

Full display of programme n° 24 :

> Accreditation - Page 1/9 - General presentation

⌘ Identification data :

Dr BORS Katalin

Position : Head of Department of Rehabilitation, Locomotor Rehabilitation (Hospital General Director)

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Email : katalinbors@t-online.hu

Years certification : 2006

Name of unit : Department of Rehabilitation, Locomotor Rehabilitation

Hospital or other facility : Fővárosi Önkormányzat Visegrádi Rehabilitációs

Szakkórház és Gyógyfürdő (Visegrad Rehabilitation Hospital and Thermal Bath)

Address : 2026 Hungary, Visegrad, Gizella telep

Postal Code : 2026

City : Visegrad

Country : Hungary,

⌘ Title of the programme of care :

PRM and Patients with Osteoporosis

⌘ Description of the programme :

- Target population

Inpatients with a confirmed diagnosis of Osteoporosis (with or without fractures).

- Aims and goals

To consider Osteoporosis as a condition in the rehabilitation process, to give an accurate diagnosis, if necessary, to set and/or suggest an accurate medication and nonmedicinal treatment procedure, overall goal is to avoid further or new fractures, to improve population's quality of life.

- Procedure

Osteoporosis risk factors assessment when recording anamnesis, followed by an aimed physical examination. Laboratory and bone densitometry measurements if necessary (in lack of previous patient's data), FIM functional assessment measurement (initial and post programme measurements) followed by setting up an individual rehabilitation programme, organizing teamwork such as individual and team physiotherapy, subaqual exercises, nutrition consulting, psychotherapy, ergotherapy, medical aids supplement, electrotherapy, etc. individual general consulting, lifestyle advices and follow up measurements if necessary, data recording.

- The unit delivering the programme

-- Location

Department of Rehabilitation, Locomotor Rehabilitation

-- Means devoted to the programme

-- Safety and patient rights

The department operates by the safety regulations of the Visegrad Rehabilitation Hospital, where it is located.

-- Patient rights

The department operates according to the Hungarian Ministry of Health 1997/CLIV. healthcare act. The Visegrad Rehabilitation Hospital also employs a patients rights representative.

- The PRM specialist in the programme

Dr. Katalin Bors, Head of Department of Rehabilitation, Locomotor Rehabilitation (Hospital General Director)

- Team management in the programme

Regular weekly team meetings led by PRM Specialist.

- Evidence Based Medicine of programme; organization and records

Handoll HH, Madhok R, Howe TE. Rehabilitation for distal radial fractures in adults. Cochrane Database Syst Rev. 2006 Jul 19;3:CD003324. Review.

Shea B, Wells G, Cranney A, Zytaruk N, Robinson V, Griffith L, Hamel C, Ortiz Z, Peterson J, Adachi J, Tugwell P, Guyatt G; Osteoporosis Methodology Group; Osteoporosis Research Advisory Group. Calcium supplementation on bone loss in postmenopausal women. Cochrane Database Syst Rev. 2007 Jul 18;(1):CD004526. Review.

Bonaiuti D, Shea B, Iovine R, Negrini S, Robinson V, Kemper HC, Wells G, Tugwell P, Cranney A. Exercise for preventing and treating osteoporosis in postmenopausal women. Cochrane Database Syst Rev. 2002;(3):CD000333. Review.

Handoll HH, Gillespie WJ, Gillespie LD, Madhok R. Moving towards evidence-based healthcare for musculoskeletal injuries: featuring the work of the Cochrane Bone, joint and Muscle Trauma Group. J R Soc Health. 2007 Jul;127(4):168-73. Review.

Lin JT, Lane JM. Rehabilitation of the older adult with an osteoporosis-related fracture.

Clin Geriatr Med. 2006 May;22(2):435-47; x. Review

Pines A, Berry EM. Exercise in the menopause - an update. Climacteric. 2007 Oct;10 Suppl 2:42-6. Review.

- Monitoring and outcomes

----To improve the quality of the programme by the Jury's recommendation we initiated the following: at the beginning of the programme we use the New IOF One-Minute Osteoporosis Risk Test (for helping the patients to be aware of their condition and the risk factors of osteoporosis). Initial and post programme TUG (Timed Up&Go Test) to measure the risk of falls. Initial and post programme FIM functional assessment measurement. Personal rehabilitation plan after initial measurements. ODM monitoring laboratory test followed by setting up individual therapy consequences. Initial and post programme QUALEFFO-41 test, we now attempt to initiate a six month and one year post programme test session as well. Initial and post programme Beck Depression Inventory.

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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 No
 Referred from a general practitioner No
 Referred from a specialist Yes
 Referred from a specialist in PRM Yes

⌘ Setting :

Part of a regional hospital (or rehabilitation centre)

⌘ Approach :

multiprofessional

⌘ Stage of recovery :

- Within two weeks of onset No
 2 weeks to 3 months after onset Yes
 3 months or longer after onset No

⌘ Type :

- Inpatients in beds under PRM responsibility Yes
 Inpatients in beds belonging to other departments Yes
 Day programme (most of the day in outpatient setting, not home) No
 Outpatient clinic (assessment and/or treatment, for up to 3 hours/day) No
 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 :

- b710 Mobility of joint functions
 b715 Stability of joint functions
 b720 Mobility of bone functions
 b740 Muscle endurance functions
 b730 Muscle power functions

b760 Control of voluntary movement functions
 b770 Gait pattern functions
 b7800 Sensation of muscle stiffness

- Which activity limitations does your programme focus on?

d410 Changing basic body position
 d415 Maintaining a body position
 d420 Transferring oneself
 d4303 Carrying on shoulders, hip and back
 d4302 Carrying in the arms
 d4350 Pushing with lower extremities
 d4351 Kicking
 d450 Walking
 d455 Moving around
 d510 Washing oneself
 d520 Caring for body parts
 d530 Toileting
 d540 Dressing
 Household tasks (d630-d649)

- Which participation restrictions does your programme focus on?

General interpersonal interactions (d710-d729)
 d729 General interpersonal interactions, other specified and unspecified

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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 ? Yes
 - 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 :**

We made lectures for the Hungarian Association of Patients with Osteoporosis in Budapest on the International Day of Osteoporosis.

Supported by a medicine company (Roche) we have organized and implemented a

national roundtrip, where we have made lectures for various hungarian patient's groups, clubs and associations for people with osteoporosis. The topic was "compliance and osteoporosis".

> This year :

OROM (National Osteoporosis and Osteoarthrology Workgroup) congress 25-27 April 2008 - we'll have a common programme with various patient's associations, including exercises, interactive lectures, walking.

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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 300 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 Yes
- 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 ? No

⚡ 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 :

Lin JT, Lane JM. Rehabilitation of the older adult with an osteoporosis-related fracture.

Clin Geriatr Med. 2006 May;22(2):435-47; x. Review

references 2 :

Handoll HH, Gillespie WJ, Gillespie LD, Madhok R. Moving towards evidence-based healthcare for musculoskeletal injuries: featuring the work of the Cochrane Bone, joint and Muscle Trauma Group. J R Soc Health. 2007 Jul;127(4):168-73. Review.

references 3 :

Bonaiuti D, Shea B, Iovine R, Negrini S, Robinson V, Kemper HC, Wells G, Tugwell P, Cranney A. Exercise for preventing and treating osteoporosis in postmenopausal women. Cochrane Database Syst Rev. 2002;(3):CD000333. Review.

references 4 :

Az osteoporosisos beteg rehabilitációja

Bálint, G.; Bors, K.; Szekeres, L.

Rehabilitáció 2005;15(3):3—9.

references 5 :

Az osteoporosis prevenciója és az osteoporosisos beteg rehabilitációja. In:Az osteoporosis felismerése, megelőzése és kezelése 2006-ban. Szakmai ajánlás Bors, K.

Ca és Csont 2005; 8(4):142—148.

:: 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 Yes 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 :

100

⌘ In your day care or inpatient programme :

- What is the mean duration spent in therapy by patients on this programme 19 active days
- How many hours a day do the patients spend in therapy. 5 hours

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

25 days

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

Yes

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

Yes

- Impairment (medical) outcomes : Yes
- Activity/Participation (ICF) outcomes : No

- Duration of follow up of the outcomes : 12 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 ?

We have organized the first osteoporosis rehabilitation programme in Hungary. The rehabilitation process of osteoporotic patients must be a long term therapy, therefore our programme emphasises the role of compliance and adherence in the process. (In 2007 I as the PRM specialist of the programme have written seven different publications about these matters as well as a related chapter in a university textbook). Our programme is located in Visegrad Rehabilitation Hospital, where every human and material specifications (pDXA, etc.) are provided. Our hospital employes rheumathologists, orthopediics, traumathologists, neurologists and cardiologists, which provides an ideal medical team for the rehabilitation programme. We co-operate with hungarian osteoporosis patient's organisations. We have printed different brochures and guides about prevention- therapy- and rehabilitation related excercises for the rehabilitation process. We have also written handbooks on required gymnastics after typical osteoporotic fractures (radius, prox. hum, vertebral, femoral neck), and our team members co-edited an information book on osteoporosis.

:: Which are the weak points of your programme ?

We can only monitor and follow up the outcomes of returning patients, because many of the assigned patients live in far away communités in the country. When answered "yes" to the related questions here, we referred to the annual osteodesitometry impairment measurements by permission of national health act organized locally at the patient's home communities. Our computer based information networks and hardware system need to be updated but our financial background is limited.

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

We are planning to send a QUALEFFO questionnaire to patients completed our programme after three and six month. This will help us completing our monitoring system. We also plan to employ a new team member to collect and organize our programme outcomes in addition to our present methods. Hungary is now in the middle of a revolutionary change of the whole healthcare system. Facing new

challenges of the altering circumstances we are making our best efforts to maintain and confirm the local and regional leading role of our programme.

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