senior – lab ch

senior-lab

Co-creating solutions for and with seniors

La Source. Institut et Haute Ecole de la Santé

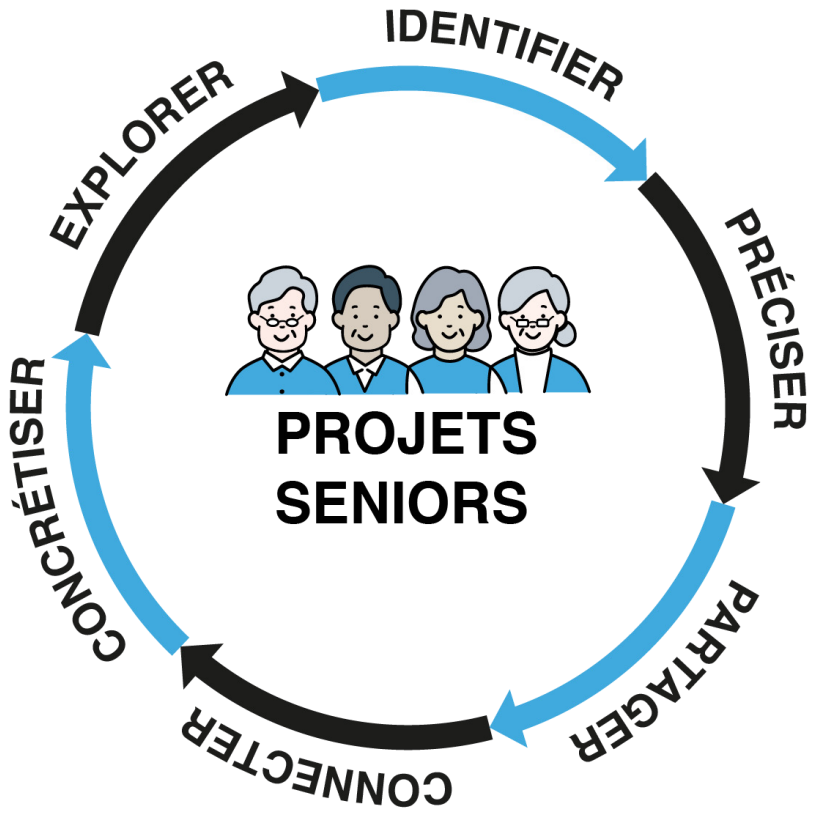
HE IG VD

écal



Design thinking

Design Thinking is a user-centered and innovation-oriented method. Whatever the field of application, empathy, creativity, co-creation, iteration and the right to make mistakes are at the heart of this innovation methodology. This allows us to design innovative products and services for and with users.



Participatory methods

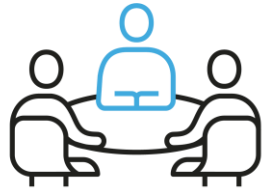
Create contexts to support the expression of needs and the emergence of new ideas



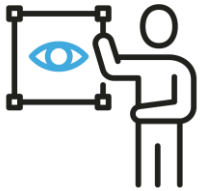
DESIGN THINKING
& IDÉATION



SONDAGES &
REPORTING



ACCOMPAGNEMENT
& COACHING



OBSERVATION
PARTICIPANTE



ÉVÉNEMENTS &
VALORISATION



ENTRETIENS
SEMI-DIRECTIFS



RECHERCHE
APPLIQUÉE



ATELIERS DE
CO-CRÉATION



FOCUS GROUP
& WORKSHOPS

Workshop

World Health Organization - WHO
Decade of Healthy Ageing (2021–2030)
https://www.who.int/initiatives/decade-of-healthy-ageing

Wokshop :
Which are the best practices in healthcare for older adults in your country?



Workshop (1h)

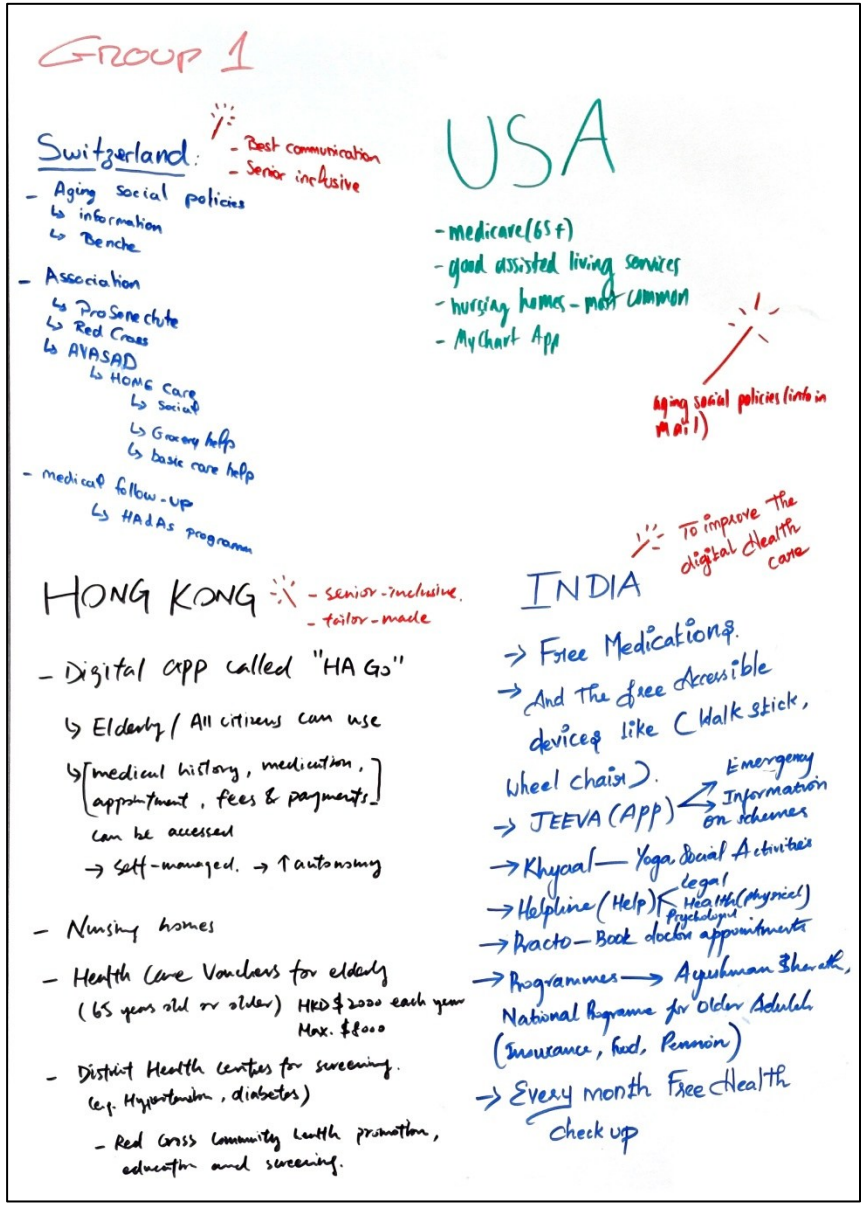
Which are the best practices in healthcare for older adults in your country?

1. **Create 2-3 mixed groups**
2. **Icebreaker:** Briefly introduce yourself (name, country, background)
3. **Discussion:** Discuss the main question together and share experiences from your country
4. **Co-creation:** Select 1-2 best practices that could inspire other countries and describe each one (write or draw your ideas on the flipchart)
5. **Sharing:** Each group presents its best practices to the other groups

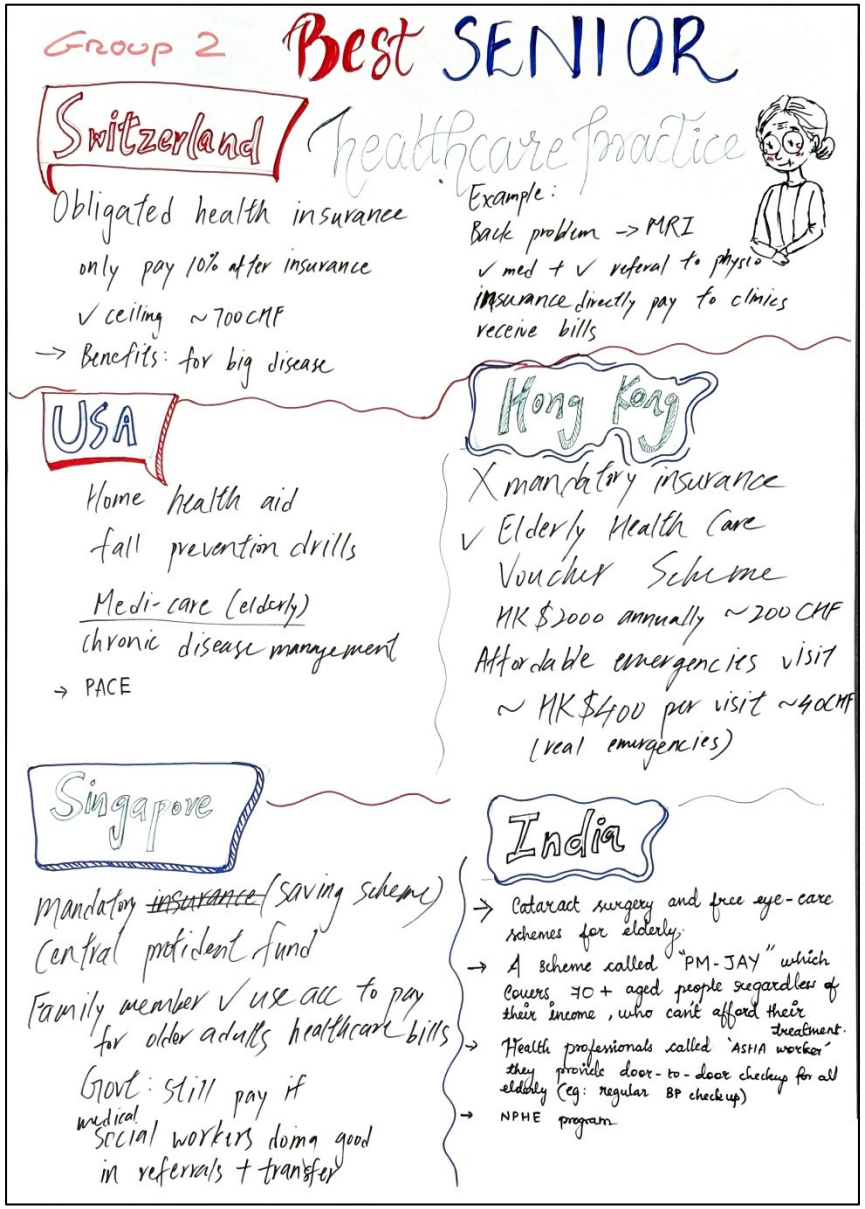
Support questions for the discussion:

- What healthcare services are particularly successful for older adults?
- What innovative programmes or initiatives exist in your country (or could be developed)?
- How are seniors involved in healthcare decisions?
- What helps older adults stay healthy and social connected?

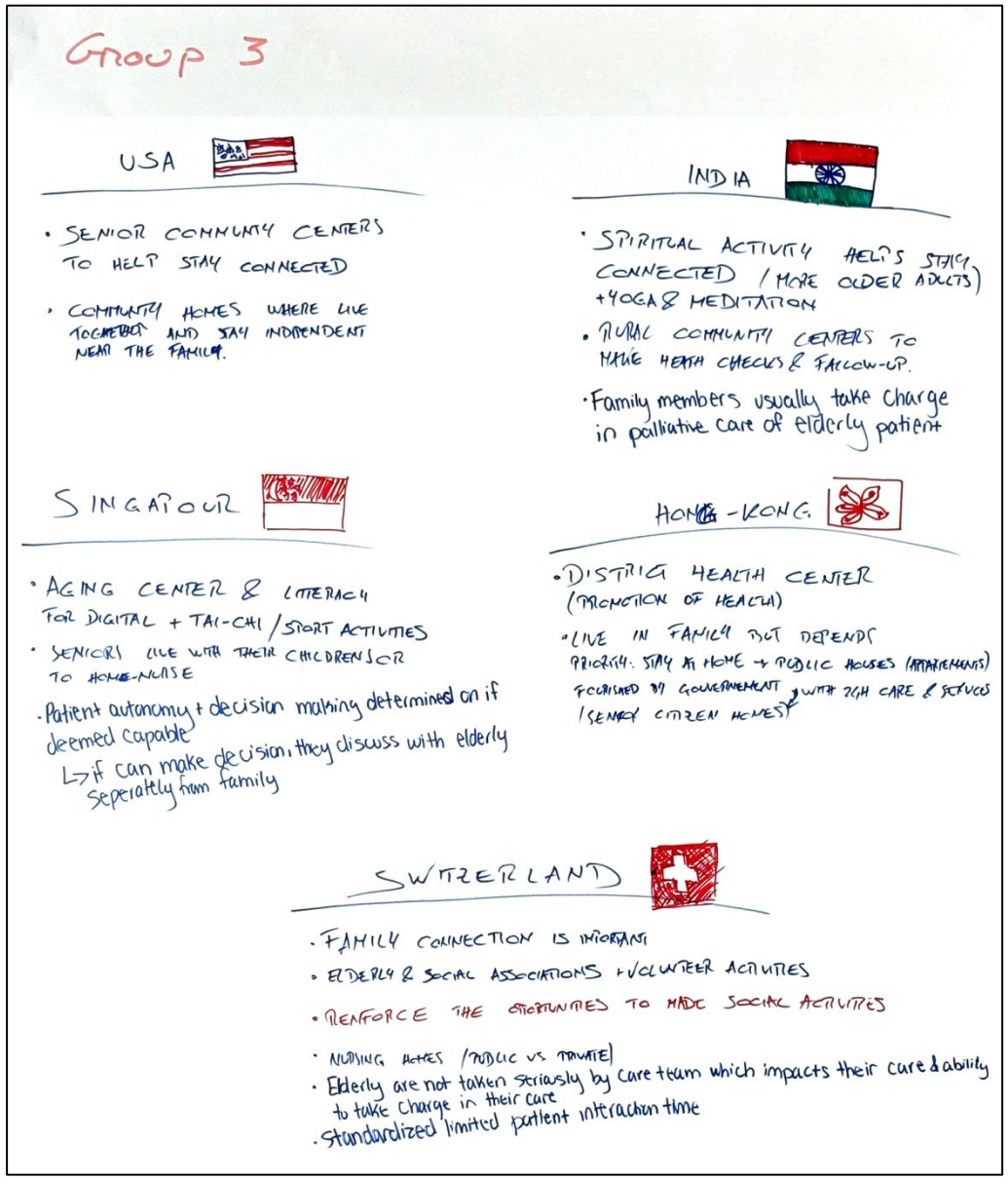
Group 1



Group 2



Group 3



Group 3

USA

- SENIOR COMMUNITY CENTERS TO HELP STAY CONNECTED
- COMMUNITY HOMES WHERE LIVE TOGETHER AND STAY INDEPENDENT NEAR THE FAMILY.

INDIA

- SPIRITUAL ACTIVITY HELPS STAY CONNECTED (MORE OLDER ADULTS) +YOGA & MEDITATION
- RURAL COMMUNITY CENTERS TO MAKE HEATH CHECKS & FALLOW-UP.
- Family members usually take charge in palliative care of elderly patient

SINGAPOUR

- AGING CENTER & LITERACY FOR DIGITAL + TAI-CHI / SPORT ACTIVITIES
- SENIORS LIVE WITH THEIR CHILDRENS OR TO HOME-NURSE
- Patient autonomy + decision making determined on if deemed capable
  L> if can make decision, they discuss with elderly seperately from family

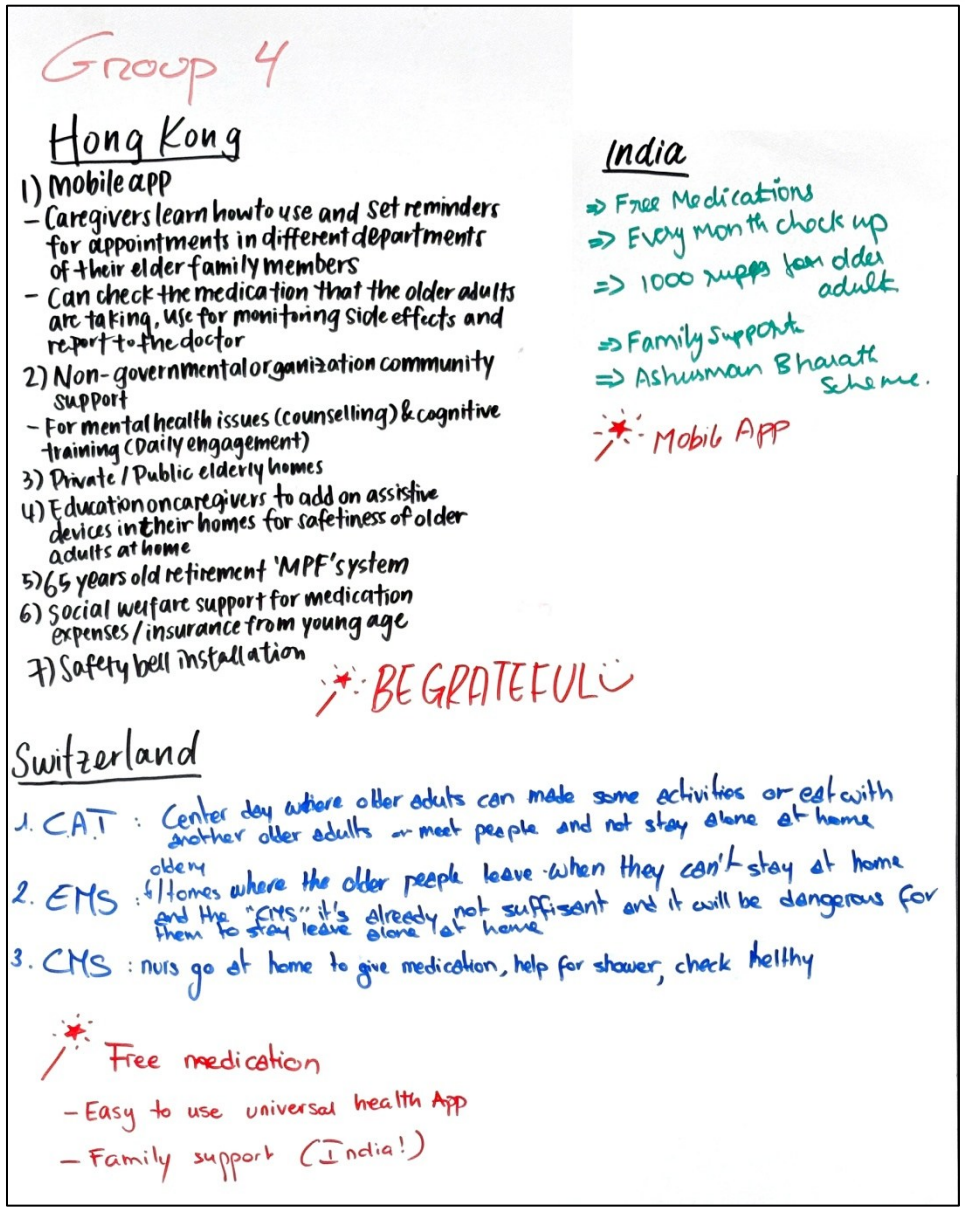
HONG-KONG

- DISTRICT HEALTH CENTER (PROMOTION OF HEALTH)
- LIVE IN FAMILY BUT DEPENDS PRIORITY: STAY AT HOME + PUBLIC HOUSES (APPARTEMENTS) FOUNDED BY GOUVERNEMENT WITH 24H CARE & SERVICES (SENIOR CITIZEN HOMES)

SWITZERLAND

- FAMILY CONNECTION IS IMPORTANT
- ELDERLY & SOCIAL ASSOCIATIONS + VOLUNTEER ACTIVITIES
- REINFORCE THE OPPORTUNITIES TO MAKE SOCIAL ACTIVITIES
- NURSING HOMES (PUBLIC VS PRIVATE)
- Elderly are not taken seriously by care team which impacts their care & ability to take charge in their care
- Standardized limited patient interaction time

Group 4



Group 4

Hong Kong

1) Mobile app
   - Caregivers learn how to use and set reminders for appointments in different departments of their elder family members
   - Can check the medication that the older adults are taking, use for monitoring side effects and report to the doctor
2) Non-governmental organization community support
   - For mental health issues (counselling) & cognitive training (Daily engagement)
3) Private / Public elderly homes
4) Education on caregivers to add on assistive devices in their homes for safetiness of older adults at home
5) 65 years old retirement 'MPF' system
6) Social welfare support for medication expenses / insurance from young age
7) Safety bell installation

BE GRATEFUL

India

=> Free Medications
=> Every month check up
=> 1000 rupps for older adult
=> Family Support
=> Ashusman Bharath Scheme.

Mobil App

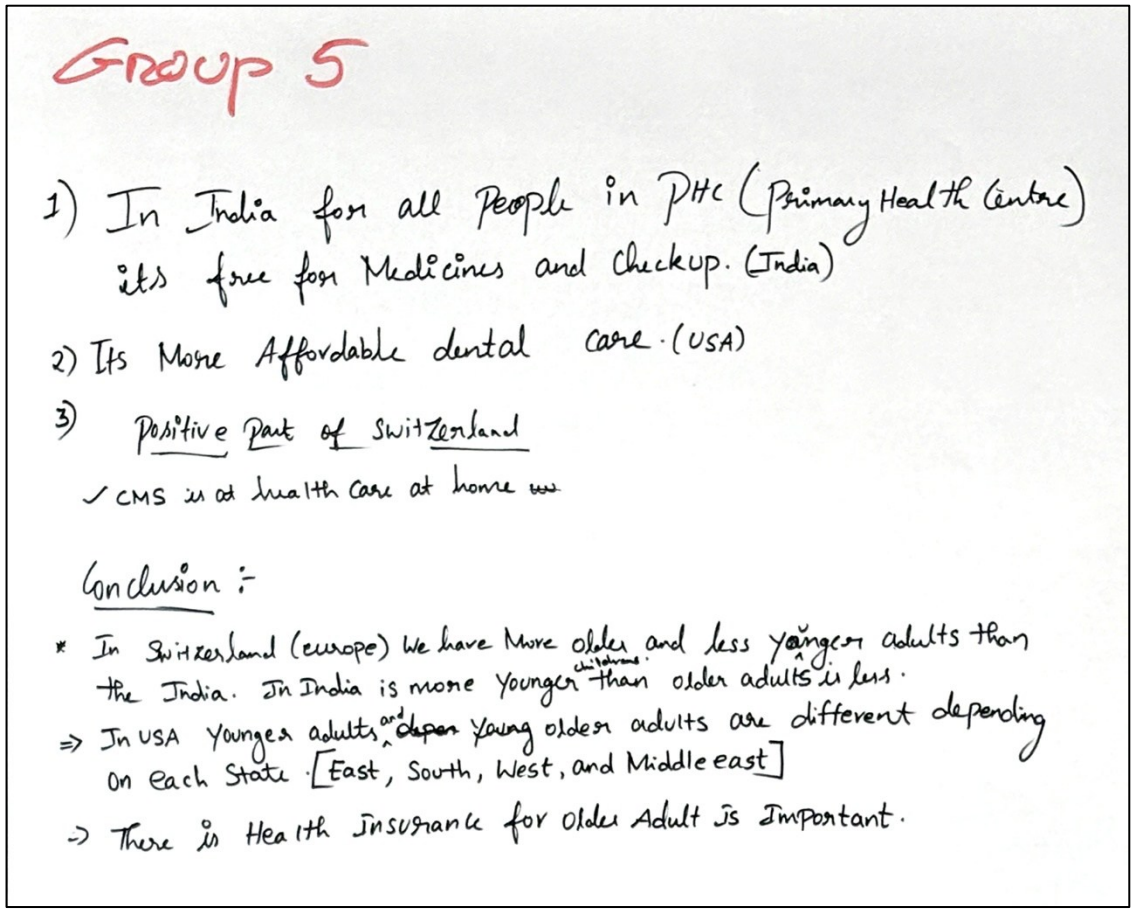
Switzerland

1. CAT : Center day where older adults can make some activities or eat with another older adults or meet people and not stay alone at home
2. EMS : elderly homes where the older people leave when they can't stay at home and the "EMS" it's already not suffisant and it will be dangerous for them to stay leave alone at home
3. CMS : nurs go at home to give medication, help for shower, check helthy

Free medication

- Easy to use universal health App
- Family support (India!)

Group 5



Group 5

1) In India for all People in PHC (Primary Health Centre) its free for Medicines and Checkup. (India)

2) Its More Affordable dental care. (USA)

3) Positive Part of Switzerland

✓ CMS is at health care at home

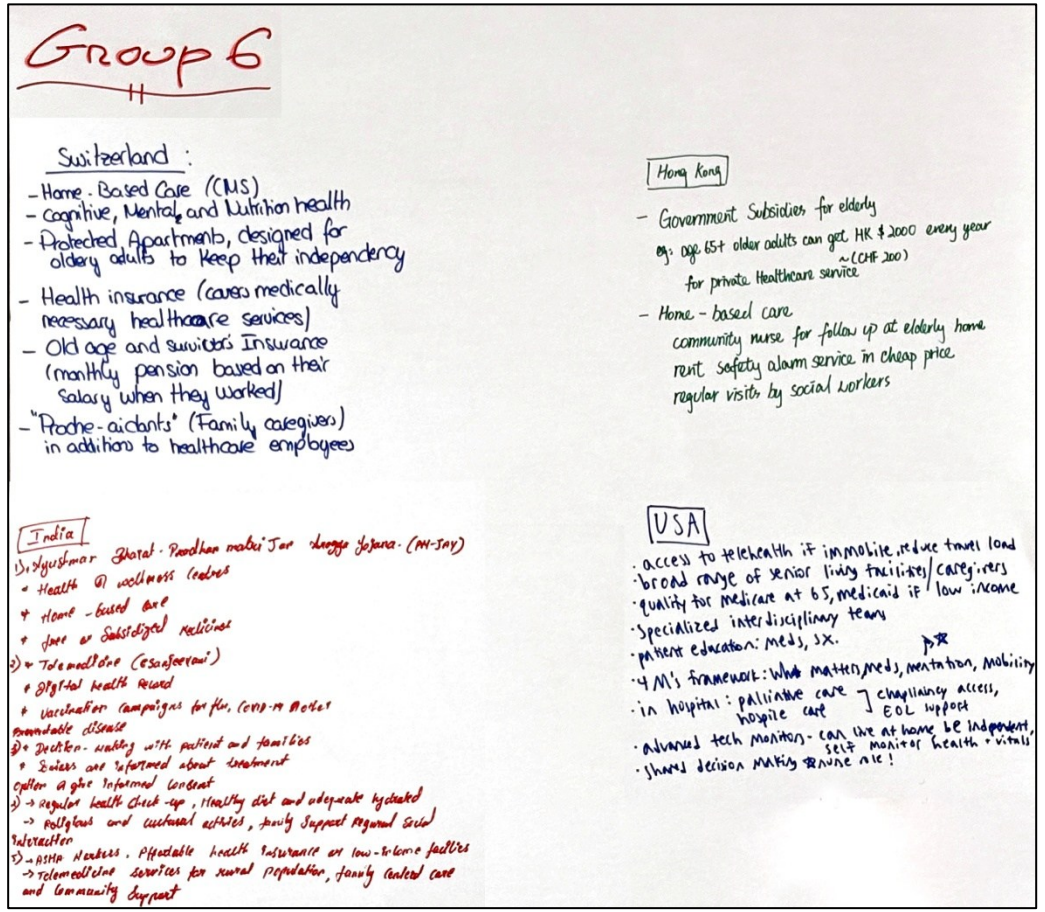
Conclusion :-

* In Switzerland (europe) We have More older and less younger adults than the India. In India is more Younger children than older adults is less.

=> In USA Younger adults and Young older adults are different depending on each State. [East, South, West, and Middle east]

-> There is Health Insurance for Older Adult is Important.

Group 6



Group 6

Switzerland :

- Home-Based Care (CMS)
- Cognitive, Mental, and Nutrition health
- Protected Apartments, designed for oldery adults to keep their independency
- Health insurance (covers medically necessary healthcare services)
- Old age and survivors Insurance (monthly pension based on their salary when they worked)
- "Proche-aidants" (Family caregivers) in addition to healthcare employees

Hong Kong

- Government Subsidies for elderly
  eg: age 65+ older adults can get HK $ 2000 every year (~CHF 200) for private Healthcare service
- Home-based care
  community nurse for follow up at elderly home
  rent safety alarm service in cheap price
  regular visits by social workers

India

1) Ayushman Bharat - Pradhan mantri Jan Arogya Yojana (PM-JAY)
+ Health & wellness centres
+ Home-based care
+ free or Subsidized Medicine
2) Telemedicine (eSanjeevani)
+ Digital health record
+ Vaccination campaigns for flu, COVID-19 other preventable disease
3) Doctor-walking with patient and families
+ Quizes are informed about treatment option & give informed consent
4) -> Regular health check-up, Healthy diet and adequate hydrated
-> Religious and cultural activities, family support Regular social interaction
5) -> ASHA Workers, Affordable health insurance in low-income facilities
-> Telemedicine services for rural population, family centered care and community support

USA

- access to telehealth if immobile, reduce travel load
- broad range of senior living facilities/caregivers
- quality for medicare at 65, medicaid if low income
- Specialized interdisciplinary teams
- patient education: meds, sx.
- 4 M's framework: What matters, meds, mentation, mobility
- in hospital: palliative care, hospice care → chaplaincy access, EOL support
- advanced tech monitors - can we at home be independent, self monitor health + vitals
- shared decision making is the rule!

senior – lab ch

Thank you for your participation !

