

From vision to impact – The CROSSCARE project journey

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Starting point from PP2

- ▶ At the beginning, CROSSCARE sounded like a clinical and scientific project: collect relevant material, analyse it and bring back information useful for oncology discussion.
- ▶ For PP2, the challenge was to translate that idea into daily hospital work without losing the medical purpose.
- ▶ This meant aligning patient inclusion, procedures, laboratory needs, procurement, financing, reporting and partner coordination.
- ▶ None of these elements was the main result on its own, but without them the medical result could not happen.
- ▶ Our role was to create the practical conditions for doctors and laboratories to do their part.

Turning the idea into an organized process

- ▶ The process began with eligible patients in Zrenjanin and continued through sample collection, analysis at OncoGen and the return of results to the treating team.
- ▶ The medical team identified patients according to diagnosis and surgical or biopsy indication.
- ▶ Participation had to be explained, consent documented and patient data kept protected and traceable.
- ▶ Blood and fresh tumour tissue were collected, labelled and prepared according to the agreed rules.
- ▶ From there, the samples continued to OncoGen for analysis before the results returned to the medical team.
- ▶ Only when all of these steps were coordinated could the process work reliably in practice.

Sampling required more than collection

- ▶ Sampling was medical work, but it could succeed only if the surrounding organisation was clear.
- ▶ The practical question was simple: could the right material, with the right documentation, reach the next step in the right condition?
- ▶ Blood and fresh tumour tissue required instructions, tubes or solution, coding, labels and handover records.
- ▶ A small delay, an unclear label or a missing document could affect sample quality or interrupt the process.
- ▶ That is why the work connected doctors, nurses, laboratory staff, couriers and the project team in one chain of responsibility.

Deliverables as practical tools, not paperwork

- ▶ In a project folder, deliverables may look like formal attachments. In practice, they had to help the work move forward.
- ▶ Consent and ethics documents protected patients and made participation understandable.
- ▶ Protocols helped hospital staff repeat the same steps during surgery.
- ▶ The transport procedure clarified packaging, responsible persons, timing, handover and traceability.
- ▶ The joint booklet kept the agreed rules visible for both partners.
- ▶ Reports and Expert System outputs showed how laboratory work could return as structured support for oncology discussion.

Equipment strengthened real hospital capacity

- ▶ Equipment was not important only because it was purchased. It mattered because it changed what the hospital could actually do.
- ▶ Ultrasound and imaging support strengthened assessment and patient selection.
- ▶ Operating tables, lamps, electrocautery and laparoscopic optics supported safer procedures and better sample quality.
- ▶ ICU beds, monitors, medical recorders and monitoring equipment strengthened patient safety and traceability.
- ▶ Instrument tables, suction pumps, stretchers, operating-room monitors and IT equipment improved the flow of work.
- ▶ From the administrative side, each item also meant specifications, tender files, contracts, payments, delivery evidence and verification.

A major administrative challenge: transport

- ▶ The difficult part was not only collecting material, but making cross-border transport legally and practically possible.
- ▶ Patients needed clear information about participation, sample use and confidentiality.
- ▶ The hospital had to prepare documents that matched Serbian rules and institutional procedures.
- ▶ Ministry-level approval or permit, packaging, courier route, timing and handover all had to be aligned.
- ▶ This was the point where medical need, legal rules and project management met most directly.

Liquidity, reimbursement and verification

- ▶ Financing and reporting were not the most visible parts of CROSSCARE, but they directly affected implementation.
- ▶ Activities had to continue while reimbursements were pending and while equipment and service payments created pressure on liquidity.
- ▶ Every cost required a complete trail: procurement files, contracts, invoices, payment proofs, delivery documents and clear explanations.
- ▶ Open cooperation with the Joint Secretariat was very important. Their guidance helped us clarify reporting issues early and keep consolidated reports moving smoothly towards verification by the Managing Authority.
- ▶ Timely verification and reimbursement helped us maintain the continuity of project activities.

What changed in practice

- ▶ The strongest achievement is that the project became operational in real hospital conditions.
- ▶ Patients were included through documented consent and agreed protocols.
- ▶ Samples, transport documents and partner communication moved from planning into routine project work.
- ▶ New equipment strengthened diagnostic, surgical, monitoring and IT capacity in the hospital.
- ▶ Common procedures reduced uncertainty between partners and made cooperation easier to repeat.
- ▶ Knowledge exchange sessions and seminars helped share the project experience beyond the core team.

Lessons for future health projects

- ▶ The main lesson is that an innovative health project needs a complete support system, not only strong medical expertise.
- ▶ Financial continuity protects implementation, especially when reimbursement takes time.
- ▶ Good reporting is not only about closing a period; it helps partners identify problems early and keep implementation credible.
- ▶ CROSSCARE's impact is concrete: stronger capacity in Zrenjanin and practical cross-border cooperation built together with Timișoara.

THANK YOU