

Full display of programme n° 3 :

> Accreditation - Page 1/9 - General presentation

:: Identification data :

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Years certification : 1995

Name of unit : Section for Rehabilitation of Oncological Patients - Directed by Prof. Richard CREVENNA

Hospital or other facility : Allgemeines Krankenhaus der Stadt Wien

Address : Währinger Gürtel 18-20

Postal Code : A-1090

City : VIENNA

Country : Austria

:: Title of the programme of care :

Rehabilitation of oncological patients

:: Description of the programme :

Rehabilitation of Oncological Patients" is an interdisciplinary programme for holistic rehabilitation of patients suffering from oncological diseases.

Target population: cancer patients/patients suffering from oncological diseases.

Aims and goals: to lead the rehabilitation process and to improve quality of life in this patient group: rehabilitation goals are restorative, supportive, preventive, and palliative. The rehabilitation concept has to be focussed on symptoms, signs and sequelae of cancer and therefore adapted to the individual needs by using an individual approach.

Procedure:

- Diagnosis (clinical examination, apparative diagnostic methods, which is for example examination by using a dynamometer or exercise testing, impairments, disabilities...).
- Treatment by using physical agents and modalities
- Treatment by using other medical modalities (such as pain medication)
- Rehabilitation concepts adapted to the individual needs
- The physiatrist consults and prescribes during the acute phase, while the patient remains an in-patient and in accordance with other disciplines.
- Furthermore, the physiatrist consults and prescribes during the subacute and chronic phase of cancer (outpatient clinic).

The unit delivering the programme: "Section for Rehabilitation of Oncological Patients" in a university hospital, part of the Department of Physical Medicine and Rehabilitation

Admission and discharge criteria to the rehabilitation program depend on the individual rehabilitation goals of the patients

Means devoted to the programme:

The rehabilitation team is multiprofessional and includes

- physicians (physiatrist, other specialists, general practitioners),
- therapists (physiotherapists, occupational therapists, biomedical analysts, medical masseurs, specialists for the nutrition of cancer patients, social workers, psychologists...),
- the patient and his/her family.

Holistic rehabilitation of patients suffering from cancer (on an evidence based level) includes by using an individual approach:

- Exercise/training in patients suffering from cancer to improve performance level by increasing endurance capacity and muscular strength,
- Treatment of fatigue,
- Treatment of lymphoedema in patients suffering from cancer,
- Treatment of incontinence in patients suffering from cancer,
- Nutrition* of patients suffering from cancer,
- Treatment of pain, anxiety/fear in patients suffering from cancer,
- Palliative strategies during the terminal phase of cancer

Safety and patient rights: please see page 4/9

Patient rights: please see page4/9

The PRM specialist in the programme: is responsible for the rehabilitation process and head of the rehabilitation team.

Team management in the programme:

- Multi- and interdisciplinary case conferences:
- Twice the month, all components of this rehabilitation program have the goal to improve the ability of patients to improve the activity and participation.

The described program is a well accepted opportunity for rehabilitation of cancer patients (inpatients and outpatients). Nevertheless, in the field of PM&R, and especially in cancer rehabilitation, it is very difficult to identify EBM references with strong evidence (see references).

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> Accreditation - Page 2/9 - Aims and goals

⚡ This programme is applying for :

⚡ Referral of patients (choose one or several) :

- Direct access Yes
- Referred from a general practitioner Yes
- Referred from a specialist Yes
- Referred from a specialist in PRM Yes

⚡ Setting :

Part of a university or national hospital

⌘ Approach :

multiprofessional

⌘ Stage of recovery :

Within two weeks of onset Yes

2 weeks to 3 months after onset Yes

3 months or longer after onset Yes

⌘ Type :

Inpatients in beds under PRM responsibility No

Inpatients in beds belonging to other departments Yes

Day programme (most of the day in outpatient setting, not home) Yes

Outpatient clinic (assessment and/or treatment, for up to 3 hours/day) Yes

Community-based (in the patient's home or workplace or other relevant community location, e.g. sports centre) No

⌘ Targets of the programme :

• Which impairments does your programme focus on? See "limitations of body function or body structure :

b134 - sleep functions

b152 - emotional functions

b1801 - body image

b4352 - functions of lymphatic vessels

b4353 - functions of lymph nodes

640 - sexual function

b710 - mobility of joint functions

b730 - muscle power functions

b740 - muscle endurance functions

b780 - sensations related to muscles and movement functions

b280 - Sensation of pain

b130 - Energy and drive functions

b180 - Experience of self and time functions

b710 - Mobility of joint functions

b435 - Immunological system functions

b134 - sleep functions

b152 - emotional functions

b1801 - body image

b4352 - functions of lymphatic vessels

b4353 - functions of lymph nodes

b640 - sexual function

b710 - mobility of joint functions

b730 - muscle power functions

b740 - muscle endurance functions

b780 - sensations related to muscles and movement functions
b280 - Sensation of pain
b130 - Energy and drive functions
b180 - Experience of self and time functions
b710 - Mobility of joint functions
b435 - Immunological system functions
b126 - Temperament and personality functions
b455 - Exercise tolerance functions

For example for breast cancer:

s420 - Structure of immune systems
4200 - Lymphatic vessels
4201 - Lymphatic nodes
630 - Structure of reproductive systems
6302 - Breast and nipples
720 - Structure of shoulder regions
730 - Structure of upper extremities
760 - Structure of trunks
810 - Structure of areas of skin

- Which activity limitations does your programme focus on?

d177 - Making decisions
d240 - Handling stress and other psychological demands
d430 - Lifting and carrying objects
d445 - Hand and arm use

- Which participation restrictions does your programme focus on?

d230 - Carrying out daily routine
d510 - Washing oneself
d520 - Caring for body parts
d540 - Dressing
d550 - Eating
d560 - Drinking
d570 - Looking after one's health
d620 - Acquisition of goods and services
d630 - Preparing meals
d640 - Doing housework
d650 - Caring for household objects
d660 - Assisting others
d720 - Complex interpersonal interactions
d750 - Informal social relationships
d760 - Family relationships
d770 - Intimate relationships
d850 - Remunerative employment
d920 - Recreation and leisure
d530 - Toileting

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> Accreditation - Page 3/9 - Location and safety

⚡ Does your programme have a designated and accessible space ?

- For assessments and consultations ? Yes
- For an ambulatory or day care programme ? Yes
 - For inpatient beds ? No
- For therapeutic exercises ? Yes
- For training in independence and daily living Yes
- For vocational and/or recreational activities ? Yes

⚡ The safety concerns of persons in your unit programmes relate to :

- Emergencies (fire, assault, escape) Yes
 - Medical emergencies Yes
 - Equipment Yes
 - Handling of materials Yes
 - Transports Yes

⚡ The safety of persons in the programmes of your unit is provided by :

- Written standards from National Safety Bodies Yes
- Written standards from National Medical Bodies Yes
 - Unit-specific written rules Yes

⚡ Periodic inspection :

- Internal Yes
- External Yes

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> Accreditation - Page 4/9 - Patient rights

⚡ Has your programme adopted a formal policy or statement of patients' rights?

Yes

⚡ Does this statement specify the influence that the patient should have in the formulation and implementation of the programme?

Yes

⚡ Is the statement known to all personnel involved in delivering the programme ?

Yes

- This is checked periodically ? Yes

⚡ Is the statement made known to and is available to all persons visiting your unit ?

Yes

⚡ Give at least one example of NGO activities for disabled people that staff from the programme participates in (or will participate in) :**> Last year :**

Congress of the ÖGPMR 2007: „Rehabilitation inden Entwicklungsländern – Community based rehabilitation“

Krebshilfe

Licht für die Welt
Behindertenbeirat

> This year :

Krebshilfe

Licht für die Welt

Behindertenbeirat

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> Accreditation - Page 5/9 - PRM specialists in the programme

⚡ Is your programme directed/supervised by a PRM physician (not only “medical” responsibility) ?

Yes

⚡ Does he/she have a European Board Certification in PRM ?

Yes

⚡ Does he/she meet National or European CME/CPD Requirements ?

Yes

- Number of CME or EACCME points earned in the >150
last 3 years :

⚡ The two Main Tasks for the PRM specialist in your Programme are to :

- Treat comorbidity No
- Assess the rehabilitation potential of the patient No
 - Analyse & treat impairments Yes
- Coordinate interprofessional teams Yes

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> Accreditation - Page 6/9 - Team management in the programme

⚡ Which rehabilitation professionals work on a regular basis (minimum of once every week) in your programme ?

- Psychologists Yes
- Physiotherapists Yes
- Occupational therapists Yes
 - Social workers Yes
- Speech & Language therapists Yes
 - Vocational specialists No
 - Nurses Yes
- Orthotists/prosthetists assistive technicians/engineers Yes
- Other (please specify) No

⚡ How often does your staff receive formal continuing education (mark as is) ?

- in team rehabilitation :

every year

- in their own profession :

every year

⚡ Do team activities in your rehabilitation programme include the following ?

- Is the patient at the centre of a multiprofessional approach ? Yes
- Do you always give informed choices of treatment? Yes
- Do you regularly promote family involvement ? Yes

⚡ Does your organisation of multi professional team working include :

- holding regular team meetings with patient's records only (more than 2 members) Yes
- holding regular team meetings (more than 2 members) with the presence of the patients Yes
- joint assessment of the patient or joint intervention Yes
- regular exchanges of information between team members Yes

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> Accreditation - Page 7/9 - Evidence Based Medicine of programme ; organization and records

⚡ Do you use evidence-based strategies or published clinical guidelines in your rehabilitation programme (textbooks do not apply)?

Yes

⚡ Name a minimum 3 of references published in indexed journals and up to two national guidelines.

Please, note the location of those guidelines. Textbooks do not apply.

references 1 :

Lymphödem - Leitlinien zur Behandlung.
Lymphödem - Leitlinien zur Behandlung.Österreichische Ärztezeitung Nr. 13-14/2002 (=Treatment of Lymphoedema - Guidelines of the Austrian Lymph-League)

references 2 :

Markes M, Brockow T, Resch KL. Exercise for women receiving adjuvant therapy for breast cancer. Cochrane Database Syst Rev. 2006 Oct 18;(4):CD005001. Review.
Warren AG, Brorson H, Borud LJ, Slavin SA. Lymphedema: a comprehensive review. Ann Plast Surg. 2007 Oct;59(4):464-72. Review.
Ganz PA, Hahn EE. Implementing a survivorship care plan for patients with breast cancer. J Clin Oncol. 2008 Feb 10;26(5):759-67.
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Cheville AL. Current and future trends in lymphedema management: implications for women's health. Phys Med Rehabil Clin N Am. 2007 Aug;18(3):539-53.
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Crevenna R, Zielinski C, Keilani MY, Schmidinger M, Bittner C, Nuhr M, Nur H, Marosi C, Fialka-Moser V, Quittan M. Aerobic endurance training for cancer patients. *Wien Med Wochenschr.* 2003;153(9-10):212-6

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Crevenna R, Fialka-Moser V, Keilani MY, Schmidinger M, Marosi C, Quittan M. Aerobic physical training in a breast cancer patient with inflammatory recurrence. *Wien Med Wochenschr.* 2002;152(21-22):581-4.

Keilani M., Posch M., Zoch C., Marosi C., Zielinski C., Fialka-Moser V., Schmidinger M., Crevenna R. Correlations between self-rated fatigue with quality of life, and social participation in Viennese outpatients suffering from advanced cancer during palliative chemotherapy. *Physikalische Medizin Rehabilitationsmedizin Kurortmedizin.* 15(4)(pp 222-227), 2005.

Crevenna R., Zoch C., Keilani M., Quittan M., Fialka-Moser V. Implementation of a Physical Rehabilitation Group for Post-Prostatectomy Urinary Incontinence Patients and its Effects on Quality of Life. *Physikalische Medizin Rehabilitationsmedizin Kurortmedizin.* 13(6)(pp 339-344), 2003.

Crevenna R., Schmidinger M., Keilani M.Y., Nuhr M.J., Wiesinger G.F., Korpan M., Marosi C., Fialka-Moser V., Quittan M. Aerobic exercise for breast cancer patients receiving chemotherapy - Results of the first Austrian outpatient training group. *Physikalische Medizin Rehabilitationsmedizin Kurortmedizin.* 12(1)(pp 25-30), 2002

references 4 :

Courneya KS, Karvinen KH. Exercise, aging, and cancer. *Appl Physiol Nutr Metab.* 2007 Dec;32(6):1001-7.

Courneya KS, Segal RJ, Mackey JR, Gelmon K, Reid RD, Friedenreich CM, Ladha AB, Proulx C, Vallance JK, Lane K, Yasui Y, McKenzie DC. Effects of aerobic and resistance exercise in breast cancer patients receiving adjuvant chemotherapy: a multicenter randomized controlled trial. *J Clin Oncol.* 2007 Oct 1;25(28):4396-404. Epub 2007 Sep 4.

Milne HM, Guilfoyle A, Gordon S, Wallman KE, Courneya KS. Personal accounts of exercise and quality of life from the perspective of breast cancer survivors. *Qual Life Res.* 2007 Nov;16(9):1473-81.

Fouladiun M, Körner U, Gunnebo L, Sixt-Ammlon P, Bosaeus I, Lundholm K. Daily physical-rest activities in relation to nutritional state, metabolism, and quality of life in cancer patients with progressive cachexia. *Clin Cancer Res.* 2007 Nov 1;13(21):6379-85.

Astin JA, Shapiro SL, Eisenberg DM, Forsys KL. Mind-body medicine: state of the science, implications for practice. *J Am Board Fam Pract.* 2003 Mar-Apr;16(2):131-47.

Hunter KF, Glazener CM, Moore KN. Conservative management for postprostatectomy urinary incontinence. *Cochrane Database Syst Rev.* 2007 Apr 18; (2):CD001843.

Shaw C, Mortimer P, Judd PA. A randomized controlled trial of weight reduction as a treatment for breast cancer-related lymphedema. *Cancer.* 2007 Oct 15;110(8):1868-74.

Shaw C, Mortimer P, Judd PA. Randomized controlled trial comparing a low-fat diet with a weight-reduction diet in breast cancer-related lymphedema. *Cancer.* 2007 May 15;109(10):1949-56.

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Whitford HS, Olver IN, Peterson MJ. Spirituality as a core domain in the assessment of quality of life in oncology. *Psychooncology.* 2008 Mar 5; Beesley VL, Eakin EG, Janda M, Battistutta D. Gynecological cancer survivors' health behaviors and their associations with quality of life. *Cancer Causes Control.* 2008 Mar 6; [Epub ahead of print]

references 5 :

⚡ Does your programme show evidence of sustainability ?

- Established part of public service : Yes
- Has existed for more than 3 years : Yes
- Has received national accreditation (where available) :

⚡ Do the rehabilitation records have a designated space within the medical files ?

Yes

⚡ Do you have written criteria for :

- Admission Yes
- Discharge Yes

⚡ Do your rehabilitation plans include written information about aims and goals, time frames and identification of responsible team members ?

Yes

⚡ Do you produce a formal discharge report (summary) about each patient?

Yes

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> Accreditation - Page 8/9 - Monitoring and outcomes

⚡ How many new patients (registered for the first time) are treated in your programme each year :

600

⚡ In your day care or inpatient programme :

- What is the mean duration spent in therapy by 90 active days patients on this programme
- How many hours a day do the patients spend in 1-3 hours therapy.

⚡ Give the mean duration of stay spent in the programme :

90 days

⚡ Does your programme have an overall monitoring system in addition to patient's records ?

No

⚡ Are the long term outcomes of patients who have completed your programme regularly monitored ?

Yes

- Impairment (medical) outcomes : Yes
- Activity/Participation (ICF) outcomes : Yes
- Duration of follow up of the outcomes : 3 - 6 months

⚡ Do you use your outcome data to bring about regular improvements in the quality of your programme's performance ?

Yes

⚡ Do you make the long term overall outcomes of your programme available to your patients or to the public ?

Yes

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> Accreditation - Page 9/9 - Audit spiral

⚡ Which are the most positive points (strong points) of your programme ?

- multiprofessional and interdisciplinary rehabilitation team under the responsibility of a physiatrist
- exchange of information within all departments of the General hospital of Vienna (2200 beds/inpatients)
- diagnostic projections
- treatment and/or rehabilitation according the so called "good clinical practice"
- only specialized outpatient rehabilitation option for cancer patients in Austria - holistic rehabilitation programme (holistic approach)
- it's success and effects on functional state (ICF) and QOL of patients
- highly motivated members of the rehabilitation team

⚡ Which are the weak points of your programme ?

- it is still difficult to identify EBM references with strong evidence in the field of Cancer Rehabilitation.
- we have no bed and no day care yet.

⌘ Which action plan are you setting up, in order to improve your programme ?

- Scientific publications
- Project of daycare

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