

Living Ageing

**NEW EXPERIENTIAL MODELS BETWEEN
TECHNOLOGY AND THE SUSTAINABILITY OF CARE**

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From Custody to Experience

A necessary paradigm shift for residential and community-based care



THE OLD MODEL

Custodial care

- Protection from risk as the organising principle
- Clinical safety comes before daily life quality
- Sharp separation between institution and community
- One model applied to every resident



THE ANASTE PROPOSAL

Experiential care

- Autonomy, relationship and meaning at the centre
- A continuum: home → open care → residential care
- Environments that heal, not just contain
- Tailored to culture, health status and personal choice



THREE SPEEDS OF EUROPE

ONE STRATEGY CANNOT FIT EVERY STARTING POINT

North

UNIVERSALIST, MATURE



High public LTC
spending



Long track record
in **assistive tech**



Challenge: financial
sustainability &
staffing

South

FAMILY-BASED, UNEVEN



Strong informal/
family care tradition



Uneven quality
across residential
networks



Challenge: building
quality infrastructure

East

TRANSITIONING, MOBILE



Rapid shift from
informal to
structured care



Care workforce
emigrating
westward



Opportunity: adopt
new tech with no
legacy

AN ANASTE INTERPRETIVE SYNTHESIS, BASED ON THE 2022 EUROPEAN CARE STRATEGY AND
OECD LONG-TERM CARE ANALYSIS — NOT A SINGLE OFFICIAL COMPARATIVE DATASET.

NEW EXPERIENTIAL MODELS

INNOVATION DRAWN FROM ANASTE'S 400+ MEMBER FACILITIES



Open & Community RSA

The facility as a **neighbourhood hub**: day centres, home meals, tele-medicine, family support desks.



Intergenerational Cohousing

Older adults and students **share housing**, exchanging time and skills for reduced rent.



Dementia Villages

Low-institutional, protected settings organised as **small villages**, for moderate-stage dementia.



Neighbourhood Micro-Housing

Accessible **micro-units** within ordinary urban fabric, with shared care services per block.

THE DIGITAL TERRITORY THAT CARES

How AI Makes Healthcare “Fluid” and Continuous

The transformation from a fragmented model into a continuous, integrated care ecosystem across the community, powered by AI.

*Better
care.
Together.*

1 THE SCENARIO: FROM FRAGMENTED DATA TO A CONTINUOUS CARE PATHWAY

TODAY: FRAGMENTATION

Disconnected visits, hospitalisations and diagnoses.



Clinical history fragmented into isolated episodes.

FUTURE: “FLUID” CARE

Unified care pathway, updated in real time.



THE COMMUNITY THAT BECOMES A HOSPITAL

Care beyond hospital walls, integrated into everyday life (AI, smart home technologies, robotics).

2 THE ENGINE OF CHANGE: THE EXPLOSIVE EVOLUTION OF AI

2000–2015
Predictive AI
(Analysis)

2016–2021
Deep Learning
(Learning)

2022–Today
Generative AI
(Content Creation)

EXPLOSION OF SCIENTIFIC PUBLICATIONS ON AI



70%
of U.S. payers and
healthcare providers
have already launched
GenAI projects.

3 THE AUGMENTED PHYSICIAN: AI AS AN “IRON MAN SUIT”

AI does not replace the clinician.
It enhances the clinician.

AI HELPS THE PHYSICIAN TO:

- Interpret
- Anticipate
- Support Clinical Reasoning

FRAMEWORK

CO-PILOT
Rapid execution
(e.g. summaries)

CO-THINKER
Collaboration and
challenge
(e.g. clinical deepening)

“Technology creates value only when it changes processes.”
— Enabling new care pathways.

4 CONCRETE VALUE TODAY: APPLICATIONS THAT TRANSFORM CLINICAL PRACTICE



AUTOMATED CLINICAL DOCUMENTATION

Reduces documentation time by up to 70%, with 45% perceived burnout reduction.



DECISION SUPPORT & ASSISTED DIAGNOSIS

Increases diagnostic accuracy by 24%; the combination of cardiologist + AI outperforms either alone.



PATIENT COMMUNICATION & ENGAGEMENT

Draft responses rated more empathetic in 78% of cases, including multilingual instructions.



PROCESS OPTIMISATION & RESEARCH

Literature synthesis 2–4x faster; medical coding efficiency up by 45%.

5 THE NEXT FRONTIER: TECHNOLOGIES FOR CARE IN THE COMMUNITY



THE STETHOSCOPE OF THE FUTURE

In the UK, detects murmurs and atrial fibrillation in 15 seconds, potentially doubling/tripling diagnostic capability.



DOCTOR-LESS MEDICAL KIOSKS

Automated booths in China measure vital signs, perform diagnostics and dispense medicines in remote areas.



ROBOTICS & SMART HOME CARE

Humanoid robots assist operators with physical tasks, increasing safety.

THE FUTURE IS AN ECOSYSTEM
OF **SPECIALISED MODELS.**



AI

+



PEOPLE

+



TECHNOLOGY

=



CONTINUOUS
CARE

Collaborating for personalised
and precise care.

A network of services, one mission: the well-being of the elderly

The RSA of Piedmont is set up in the territory to build an integrated system of care and assistance, close to people, families and the community.

RESIDENTIAL SERVICES

Care for non-self-sufficient elderly people in RSA facilities, with personalized care pathways, assistance and socialization.

- Continuity of care
- Personalized care plan
- Community life

HOME HEALTH CARE

Direct healthcare services at home, in collaboration with the local area.

- Nursing care
- Clinical monitoring
- Continuity of care

SOCIAL CARE IN THE TERRITORY

Support to individuals and families through community and local services.

- Social services
- Support for families
- Inclusion and community networks

TELEMEDICINE

Technology at the service of health, even at home.

- Teleconsultations and telemonitoring
- Remote monitoring
- Greater safety and accessibility

PROTECTED DISCHARGES

Safe and coordinated transitions from hospital to home or to the RSA.

- Individualized assessment
- Support for families
- Coordination with healthcare and social services

GUIDANCE AND SUPPORT FOR FAMILIES

Information, counselling and accompaniment throughout the care journey.

- Dedicated counselling
- Care service orientation
- Psychological and practical support

SHORT-STAY RESPITE CARE

A short-term care service for families in emergency or temporary situations.

- Respite care
- Short stays
- Return home or to the RSA

MEALS AT HOME

Balanced and safe meals, delivered directly to your home.

- Nutritional menus
- Food safety
- Dietary needs



THE BENEFITS



TECHNOLOGY FOR THE WORKFORCE GAP

TECHNOLOGY MUST SUPPORT THE WORK OF CARE — NEVER REPLACE THE HUMAN RELATIONSHIP.

1.

DIRECT SUPPORT FOR CAREGIVERS

Exoskeletons, lifting aids & social-assistive robots; automated medication deblistering and other robotics; AI voice documentation.

2.

AMBIENT ASSISTED LIVING

Non-invasive fall-prevention sensors and vital monitoring; tele-medicine for specialist access in remote areas.

3.

TRAINING & QUALIFIED MOBILITY

EU-wide matching platforms with mutual qualification recognition; VR simulation for high-risk procedures.

4.

DIGITAL CONNECTED CARE

Interoperable digital health records; family-connection apps; data-driven staff scheduling across the care pathway.

THE NURSING HOME OF THE FUTURE

More technology. More care. A better tomorrow.

Smart technologies, human expertise and a person-centered approach come together to create safer, healthier and more fulfilling lives for our elderly.



SMART ROOMS
Comfort, safety,
energy efficiency



AI ANALYTICS
for personalized care



**CONNECTED
CARE TEAM**
Real-time information,
better decisions



ARTIFICIAL INTELLIGENCE

Predicts health risks,
prevents complications,
personalizes care.



REMOTE MONITORING

Wearables and sensors
track vital signs 24/7.



SMART MEDICATION

Automated dispensing,
alerts and adherence
control.



ROBOTIC ASSISTANTS

Support daily activities,
reduce staff workload,
more time for human care.



TELEMEDICINE

Specialists always
within reach.



SUSTAINABLE FACILITIES

Green buildings,
clean energy,
low environmental impact.



SECURE DATA

Privacy, cybersecurity
and full compliance
with regulations.

THE RESULT?
A NEW GENERATION
OF NURSING HOMES.



**BETTER
HEALTH OUTCOMES**



**GREATER
SAFETY**



**HIGHER
QUALITY OF LIFE**



**MORE SUPPORT
FOR FAMILIES**



**A SUSTAINABLE
FUTURE**

ROBOTS IN LONG TERM CARE

MORE TIME FOR PEOPLE. MORE VALUE FOR CARE.

Robots are not a replacement for people, but a powerful ally for healthcare professionals, enhancing care, safety and quality of life in nursing homes.

*Technology
that cares*

WHERE ROBOTS MAKE A DIFFERENCE



ASSISTANCE AND MOBILITY



- Help with daily activities (e.g. food and drink)
- Support for mobility and transfers
- Reduce physical workload for staff



SAFETY AND MONITORING



- Fall detection
- Vital signs monitoring
- Early alerts for health issues



COGNITIVE SUPPORT



- Memory stimulation
- Companionship
- Reduced loneliness and anxiety



MEDICATION MANAGEMENT



- Reminders and alerts
- Correct dosage and timing
- Greater adherence to therapy



TELEMEDICINE AND REMOTE CARE



- Virtual consultations
- Specialist access
- Continuous care even from a distance

THE BENEFITS



BETTER HEALTH OUTCOMES

Fewer hospitalisations, earlier detection, personalized care.



GREATER SAFETY

Fewer falls, constant monitoring, rapid response.



SUPPORT FOR STAFF

Less workload, more time for human care.



IMPROVED QUALITY OF LIFE

More autonomy, dignity and emotional well-being.



HIGHER EFFICIENCY

Better resource use, reduced costs, optimized processes.



A MORE SUSTAINABLE SYSTEM

Innovation, reduced waste, long-term value.



**ROBOTS DON'T REPLACE
HUMANS.
THEY EMPOWER THEM.**



TECHNOLOGY
for smarter care

+



PEOPLE
for greater empathy

+



TOGETHER
for a better future

IN LONG TERM CARE,
ROBOTICS IS NOT JUST
A TECHNOLOGY.

**IT'S A BETTER WAY
TO CARE**

From Cost to Resource

The Nursing Home of the Future transforms longevity into:

*More care,
more value*



HEALTH

Better prevention •
fewer hospitalisations •
personalised care



INNOVATION

AI • robotics •
telemedicine •
smart technologies



EMPLOYMENT

New skills •
qualified jobs •
professional growth



SOCIAL VALUE

Support for families •
dignity • inclusion •
stronger communities



ECONOMIC VALUE

Investment in care
generates health,
employment, innovation
and local development.

THE NEW PARADIGM

FROM:



TO:



LONGER LIVES. STRONGER SOCIETIES.

PROPOSALS TO THE EU COMMISSION

FOR THE NEXT EUROPEAN LONG-TERM CARE STRATEGY

- 1. A permanent European Observatory on senior housing models, differentiated by North/South/East**
- 2. Dedicated Multiannual Financial Framework to convert existing facilities into open, community-based models**
- 3. Horizon Europe pilot funding for cross-border cohousing and dementia-village projects**
- 4. Faster mutual recognition of care-worker qualifications across Member States — in line with the E.C.H.O. 2025 report on Europe's LTC Gap, presented to the European Commission**
- 5. Tech-adoption incentives conditioned on minimum standards of direct human care time**

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