ABSTRACT

Introduction: Telemedicine is an innovative solution that enables the remote care of patients through digital technology. This method is particularly interesting for nursing homes (EHPAD) that accommodate often frail elderly individuals requiring constant medical monitoring. The aim of this thesis is to verify the relevance of telemedicine as a tool for teleconsultation and tele-expertise within nursing homes.

Objectives: To determine whether telemedicine can be considered an effective means for teleconsultation and tele-expertise within nursing homes. The secondary objective is to assess the implementation of telemedicine in these establishments, and the skills and obstacles of the caregiving teams regarding the use of telemedicine.

Results: Numerous nursing homes lack the necessary equipment and human resources for telemedicine. However, the implementation of a concerted medical project, adequate support, and training, as well as enhanced communication among stakeholders, can promote the development of telemedicine as a tool to improve the quality of care for the elderly in nursing homes.

Conclusion: Telemedicine can be a relevant solution for enhancing the medical care of the elderly in nursing homes, but its application is limited by a lack of specialized equipment and human resources. To address these gaps, it is recommended to establish concerted medical projects, improve training and practices, enhance communication among stakeholders, and reconsider logistics. These recommendations could enable better adoption and utilization of telemedicine in nursing homes, thereby benefiting patients, caregivers, and establishment management.

Keywords: Geriatric Care, Nursing Homes (EHPAD), Technologies, Telemedicine.
This program equips EHPADs with technology, software, and healthcare professional training, primarily focusing on teleconsultation.

Our study examines the integration of telemedicine in EHPADs, focusing on teleconsultation and patient satisfaction following its implementation. While prior research has highlighted telemedicine’s benefits in EHPADs, our study addresses the involvement of healthcare professionals and patient satisfaction, crucial aspects in understanding its impact.

In this article, we summarize our comprehensive thesis on telemedicine in EHPADs, delving into its definition, national deployment strategy, implementation modalities, medico-legal challenges, and the results of a pilot study conducted in collaboration with GHU Paris Saclay services and three EHPAD residences.

2. Literature Review

2.1. History

Telemedicine’s roots trace back to the late 19th century when telecommunication technology began to merge with medical practice. Early applications emerged in remote areas like Canada, Alaska, and Australia. In 1948, radio-medical services connected ships to hospitals via telephone, aiming to improve patient care at sea. In the 1960s, teleconsultation and tele-education programs took shape, albeit with limited success due to technological constraints. A significant leap occurred with the use of satellite connections in the late 1970s, initially driven by space programs like NASA. Tele-assistance programs for astronauts and remote locations expanded. Scandinavia led the way in the late 1980s with real-time telemedicine programs. Other countries followed suit [2].

2.2. In France

France established a legal framework for telemedicine in 2009 and 2010, defining it as remote medical practice using information and communication technologies. Five recognized telemedicine acts include teleconsultation, tele-expertise, medical tele-monitoring, medical tele-assistance, and medical regulation, all requiring the involvement of medical professionals [6].

2.3. National Telemedicine Deployment Strategy

France’s national telemedicine program, initiated by the “Agence Régionale de la Santé” (ARS), focuses on four key areas [7]:

1. Continuity of Care in Imaging: Tele-radiology helps bridge radiologist shortages and meet the growing demand for radiology exams.
2. Stroke Care: Videoconferencing and tele-radiology enhance diagnostic reliability and therapeutic decisions, benefiting patients, particularly in cases like thrombolysis.
3. Management of Chronic Disease: With an increasing number of patients with chronic conditions, the focus is on prevention and home-based care through tele-monitoring.

4. Care in Medical-Social Institutions and Home Hospitalization:
   a. In Nursing Homes (EHPAD): Telemedicine aims to maintain or expand medical coverage, reduce hospitalizations, and improve access to care for elderly residents.
   b. In Home Hospitalization (HAD): Telemedicine enhances specialist care by providing necessary data while minimizing travel [8].

2.4. Ethics and Telemedicine

Ethical considerations are crucial in telemedicine practice. The “Conseil Européen des Ordres des Médecins” (CEOM) emphasized that telemedicine should not dehumanize the patient-doctor relationship but can enhance medical expertise where needed. The “Conseil National des Ordres des Médecins” (CNOM) provided ethical guidelines, emphasizing informed patient consent, confidentiality, collaboration among professionals, and competence in using telemedicine technologies. The CNOM also recommended that life-threatening diagnoses should not be conveyed through telemedicine [9], [10].

2.5. Patient Rights and Stakeholder Responsibility

In telemedicine, various healthcare professionals collaborate, including those with differing skills and legal statuses. The legal responsibilities of healthcare professionals remain consistent, guided by established principles of professional liability. Currently, there is no plan to create a distinct liability framework, as existing legal mechanisms suffice to address telemedicine-related issues [11].

2.5.1. Patient Information and Consent

In telemedicine, the requesting physician, communicating directly with the patient, must provide comprehensive information about the medical procedure and the telemedicine process. This information should transparently explain the nature of telemedicine, its distinctions from traditional care, associated risks, and assurances of medical information confidentiality. Documenting the date of patient information is crucial [11]. Health authorities recommend creating patient informational materials [12].

2.5.2. Medical Records and Professional Secrecy

Telemedicine procedures should be meticulously documented in the patient’s medical record, including summaries, procedures, and prescriptions, identities of involved professionals, date, time, and technical incidents [13]. The requesting physician determines which information is shared with the parties participating in the telemedicine procedure. The consulting physician should be aware of the essential medical record elements needed to provide their specialist opinion. Upholding professional secrecy, encompassing all information acquired during professional duties is vital. Physicians must ensure that all parties involved in their practice, including those who assist them, adhere to professional secrecy obligations [14]. Article R. 6316-2 of the French Public Health Code permits the exchange of patient information during telemedicine unless the informed patient objects [15].
2.6. Obligations Related to the Procedure and Quality of Care

The responsibility for organizing telemedicine services varies depending on the circumstances:

- Teleconsultation between physicians from public healthcare institutions: Public healthcare institutions are responsible for organizing telemedicine.
- Teleconsultation between physicians from private healthcare institutions: If either the requesting or consulting physician is an employee, the healthcare institution organizes telemedicine. If the requesting physician is self-employed, they assume responsibility for potential harm consequences. Joint responsibility may occur in cases of shared errors or when identifying the primary cause of harm is challenging [11].
- Teleconsultation between physicians from public healthcare institutions and physicians from private healthcare institutions or self-employed physicians: This situation involves co-diagnosis or co-prescription by physicians with different legal statuses. Responsibility scenarios depend on whether the consulting or requesting physician is employed by a private institution [11].

2.7. Obligations Related to the Use of Technological Tools

Institutions bear strict liability for the safety of telemedicine equipment considered medical devices [14]. Physicians must be proficient in using, operating, and understanding the limitations of the technologies employed. In cases of patient harm resulting from malfunctioning telemedicine equipment, requesting physicians, consulting physicians or healthcare institutions may face liability even in the absence of negligence. They can pursue recourse actions against the technological third party for contractual obligations not met [11]. Technological third parties, responsible for information and communication technology operation, must provide reliable and secure equipment adhering to medical device regulations [14], [16]. They are also obliged to maintain and inform healthcare professionals and institutions as part of their enhanced advisory duty [11], [13].

2.8. Promises of Telemedicine

Telemedicine, particularly teleconsultation, offers the potential to reduce healthcare costs by minimizing patient transportation and hospitalization while enhancing care quality through advanced technologies [12]. This perspective is encapsulated in statements like, “The challenge was to avoid an expensive teleconsultation solution (such as a teleconsultation booth), improve the care pathway by offering a new perspective on consultation, and prevent the travel of frail individuals” [17]. Geriatrics, in particular, has recognized the value of teleconsultation, supported by experiments conducted in Toulouse, Limoges, Grenoble, and the Assistance Publique des Hôpitaux de Paris [18]. These experiments aim to reduce travel, provide specialized consultations for geriatric hospital and nursing home (EHPAD) patients, and have led to increased patient satisfaction [3], [14].

2.9. Recent Evolution Paths with the COVID-19 Crisis

The COVID-19 pandemic has accelerated the development of teleconsultation in the Val-de-Marne department and beyond. Quick, coordinated efforts by health authorities, including Regional Health Agencies (ARS), Health Insurance Funds (CPAM), and local authorities (CD), facilitated this growth. National regulatory flexibilities introduced during the crisis, such as decrees in March 2020, eased the use of teleconsultation services, effectively reducing infection risks for patients and healthcare professionals by minimizing travel and in-person contact. Regulatory barriers were lifted, allowing for more accessible teleconsultations and driving changes in practices [19].

The COVID-19 crisis had two notable effects on telemedicine adoption: an “accelerator effect” and a “facilitator effect”. The “accelerator effect” involved a significant surge in teleconsultation numbers in 2020, thanks to coordinated efforts. For instance, Val-de-Marne reported nearly 20,000 teleconsultations in the first half of 2020, compared to around 2,000 in the entire year of 2019 [20]. The crisis acted as a catalyst for teleconsultation adoption, particularly in nursing homes (EHPAD) and among specialists [18].

2.10. Pilot Study Following Project Deployment

After implementing telemedicine software, a pilot study was conducted by GHU Paris Saclay’s Direction of Medical Policy. The study outlined the patient pathway, including steps such as specialized consultation or telemedicine request, transmission of the request to the reference nurse, appointment scheduling via the telemedicine platform, validation of the appointment by the reference nurse, and organization of the appointment. Various options exist for setting up appointments, involving different healthcare professionals and locations to ensure simplicity, accessibility, and success in implementing telemedicine in nursing homes (EHPAD) [11].

3. Methodology

Telemedicine, an innovative approach leveraging information and communication technologies for remote medical consultation and expertise, serves as the focal point for this thesis, titled “New Offer of Telemedicine” (NOTE). The study’s primary objectives encompass evaluating the implementation of telemedicine for teleconsultation and tele-expertise in nursing homes (EHPAD) and understanding the utilization of teleconsultation and tele-expertise among nursing home teams. These objectives aim to address the research question: “Is telemedicine a relevant means to improve care in nursing homes?”

To accomplish these objectives, a comprehensive methodology was employed, involving individual interviews with members of nursing home healthcare teams. These interviews followed an interview guide comprising seven sections. A total of 30 individual interviews were conducted across 11 nursing homes, engaging various roles, including 11 general practitioners or specialists,
8 directors, 4 supervisors, 3 tariff authorities, 2 nursing home residents, and 1 nurse. Interviewees were contacted through phone or email to schedule convenient 40-minute individual interviews, as group interview options were unavailable. The interviews aimed to elicit insights into the unique aspects of the NOTE project by prompting professionals to identify initial challenges encountered during project implementation and propose potential solutions to facilitate deployment. This approach served as a means to assess the relevance of teleconsultation.

To ensure a meaningful sample, individual interviews were categorized into three groups: directors (8 out of 11), physicians (11 out of 11), and supervisors (4 supervisors). Interviews outside these groups were excluded from the study as their numbers did not permit suitable representation for the respective groups. A single nurse could not represent all nursing home nurses, and two residents and a doctoral candidate were not part of the nursing home staff group. Furthermore, the three authority figures had limited insights into the financial aspects of the NOTE project and were unable to provide information on other deployment elements.

Subsequently, a thematic analysis of the interviews was conducted using a table that organized interview responses into two tabs: one for difficulties and the other for solutions. Each tab contained main themes (e.g., difficulties/solutions related to the tool), sub-themes (e.g., technical difficulties/technical solutions), labels (e.g., poor connectivity/Improved connectivity), and sub-labels (e.g., lack of network/investment in Wi-Fi equipment). For each of the 23 conducted interviews (represented in columns), a letter (D for difficulty and S for solution) was placed in the corresponding cell for the mentioned sub-label (in rows), with prioritization from 1 to 5 reflecting the significance of the problems and solutions relative to the interviewee’s perspective (e.g., D5 or S3). This thematic analysis aimed to highlight the most frequently mentioned difficulties and solutions encountered during the interviews.

4. Results

In this section, we delve into the results obtained from the interviews conducted with directors, doctors, and managers of EHPADs regarding their perspectives on anticipated difficulties related to the implementation of teleconsultation through the NOTE project. These results provide valuable insights into the challenges perceived by stakeholders, categorized into four overarching themes: difficulties related to project structuring, difficulties related to the tool, difficulties related to the project environment, and difficulties related to stakeholders.

Anticipated difficulties related to project structuring were classified into four subcategories: medical project difficulties, support difficulties, and communication difficulties (Fig. 1). Medical project difficulties primarily stemmed from the inadequacy of the NOTE project’s offering to meet the needs of EHPADs, especially concerning the availability of time slots in dermatology or psychiatry and the visibility of the medical offering. Lack of prior assessment of EHPADs’ needs and insufficient consideration of constraints contributed to this mismatch.

Stakeholders emphasized the importance of defining the NOTE medical project clearly to avoid introducing a tool without ensuring a suitable medical response. Two typologies of interpretations coexisted, with some stakeholders envisioning NOTE as a project extending beyond EHPADs to encompass the entire population of Val-de-Marne. Implementation difficulties primarily revolved around the lack of involvement of various stakeholders, leading to confusion regarding roles and responsibilities in the practice of teleconsultation. Coordination and role identification were key concerns among respondents.

Support and communication difficulties were more connected to the challenges related to implementation. Ongoing training and communication were deemed crucial for successful adoption of the telemedicine system. However, the NOTE project was deployed in EHPADs without prior collaboration, leading to a lack of support, follow-up, and training, especially for the nurses on-site.

Difficulties related to the tool were categorized into two main subcategories: technical difficulties and logistical difficulties (Fig. 2). Technical difficulties were more frequently mentioned and were often cited as the top or second challenge. The main obstacles highlighted within this subcategory included poor equipment quality, internet connection failures, poor software quality, inability to connect, and lack of interoperability with the Patient Medical Record (DMP) or healthcare software. These technical issues led to time wastage for stakeholders and potential discouragement.

The origin of these technical failures was primarily attributed to a deficiency in network coverage at the EHPADs and the absence of flow prioritization, leading to bandwidth saturation. Respondents suggested that resolving the latter issue required investments from the requesting parties.

Logistical difficulties included the immobility of equipment, which often required connection via a network cable due to the lack of Wi-Fi, and the unsuitability of the physical location for teleconsultations. These logistical challenges raised questions about the alignment of the project with its objectives.

Challenges related to the project environment encompassed three subcategories: difficulties related to the lack of medical and/or paramedical resources, challenges related to the rigidity of the regulatory framework and its constant evolution, and challenges related to insufficient funding and residual costs for EHPADs (Fig. 3).

Lack of specialist availability, limited time for coordinating doctors, and insufficient treating physicians were major obstacles. The Val-de-Marne department faced a severe shortage of specialist doctors across all specialties, further exacerbating the challenges.

Insufficiency of non-medical personnel resources, particularly nurses, was another significant issue. High turnover rates among nurses and the overall shortage of nursing staff in EHPADs posed challenges to the NOTE project, which relied heavily on these strained healthcare professions.

Finally, difficulties related to stakeholders themselves were divided into two subcategories: difficulties related to usage and motivational difficulties (Fig. 4). Usage-related
difficulties primarily stemmed from entrenched practices, resistance to change, and apprehension towards digital tools. Competing practices, such as physicians' physical visits and direct access to specialized on-site consultations for hospital-based EHPADs, were also cited as contributing factors.

Motivational difficulties revolved around the perception of teleconsultation benefits. Some stakeholders believed that teleconsultation offered insufficient advantages due to the absence of physical interaction or essential connected devices for certain specialties. Others expressed reservations against digital solutions or a shift in medical tasks, contributing to motivational challenges.

These results provide a comprehensive understanding of the skills and barriers faced by healthcare teams in the implementation of teleconsultation through the NOTE project in EHPADs. The identified challenges highlight the complexities involved in introducing telemedicine initiatives and the importance of tailored strategies to address these difficulties effectively.

Continuing our exploration of the results from the interviews conducted with directors, doctors, and managers of EHPADs, this section focuses on the solutions proposed by stakeholders to facilitate the implementation of the NOTE project. These solutions are categorized into four major solution categories: solutions related to the tool, project structuring, the project environment, and stakeholders.

Under solutions related to project structuring, we identified four subcategories, with the most prominent being “Establishing a concerted medical project” (Fig. 5). This category garnered 31 occurrences and was overwhelmingly prioritized as the primary or secondary solution. This subcategory aims to address the inadequacy of the NOTE project's offering by:

- Rethinking the medical response of NOTE: Stakeholders emphasized the importance of a coherent and integrated medical project that proposes strong medical proposals with real added value. This
includes performing a shared needs assessment and making the medical offer more visible.

- Performing a shared needs assessment with proposals: Stakeholders stressed the need to start from scratch by mapping out the needs of individuals and determining whether there is a lack of medical recourse to teleconsultation.

- Opening the NOTE solution to external entities: The solution envisions extending NOTE beyond EHPADs to serve the broader population. This would involve creating new profiles of requisitioners and requesters and developing tailored medical TLC pathways.

Reviving communication and clarifying ownership were other subcategories, with 15 occurrences, respectively. Effective communication was identified as a crucial lever, closely linked to credibility and trust. Clarifying ownership involves identifying key roles and actors and implementing regular and close support.

Solutions related to the tool were divided into two subcategories: “Enhance the technical aspect” and “Review the logistics” (Fig. 6). “Enhance the technical aspect” was identified as the second most frequently mentioned solution, with 37 occurrences, emphasizing improvements in:

- Software quality: Enhancing software quality to ensure compatibility with other existing solutions was considered essential.
- Equipment quality: The need for advanced and connected devices was highlighted.
- Connectivity: Improving internet connectivity was crucial, given that poor connectivity was a major challenge identified earlier.
- Interoperability with healthcare software: Stakeholders recognized the importance of ensuring interoperability with existing healthcare software.
- Resolving technical barriers to access: Overcoming technical challenges that hindered access to teleconsultations was a key aspect of improving the tool.

Reviewing the logistics, which includes making equipment more mobile and relocating it to more suitable spaces, was another key consideration for enhancing the tool.

**Solutions Related to Stakeholders**

The third major solution category pertained to stakeholders. Stakeholders proposed a sole solution of “Support and assist healthcare teams in changing their practices,” with 17 occurrences. This solution, which ranked second in priority after establishing a medical project and improving the technical aspect, aims to facilitate change by:

- Evolution of practices: This involves encouraging the use of teleconsultation among general practitioners and specialists and training nurses to gather specific information before teleconsultations. The success of teleconsultations often hinges on the ability of stakeholders to establish a strong and enduring relationship of trust.
- Changing relationships between stakeholders: This aspect entails revising the role and place of patients, involving them more in their care during teleconsultations. Enhancing dialogue with the residents is essential, as it can often be limited to greetings and quantification of pain.

Lastly, solutions related to the project environment were categorized into three subcategories. The most prominent subcategory, “Consider local tensions in the medical...
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Dekmak and ElGerges

5. Discussion

The survey of nursing home (EHPAD) staff identified critical challenges in implementing telemedicine, which can be summarized as follows:

1. Misalignment with Resident Needs: The primary issue was the misalignment between telemedicine offerings and the actual needs. This was attributed to a lack of upfront needs identification, limited specialist diversity, and restricted GHU specialist availability. The proposed solution is to establish a concerted medical project, fostering collaboration between nursing homes and healthcare professionals. This collaborative approach aims to comprehensively assess telemedicine needs and provide a diverse range of specialists. It also calls for improved planning of remote consultations and ensuring the availability of hospital practitioners to meet resident needs.

2. Role Ambiguity: Another major challenge was the lack of clear identification of personnel and their roles, encompassing the absence of medical leadership, limited involvement of various stakeholders, role ambiguity between coordinating physicians and specialists, and IT leadership changes. The suggested solution is role clarification, emphasizing the importance of strong medical leadership, involvement of key stakeholders, and clearly defining the roles of coordinating physicians and specialists while maintaining stable IT leadership.

3. Personnel Support and Training: Inadequate support and training for personnel, particularly nurses and general practitioner physicians, was a key concern. The proposed solution is to develop appropriate support and training. This involves offering tailored training, accommodating participants' availability, and providing ongoing support to address technical challenges. Additionally, creating tools for formalized support, like usage guides and video tutorials,
can enhance user experience and integration of telemedicine.

4. **Communication Challenges:** Effective communication was a significant issue in complex telemedicine projects. The absence of inadequacy of formalized communication tools resulted in misunderstandings and resistance to change. The proposed solution is revitalizing communication through regular meetings, communication guidelines, and the involvement of all project actors to ensure successful task execution.

5. **Technical Hurdles:** Technical issues, such as poor software and hardware quality, internet connectivity problems, and technical access barriers, were frequently mentioned. The solution involves ensuring high-quality equipment, training users in telemedicine tools, and collaborating with reliable service providers offering technical support.

6. **Logistical Difficulties:** Logistical challenges, including inadequate room selection and immobile equipment, can impede telemedicine implementation. Addressing these issues requires suitable room configurations and mobile equipment for flexible use.

7. **Environmental Considerations:** Challenges related to insufficient medical resources and regulatory framework rigidity were reported. Solutions include securing financial support for teleconsultation implementation and staff training, staying informed about regulatory changes, and recognizing the benefits of reduced travel costs and improved care coordination.

8. **Actor-Related Challenges:** Usability difficulties and motivational issues were identified among healthcare staff, stemming from ingrained practices and operational inertia. Overcoming these challenges requires evolving practices, fostering shifts in relationships among actors, and improving communication.

9. **Inclusion of Nurses and Healthcare Staff:** A limitation of this study is the exclusion of nurses and other healthcare staff, whose perspectives are essential. Future studies should involve all relevant stakeholders to obtain a comprehensive understanding of telemedicine adoption.

Addressing these challenges and implementing the proposed solutions is crucial for the successful adoption of telemedicine in nursing homes, ultimately leading to improved healthcare services and better resident outcomes.

### 6. Conclusion and Recommendations

The COVID-19 health crisis has propelled telemedicine into the spotlight, providing new opportunities and highlighting its significance. While the “Agence Régionale de la Santé” (ARS) have allocated temporary funding, there is a broader potential for telemedicine in nursing homes (EHPADs). Efforts to equip these facilities with connected tablets and internet access have underscored the importance of maintaining social connections and enhancing healthcare support.

The NOTE project emerges as a promising local-level initiative, but its success hinges on a comprehensive understanding of stakeholders’ needs, fostering a collaborative care model that bridges hospital actors, community professionals, and the medico-social sector. To make this endeavour fruitful, several considerations must be taken into account:

1. **Specialist Availability:** Ensure specialists have the necessary time to handle both in-person and remote consultations, including regular patients.
2. **Strengthening Relationships:** Foster positive relationships between GHU hospital physicians and local healthcare providers in Val-de-Marne.
3. **Medical Point of Contact:** Identify a medical point of contact within EHPADs for each resident, whether it’s a coordinating physician, general practitioner, or a teleconsultant. Ensure their active involvement and availability for the project.

To pave the way for the expansion of the NOTE project in this direction, a wise approach could be to leverage existing facilities and certified individuals. Successful teleconsultation experimentation might provide a foundation for presenting a feasible economic model to stakeholders, considering the potential investments required.

To successfully implement the NOTE project, consider the following recommendations:

1. **Concerted Medical Project:** Develop a collaborative medical project that involves all stakeholders to better plan and structure remote medical consultations.
2. **Clear Project Definition:** Establish a comprehensive project definition for NOTE, specifying the roles and responsibilities of all involved actors during telemedicine implementation.
3. **Tailored Training:** Create specialized training programs for nurse aides and coordinating physicians to address practical implementation difficulties effectively.
4. **Formalization Tools:** Develop tools and materials for formalized support and documentation to enhance the efficiency of the NOTE project.
5. **Effective Communication:** Reinstate effective communication channels to ensure the involvement of all NOTE project stakeholders in its success.
6. **High-Quality Equipment:** Ensure access to high-quality technical and logistical equipment, offering technical support and meeting EHPADs’ logistical requirements.
7. **Resource Regulations:** Develop regulations and policies that facilitate the availability of human and financial resources to support telemedicine projects.
8. **Practice Evolution:** Encourage the evolution of practices through the implementation of a flexible, scalable, and user-friendly tool.
9. **Consumer Input:** Consider the input of consumers, including physicians, healthcare teams, and residents, to enhance the quality of services provided by the NOTE project.
In conclusion, telemedicine holds great promise for improving elderly care in EHPADs, but its successful implementation necessitates meticulous planning, adequate resources, and active participation from all stakeholders. The results highlight the deficiencies in equipment and the scarcity of specific human resources, such as medical specialists. Hence, it is imperative to enact policies, technical programs, and interdisciplinary collaboration to promote technology adoption and expand access to human resources, particularly in remote or underserved regions.

Telemedicine has the potential to significantly enhance the quality of care provided to elderly residents in EHPADs. However, it is a continuous journey of improvement that demands ongoing research and development to further enhance healthcare services and refine the application of telemedicine. The recommendations outlined in this study are essential steps in realizing the full potential of telemedicine in EHPADs, ultimately improving the care and well-being of elderly residents.

Conflict of Interest

Authors declare that they do not have any conflict of interest.

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