# Kvalitetsarbejde i kommunerne


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*DMCG samling, 16.05.24*

# Rammerne

- **Sundhedslovens §140 (**genoptræning)
- **Sundhedslovens §119** (patientrettet forebyggelse)
- **Forløbsprogram for rehabilitering og palliation i forbindelse med kræft**
- **Kvalitetsstandarder** for forebyggelses-tilbud til borgere med kronisk sygdom



## Kommunale indsatser på kræftområdet

REHPA

**Tabel 4. Indsatser i kommunernes rehabiliteringstilbud**

| N = 89* | Antal (procent) |
|---|---|
| **Vejledning om sygdom og senfølger** | |
| Vejledning om sygdom, symptomer og behandling | 72 (81) |
| Vejledning om senfølger | 82 (92) |
| **Genoptræning og fysisk træning** | |
| Genoptræning | 78 (88) |
| Fysisk træning | 81 (91) |
| Indsats ift. kognitive vanskeligheder/kognitiv rehabilitering | 68 (76) |
| **Psykisk, socialt og eksistentielt** | |
| Psykosocial indsats, herunder roller og relationer | 77 (87) |
| Eksistentiel støtte | 60 (67) |
| Indsatser ift. seksualitet og samliv | 61 (69) |
| Indsatser ift. arbejdsfastholdelse eller afklaring af arbejdssituation | 65 (73) |
| Indsatser ift. hverdagsaktiviteter | 74 (83) |
| Hjælpemidler | 69 (78) |
| Støtte til pårørende | 61 (69) |
| Vejledning om rettigheder og juridiske forhold | 33 (37) |
| **Forebyggelse og andre indsatser** | |
| Ernæringsvejledning | 87 (98) |
| Rygestop | 88 (99) |
| Indsats ift. Alkohol | 74 (83) |
| Andre# | 20 (23) |

* 2 missing. De to respondenter der har givet nogle svar i henhold til Tabel 1, er frafaldet besvarelsen på dette tidspunkt.

# Eksempler på *andre* indsatser er: coachende samtaler, mindfulness og hold med fokus på mental balance, tilbud med fokus på mestring, netværksdannelse og erfaringsudveksling, cafétilbud, hjælp til vægttab, tilbud til inkontinens, søvnvejledning, naturbaserede tilbud, tilbud om bisidderfunktion samt *Lær at tackle*-tilbuddene (http://sundhedsformidling.dk/projekter/laer-at-tackle.aspx).

# Data- og kvalitetsarbejdet – det særegne for kommunerne

- Ikke primært diagnosespecifikt fokus
- Vi arbejder sjældent med klassiske effektmål - *Målet er typisk livskvalitet, funktionsevne, handlekompetence, mestringsevne mv.*
- Forskellige forudsætninger for data- og kvalitetsarbejdet lokalt
- Andre faggrupper
- Vi er (på nogle måder) nye på datadagsordenen

# Dimensioner af kvalitet

*Og hvordan vi måler det?*

- Effektivt
- Lige og retfærdigt
- Patientsikkert
- Integreret
- Borgercentreret
- Rettidigt
- Omkostningseffektivt

*Institute of Medicine*

# KIK - Kvalitet i kommunerne

**Formål**: At understøtte kommunerne i arbejdet med

- Aktivt at anvende data til kvalitetsudvikling
- At styrke datakvaliteten på sundheds- og ældreområdet.

*Afsatte midler fra økonomiaftalen (1 mio. kr. i 2023 og 2,0 mio. kr. årligt fra 2024-2028).*

# I hvor høj grad anvender I data til kvalitetsudvikling i jeres kommune? (n=147)

# Kommunerne har og bruger data:

*Lokale EOJ data, brugerundersøgelser, håndholdte dataindsamlinger, UTH mv.*

## Det nye:

**Patient-Rapporterede Oplysninger (PRO)** via K-PRO

**Tværkommunale data (FSIII)** på tilstande og indsatser

# FSIII: Klassificerede tilstande og indsatser §140 og §119

## Bilag 1: Oversigt - tilstande og indsatser (sundhedslovens §140)

### TILSTANDE

**Egenomsorg**
Vaske sig
Kropspleje
Gå på toilet
Af- og påklædning
Spise og drikke
Varetage egen sundhed

**Praktiske opgaver**
Lave mad
Lave husligt arbejde
Indkøb

**Mobilitet**
Ændre og opretholde kropstilling
Gang og Bevægelse
Håndtere genstande
Færden med transportmidler

**Viden og udvikling**
Læring og anvendelse af viden
Udføre daglige rutiner

**Samfundsliv**
Varetage beskæftigelse
Varetage uddannelse
Deltage i fritidsaktiviteter og fællesskaber
Samspil og kontakt
Kommunikation

**Bevægeapparatet**
Muskelfunktion
Ledfunktion
Koordination

**Sanser og smerter**
Sanser
Smerter
Balance

**Mentale funktioner**
Orienteringsevne
Energi og handlekraft
Opmærksomhed
Hukommelse
Psykomotoriske funktioner
Følelsesfunktioner
Overordnede kognitive funktioner
Oplevelse af egen krop

**Hjerte og lunger**
Respiration
Cirkulation
Udholdenhed

**Hud og hævelser**
Sår og cicatriser
Ødem

**Ernæring**
Fødeindtagelse

### INDSATSER

Terapeutfaglig udredning
ADL-træning
Fysisk træning
Funktionstræning
Manuel behandling
Kognitiv træning
Psykomotorisk træning
Vejledning og undervisning
Koordinering og kommunikation
Opfølgning



## Bilag 2: Oversigt - tilstande og indsatser (sundhedslovens §119)

### TILSTANDE

**Hverdagsliv**
Daglige aktiviteter
Sociale relationer

**Kroppen**
Respiration
Cirkulation
Smerte
Kontinens
Ernæring
Vægt
Mobilitet og bevægelse
Håndtere genstande

**Sundhedsadfærd**
Alkohol
Tobak
Medicin og stoffer
Spisemønster
Fysisk aktivitet
Sundhedskompetence

**Mental sundhed**
Kognitiv funktion
Emotionel funktion
Søvn og hvile
Kropsopfattelse

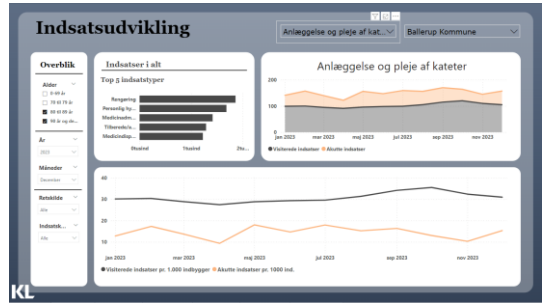
### INDSATSER

Vejledning og introduktion til fysiske aktiviteter
Fysisk træning
Færdighedstræning
Kostvejledning
Diætbehandling
Madlavning i praksis
Samtale om alkohol
Tobaksafvænning
Sygdomshåndtering
Mental håndtering
Afklarende samtale
Behovssamtale
Afsluttende samtale
Opfølgning



FSIII
Sundhedsfremme og forebyggelse

# Fælles sprog III




Borgerne

Alle kommuner

EOJ leverandører

Data slettes efter 7 dage

Fælleskommunal Gateway

FLIS

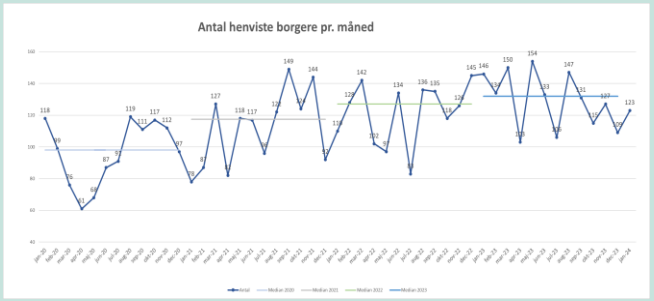
Sundhedsdata-styrelsen

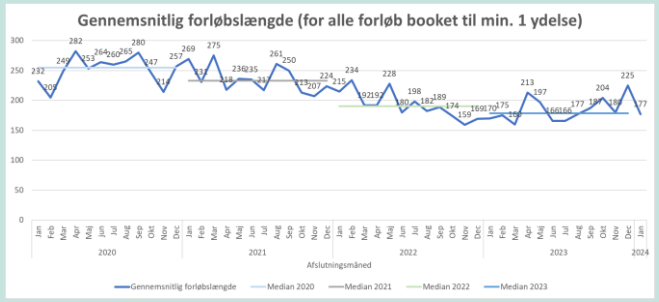
*”Hvordan sikrer vi, at det arbejde medarbejderne skal gøre, for at genere data, giver mening og ikke bare - undskylde mit sprog - bliver et hjernedødt kryds, fordi nogen siger jeg skal sætte det her kryds”*

*(Medarbejder, mellemstor kommune)*

# Budskaber:

- Specialisering og helhed skal gå arm i arm
- Gode nationale rammer for kvalitetsarbejdet
  + frihed og kapabilitet til at arbejde lokalt
- Vi skal have opbygget mere viden
  – via forskning
  – via det lokale kvalitetsarbejde




# Data i kommunen

**Centerchef**
**Dorte Thoning Hofland**
**Speciallæge MR**

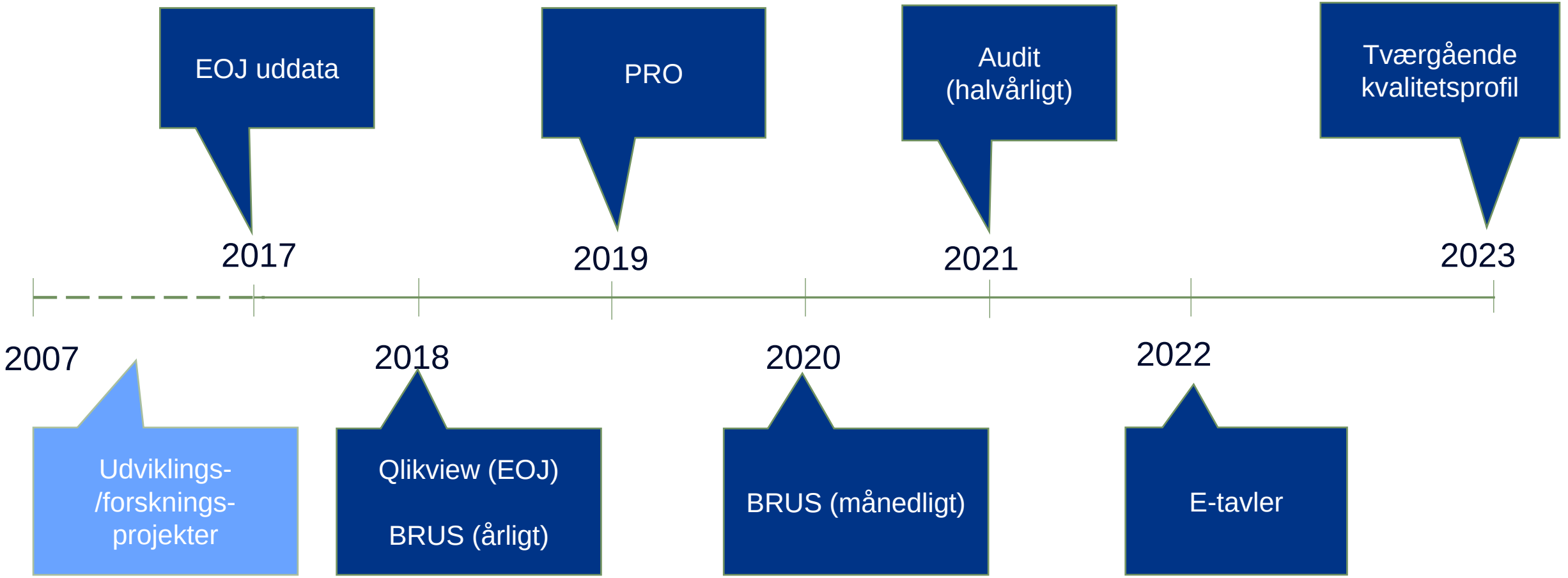
**Center for Kræft og Sundhed**

# Hvad er Center for Kræft og Sundhed

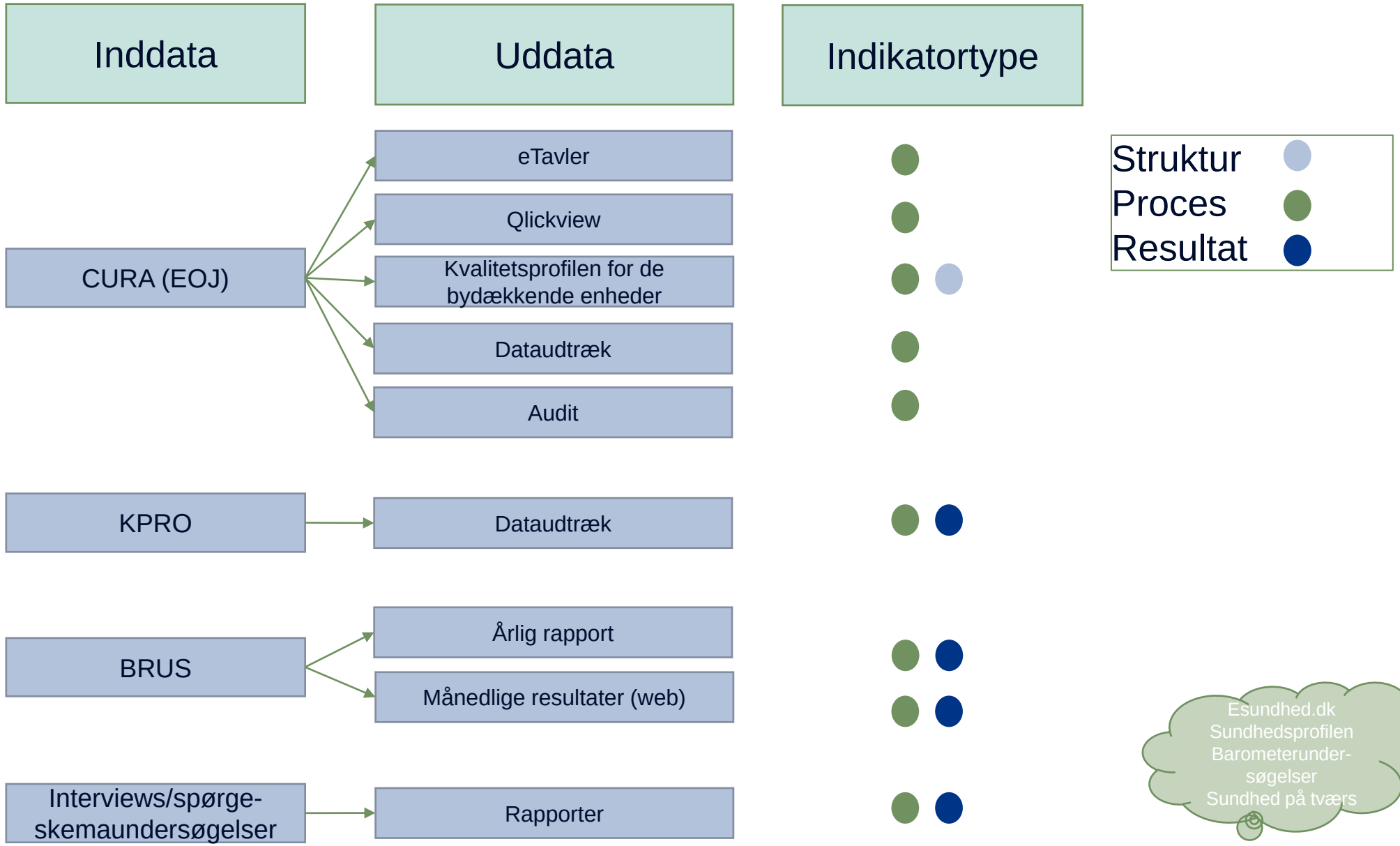
- Kommunal rehabilitering for borgere med kræft i Københavns Kommune
- 1554 henviste i 2023
- 37 medarbejdere
- … at københavneren bevarer eller fremmer helbredsrelateret livskvalitet under og efter kræftsygdom og –behandling
- Individuelt tilpassede forløb - fysiske, psykiske, sociale og eksistentielle behov

# Data i Center for Kræft og Sundhed

Esundhed.dk
Sundhedsprofilen
Barometerundersøgelser
Sundhed på tværs



# Data i CKSK

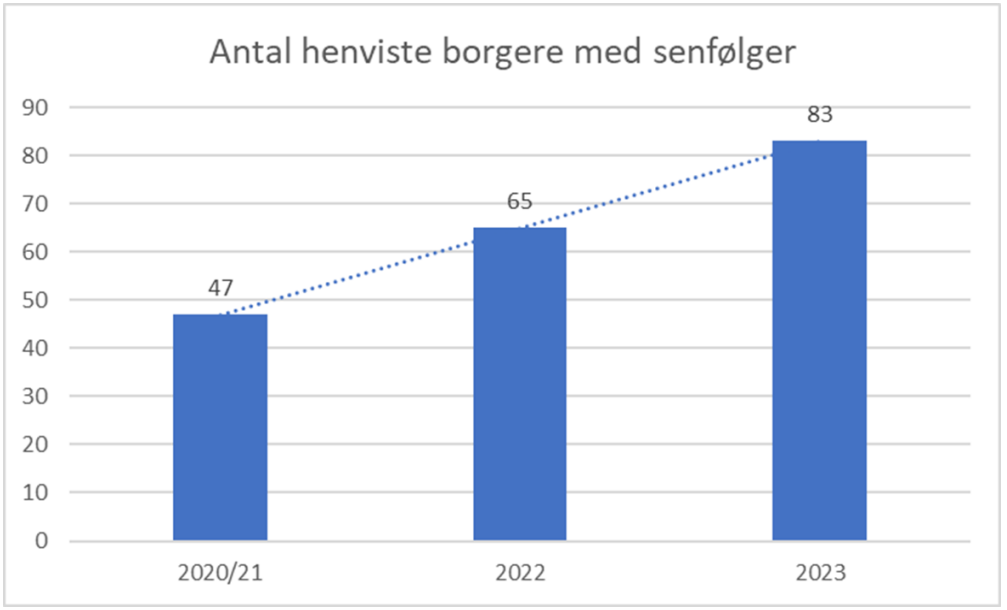

Inddata
Uddata
Indikatortype
CURA (EOJ)
eTavler
Qlickview
Kvalitetsprofilen for de bydækkende enheder
Dataudtræk
Audit
KPRO
Dataudtræk
BRUS
Årlig rapport
Månedlige resultater (web)
Interviews/spørge-skemaundersøgelser
Rapporter
Struktur
Proces
Resultat
Esundhed.dk
Sundhedsprofilen
Barometerunder-søgelser
Sundhed på tværs

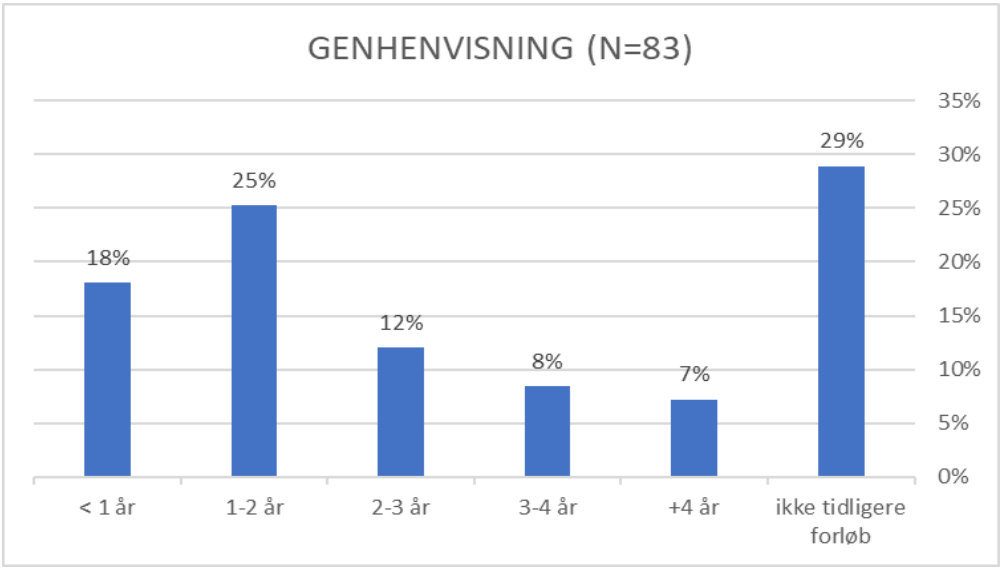
# Senfølger - data – kvalitet – udvikling og forskning

## Kvalitetsorganisation


**Kvalitetsgruppe bestående af 1 ledelsesrepræsentant og 4-5 medarbejdere og/eller interessanter**

## Brugerpanel

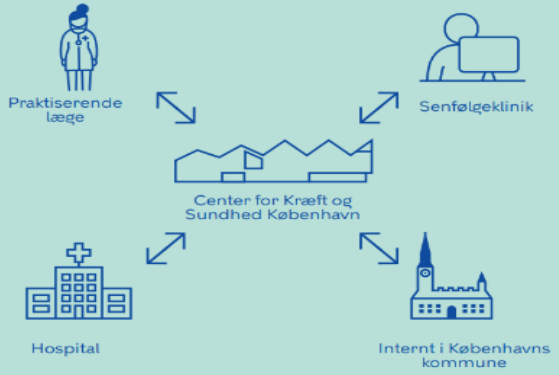
Center for Kræft og Sundhed København

# Rehabilitering af borgere med senfølger efter kræft

Senfølger er helbredsproblemer, der opstår under primær behandling og bliver kroniske, eller som opstår og manifesterer sig måneder eller år efter behandlingen er afsluttet. Senfølgerne omfatter ny primær kræftsygdom og fysiske, psykiske eller sociale forandringer, der er en følge af kræftsygdommen og/eller behandlingen af denne.
(definition, Sundhedsstyrelsen)

Følger efter kræftsygdom og behandling, der varer mere end 6 mdr. efter endt primærbehandling.
(arbejdsdefinition, CKSK)

## Udredning og henvisning




## Hvem tildeles senfølgeindsats?


- Borgere der er i rehabiliteringsforløb, og som udvikler senfølger, mens de er i forløb, og hvor senfølger vurderes og håndteres undervejs i forløbet.
- Borgere der tidligere har været i rehabiliteringsforløb og genhenvises med senfølger.
- Borgere der ikke tidligere har været i rehabiliteringsforløb, men bliver henvist med senfølger.

## Behovsvurdering


## Resultater fra intern opgørelse 2022 (n=65)

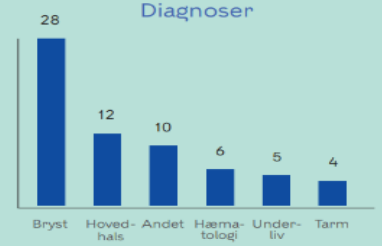
50 ud af de 65 borgere er kvinder.

60% har deltaget i rehabiliteringsforløb for deres kræftsygdom indenfor de seneste 2 år.

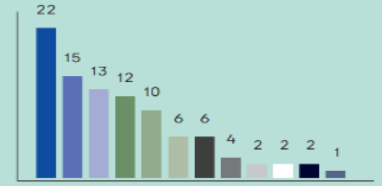
11 har ikke tidligere deltaget i rehabilitering i forbindelse med deres kræftsygdom og behandling.

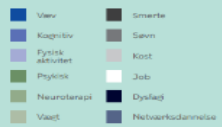
Forløbslængden er i gennemsnit 95 dage.

### Diagnoser

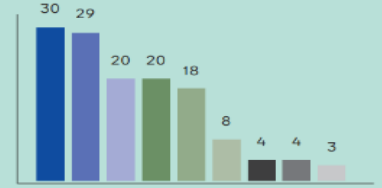



### Problemstillinger



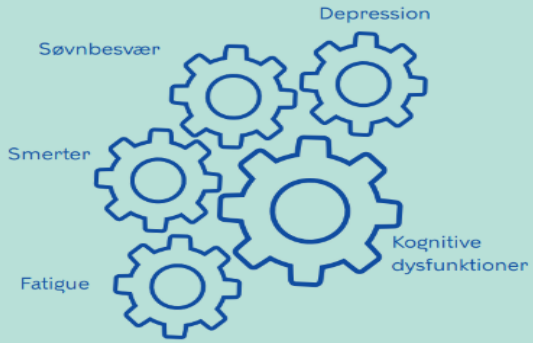




### Indsatser

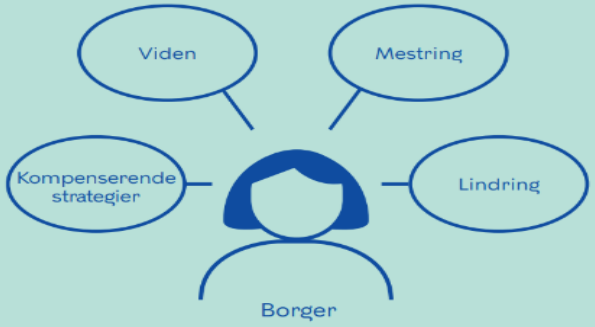




## Netværk af symptomer




## Fokusområder i senfølgeindsatsen




## Opmærksomhedspunkter

Flere får brug for en senfølgeindsats jf. resultater fra Kræftens Bekæmpelses Barometerundersøgelse fra 2019.

Borgerne ved ikke, hvor de skal henvende sig for at få hjælp til at håndtere deres senfølger.

De sundhedsprofessionelle ved ikke, hvilke indsatser de kan henvise borgerne til.

Der er behov for mere viden på området.

Der kan med fordel placeres et klart ansvar for udredning og rehabilitering i forhold til senfølger.

### Skan koden og læs hele artiklen

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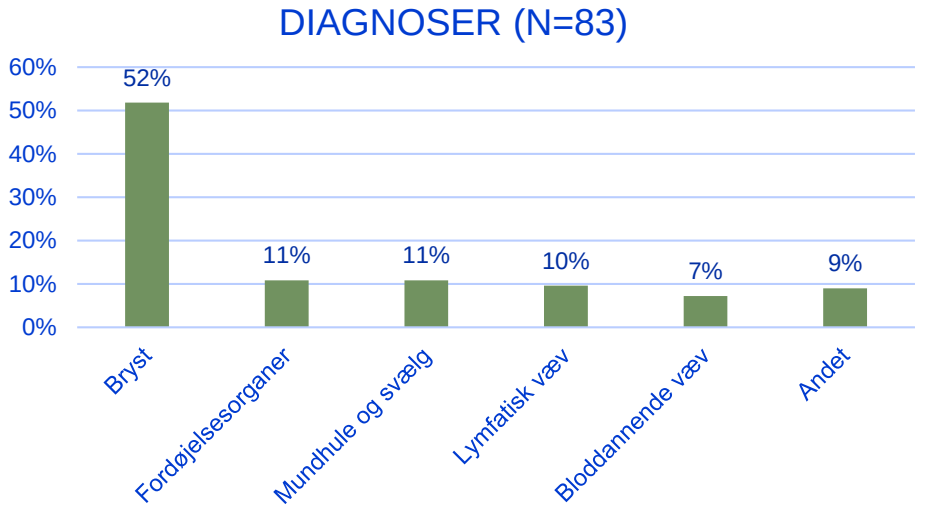
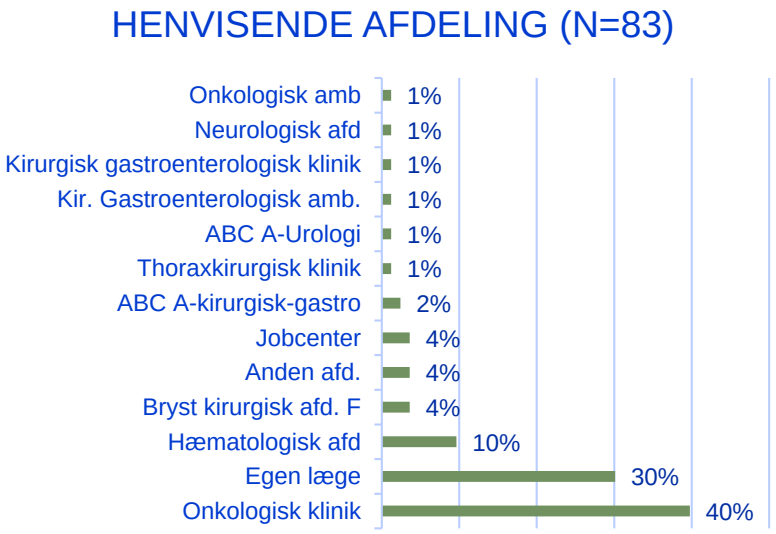
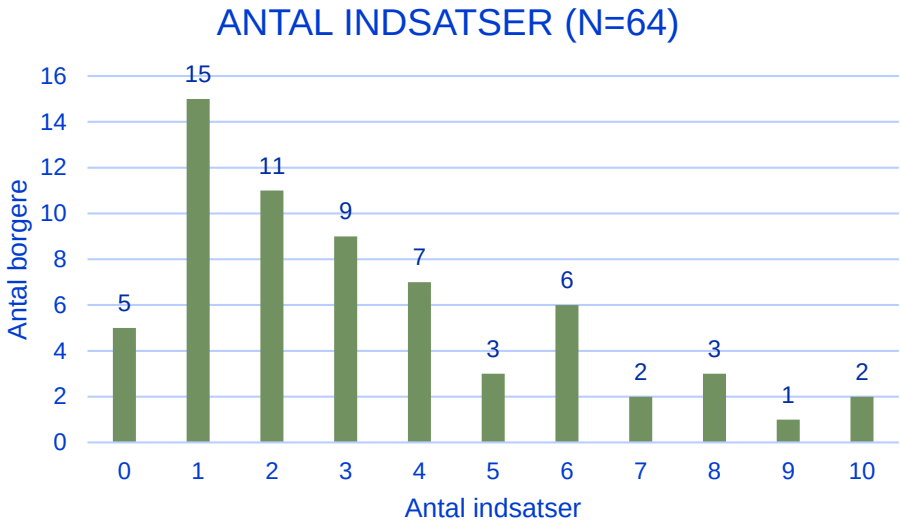
Dorte Hofland,centerchef, MD, MR, mail: wc5y@kk.dk
Center for Kræft og Sundhed København

# DATA eksempler 2023



# Publikationer

ACTA ONCOLOGICA
2024, VOL. 63, 76–82
https://doi.org/10.2340/1651-226X.2024.19636

ORIGINAL ARTICLE

## Health-related quality of life, needs, and concerns among cancer survivors referred to rehabilitation in primary healthcare setting

Mette T. Sandager[a], Sine Rossen[a], Dorte T. Hofland[a], Claus V. Nielsen[b,c,d] and Thomas Maribo[b,c]

[a]Copenhagen Centre for Cancer and Health, Municipality of Copenhagen, Copenhagen, Denmark; [b]Department of Public Health, Aarhus University, Aarhus, Denmark; [c]DEFACTUM Central Denmark Region, Aarhus, Denmark; [d]Social Medicine and Rehabilitation, Region Hospital Goedstrup, Denmark

**ABSTRACT**

**Background and purpose:** There is a growing need for rehabilitation services beyond hospitals. This study aims to describe challenges faced by cancer survivors (CSs) referred for rehabilitation in primary healthcare, employing standardized scales measuring health-related quality of life (HRQOL) and open-ended questions. Furthermore, the study explores the applicability of patient-reported outcomes (PROs) in comprehensively understanding challenges encountered by CSs.

**Material and methods:** This cross-sectional study involves CSs referred for cancer rehabilitation in a primary healthcare setting, including those participating in PROs as a part of routine practice. HRQOL was assessed using the Functional Assessment of Cancer Therapy-General (FACT-G). The International Classification of Functioning, Disability and Health (ICF) framed the analysis of responses to open-ended questions 'what concerns you the most?' and 'what matters to you?'

**Results:** FACT-G showed the lowest scores for functional well-being (14.4) and emotional well-being (16.6), with higher scores for physical well-being (18.9) and social/family well-being (21.1). Responses to open-ended questions unveiled worries about everyday life and how cancer will impact family well-being presently and in the future. Furthermore, CSs reported a need to maintain normality and proactively address the challenges posed by the disease.

**Interpretation:** CSs referred for rehabilitation in primary healthcare experience comprehensive challenges necessitating a holistic rehabilitation approach. This includes interventions supporting CSs in dealing with uncertainty, regaining a sense of control, and addressing family well-being concerns. When using PROs for need assessment, the combination of validated HRQOL scales and open-ended questions is crucial for an in-depth understanding of CSs' challenges.

**ARTICLE HISTORY**
Received 22 September 2023
Accepted 29 January 2024
Published 14 March 2024

**KEYWORDS**
Cancer rehabilitation; health-related quality of life; patient-reported outcomes; functional assessment of cancer therapy-general; International Classification of Functioning, Disability and Health; holistic rehabilitation

### Introduction

An increasing number of persons are living with and beyond cancer [1, 2]. Receiving a cancer diagnosis and undergoing cancer treatment can leave patients with challenges that can have a negative impact on functioning and health-related quality of life (HRQOL) [3–5]. Rehabilitation of cancer survivors (CSs) has the potential to improve functioning and quality of life [5–7]. Rehabilitation is defined as 'a set of interventions designed to

physical and psychosocial functioning [7]. Increased cancer incidence and improved survival have brought attention to the need for general rehabilitation in primary healthcare setting. Nevertheless, a substantial proportion of persons with cancer still report unmet needs for general rehabilitation [9–11].

Comprehensive understanding of rehabilitation needs is essential to ensure that rehabilitation services align with the complex requirements of persons living with cancer. However, a

Journal of Science in Sport and Exercise
https://doi.org/10.1007/s42978-024-00275-y

ORIGINAL ARTICLE

## High Intensity Functional Training for Patients Diagnosed with Cancer: A Study Evaluating the Feasibility of a Pragmatic Intervention

Jan Christensen[1] · Andreas L. Hessner[1] · Maja S. Sommer[2] · Rikke Daugaard[2] · Rasmus T. Larsen[1]

Received: 5 April 2023 / Accepted: 23 January 2024


**Abstract**

**Purpose** To investigate the feasibility of a municipality-based 16-week group-based HIFT-program (e.g. CrossFit) as a part of the physical rehabilitation of cancer survivors at different stages of cancer treatment.

**Methods** Non-randomised clinical feasibility study. Younger adult patients (age 18–44 years) diagnosed with cancer who were referred to rehabilitation between August 2019 to December 2019 were eligible for inclusion. The group-based HIFT intervention was designed as a 16-week program with two sessions weekly (1.25 h each). The intervention program was not developed with pre-defined progression in terms of gradually added resistance, intensity, or volume during the 16 weeks period but the physiotherapist leading the sessions was trained in scalability. Feasibility was evaluated as retention, adherence, and accrual rates. Data on quality of life and cancer-related fatigue were measured EORTC QLQ-C-30 and evaluated using paired t-tests or Wilcoxon signed-rank test.

**Results** Eighty-three percent of the eligible patients were included and initiated the HIFT program. However, 25% of the patients were not adherent to the intervention and only 34% of the patients were still adherent to the intervention after 4 months. Nonetheless, a significant improvement in cancer specific HRQoL was found from baseline [Mean = 53.4, 95%CI (47.6, 59.1)] to the end of the intervention [Mean = 66.3, 95%CI (60.8, 71.9)].

**Conclusion** It is possible to recruit patients diagnosed with cancer to a municipality-based HIFT rehabilitation program, however, adherence to the intervention is found to be difficult for the majority of the patients.

**Keywords** Crossfit · High Intensity Functional Training · HIFT · HIT · Cancer · Cancer survivors

### Introduction

High Intensity Functional training (HIFT) is defined as a form of combined aerobic and resistance training that incorporates functional, multimodal movements, performed at relatively high intensity (relative to an individual's ability), and designed to improve parameters of general physical fitness and performance [12]. In the last two decades HIFT has gained increasing attention in the fitness industry and in recent years also in research [40], especially due to the increased popularity of the HIFT program and worldwide fitness brand CrossFit© [12]. HIFT facilitates strong sense of community, continued participation, exercise enjoyment, satisfaction and intrinsic motivation among healthy participants [5, 15, 20, 32, 42]. HIFT is also associated with numerous physiological benefits in healthy adults including improvements in muscle flexibility and endurance [9], maximal strength [9, 11, 13, 33], physical work capacity [11], anaerobic capacity [11], aerobic capacity [27, 33], reduced resting heart rate [4], body composition and bone health [4, 13, 27, 33].

Systematic reviews highlight HIFT as a safe type of training with low injury rates that are similar to other types of aerobic and resistance training modalities [2, 16]. Recently, the HIFT methodology has drawn research attention for individuals with chronic conditions including cancer patients [3, 14, 29].Combined aerobic and resistance training is recommended for both healthy individuals and for patients diagnosed with cancer in the latest guidelines by the World Health Organization and

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Published online: 26 March 2024

Supportive Care in Cancer (2020) 28:1951–1961
https://doi.org/10.1007/s00520-019-04993-w

ORIGINAL ARTICLE

## Municipality-based pragmatic rehabilitation stratified in accordance with individual needs—results from a longitudinal survey study

Sine Rossen[1] · Karen Trier[1] · Berit Christensen[2] · Martina A. Eriksen[3] · Ann-Dorthe Zwisler[4] · Jette Vibe-Petersen[1]

Received: 29 April 2019 / Accepted: 11 July 2019 / Published online: 2 August 2019


**Abstract**

**Objective** Evidence on municipality-based cancer rehabilitation is sparse. This longitudinal study explores the following: (1) Rehabilitation needs, (2) effectiveness of municipality-based rehabilitation, and (3) whether rehabilitative services are stratified according to individual needs in breast cancer patients.

**Methods** We collected data from a longitudinal survey among 82 breast cancer patients referred to municipality-based rehabilitation at the Copenhagen Centre for Cancer and Health. Rehabilitation needs, health-related quality of life (HRQoL), and functional status were collected using patient-reported outcomes (PROs) including distress thermometer, problem list, Functional Assessment of Cancer Therapy-Breast questionnaire (FACT-B), and upper body function with the abbreviated disability of the arm, shoulder, and hand (Quick-DASH) questionnaire. Data collection time points are as follows: entry, follow-up, and end of intervention.

**Results** At referral, scores were (mean (range)) distress 4.0 (0–10), problems 9.5 (0–24), and FACT-B 103.0 (49.8–135.5). HRQoL increased during rehabilitation (FACT-B Δ mean 8.1 points (> MID, $p < 0.0001$)); 56% had a positive change, 34% no difference, and 11% a decline. Those with the lowest FACT-B entry score had significantly longer duration of rehabilitation (10.9 vs 8.7 months, $p < 0.001$), higher number of services (7.0 vs 5.3, $p < 0.003$), and participated more in group-based exercise (+3 sessions: 57% vs 8%, $p < 0.001$).

**Conclusion** This is the first study to report on pragmatic municipality-based cancer rehabilitation. The results suggest that services are aimed at patients with rehabilitation needs, improve HRQoL, and are properly stratified to those who need it the most. We suggest future monitoring of municipality-based rehabilitation services to ensure quality of care.

**Keywords** Breast cancer · Rehabilitation · Health-related quality of life · Patient-reported outcomes · FACT-B

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### Introduction

Based on current evidence and clinical practice [1–5], the Danish Health Authority recommend that cancer rehabilitation should be based on individual rehabilitation needs, and should aim to achieve and maintain the best possible function and health-related quality of life (HRQoL) [6]. Further, the rehabilitation programs should consist of a wide range of services addressing physical, social, psychological, and existential/spiritual needs [6].

In Denmark in 2007, in line with the WHO strategy [7], rehabilitation services were transferred from specialized hospi-

# TAKE HOME MESSAGE

- Der er masser af data i kommunerne

- Kvalitets- og udviklingsprojekter skal løftes
  til evident viden om effekt af behandling på tværs i sundhedsvæsenet

- Måler på funktionsniveau fysisk og mentalt (ikke mortalitet og morbiditet)

- Samarbejde om data på det samlede behandlingsforløb (PRO, HRQL mv)

- Borgere/patienter ligner hinanden på tværs af landet.

**Center for Kræft**
**og Sundhed**


IMPONERENDE, HVAD HOSPITALET HAR REGISTRERET OMKRING KRÆFT-BEHANDLING! HVAD ER DER I DET LILE SORTE RYNGBIND?
DET ER ALT VED-RØRENDE TIDLIG OP-SPORING, REHABILI-TERING OG PALLIATIVE FORLØB


TAK FOR OPMÆRKSOMHEDEN
SPØRGSMÅL