

Regional Stakeholder Group Meeting

Partner/Region:	Date:	Round:	Participants:		Main outputs:	
Autonom'Lab / Gérontopôle	10/12/2021	Meeting n°1 in	Name of the structure	Name of the participant	Function	See below
Nouvelle-		Bordeaux	ALOGIA	Lisa POTIER	Responsable R&D	
Aquitaine			LINESTIE COM	Aurélie THEVENET	Founder & CEO	
			EHPAD LA MADELEINE (retirement home)	Sylvain CONNANGLE	Director	
			ULLO	Rémy RAMADOUR	CEO	
			NOMADEEC	Louis ROUXEL	Medical Director	
			EHPAD Saint- Dominique			
			d'Arcachon	Mickaël		
			(retirement home)	CHALEUIL	Director	
				Guy Le	Directeur et Co-	
			ReSanté-Vous	Charpentier	fondateur	
			La Poste, Silver	Dr. Omar		
			économie et Santé	BELOUCIF	Directeur médical	
				Dr. Laurent	Director medical	
			SATELIA	BETITO	innovations	
			SATELIA	Aurélie ROBIN	nurse	



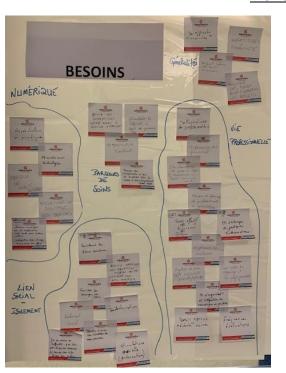
Cabinet HD Link	Hervé DUFAU	CEO	
		CEO & Digital	
DIGITAL STRATEGIST	Gaël MULLER	Expert	
	Nadège		
Région Nouvelle-	DUBERNARD-	Silver Economy	
Aquitaine (online)	NEGRE	project manager	
		Strategy Director	
		- La Poste Silver	
La Poste Silver		économy and	
économie et Santé		health & president	
(online)	Julien VALLAS	of Nouveal	
meeting in Bord stakeholder gro Corinne LLOVEI Noëlle SAINT U Anaick PERROC			
		IONDE organized this r the ITHACA Covid	



All the participants participated in the ITHACA questionnaire. The meeting was organized through a co-creation afternoon divided into 2 workshops.

The co-creation workshops were aimed to have a clear vision on the creation and/or development and/or improvement of digital products, processes and services used during the COVID-19 pandemic, intended for the elderly (as well as throughout life), within the Nouvelle -Aquitaine region mainly.

The first workshop was organized in order to detect the needs and difficulties arising from COVID pandemic. And the second one was organized in order to classify the practices mentioned in workshop 1 and in relation with the ITHACA Covid project (mainly in the Nouvelle-Aquitaine region).



Workshop 1: Needs/Difficulties arising from the COVID 19 pandemic



Regarding the needs that have been identified during the COVID pandemic, several items emerged:

1/ Digital:

- Culture and digital access
- Problems of access to technologies
- Lack of internet speed
- Digital acculturation of seniors
- Access to digital technology for beneficiaries but also for certain actors

2/The social bond and isolation:

- Maintain social ties
- Drastic drop in the social relations of the elderly, especially without digital tools
- Facilitate professional and personal exchanges
- Sedentarization
- Social stimulations and interactions
- Need news from relatives
- Social isolation
- A relative in difficulty and we do not know who to contact or where to find information (feeling of loneliness)

3/Professional life:

- Decline in vocational training



- Staff training
- People's illiteracy and lack of mediators in digital health
- Lack of training in gerontology for professionals
- Understaffed and turnover
- Problem of exchanges of interprofessional practices and recognition of work
- Shortage of doctors
- Problems of organization and integration of digital on a daily basis
- Need for increased remote supervision
- Frequency of assessments (of people)

4/The integrated care pathway:

- Fewer interactions between home helpers and families
- Stimulation of health literacy for the elderly
- Caregiver exhaustion
- Need to understand what will happen in the context of hospitalization or entry into a home retirement

5/In general:

- Decrease in innovative approaches
- Uncertainties and immobility
- Find funds to finance projects
- Too many differencies between health systems in Europe.





Here are the solutions found to the needs listed above:

1/ Digital:

- Data analysis,
- My doctor.org



- "Nouveal" with the digitization of care pathways

2/ Social bond and isolation:

- Long-term follow-up
- Distinction between social interaction and social stimulation
- Use the usual tools and living space
- Day reception in retirement homes
- Temporary accommodation in retirement homes

3/Professional life:

- Innovation incentives
- Massive ideation
- Co-creation
- Continuous training of professionals
- Extend reflection to SHS (human and social sciences)
- Diversified service offerings
- The human

4/The treatment path:

- the digitalization of the care pathway with applications or software that allow patient monitoring
- Long-term follow-up (already present in the theme of isolation/social ties)
- Multidimensional evaluation of autonomy



- Health literacy.

An important discussion took place also between the participants, in particular around the acculturation of people in the front of digital technologies.

The second workshop was organized in order to classify the practices mainly created or improved or developed in the Nouvelle-Aquitaine region (mentioned in workshop 1 and in relation with the ITHACA Covid project). The list can be attached to this document if needed. This workshop aimed to know which practices are important to be presented during the ITHACA PRGA.

Conclusion:

The stakeholders were really motivated to participate in the stakeholder meeting first because it allowed them to present their own innovative products/services/processes and also because they are eager to exchange knowledge of the digital products, processes and services used during the COVID-19 pandemic, intended for the elderly (as well as throughout life), in the other partner regions of the ITHACA COVID project.

Photos:

Link on Linkedin:

https://www.linkedin.com/posts/lucie-vaamonde-ba33a420_apr%C3%A8s-midi-de-travail-autour-du-projet-europ%C3%A9en-activity-6875118801881563136-OJQR/





