precisely the provisions of the general legislation and special incidents, respecting the characteristics of the right to public property (they are inalienable, imprescriptible and inalienable); to ensure the protection of the Entrusted assets; not to constitute guarantees on the buildings transferred to administration, by pledging, mortgage, loan employment, or any other type of agreement.

Who will take care of the maintenance of the investment? How will this be done?

Investment maintenance will be performed under the same judicial and administration contract existing between the owner (CJTimiș) and the administrator (ECCHT). The administrator is thus mandated: to carry out fitting out, maintenance, repairs or replacement of elements of constructions and installations for exclusive use, if this is the case, as well as to repair or to replace the damaged construction elements and installations on time, with respect the legislation regarding construction authorization, so that it does not harm the owner; maintain the goods as a good owner and obtain all authorizations and/or approvals provided by law for good functioning, to keep the goods in good condition entrusted as well as their accessories, not to degrade/damage them, for the entire duration of administration; to ensure at his own expense, under the conditions of the law and within the limits of funds approved by the annual budget, the assets entrusted for administration, to the insurance company, bearing related expenses; to pay the utilities related to the spaces used, which were given to him in administration; not to dismantle

buildings without the owner's approval or to impose charges on them; not to assign the contract to a third person; to allow the owner access to the premises of the entrusted buildings, in order to control their condition; in the case of carrying out capital or current repairs of the subject buildings of the contract, the holder of the right of administration has the obligation to notify the owner in connection with the works to be carried out. The owner can appoint a specialist for the verification of the works estimates, following to express the agreement or refusal regarding their realization.

C.5 Project results

What do you expect to change because of the activities you plan to implement and the outputs you plan to deliver? Please take a look at the programme result indicators and select those that you will contribute to.

Result 1

Field	Value
Programme result indicator	RCR84_4.5: Organisations cooperating across borders after project completion
Measurement unit	organisations
Baseline	0,00
Target value	3,00
Delivery period	Period After project implementation
Result description	It is estimated that the same technical group will further cooperate during project sustainability period, capitalizing upon project outputs.

Result 2

Field	Value
Programme result indicator	RCR73_4.5: Annual users of new or modernised health care facilities
Measurement unit	users/year
Baseline	0,00
Target value	2.420,00
Delivery period	Period After project implementation
Result description	SZTE goal is to reach an annual case count of 2000 after the project implementation. ECCHT estimate is that on the 8 newly established beds they will annually admit a minimum number of 420 people, with an average duration of hospitalization of 7 days in Intensive Care.

Result 3

Field	Value
Programme result indicator	RCR85_4.5: Participations in joint actions across borders after project completion
Measurement unit	participations
Baseline	0,00
Target value	293,00
Delivery period	Period After project implementation
Result description	This result gathers the number of joint professional activities and participation. The result will be achieved by holding professional activities such as: webinar, conference. At least 293 participations in total.

Result 4

Field	Value
Programme result	RCR79_4.5: Joint strategies and action plans taken up by organisations

Field	Value
indicator	
Measurement unit	joint strategy/action plan
Baseline	0,00
Target value	3,00
Delivery period	Period After project implementation
Result description	Partners will continuously jointly plan the development of 1 consultancy support system for treatment of complex cases, 1 cross-border patient transfer protocol, 1 operative medical communication channel.

C.6 Project time plan

C.7 Project management

In addition to the thematic work you will do in your project, you will need time and resources for coordination and internal communication. Please describe below how you plan to organise yourself to ensure the project work runs smoothly.

C.7.1 How will you coordinate your project?

Who will be responsible for coordination? Will you have any other management structures (e.g., thematic groups, WP managers)? How will the internal communication work?

To attain ambitious project goals, efficient and effective coordination of the partnership activities must be ensured. As project coordinator, CJTIMIS will intermediate and provide overall coordination framework of the partnership.

The coordination structure of the project include:

- Project Joint Steering Committee (PJSC)
- Project Implementation Committee (PIC)
- Joint working group (JWG).

PJSC and PIC:

PJSC has the role of analysis and decision-making. Its members are designated by the management of the project partners and will be continuously consulted during project implementation. PIC is responsible for the implementation of the project is composed of all project team members. Generally PIC and PJSC operate by online communication. PIC and PJSC meetings electronic documentation will be adequately archived electronically by Project Manager. Physical meetings may be established anytime during project implementation with the agreement and presence of all project partners.

PIC and PJSC will operate in tandem and multistage management as follow:

1. Project PIC meetings (online management meetings) are programmed by Project Manager, with the acceptance of project team and with the presence of at least one member of the project team per each partner.
2. Project Manager will conduct each PIC meeting, on the basis of the previous formulated and submitted agenda and supporting documentation, and will collect live observations during the debate.
3. After each PIC meeting, based on recording and observations collected, Project Manager will edit and submit to each meeting participants the PIC meeting report;
4. Each PIC meeting report will be shared every interested party and they have the opportunity to give feedback and comments.

The project manager is designated by order of the project leader, Timiș County Council. It ensures the operational management for the implementation of the project, the coordination of the teams of the project partners designated for the implementation of the project and the thematic/technical working groups.

JWG:

The joint working group (JWG) will be created by Project Partners. In the frame of 8 Joint Working Group sessions (2 face-to-face and 6 online) partners specialists will enable a consultancy support system for treatment of complex cases, will debate and formulate 1 cross-border patient transfer protocol, will debate, and jointly establish the coordination keys for setting up of operative communication channels.

In which regards the project internal communication strategy, project team will follow its tasks for each member and seek excellence in internal information flows. The constant, effective and green (sustainable electronic, digital documentation and approval forums) information exchange between PPs is guaranteed by Communication Strategy which will be developed using only electronic formats: e-mailing, Zoom, Dropbox, Google Drive, PPs websites, usual social media platforms, other visibility channels.

Project Information Sharing follows the below principles:

- Establishing effective communication channels to share information about the project;
- Sharing up-to-date professional material (research findings, best practices, and lessons learned);
- Making sure that every development line with recommendation of existing regional organizations, such as the World Health Organization (WHO) or regional health organizations;
- Participating regular project meetings;
- Project Coordination of Public Health Measures: Coordinating efforts to implement consistent public health measures, such as protocols, testing strategies, and vaccination campaigns;
- Developing joint guidelines and protocol for managing the movement of people across borders. Project Research and Development Collaboration: Collaborating on research and development efforts for more effective healthcare systems for multiple area;
- Supporting cross-border education with programs that are aim to improve professionals.

Project coordinative structures and coordination strategy were jointly agreed to optimum reach project deliverables, the roles among project partners being allocated based on their strengths and advantages to increase the added value of the CB cooperation, achieve economies of scale and exploit knowledge curves.

C.7.2 Which measures will you take to ensure quality in your project?

Describe specific approaches and processes and responsible partners. If you plan to have any type of project evaluation, please describe its purpose and scope here.

Sound & quality project management is ensured by an objective distribution of tasks and responsibilities within the partnership, based on their capacities, competences, and previous experience.

Each PP will actively contribute to project success by setting up internal teams, by ethically and judicially transposing the assumed Subsidy Contract, Co-financing Contract (where applicable) and Partnership Agreement stipulations, respecting thus agreed project management plan & timetable, spending forecasts, deadlines for technical and financial periodic Project Partner Reports and Project Consolidated Reports and Applications for Reimbursement.

Project control requires:

- Monitoring the progress made according to the plan;

- Ensuring through control a stability and a relationship of trust within project partnership, between team members;
- Adequate participation and productivity necessary for the realization of the project;
- Maintaining a balance between cost-terms-quality;
- Taking corrective measures to maintain the project according to the established plan.

Project control and monitoring will be achieved:

- by Partners Project progress reports submitted to FLC, followed by CJTIMIS consolidated technical and financial reports submitted to JS and MA.
- by PIC, PJSC, JWG online and physical meetings to be held for monitoring/validation of project contents, finances, management performance, modifications etc.
- by ensuring and building on a mutual, well timed and trustworthy communication flow between Project Manager, Project Officer, Joint Secretariat and Management Authority.

The measurement structure of the project include:

- Project Management Plan (PMP)
- Quality Management Plan (QMP)
- Project Communication Strategy (CS)

The Project Management Plan (PMP) is subject of PIC meetings constant analysis for easing project decision-making in PJSC and establishes the baseline against which project quality will be measured and describes the methods and procedures to be used for monitoring and verifying project quality progress. It includes the quality requirements, management activities & organization.

In addition to PMP, Project manager will initiate the developing of a Quality Management Plan (QMP) – a formal document that encompasses internal procedures that address key aspects of assessing project quality standards. It focuses on the processes used to plan, implement, document, and asses the project's level of quality. The plan defines the project's policies, objectives, principles, responsibilities and accountability as it relates to project quality and outlines how the project team will implement, perform, and measure those policies. QMP is enabled to:

- Ensure a shared understanding of quality objects: Project manager will conduct team meetings to ensure that its project team colleagues have a shared understanding of project quality and its objectives. Each project team member should make efforts to attend project meetings, this being considered critical to their performance in the project. This creates room for better understanding, communication, and discussion between the members themselves.
- Collect and analyze input data such as: Project scope: This document includes a detailed mention of the project timeline, deliverables, resources, and other such significant aspects; Subsidy contract requirements; Risk register: It mentions all the risks and constraints that might intervene in project implementation; Quality standards: include standards for project processes, partnership functionality, regulatory compliance requirements, project deliverables and project management performance.

Project quality control focuses on areas such as prevention, by keeping errors out of the process of implementation. The main outcomes of quality control activities include: Rework – Actions taken to correct potential errors in project implementation; Process adjustments – Actions taken to correct or prevent future quality problems in project implementation.

Project quality is underpinned also by project communication objective set to qualitatively leverage audience's behavior, knowledge, or belief genuinely and positively in relation with proposed operations by:

- aligning project CS towards project's related field of intervention information and promotion in the benefit of the established set of target groups, during and after project implementation;
- ensuring a good coordination between the partners in the communication and dissemination activities to jointly convey the project message and create a framework that allows project consortium and management authorities to capitalize upon project's communication database;
- emphasizing, during the project life cycle, key messages, and actions to meet the objectives set by the consortium, by sustainable handling of project instruments, tools, resources, and events;
- providing project sustainable information and promotion during and after project implementation.

C.7.3 What will be the general approach you will follow to communicate about your project?

Who will coordinate project communication and how will he/she ensure the involvement of all partners? How will the communication function contribute to transfer your project results? Please note that all communication activities should be included in the work packages, as an integral part of your project. There is no need to repeat this information here.

Project Communication Strategy (CS) will be a dynamic document with the possibility for review and changes based on lessons learned from its implementation. PIC and PJSC will make necessary changes and keep all stakeholders and partners informed. CS will be operationalized into a communication plan and matrix, annually, initially formulated by Project Manager and submitted to partners for completion and approval. This communication strategy will serve as a guide for all activities related to internal and external communications for the project and support the implementation of the project interventions, thereby achieving the results sought by the project. It is expected to contribute to the development of high-quality project field knowledge products and their dissemination, enhancing project visibility, governance, and active coordination among the project target groups/ stakeholders/partners.

Project partnership agreed the following key benefits and patterns to be followed within our strong communication plan and matrix:

- A clear, concise communication plan is the best tool to ensure that all project target groups / stakeholders are provided vital project information in a timely and effective manner;
- A communication matrix sets the expectations for target groups / stakeholders on when and how they will receive project updates, as well as increasing the stakeholders' visibility into the project's status;
- A well-constructed communication matrix allows for the most efficient use of project resources because communication between crucial stakeholders minimizes the waste associated with uncertainty around project goals and objectives;
- An effective communication matrix allows for faster decision-making when it is required, as all critical elements of the project are documented and communicated regularly and expectedly.

CS coordinates:

1. Goal – Ensure visibility and impactful communication for the successful implementation of the Project
2. Outcome – Strategic partnerships and effective communication enhanced
3. Strategic Interventions – To ensure the achievement of the goal and the outcome of this CS; the following broad strategic interventions will be pursued:

- Media engagement increased – Project partnership will foster, manage, and sustain partnership with the local media channels through relevant project news stories to ensure wider reach of the project's progress and impact. Media will be invited to project main CB interactions. Project social media platform will be used, developed, and will provide new content (ECBC – PEIC project specific content and materials) to media channels by uploading appropriate content for adequate information and raising awareness by garnering support from various stakeholders and partners.

- Project partnership will adopt effective and appropriate communications systems and processes such as coordination meetings, workshops, and trainings to enable increased understanding of the project deliverables and requirements. Such enhanced understanding will strengthen strategic partnerships and improve ownership of the project by all the stakeholders and partners.
- Institutional and Human Resource (HR) capacity enhanced – Digital transformation is a reality and the need of the hour, especially in the field of marketing and communications. Also, other skills such as report writing, storytelling etc. are essential tools for the communications team for effective and efficient storytelling and messaging. As a cross-border partnership, ECBC – PEIC project is endowed with a rich pool of experts in diverse fields, with extensive experience in community mobilization at grassroots level. Project will capitalize on these assets. Therefore, the implementing partners will build the capacity of the project team in the field of media engagement, storytelling, digital analysis, crisis communication, audio visuals, graphics, project communications and branding.
- Appropriate and effective communication products, systems and processes developed – Project partnership will develop a new informative section (within PPs webpages) and a social media platform dedicated to the project. All project information including data and lessons learned will also be shared through the social media platform. Impactful communication materials and products will be developed to reach audiences at all levels. These initiatives will help project partnership to effectively communicate and garner stakeholder and community support for policy advocacy, political will and commitment.

To properly implement the communications strategy, the communication matrix is critical to organize information based on the target audiences. This matrix will provide an overall framework to determine communication purpose, key messages, and target audiences to guide proper and effective communication.

C.7.4 How do you foresee the financial management of the project and reporting procedures for activities and budget (within the partnership and towards the programme)?

Define responsibilities, deadlines in financial flows, reporting flows, project related transfers, reclaims, etc.

After defining the project objectives, the project partnership conducted a brief cost-effectiveness analysis of potential project solutions, in order to identify and select the economically most efficient way to fulfil the objectives. We intend to use ex post evaluation to measure the economic efficiency of the project. In that sense, we defined conditions for use, estimated the total costs, and established base values for project specific objectives, which we will use to establish cost-to-effectiveness ratio after project implementation, through the evaluation of the project. Project planned activities are aimed to provide proper use of the requested financing, considering this project but also foreground investments, CB cooperation projects that may be generated by this application. Project financial resources will be used in order to deliver Project Deliverables, the foundation of Project Outputs.

Project is based on one budget, which is the sum of each partner allocation, mirroring activities that they will carry out, and allocated on a real cost basis. There is no overlapping between PPs, choosing the interventions which yields the best outcomes regarding the objectives and available resources optimized. Proposed methodology reflects the best way to arrive at the desired results, using the method “best value for money”, “strategic investments”, “cost optimization”, “sustainable financial use and reuse of resources”, “no cost targeted activities.”

Project work plan will enable a financial tool for day2day financial management (monitoring of expenses incurred) to be used by each PP. The level of spending is constantly shared with Project Manager to keep financial management under control. For all external services, supplies and works contracting PPs will use the in-force legislation.

Each partner assumes responsibility for managing their allocated budgets, submitting technical and financial reports, and upholding compliance with program guidelines. Each partner will ensure that its expenditures are verified and validated by a controller from the state on whose territory it is located, before the project report is submitted. The LP and project partners will create partner reports and submit them in JeMS, for all defined periods within the

application form, if they have realized expenditures to be requested to FLC verifications during a specific period. The description of the progress of the activities in partner reports will cover exactly the period of the requests for FLC verifications. LP will prepare all documents and make sure that all project partners prepare their documents, to be verified (including the description of the activities' progress and relevant documents as foreseen by the draft of the partner reports within JeMS) before drafting and forwarding the project report. All supporting documents should be uploaded by the partners via electronic system. The LP will create and submit in JeMS the project reports including both financial and physical progress of the project, integrating the information provided by the Project Partners in their partner reports, based on the conditions provided hereunder, in the Project Implementation Manual, JeMS manual and in the applicable legislation. The project report submitted by the LP shall contain only validated expenditure and shall be supported by the First Level Control Certificates issued by the Controllers. The LP shall submit project reports in JeMS in maximum number of months from the end date of each reporting period – as defined in the JeMS system – and whenever requested by the Joint Secretariat (JS). The final project report will be submitted in JeMS in accordance with PIM. The validated expenditures related to the final project report will be reimbursed only after its approval, confirming the achievement of the project results and indicators.

The funds are reimbursed only in Euro and will be transferred into a special bank account, indicated by the LP. The exchange rate risk is borne by the beneficiary concerned. The expenditure incurred in a currency other than the euro shall be converted into euro by using the monthly accounting exchange rate of the Commission in the month during which that expenditure was submitted for verification to the first level controller. The LP will transfer the received ERDF amounts to all project beneficiaries within 5 working days as of receiving the payment from the MA and will make no deduction, retention or further specific charge from the ERDF amounts it receives.

Project partnership states that the best way for assuring joint cooperation, planning and improving health services consist in concentration of financial resources on project proposed interventions where cross-border cooperation brings added value and the Interreg Programme represents the main option for funding.

C.7.5 Cooperation criteria

Please select all cooperation criteria that apply to your project and describe how you will fulfil them.

Joint development

Field	Value
Selected	Yes

Joint development in this project is the result of a collaborative effort that leverages the extensive history of cooperative work and the diverse expertise and experience of each partner. The proposed project was conceptualized and developed by the project partners both in physical meetings organized in Szeged and Timișoara and in online meetings between August 2023 and January 2024. Thus, the objectives, the activities, the expected results and the distribution of the budget between the partners were dimensioned and agreed during the mentioned period with the representatives of the 3 project partners. The team for the development of the documentation for accessing the financing program organized at the level of the project leader Timiș County Council ensured a permanent communication channel with the designated representatives of the project partners, including the technical-economic documentation design teams for the planned investment objectives. Thus, on the Ro side, coordination meetings were organized with the design team to establish the requirements for updating the technical-economic documentation so as to comply with the requirements of the financing program and at the same time respond to the needs of IC expansion. On the Hu side, the project partner ensured the coordination with the designer of the technical and economic documentation, including consultations between partners to ensure the functions according to the agreed CB project concept. This approach allows for the pooling of resources, expertise, and knowledge, leading to more effective and impactful projects. By jointly developing and implementing initiatives, the project partners can address common challenges, share best practices, and ensure the efficient use of resources.

This collaborative approach fosters a sense of shared responsibility and accountability, ultimately contributing to the successful achievement of the project's goals and building of resilience in the cross-border region.

Joint implementation

Field	Value
Selected	Yes

All the project activities will be jointly conducted by the Joint Project Team, PJSC, PIC and JWG. PP's will jointly support and participate within the overall preparation, organization, deployment and reporting of assumed project activities and results.

Main considered aspects of joint implementation are:

- LP has the responsibility of implementing the project according to the provisions of the application form approved by the Joint Monitoring Committee and its annexes, of the Partnership Agreement and of the national and European legislation in force;
- LP shall be responsible in front of the MA for the implementation of the obligations assumed in the Contract and in the Partnership Agreement, for the implementation of the project and for achieving the goals stipulated in the contract and its Annexes.

Furthermore, for project overall successful implementation, each PP:

- implements the part of the project for which it is responsible, in due time, according to the descriptions of the (individual components) Application Form;
- has the responsibility of implementing the project according to the provisions of the national and European legislation in force. Observes the national and European legislation in general and especially on public procurement, state aid, equal opportunities, sustainable development, environmental protection;
- is responsible for its budget up to the amount it participates in the project: Shall maintain a proper analytical accounting system and separate bank accounts for the project;
- supports the lead partner in drawing up project reports and the final project report by providing the required data on time drafts and submits to the lead partner all necessary data for the project reports. Results of the activities planned within the project are to be capitalized within the framework of the agreement and the medical protocol of cross-border cooperation during the implementation and sustainability period of the project.

Joint staffing

Field	Value
Selected	Yes

The joint staffing approach highlights the commitment of partners to work together seamlessly to maximize the project's impact and outcomes in the cross-border region. LP will act in close collaboration with all the actors involved and will maintain a transparent and joint decision framework for the project. As a very important component, here is registered the conducting of all joint staff activity in accordance with the above Coordination, Communication and Financial Strategies, all of them translated into project activities, deliverables, results and outputs, during and after project implementation. Regular project partner online meetings and joint staff actions are foreseen within project implementation. The professional expertise and skills levels considered in the project are detailed in Application form and its annexes, are designed for adequate implementation of the project. This cross-border cooperation joint team will use its main soft management skills in order to execute the subsidy contract properly and sustainably. Collaboration is the cornerstone of our project management skills. Collaboration will help us get work done quickly and more efficiently, our project being inherently more creative and well developed.

Furthermore, teamwork ensures that everyone in our team feels welcome, valued, and they are supported to contribute. For our joint team, time management and organization skills go hand in hand. Problem solving skills are collaborative, iterative skills that help us approach a problem and, ultimately, solve it, by tackling bottlenecks from new perspectives and methodically working towards a solution. At some point, aspects of our project plan will change. Maybe our deadline or priorities shifts, and we need to adapt our workflow accordingly. We envisaged HR suitable to pivot and adapt to new situations, to continue steering our project team in the right direction, to surpass and solve potential conflicts.

Joint financing

Field	Value
Selected	Yes

Joint financing is a fundamental aspect of this project's financial strategy, emphasizing collaboration and resource allocation among the partnership. The project's budget has been meticulously designed to match the unique requirements and collaborative activities of each partner.

Each project partner commits to co-finance the project based on the proportionate share of requested funding, aligning with their specific contributions to the joint project endeavors. All project activities are implemented and financed jointly by PP's, a major focus of the project being the allocation of joint financial resources for CB impact actions, joint benefit and sustainable use of results, by tackling main potential risks. For financial delays caused by complicated public procurement procedures, temporary financial shortage until internal budget approval, financial shortages within contractors' chain of production, distribution and selling or non-satisfactory execution of contracts, a rigorous budget control mechanism will be set up from the beginning, which will be sufficiently sensitive to provide warning of any likely problems in time for remedial action to be taken. PP's have foreseen sufficient time margins for procurement and contract execution. The primary principle that underpins the financial approach of this project is the concept of joint collaboration and resource pooling. It recognizes the importance of combining financial resources to support cross-border initiatives effectively. This strategy ensures that the results generated by the project are not only impactful but also mutually beneficial and sustainable. By collectively investing in the project, the partners demonstrate their commitment to its success and the achievement of common goals related to health sector. This approach fosters a sense of shared responsibility and accountability among the partners, strengthening the overall partnership and enhancing the project's effectiveness in the CB region.

C.7.6 Horizontal principles

Please indicate which type of contribution to horizontal principles applies to the project, and justify your choice.

Sustainable development

Field	Value
Type of contribution	positive effects

The project combines environment, social, economic, institutional and technology aspects of sustainability. In addition to the proposed sustainable infrastructure and state of the art endowment, project focuses on CB sustainable cooperation in order to achieve:

- an increase of the competence of medical personnel working in intensive and pediatric care;
- creation and usage of work protocol that allow the rapid exchange of medical information between the two regional university hospitals representative for the geographical areas of the two countries and beyond;
- creation of protocol and procedures conceived to allow for a rapid bidirectional transfer of patients in demanding emergency situations;

- organization and unrolling of comprehensive conferences that will disseminate the IC and PC expertise of the project partners and other experts and the project outputs and experience into the entire CB area and beyond.

Thus, two medical universities that are functioning in Timișoara and Szeged, supervising from a scientific and professional point of view the activity of the two major regional hospitals, will benefit, as various healthcare professionals they employ will be involved in the project, both as project team members or as participants to project events. They will increase their competences at both professional and managerial levels. Additionally, within the project, some of the activities will result in joint educational interventions, dedicated to residents and other junior staff, or in week-long cross-border practical, on-site, cross-border stages for residents that, based on immediate joint work and learning, will determine the setting up of closer and deeper human and professional relationships between young doctors, better understanding of the common issues and regional complementarities, openness and readiness towards future collaborations.

Equal opportunities and non-discrimination

Field	Value
Type of contribution	positive effects

The project actively engages with local communities and public authorities in both Timiș and Csongrád-Csanád Counties, ensuring that all stakeholders have equal opportunities to participate in and benefit from primary, emergency and intensive care development initiatives. It promotes inclusivity by involving a diverse range of actors, regardless of gender, age, ethnicity, or socioeconomic background. The commitment to equal opportunities and nondiscrimination will be upheld through the inclusion of specific requirements in the tender documents. These requirements, mandated by national legislation, are designed to ensure that all project stakeholders adhere to fundamental principles, with a particular emphasis on eliminating discrimination throughout the contracting process. In practical terms, this means that explicit criteria and conditions will be established when choosing contractors or collaborators. These criteria will explicitly prohibit any form of discrimination and will guarantee that the selection process remains equitable and impartial, thus fostering equal opportunities for all potential contractors or partners. This unwavering commitment to nondiscrimination mirrors the project's overarching objective of championing fairness and inclusivity throughout its implementation.

Equality between men and women

Field	Value
Type of contribution	positive effects

Promoting gender diversity and ensuring a balanced representation of perspectives is a fundamental aspect of the project's commitment to inclusivity and social equity. The project recognizes that diverse teams and stakeholder groups lead to more innovative solutions, better decision-making, and a broader range of experiences that can contribute to the project's success. The project aims to have gender-inclusive leadership by encouraging both men and women to take on leadership roles within the project consortium. This ensures that decision-making processes benefit from diverse perspectives. The project partners commit to providing equal opportunities for men and women in all aspects of the project. This includes recruitment, selection, and participation in expert roles and thematic groups. The principle of equality between men and women will be upheld by incorporating specific requirements, according to national legislation, into the tender documents. These requirements will ensure that all project stakeholders adhere to fundamental principles, with a particular emphasis on achieving gender equality throughout the contracting process. This means that explicit criteria and conditions will be established when selecting contractors or collaborators to guarantee that gender-based discrimination is strictly prohibited. The selection process will be structured to provide equal opportunities for all potential contractors or partners, regardless of gender. This strong commitment to gender equality aligns with the project's overarching goal of promoting fairness and inclusivity in all aspects of its implementation.

C.8 Long-term plans

As a programme, we would like to support projects that have a long-lasting effect in the territory and those who will benefit from them. Please describe below what you will do to ensure this.

C.8.1 Ownership

Please describe who will ensure the financial and institutional support for the outputs/deliverables developed by the project (e.g., tools), and explain how these outputs/deliverables will be integrated in the work of the institutions.

Project partnership have jointly agreed the following general sustainable ownership and administration principles:

- To maintain the ownership for all the works and goods, during the project and within its sustainability period;
- To use, own and dispose of the works and goods, according to the law and the stipulations of the subsidy contract.
- To manage and maintain the works and goods acquired within the project, as a responsible owner would;
- To use the works and goods and to plan ongoing (development) investments that are within the scope of original investment's contracts, according to the law;
- To perform maintenance works, repairs, replacements, all in order to ensure works and equipment functionality while to induce no prejudice;
- To obtain all necessary authorizations and/or notices/approvals required by the law in order to ensure the proper functioning of the works and goods, to maintain in good conditions all the works and goods and their accessories, to avoid their deterioration during the sustainability period;
- To pay for the utilities required for the use of works and the equipment storage spaces;
- In exercising the rights of administration, all partners must follow the applicable specific and general legislation, taking into consideration the specifics of public property (which is inalienable, imprescriptible and unobtrusive).
- Not to mortgage the works and equipment and storage spaces, through any type of convention/contract.

These principles are backed by the existing Administration Contract between CJ Timiș and ECCHT (17524 / 2016, attached to AF), which governs the relation between the parts, their mutual responsibilities in administrating current and new infrastructure, as well as by SZTE solely and directly involvement in managing its current and new assets.

Multi-annual budgets will be thus containing amounts allocated by each partner in order to maintain and develop the new infrastructure items generated by this project:

- a 15-bed patient care unit would be established in the basement of the Pediatric Department SZTE, providing infant and pediatric care in basic situation, meeting the community's every need. In emergency situations, it can be immediately transformed into a separable tertiary care unit, functioning as a rapid-response department where even temporary non-invasive intensive care can be provided, as the necessary medical gases are available in the patient rooms, as a result of the project, there will be an improvement in the quality and scope of healthcare services provided by the Children's Clinic. The costs of the healthcare services provided by our clinic are covered by a health insurance system operating on the principle of solidarity, ensuring the long-term sustainability and durability of the project for the children who represent the future of society, enabling them to become valuable members of the community;
- CJTIMIS and ECCHT interventions will significantly increase the intensive care capacity from 27 to 35 critical patients; the ICU beds will be served by highly qualified personnel and be endowed with highly specialized medical equipment as, by their nature, ICUs are between the most technologized sectors within hospitals.

Health care trends tick off the importance of medical infrastructure and care providers owners' importance in which regards its strategic value for overall CB area living standards. In recent times, we have learned a lot from the COVID pandemic, which has shown us that the management of an epidemic affecting a large portion of the population requires rapidly responsive units capable of providing care for adult and pediatric patients through expert exchanges and the exchange of medical equipment tailored to the patient material. According to WHO predictions, future global pandemics are expected, with the primary cause being global warming, leading to tropical diseases such as malaria or Dengue fever. In addition to pandemics, natural disasters or emergency situations may also occur, for which rapid-response units are also needed.

C.8.2 Durability

Some outputs/deliverables should be used by relevant groups (project partners or others) after the project's lifetime, in order to have a lasting effect on the territory and the population. For example, new practices in urban transport need to be used by local authorities to have cleaner air in the city, and the whole population will benefit from this. Please describe how your outputs/deliverables will be used after the project ends and by whom.

Institutional: The project creates joint structures working to develop the common sustainable primary, emergency and intensive care. The common or similar EU, regional and environment policies and strategies pursued by both countries provide a strong driver for joint cross border actions at regional and local level in the future. The institution to institution, organization to organization and people to people links are expected to underpin institutional sustainability.

Logistic: the project partners complete works and purchase special equipment. Works execution and purchase of equipment raises the issue of meeting maintenance and spare parts costs. Spare parts and maintenance costs for the infrastructure and equipment will be covered by the project partners.

The development defined in the project align precisely with the goal of the University of Szeged Pediatric Department. The project brings the SZTE one step closer to transitioning from providing patient care at three separate locations to operating at a single site. In the basement of the building, the be established 7 two-bed rooms and 1 one-bed room with disabled access that meet the needs of modern patient care. Additionally, there will be a patient care unit suitable for isolation, as currently, the rooms with 4 beds not have attached bathrooms. A much more socially, health, and hygiene-acceptable patient care space is being designed. In the coming years, the department will be capable of providing daytime hospital care, handling inpatient care requiring isolation, and, if circumstances necessitate, temporarily managing patients requiring non-invasive intensive care, depending on the evolution of patient numbers. In the ECCHT IC Unit are hospitalized patients in serious condition from the hospital, with life in imminent danger, suffering from life-threatening organ failure, regardless of the causative disease (polytrauma, heart disease, acute poisoning, patients undergoing major surgical interventions, etc.). More than 3,500 patients are admitted to the IC CLINIC annually, a significant number of patients having to be treated in inappropriate conditions in the wards they come from.

Social: the project benefits reach communities, bringing improved CB health services. All social benefits are underpinned by the involvement of community leaders.

Tools and effects: The jointly developed protocol, the establishment of a common communication channel, and the creation of a consulting support system for handling complex cases, along with mutual resident exchange for educational and experiential purposes, all contribute to achieving the set goals. Moreover, this solidifies the long-term sustainability of the common professional relationships and the results created in the project. The project will impact the community by ensuring access to healthcare services in an appropriate environment. It aims to enhance knowledge exchange among healthcare professionals, particularly in solving complex cases, which they will apply in their daily activities. The healthcare staff will disseminate the knowledge and expertise achieved through the project partnership, influencing medical practice in both Hungary and Romania.

Project intervention has CB durable and positive effects:

- increasing the level of safety of patients and medical personnel;
- the immediate and specific treatment of patients who decompensate;
- isolation of patients with highly contagious pathology, according to the sanitary legislation in force, respecting the functional epidemiological circuits;
- decrease in the hospitalization of patients with possibly infectious pathology in the Emergency Unit;
- the design and arrangement of spaces and structures through which to obtain efficient functional circuits and equipment necessary for carrying out the medical activity;
- streamlining and improving the department's work flow, reducing hospitalization time and implicitly increasing the number of cases that the department can solve;
- creating and developing effective circuits from admission to discharge in order to reduce the risk of infection;
- ensuring by standards a dynamic and continuous improvement of the quality of hospitals medical services, including the whole set of activities of a logistic, technical and medical nature in order to speed up the recovery of the sick and their reintegration at work, in the family and in society;
- environmental protection - through specific standards for monitoring environmental factors in relation to the medical services provided and through the control of the application of regulations related to the quality of environmental factors;
- increasing accessibility to specialized healthcare services by providing transparent information and involving a wider segment of the population.

C.8.3 Transferability

Some outputs/deliverables that you will deliver could be adapted or further developed to be used by other target groups or in other territories. What will you do to make sure that relevant groups are aware of your outputs/deliverables and are able to use them?

Project key transferable cooperation assets: The experience gained through medical collaboration, knowledge exchanges, the establishment of common protocol, and the creation of a communication channel can form a strong foundation for accessing another future project in the medical field. As participants in the project share their knowledge with their colleagues, this expertise can pave the way for further successful collaborations. The leaders of the institutions involved in the project, as well as the professional directors and coordinators participating in the project, can contribute to sharing their knowledge with other departments and institutions. In doing so, they can initiate successful collaboration in future projects. The flow of information is continuous among the project members. The planned infrastructure development results in sustainable professional collaboration, forms the basis for further enhancements, and ensures enduring health benefits for the regions. Patient and professional mobility, joint discussions, professional meetings, and collaboratively planned public awareness campaigns strengthen the cohesion of the cross-border population. The project team communicates cross-border collaboration both during and after the project, enabling the initiation of similar collaborations in the future by other projects.

Project vision key transferable assets: The operational principle of the ROHU healthcare delivery systems is to facilitate the provision of healthcare services and achieve public health goals. The aim of healthcare services is to promote health, restore well-being, prevent deterioration of health, and facilitate the integration of individuals with changed health conditions into work or the community. Every patient must be ensured long-term, personal, continuous healthcare based on their place of residence or its vicinity, irrespective of the patient's gender, age, or illness. Important components of primary healthcare include general practitioner and pediatric care, dental primary care, on-call services related to primary care, midwifery care, and school health services. Outpatient specialist care involves the continuous healthcare provided by a doctor, either based on referral from the attending physician or

upon patient request. It includes single or occasional healthcare interventions performed by a specialist, as well as continuous specialist care for chronic diseases not requiring inpatient care. Inpatient care includes diagnostic, therapeutic, rehabilitative, or nursing care provided during continuous residence, as well as occasional or curative interventions requiring defined periods of observation. Different healthcare institutions organize various forms of specialist care, tailored to the frequency of specific diseases, population size, and regional units, usually ensuring availability in cities. Other healthcare services, as defined by law, encompass emergency care, rescue operations, patient transport, nursing care, specialized healthcare services meeting certain special needs, care for dying patients, rehabilitation, medical device supply, pharmaceutical supply, psychotherapy and clinical psychology, non-conventional healing and quality-of-life improvement procedures, various medical treatments, and expert activities conducted within the framework of healthcare.

Project partners field leadership transferable assets: IC Clinic Timisoara is the only clinic in the west of Romania that has advanced procedures for extracorporeal support of vital functions (ECMO - extracorporeal membrane oxygenation, extra-corporeal CO2 removal, CRRT - continuous renal replacement therapies, TPE - therapeutic plasma exchange, ELS - extracorporeal liver support). Szeged University is the largest healthcare institution in the Southern Great Plain region of Hungary, providing specialties and sub-disciplines for which only a few facilities are needed nationally due to low patient numbers, high professional care levels, or high costs. This includes services such as hemodialysis, plasmapheresis, transplantation-related care, biological therapies, neonatal and newborn surgery, hemato-oncological care, autoimmune diseases, and rare endocrine and metabolic genetic diseases.