INNOVATION, ENTREPRENEURSHIP, MANAGEMENT SERIES

HEALTH AND INNOVATION SET

Volume 4

Innovation, Collective Intelligence and Resiliency in Healthcare Organizations

Edited by
Aline Courie-Lemeur

ISTE

WILEY

Innovation, Collective Intelligence and Resiliency in Healthcare Organizations

Health and Innovation Set

coordinated by
Corinne Grenier

Volume 4

Innovation, Collective Intelligence and Resiliency in Healthcare Organizations

Edited by
Aline Courie-Lemeur

ISTE

WILEY

First published 2023 in Great Britain and the United States by ISTE Ltd and John Wiley & Sons, Inc.

ISTE Ltd
27-37 St George's Road
London SW19 4EU
UK

www.iste.co.uk

John Wiley & Sons, Inc.
111 River Street
Hoboken, NJ 07030
USA

www.wiley.com

Library of Congress Control Number: 2023943293

British Library Cataloguing-in-Publication Data
A CIP record for this book is available from the British Library
ISBN 978-1-78630-844-3

Contents

Foreword by Annie Bartoli

Building Meta-Resilience in Healthcare Organizations

If there is one environment in which the need for resilience seems instantaneously paramount, it is that of health institutions. At first glance, this seems obvious, since the ability of health organizations and professionals to cope with difficulties is implicitly considered to be the keystone and the safety net for the functioning of modern civilizations. Therefore, in order to help individuals to overcome pathologies or painful episodes in their lives, for organizations and their members to be able to overcome sometimes devastating crises or destabilizing changes, for societies to be able to recover after shocks, ruptures or tragedies, the support of resilient health systems, capable of helping people and structures to continue to live and progress, constitutes a necessary and almost unavoidable condition.

Is it not, in essence, a question of meta-resilience, that is to say a capacity placed "alongside", or even at a higher level, in order to contribute to the resilience of others?

This, however, may be a false sense of the obvious, about which too little analysis has been conducted to date. Beyond the political will and the resources allocated, which are certainly necessary but not sufficient, what else can promote the organizational resilience of health systems? How far should we go in the search for this resilience without risking creating perverse effects, excesses or blockages in the modes of operation, which could then become counterproductive? How can we build organizations that are not only resilient but also efficient, that is, capable of enabling societies to overcome crises, while remaining adapted to routine activities?

It is these fundamental questions that the beautiful book, coordinated by Aline Courie-Lemeur, attempts to respond to with as much ambition as it has humility.

The organizational resilience that is at the heart of this book is certainly not, in and of itself, a new concept, but here it has been updated, contextualized and communicated through theoretical and practical interpretations, as a result of analyses carried out in context of health systems.

The concept of organizational resilience was studied in the 1980s by Karl Weick (1987) in relation to the principles of organizational reliability. For him, it was a matter of building a system of organized actions and maintaining that system in the face of difficult situations, with reference to situations of organizational shock that were likely to be destabilizing. In the logic of this researcher, who is also known for his contributions to the management of organizations through meaning, the resilience of systems is not limited to the addition of individual resilience but is based, above all, on organized and sustainable cohesion, in order to be able to survive and progress in the event of a major contingency. In his work with Sutcliffe and Obstfeld (1999), Weick thus analyzes the processes of managing the unexpected, the need for which may arise either in visibly manifest forms or, conversely, in a more subtle manner.

It is true that the unexpected, whether it be a violent crisis or an epiphenomenon with cascading consequences, has become a type of new normal, which paradoxically leads to the need to prepare for it through learning and action processes that are both structured and flexible. The challenges to be faced have been particularly highlighted in the health and medico-social fields in many countries in recent years, especially when organizational resilience was praised, even advocated, by the World Health Organization (WHO), which described resilience as "the ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions" (WHO 2022).

Such incentives, which aim to ensure the health security of populations while preserving the economic and social systems of countries, can only find their coherence by being applied at different complementary levels: at the "macro" level of nations or supranations, at the "meso" level of territories and organizations and at the "micro" level of communities and individuals. In the field of health, perhaps even more so than elsewhere, these registers interact, thus creating systemic complexity and increased challenges for knowledge as well as for action. Aline Courie-Lemeur and the many contributors to the book help us to understand what the hidden face of this much-needed resilience might be. Their combined work leads to the identification of certain interrelated factors that may well be the keys to its development. Innovation, in the broadest sense of the term, and collective intelligence, as a stimulated approach, are among these factors, which have become crucial in times of crisis.

Now, as we know, crisis is as much a danger as an opportunity. The term continues to be polysemous and ambiguous, recalling its plural origins: on the one hand, there is the Latin meaning of the word "crisis", which can be associated with the serious and paroxysmal moments of pathological situations, while on the other hand, the Greek *krisis* instead indicates a delicate period of transformation with more or less favorable consequences. However, times of crisis stimulate emergency action, creativity and innovation, leading to different and sometimes more united thinking, and can therefore become an opportunity for strengthening. Everything then depends on the strategic capacity to transform the threat into an opportunity (Ansoff 1977), or what Altintas (2020) calls the dynamic resilience capacity of the organization.

The public management literature of the early 21st century tended to focus on the economic or geopolitical dimensions of crisis situations (Bartoli and Blatrix 2012), while today the global pandemic of Covid-19 has brought health crises and the importance of considering "one health" – human, animal and environmental – back to the forefront (Zinsstag et al. 2020). As a result, health seems to have returned to being seen by many as a common or collective good, leading, fortunately, to its professionals and institutions being seen more as socio-organizational resources that need to be respected and preserved.

It is in this troubled and fragile context that the viewpoints exchanged by international researchers and professionals from healthcare institutions, cleverly brought together in this book, are timely. The authors highlight and significantly update certain conditions for success, such as the process of decommissioning, the co-construction of organizational innovations, formal and informal leadership and the coordinated commitment of actors. All of this can lead to collective forms of knowledge and know-how that guarantee better coherence of analysis and action processes and, as this judicious work demonstrates, a better organizational resilience for our health systems, which are very precious and yet remain highly vulnerable.

This book reveals reflective and distanced, as well as pragmatic and operational ways to innovate in this direction and consolidate in a sustainable way the meta-resilience of health organizations, placed at the service of the resilience of others, whatever its form or its scope of action may be.

The collective intelligence of the authors, presented in this work coordinated by Aline Courie-Lemeur, whether they are researchers, practitioners or institutions, can only help us progress in this direction!

Annie BARTOLI
Université Paris-Saclay, UVSQ, Larequoi, Versailles, France
Georgetown University, Washington, DC, USA

References

Altintas, G. (2020). La capacité dynamique de résilience : l'aptitude à faire face aux évènements perturbateurs du macro-environnement. *Management et Avenir*, 115, 113–133.

Ansoff, H.I. (1977). The changing shape of the strategic problem. *Journal of General Management*, 4(4), 42–58.

Bartoli, A. and Blatrix, C. (2012). Des sciences modestes de l'action publique ? Politiques et management publics face à la crise. *Revue politiques et management public*, 29(3), 289–304.

Weick, K.E. (1987). Organizational culture as a source of high reliability. *California Management Review*, 29(2), 112–127.

Weick, K.E., Sutcliffe, K.M., Obstfeld, D. (1999). Organizing for high reliability: Processes of collective mindfulness. *Research in Organizational Behavior*, 21, 81–123.

WHO (2022). Urban planning for resilience and health: Key messages. Summary report on protecting environments and health by building urban resilience. Report, WHO European Centre for Environment and Health [Online]. Available at: https://www.who.int/europe/publications/i/item/WHO-10665-355760 [Accessed April 15, 2022].

Zinsstag, J., Schelling, E., Waltner-Toews, D., Whittaker, M.A., Tanner, M. (2020). *One Health, une seule santé : théorie et pratique des approches intégrées de la Santé*. Éditions Quae, Versailles.

Foreword by Yves Charpak

Resiliency

When I was asked to write the foreword to this book, I accepted without really imagining where it would take me.

I was flattered by the offer, which referred to my varied career path, which started out first as a junior general practitioner, then as a researcher in clinical epidemiology and evaluator of healthcare technologies and practices, then as a consultant and owner of a private evaluation consultancy firm, while keeping the "spirit of science" in my work with nearly all possible actors in the healthcare field. Particularly since the late 1980s, I have been working on "care networks", from perinatal care to addiction, via public–private collaboration projects, linking city and hospital, general practitioners and specialists, and so on.

My various past activities in academic and professional societies, in public health, epidemiology, and in expert bodies (*Haut Conseil de la santé publique*, *Haut Conseil pour l'avenir de l'assurance maladie*, etc.), made reading the contributions in this book a pleasure and a lesson, showing strong commitments to bringing organizations to life, finding solutions to external difficulties (Covid-19 among others), common to healthcare operators as well as to administrative bodies. In addition, these contributions naturally led to a better understanding of the concept of resiliency of which I have never been a specialist and which revealed itself to be a framework that has accompanied me throughout my career.

To ask someone who is not an expert on the subject to write a foreword is to ask them to immerse themselves in what is to be found in the book, and to discover the authors' expertise in the visible and less visible dynamics of the ongoing

transformation of healthcare organizations in response to the unavoidable changes in healthcare problems and the responses to be provided.

This book offers a tremendous variety of insights, experiences and proposals for making organizations as resilient as possible; in particular, by being able to respond to the unexpected and to crises in an effective way, particularly by drawing on what happened during the Covid-19 crisis, and also by suggesting numerous ways in which the same organizations can be better prepared to face future difficulties and crises in order to mitigate their impact. We learn about the need for professionals to develop resiliency skillsets and about the need to organize the management of institutions to facilitate collective resiliency, to set up organizational collaborations between actors, and to build alliances, particularly at the local level.

I suppose it is implicit that the institutional resilience capacity is only beneficial if it leads to a better collective handling of problems, and not just to "surviving". This is because the "common good" is often at odds with individual or institutional logics. The possible opposition between the resilience of a business unit and a political strategy for the common good made me recall the response of a friend, in charge of communications in a large foreign chemical group, to whom I asked how they managed their crises. He replied: "We haven't had any crises since internal management and communication processes were put in place so that everyone 'knows what to do' when there's a problem". He meant that the organization was 100% resilient in protecting itself, but not exactly that it was resilient in preventing mishaps. However, I believe that the resiliency desired by society is that which enables us to better deal with problems, including through changes that may impact organizations and individuals when necessary.

But once I had been invited to delve into the book, there was also the risk that the second part of my career and my expertise, focused on health and not just on care, might lead me to wander onto other paths. My experiences at the WHO, in international affairs at the *Institut Pasteur*, at the prospective blood transfusion organization (EFS), in professional public health societies in France and Europe, and now my status of elected municipal official, make me read the book slightly outside the box, with the subtle nuance that it describes essential experiences in the organization of care rather than "health". And the nuance is not just semantic.

To put it plainly, how can we enter into direct interaction, particularly at the local level, with all the actors who contribute to people's health – and not just to healthcare – in order to ensure good health, clear policies to protect health upstream of disease, prevent chronic illnesses and the consequences of today's unavoidable threats to health: the environment, social inequalities, diet, lifestyles, urban planning and housing, mobility, etc.?

The actors involved in healthcare issues, particularly at the local level, are not just those involved in providing care.

Should the examples of coordination still being used experimentally in the healthcare sector not be extended as far as possible to other health providers and operators? Could these alliances be extended beyond care? For a future book, perhaps?

Yves CHARPAK
Public health physician, epidemiologist, evaluator,
President of the Charpak Foundation:
l'esprit des sciences (the Spirit of Sciences), and local elected official

List of Acronyms

ANAP: *Agence nationale de l'appui à la performance* is the French national agency for supporting the performance of health and medico-social establishments.

APRN: advanced practice registered nurse is commonly referred to as an IPA or *Infirmier en pratiques avancées* in French.

ARM: see MRA.

ARS: see RHA.

ATIH: *Agence technique de l'information sur l'hospitalisation* is the French technical agency responsible for handling data and information regarding hospitalizations.

CAQES: *Contrat d'amélioration de la qualité et de l'efficience des soins* is a contract defining the quality of care and commitments to improving efficiency in France.

CECICS: *Cellule d'expertise et de coordination des patients insuffisants cardiaques sévères* is the expertise and coordination unit for patients with severe heart failure in France.

CHF: congestive heart failure is commonly known as ICC (*Insuffisance cardiaque chronique*) in French.

CLIC: *Centre local d'information et de coordination* is a local data and coordination center for health and social issues in France.

CME: *Commission médicale d'établissement* is the medical committee of a healthcare institution in France.

CPAM: *Caisse primaire d'assurance maladie* is France's primary health insurance fund.

CPOM: *Contrat pluriannuel d'objectifs et de moyens* is a French multi-year contract outlining the objectives and resources allocated.

CPTS: *Communauté professionnelle territoriale de santé* is a territorial health professional community in France.

CRS: the Comprehensive Rehabilitation Services program serves people who have experienced traumatic injuries. These are commonly referred to by their acronym SSR (*Soins de suite et de réadaptation*) in French.

CTA: *Coordination territoriale d'appui* is a local coordination support system in France.

DAC: *Dispositif d'appui à la coordination* is a coordination support organization in France.

DCGDR: *Direction de la coordination et de la gestion du risque (structure régionale de l'assurance maladie)* is the department for risk management and coordination in France (whose mandate is the regional structure of health insurance).

DD: *Délégations départementales – échelons départementaux de l'AR délégations départementales* are departmental delegations/branches of the RHA (ARS) in France.

DDASS: *Direction départementale des affaires sanitaires et sociales* is the French departmental directorate for health and social affairs.

DLU: *Dossier de liaison d'urgence* is a French emergency liaison record.

DREES: *Direction de la recherche, des études, de l'évaluation et des statistiques* is the French directorate for research, studies, evaluations and statistics.

EHPAD: *Établissement d'hébergement pour personnes âgées dépendantes* is the French abbreviation for an accommodation facility for dependent elderly people.

EMS: emergency medical services in France is commonly referred to by its abbreviation SAMU (*Service d'aide médicale urgente*).

ES: see HCF.

ETP: see TPE.

FIQCS: *Fonds d'intervention pour la qualité et la coordination des soins* is an intervention fund for the quality and coordination of care in France.

GHT: *Groupement hospitalier territorial ou de territoire* is a local (territorial) hospital group in France.

GHU: *Groupement hospitalo-universitaire* is a university hospital group in France.

HAD: see HaH.

HaH: Hospitalization at Home, in French known as HAD (*Hospitalisation à domicile*).

HAS: *Haute Autorité de santé* is the French National Authority for Health.

HCAAM: *Haut Conseil pour l'avenir de l'assurance maladie* is the French High Council for the Future of Health Insurance.

HCF: a healthcare facility is commonly known as an ES (*Établissement de santé*) in French.

HPST: *Loi du 21 juillet 2009 portant réforme de l'Hôpital et relative aux patients, à la santé et aux territoires* is the Law of July 21, 2009 reforming the hospital as it relates to patients, health and territories.

HR: human resources is commonly known in French as RH (*Ressources humaines*).

HSTS: health system transformation strategies are commonly referred to by their acronym STSS (*Stratégie de transformation du système de santé*) in French.

ICC: see CHF.

IDE: see SRN.

IDF: Ile-de-France is the region in north-central France surrounding the nation's capital, Paris.

IPA: see APRN.

LFFS: *Loi de financement de la Sécurité sociale* is the French Social Security Financing Act.

MAIA: method of action for the integration of healthcare and support services in the field of Autonomy.

MRA: is a "medical regulatory assistant". These are commonly referred to as ARM (*Assistant de régulation médicale*) in French.

OSNP: see UCP.

PAERPA: *Parcours de santé des personnes âgées en risque de perte d'autonomie* is a scheme in France whose mandate is to assist "elderly people at risk of loss of autonomy".

PME: see SME.

PRADO: *Programme de retour à domicile* is a return home program in France.

PRS: see RHP.

PTA: *Plateforme territoriale d'appui* is a local support platform in France.

RH: see HR.

RHA: Regional Health Agency, or *Agence régionale de santé* (ARS) in France, an autonomous, regional public institution placed under the supervision of the Ministry of Health.

RHP: Regional Health Project, in French these are commonly referred to as PRS (*Projet régional de santé*).

SAMU: see EMS.

SAS: *Service d'accès aux soins* is France's access to care service.

SME: small and medium-sized enterprises are commonly referred to as PME (*Petite moyenne entreprise*) in French.

SNDS: *Système national des données de santé* is France's national health data system.

SRN: state-registered nurse is commonly known as an IDE (*Infirmier diplômé d'État*) in French.

STSS: see HSTS.

TMHP: territorial mental health projects.

TPE: see VSE.

TPE: therapeutic patient education is commonly known as *Éducation thérapeutique du patient* (ETP) in French.

UCP: unscheduled or urgent care practitioner is commonly referred to as an OSNP (*Opérateur de soin non programmé*) in French.

UNCAM: *Union nationale des caisses d'assurance maladie* is France's national union of health insurance funds.

URPS: *Union régionale des professionnels de santé* is France's regional union of health professionals.

VSE: very small enterprises are commonly referred to in French by their acronym TPE (*Toute petite entreprise*).

About the Authors

Annie BARTOLI is a professor of management sciences at the ISM-IAE of the UVSQ, Université Paris-Saclay, and director of the Larequoi Management Research Laboratory. She is also a research professor at Georgetown University, Washington, USA, where she co-directs teaching and research programs in international and intercultural management. One of her major fields of expertise is public and non-market management, with works on local governments and the health sector. Among her numerous national and international publications, *Le grand livre du management public*, published for its 5th edition in 2022 (with C. Blatrix), is a notable reference in the public management field. In addition, she is also editor-in-chief of the scientific journal *Gestion et Management Public* (GMP).

Sophie BATAILLE is an emergency physician, coordinator of the Cardiology Health Data Warehouse of the Ile-de-France Regional Health Agency (RHA) since 2000, and cardiology referent at the Ile-de-France RHA since 2015.

Élise BLÉRY is a general practitioner, as well as a medical adviser for health insurance. Since 2010, she has been in charge of supporting hospital structures in their efforts to improve performance and the relevance of care, and promoting innovations in healthcare.

Laëtitia BOREL is a doctoral student in management sciences at the Larequoi Laboratory, attached to the University of Versailles Saint-Quentin-en-Yvelines. Her research focuses more specifically on the management of healthcare organizations, in line with her professional background. For the past 10 years, she has been involved in several health coordination organizations in the Ile-de-France region. She is currently a project manager for a national public health agency.

Emmanuelle CARGNELLO-CHARLES is a senior lecturer at the University of Pau and Pays de l'Adour (LiREM laboratory). Her research interests are in the field of health management, more specifically in management control and finance.

Laurent CENARD has a state diploma in nursing with an AED in Public Health and a DESS-MBA in Business Management from the IAE Paris. He has held numerous management positions in non-profit organizations in the healthcare field. These roles have made him a privileged observer of organizational innovations, particularly coordination mechanisms between the city and the hospital. He is currently working at the *Fondation Santé Service* ("Health Service Foundation"), as director of the home hospitalization unit. He is also an associate member of Larequoi, the Management Research Laboratory of the University of Versailles Saint-Quentin-en-Yvelines.

Yves CHARPAK is a doctor specialized in public health and in clinical epidemiology and evaluation. He is President of the Charpak Foundation, *l'esprit des sciences* ("the spirit of science") and also a local elected official in Larchant. He is a member of the board of the association *Élus Santé publique et territoire*s (ESPT, "Elected public health and territories") and a member of the board of the *Société française de santé publique*, SFSP ("French Public Health Society"). He worked as a researcher in an Inserm team, then in the evaluation company EVAL, at the WHO regional office for Europe, at the Pasteur Institute and then at the *Établissement français du sang*, EFS ("French Blood Establishment"). He was a member of the *Haut Conseil de la santé publique*, HSCP ("High Council for Public Health") and the *Haut Conseil pour l'avenir de l'assurance maladie*, HCAAM ("High Council for the Future of Health Insurance").

Olena Yuriivna CHYGRYN has a PhD in economics and is associate professor in the Department of Marketing, Sumy State University, Ukraine. Her research interests include green marketing, green competitiveness, corporate governance and alternative energy economics[1]. She is author of more than 100 scientific articles (including two monographs, 10 sections of collective monographs and more than 40 articles in scientific journals – 14 are indexed by Scopus, seven by Thompson Reuters) and more than 50 publications in the abstract collections of international scientific conferences.

Aline COURIE-LEMEUR is a senior lecturer qualified to lead research in management sciences at the Larequoi Laboratory and at the ISM-IAE of the University of Versailles Saint-Quentin-en-Yvelines. Her research focuses on the strategic management of inter-organizational collaborations in the healthcare field

1 ORCID: https://orcid.org/0000-0002-4007-3728.

and, more specifically, on the issues of consensus and leadership. She is a specialist in organizational innovation.

Cécile DEZEST is a doctoral student of management science at the University of Pau and Pays de l'Adour (LiREM laboratory). She works on the theme of health management and on the management of projects under Article 51 of the French Social Security Financing Act 2018.

Isabelle FRANCHISTEGUY-COULOUME is a senior lecturer in management sciences, authorized to direct research at the IUT of Bayonne and the Basque Country, Université de Pau and Pays de l'Adour (LiREM laboratory). Her research is in the field of health management, with a focus on strategic management and human resources management.

Sylvain GAUTIER is a public health physician at the University of Versailles Saint-Quentin-en-Yvelines. He has a degree in law and health policy from the University of Paris Descartes and Sciences-Po. He is a doctoral student in epidemiology in the "primary care and prevention" research team of UMR 1018, Inserm. His thesis focuses on the localized structuring of primary healthcare, in particular within the framework of CPTS *(Communautés professionnelles territoriales de santé)* local professional health communities.

Liliia Mykolaivna KHOMENKO is a doctoral student in the Department of Marketing at Sumy State University in Ukraine[2].

Vincent MABILLARD is an assistant professor at the Solvay Brussels School of Economics and Management, Université libre de Bruxelles, where he teaches the management and communication of public organizations. His research focuses on the dynamics of transparency and accountability, as well as on localized marketing and communication of public organizations. He is active in an international project on the digitization of processes and services in the healthcare sector.

Hélène MARIE is director of the Seine-et-Marne Departmental Delegation of the Ile-de-France Regional Health Agency (RHA). Trained at the *École des hautes études en santé publique*, EHESP ("School of Advanced Studies in Public Health"), she has held several positions in the design, implementation and evaluation of public policies. At the CNSA and in ministerial offices, she contributed to the development of planning tools and strategies for strengthening the pathway approach in the medico-social field. A stint in the associative sector allowed her to support the operational implementation of projects to support people. As an agent working in the deconcentrated services of the State and then in the RHA, she implemented

2 ORCID: https://orcid.org/0000-0001-5690-1105.

public health policies by developing strong partnership logics with the interlocutors of the territories. She has held the position of director of the Seine-et-Marne Delegation of the Ile-de-France RHA since 2016 and has developed several work groups with her team.

Michel MARTY is a doctor at the Ile-de-France regional medical service department (general health insurance scheme) in charge of establishments (health and medico-social) and healthcare pathways.

Jan MATTIJS is a professor at the Solvay Brussels School of Economics and Management, Université libre de Bruxelles, where he teaches organizational change and the conduct of business intervention projects. His research interests include organizational theory, administrative reform and public performance in sectors such as justice, social security and non-market organizations. Socio-material devices and the effects of technology on work and organization are emerging as new topics. He is also interested in the corporeal roots of management in order to articulate personal and social development in the face of the challenges of our time.

Benoît NAUTRE has a doctorate in management science from the IAE in Nantes, a DEA in information systems and strategy from the IAE in Nantes, is a research professor at the MCA-IAE at the University of Clermont Auvergne and is a hospital director.

Béatrice PIPITONE is in charge of the *Dispositifs d'appui à la coordination*, DAC ("Coordination Support Systems") mission in the Innovation Department of the Ile-de-France Regional Health Agency (RHA) and deputy head of the *Parcours et offre de soins* ("Care Pathways and Services") at the Seine-et-Marne Departmental Delegation. Through her experience as a consultant in public action on health issues at the European level, and then in supporting organizational change in the health and medico-social sector in France, she has supported the deployment of numerous innovative public health measures and approaches aimed at improving the healthcare pathways of vulnerable, disabled, chronically ill, deprived and/or elderly people, in particular for the Ministry of Health and Social Cohesion, the CNSA, and several RHA and MDPH. She has been working for 4 years at the Ile-de-France RHA headquarters on the DAC deployment mission and joined the Seine-et-Marne Departmental Delegation part-time in April 2021.

Charlotte ROUDIER-DAVAL is a health geographer. She is currently a project manager in the innovation department on Article 51 and the improvement of pathways at Ile-de-France RHA.