

## CONFERENCE ABSTRACT

## From smart to caring technologies – The development of a guideline for Caring Technology implementation in elderly care.

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**Summary:** As a shift from 'smart' to 'caring' technologies is needed, which puts the end-user's care needs at the forefront, we developed the Caring Technology guideline which is an added value for caring technology implementation in healthcare organisations.

**Objectives:** This study aimed to investigate the needs and expectations associated with the implementation of caring technologies in elderly care and use this information to inform the development of a Caring Technology guideline. The Caring Technology guideline (developed in the context of the Interreg 2Seas project 'EMPOWERCARE') provides an eight-step procedure, supported tools and best practices to support a care organisation in the implementation of technology, and takes the 8 'Caring Technology Principles' (developed by the King Baudouin Foundation) as an ethical reference.

**Design:** Questionnaires and online in-depth interviews were conducted with EMPOWERCARE partner organisations to investigate the current use and relevance of the Caring Technology Principles, important aspects to be considered for the Caring Technology guideline, the contribution of technology trials to the guideline and the influence of the region of technology implementation on the interpretation of the principles or technology implementation. To include perspectives on these topics from outside the EMPOWERCARE project, we organised an online EMPOWERCARE Annual Event workshop with both EMPOWERCARE partners and external organisations, and an online workshop with care organisations in Zeeland. Lastly, a focus group with EMPOWERCARE partner organisations was conducted to discuss the most relevant target group for the Caring Technology guideline and to collect feedback on the proposed process guidance.

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**Results:** The region of technology implementation did not influence the use of principles or the implementation of technology. Participants currently focus on centralising end-users in healthcare technologies and on increasing digital literacy and technology acceptance for both end-users and the workforce. Principles such as quality assurance, democratic and participatory governance, and responsible innovation were less represented by the participants. Participants struggle with the theoretical aspect of the Caring Technology Principles. The reported challenges can be translated into the following tools in the Caring Technology guideline: a process guide, good practices and workshop formats. To this end, the Caring Technology guideline is an added value compared to existing initiatives.

**Conclusion:** The present study elucidates the needs and expectations associated with technology implementation in elderly care. This input was used to inform the development of a Caring Technology guideline, based on the Caring Technology Principles. As there is, to our knowledge, no current initiative that is both based on guiding principles and provides a process guide for the practical implementation, the Caring Technology guideline that we propose is an added value for caring technology implementation in healthcare. Next steps include further testing and dissemination of the Caring Technology guideline.