Project idea form - small projects

Version 2.1

Registration no. (filled in by MA/JS only) _____

Project Idea Form

Date of submission 05/06/2025

1. Project idea identification

Project idea name	Digital Tools for Inclusive and Efficient Health Care Services
Short name of the project	*(max. 20 characters incl. spaces)*
Previous calls	yes ◯ no ◉
Seed money support	yes ◯ no ◉

2. Programme priority

	1. Innovative societies

3. Programme objective

	1.2. Responsive public services

4. Potential lead applicant

Name of the organisation (original)	VšĮ Vilniaus rajono poliklinika
Name of the organisation (English)	Public Institution Vilnius District Polyclinic
Website	https://vrp.lt/
Country	LT

Type of Partner	Hospital and medical centre

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Which organisation(s) in the planned partnership take part in a project within the Interreg Baltic Sea Region Programme for the first time? Please list the respective partners.

Vilnius District Polyclinic (Lithuania) – This will be the first time the organization participates in an Interreg Baltic Sea Region Programme project.

Independent Public Healthcare Institution Provincial Integrated Hospital named after Jędrzej Śniadeckiin Białystok. This will be the first time to participate.

Ludza Medical Center (Latvia) - Previously participated in an Interreg project during the 2006/2007 period.

5.1 Specific challenge to be adressed

In rural and socially disadvantaged areas, resident, especially elderly people and individuals with low digital literacy, often face challenges in accessing and navigating healthcare services effectively. This includes difficulty in understanding when and where to receive care, long waiting times, and lack of clear communication in healthcare institutions. Healthcare providers in these areas also face operational inefficiencies due to outdated patient flow systems and limited tools to communicate with patients in real time. The project addresses the Programme objective “Responsive public services” by tackling these issues through the implementation of smart digital tools. These tools aim to improve patient information delivery, streamline patient flows, and reduce barriers to healthcare access. The primary target groups affected by this challenge are: Rural residents, particularly older adults and people with low digital skills. Medical personnel in public healthcare institutions who need better

systems for managing patient interactions. By addressing this challenge, the project will foster more inclusive, efficient, and citizen-oriented public health services.

LMC faces two operational challenges that hinder patient experience and safety:
1. Outdated patient flow management using an informal "who's last?" method.
2. Disordered car flow within hospital territory due to lack of access control.
These create confusion, delays, and unsafe conditions. The project aims to address this by implementing smart queue displays and a vehicle access system to streamline operations, enhance access, and improve overall care quality for rural patients.

5.2 Focus of the call

This project directly contributes to the cohesive development of small places and rural areas in the Baltic Sea region by addressing a shared challenge across many underserved communities: limited access to responsive, modern, and inclusive healthcare services. By implementing digital information systems—such as patient queue monitors and smart communication tools in local polyclinics and outpatient clinics, the project aims to improve patient experience and reduce barriers to healthcare, particularly for elderly residents and those with lower digital literacy. These populations are often most affected by fragmented services and lack of timely information. The project will strengthen the social fabric of rural communities by:Increasing accessibility to health services closer to home. Enhancing trust in local institutions. Reducing social isolation and health inequality. In addition, the project fosters institutional cooperation and knowledge exchange among healthcare providers from rural areas across the Baltic Sea region, supporting transferable solutions that other challenged territories can adapt and apply. Through this initiative, together with partners from Latvia and Poland we will contribute to a more balanced territorial development by making rural healthcare more modern, inclusive, and efficient—helping these areas retain population and improve quality of life.

6. Transnational relevance

The challenge of ensuring equitable access to healthcare in rural and socially disadvantaged areas is common across many countries in the Baltic Sea region. While the specific contexts may vary, the underlying issues—such as ageing populations, digital exclusion, and inefficient patient communication systems are shared. Challenges such as inefficient queue systems and uncontrolled vehicle access are common in small and rural healthcare institutions across the BSR. Transnational cooperation allows LMC to learn from similar partners, adopt tested solutions, and contribute to a scalable, adaptable model. It also ensures that shared challenges are tackled in a unified way, enhancing long-term regional resilience. Transnational cooperation allows project partners to
Exchange innovative practices and digital solutions already tested in similar rural contexts
Develop a joint methodology that can be adapted to local realities
Avoid duplication by learning from each other's successes and challenges
Raise service quality standards through peer learning and capacity building
This cooperation will lead to the creation of scalable models for digital patient information systems that can be implemented across the region. By working together, we ensure that small, rural communities are not left behind in the digital transformation of public services.

Challenges such as inefficient queue systems and uncontrolled vehicle access are common in small and rural healthcare institutions across the Baltic Sea Region. Transnational cooperation allows Ludza Medical Center and Independent Public Healthcare Institution Provincial Integrated Hospital named after Jędrzej Śniadeckiin Białystok. This will be the first time to participate, to learn from similar partners, adopt tested solutions, and contribute to a scalable, adaptable model. It also ensures that shared challenges are tackled in a unified way, enhancing long-term regional resilience.

7. Specific aims to be adressed

Building trust that could lead to further cooperation initiatives

Our project will develop and pilot a digital patient information system (e.g. queue monitors and info screens, smart queue displays and a vehicle access system) in polyclinics and outpatient centres located in rural or socially disadvantaged areas. Solutions will be implemented in different countries and adapted to local needs through transnational cooperation.
Aim 1: Strengthening digital inclusion in rural areasThe project will address the digital divide by implementing accessible digital information tools in healthcare settings, targeting rural and socially vulnerable populations. According to the 2023 Digital Decade Country Report, only 49% of Lithuanians have basic digital skills (EU average: 54%), and just 23% have above-basic skills (EU average: 26%). These gaps are especially critical in all Baltic region where the elderly population is growing and disproportionately affected by digital exclusion.

Initiating and keeping networks that are important for the BSR

Project activities will include staff training, knowledge exchange, and local pilot implementations. We will adapt and replicate existing digital tools (e.g. smart queue management systems or car access systems) to improve service quality. Local healthcare staff will strengthen their digital skills and be better equipped to serve vulnerable groups.

Bringing the Programme closer to the citizens

The project strengthens the ability of local healthcare providers to design and deliver inclusive services. By improving access to information and streamlining patient flows, the project contributes to more integrated service planning, especially in rural areas with limited infrastructure. It also fosters closer cooperation between local governments and health institutions.
he implementation of a digital queue management system will directly support the project's goals of improving access, digital inclusion, and efficiency in healthcare delivery—especially in rural and socially vulnerable areas.

Allowing a swift response to unpredictable and urgent challenges

With low digital and literacy skills (as shown by the OECD 2023 Survey, where 38% of adults scored at or below Level 1 in literacy and 46% in adaptive problem-solving), navigating appointments and service areas becomes a serious barrier to receiving timely care. educe patient uncertainty and waiting room congestion by providing clear, visual, and easy-to-understand guidance on when and where they should go.Improve patient flow, leading to more efficient operations and reduced stress for both patients and staff.Promote digital familiarity through exposure to intuitive, user-friendly interfaces in a real-life healthcare context.Increase equity by helping digitally excluded populations (especially seniors) access services with dignity and confidence.Encourage timely attendance and reduce missed appointments, addressing the issue where 12.6% of patients aged 65+ do not receive the healthcare.

8. Target groups

1.Rural residents and socially vulnerable populations.
1.These groups are directly affected by limited access to timely and clear healthcare information. Many of them, particularly elderly individuals, struggle with navigating healthcare systems due to digital exclusion. They are the primary beneficiaries of improved patient information tools and services. Their feedback will be collected to tailor digital solutions to their needs.
2. Medical personnel in local polyclinics and outpatient clinics doctors, nurses, and administrative staff are at the core of delivering healthcare services. They will be actively involved in testing and using the new digital tools (e.g. information monitors, queue management systems, smart queue displays and a vehicle access system), participating in trainings, and co-developing improved service workflows. Their engagement ensures practical relevance and sustainability of project outcomes.
3.Healthcare institution managers and local public authoritiesThese stakeholders have the competence to implement and maintain the solutions introduced by the project. They are key actors in aligning service delivery with local development strategies. Their participation in transnational exchange and methodology development will support broader institutional change and uptake of project results.
4. IT and digital service providers.
Engaged as supporting actors or subcontractors, these groups contribute to the technical implementation of digital solutions and help ensure that they are scalable, user-friendly, and compliant with local requirements.

	Please use the drop-down list to define up to five target groups that you will involve through your project's activities.	Please define a field of responsibility or an economic sector of the selected target group	Specify the countries and regions that the representatives of this target group come from.
1.	Hospital and medical centre	This group operates within the public health and social care sector, with responsibilities including the provision of outpatient and inpatient care, health diagnostics, patient flow management.	Lithuania – Vilnius District Municipality (Vilniaus rajonas) Latvia – Ludza Municipality (Ludzas novads)Poland – Podlaskie Voivodeship (Województwo podlaskie), e.g. Białystok.
2.		*(max. 200 characters incl. spaces)*	*(max. 200 characters incl. spaces)*

9. Contribution to the EU Strategy for the Baltic Sea Region

Please indicate if your project idea has the potential to contribute to the implementation of the Action Plan of the EU Strategy for the Baltic Sea Region (https://eusbsr.eu/implementation/).

yes ◉ no ◯

Please select which policy area(s) of the EUSBSR your project idea contributes to most.

PA Health

The MA/JS may share your project idea form with the respective policy area coordinator(s) of the EUSBSR. You can find contacts of PACs at the EUSBSR website (https://eusbsr.eu/contact-us/).

☐ If you disagree, please tick here.

10. Partnership

The partnership consists of public healthcare institutions from rural or socially disadvantaged areas in the Baltic Sea region. These organisations face similar challenges in terms of healthcare accessibility, patient communication, and digital inclusion, which the project aims to address collaboratively.

Partners:
Vilnius District Polyclinic (Lithuania) – Lead partner Location: Vilnius District Municipality Role: Project coordination, implementation of digital patient information and queue systems, methodology development, local piloting.

Ludza Hospital (Latvia)Location: Ludza MunicipalityRole: Implementation of a patient flow improvement initiative (e.g., queue management or vehicle access control), adaptation of tools to Latvian context, participation in transnational learning.

Białystok Voivodeship Hospital (Poland)
Location: Podlaskie VoivodeshipRole:
Testing of patient communication tools in a rural healthcare environment, data sharing, contribution to transnational evaluation.

These partners were selected due to:
Their location in rural or cross-border regions with healthcare accessibility issues
Their direct responsibility for delivering public health services
Their capacity and motivation to adopt innovative solutions and contribute to shared learning

11. Workplan

The project will run for 24 months following this general structure:
Months 1–3: Project preparation and baseline analysis– Kick-off meetings, needs assessments, and partner alignment– Definition of technical and communication specifications for digital tools, publication on social media platforms.

Months 4–12: Development and implementation of digital solutions– Procurement and installation of patient information monitors and/or queue systems– Local pilot testing in each partner region– Staff training and user support materials. 2 workshops for patience , and 3 workshops for medical staff and administration, managers threw the project.

Months 13–18: Evaluation and refinement– Collection of feedback from users (patients and staff)– Data analysis and technical adjustments– Exchange of experience between partners

Months 19–24: Consolidation and transferability– Development of a joint methodology and transferable model– Final partner conference and public presentation of results– Drafting of policy recommendations.

Each partner will implement activities locally. As well collaborating transnationally through 2 physical learning events, regular virtual coordination meetings, and shared communication outputs.

12. Planned budget

ERDF budget (planned expenditure of partners from the EU)	EUR 500,000.00
Norwegian budget (planned expenditure of partners from Norway)	*EUR XXX*
Total budget (including preparatory costs)	**EUR 500,000.00**

13. Project consultation

Please indicate if you wish to have a consultation (online meeting) with the MA/JS to discuss your project idea

yes ◯ no ◉

14. Questions to the MA/JS

Questions related to the content of the planned project	*(max.1.000 characters incl. spaces)*
Questions related to budgeting and expenditure	*(max.1.000 characters incl. spaces)*

Any other questions	Are digital tools such as information monitors and queue management systems eligible under equipment or infrastructure categories in small projects? Can different partners implement slightly different digital solutions (e.g. monitors, vehicle access control, queue systems) as long as they align with the common objective and target similar challenges?

15. Additional information

(max. 1.000 characters incl. spaces)

Your account in BAMOS+

Please remember that to officially submit your application you need to access our electronic data exchange system BAMOS+. More information about the process of applying for your account in BAMOS+ you will find here:
https://interreg-baltic.eu/gateway/bamos-account