Poster walk 6 – Den ældre patient

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HAR DU HELE PLADEN FULD?

Et tværfagligt forbedrings tiltag til patienter over 65 år med hoftenær fraktur

Introduktion: I foråret 2024 igangsatte vi på Ortopædkirurgisk Afdeling på RHH det tværfaglige forbedringstiltag "HAR DU HELE PLADEN FULD? ". Forbedringsarbejdet tog afsæt i de udfordringer vi observerede i eksisterende praksis og var drevet af et potentiale om at optimere pleje og behandling på udvalgte kvalitetsindikatorer og anbefalinger til de sundhedsfaglige kerneydelser for patienten med hoftenær fraktur > 65 år.

PROBLEMIDENTIFICERING

Analyse fra **Dansk Tværfagligt Register for Hoftenære Lårbensbrud, SundK** viste , at vi blot havde målopfyldelse og derved blot opfyldte kvalitetsstandarderne for god pleje, behandling og rehabilitering til **patienten med hoftenær fraktur> 65 år** ved **5** ud af **14** fastsatte indikatorer.
Analysen af de eksisterende data stemte også overens med de udfordringer vi observerede i den daglige praksis på sengeafsnittet, hvor vi fik blik for et potentielt behov på at skærpe fokus ved de indikatorer der blandt andet havde relation til de fundamentale behovsområder indenfor sygepleje.

- Der blev oftest forsinkelser i den **tidlige mobilisering**
- Der manglede en struktureret plan for **ernæringsindsatsen**
- Der blev efterspurgt en kontinuerlig plan for **dysfagisudredning**

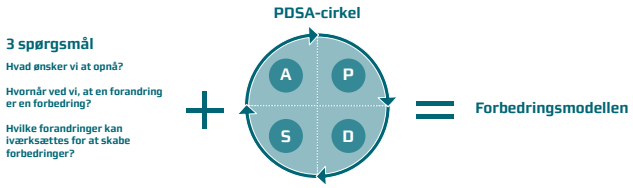
Kollegaerne beskrev det som en udfordring at holde styr på de mange pleje- og behandlingstiltag. Den aktuelle situation krævede et nyt og mere struktureret tiltag hvor vi kunne understøtte et helhedsorienteret blik for patienten og skabe et klart og tydeligt overblik over de alle aspekter af plejen og behandlingen under patientens samlende forløb.

FORMÅL

- Vi har haft til formål at arbejde hen imod en større grad af målopfyldelse på de forskellige kvalitetsindikatorer og derved øge kvaliteten af det samlede patientforløb.
- Vi har ønsket at understøtte kollegaer i de udfordringer de møder i forløbet og målrette den tværfaglige indsats af pleje, behandling og rehabilitering til patienten > 65 år med hoftenær fraktur.
- Herudover har vi haft til hensigt at tydeliggøre kvalitetsarbejdet og omsætte dette til en praksisnær kontekst på ortopædkirurgisk sengeafsnit.

METODE OG FORBEDRINGSIDEER

Forbedringsmodellen

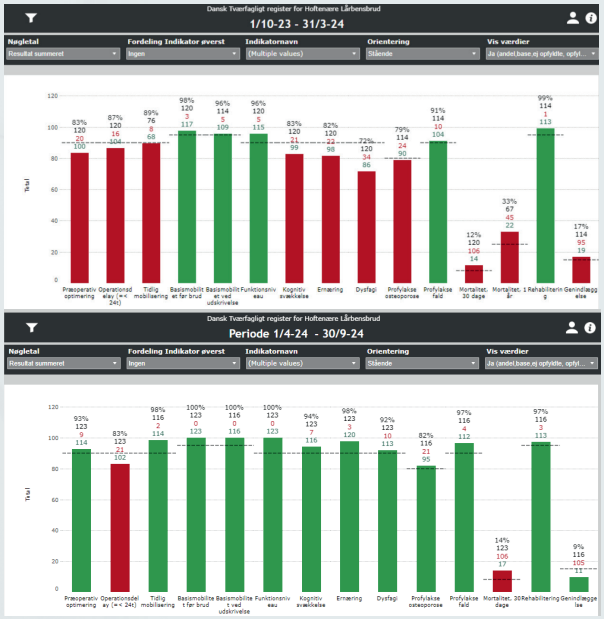


- Vi har taget afsæt i visualisering som en anderledes metode til at omsætte og formidle viden om kvalitetsarbejdet på.
- Vi har dagligt sat et skærpet fokus på den faglige indsats og i gang en struktureret tilgang til pleje og behandling ved at implementere **"Hoftetavler"** på de sygelejefaglige kontorer i afsnittet.
- Hoftetavlerne visualiserer udvalgte udviklingsmål fra SundK og består af magneter der flyttes i takt med at de faglige tiltag udføres. Visualiseringen skal sikre, at ingen patienter udskrives før alle tiltag var udført og **"Hele pladen er fuld".**

- Der blev etableret et tværfaglig team, hvor de forskellige faggrupper skulle sikre en fælles forståelse af målene og blive en aktiv del af at understøtte og optimere det samlede pleje- og behandlingstilbud til patientgruppen.
- Til at videns dele på tværs af faggrupperne blev der udformet video til præsentation i ortopædkirurgisk afdeling. Videoen blev kontinuerligt vist til daglige morgenmøder og kørte jævnligt i personalestuen.

RESULTATER

I perioden 1/10-23 – 31/3 -24 havde vi blot målopfyldelse på **5** ud af i alt **14** udvalgte udviklingsmål fra SundK. Efter implementering af forbedringstiltaget skabte vi efter 6 måneder i perioden 1/4 -24 til 30/9-24 målopfyldelse på **12** af de i alt **14** udvalgte indikatorer.



KONKLUSION

Med den dokumenterede effekt af forbedringstiltaget har vi forbedret kvaliteten af pleje og behandling og samtidig understøttet forudsætningerne for at patienten modtager en sammenhængende og målrettet behandling.
Med implementeringer af hoftetavlerne har vi skitserede en struktureret em evidensbaseret praksis og derved sikret at flere patienter > 65 med hoftenær fraktur har modtaget en kvalificeret pleje og rettidig indsats.

PERSPEKTIVERING

Den strukturerede og tværfaglige tilgange har ført til målbare forbedringer i sygeplejen til patienter> 65 år med hoftenær fraktur. De anvendte metoder, herunder visualisering og teamsamarbejde, har vist sig effektive i at optimere behandlingsforløbet. Selvom fokus i dette projekt er på en specifik patientgruppe, kan de samme metoder gøre sig gældende og fremme kontinuerlige forbedringer i andre ortopædkirurgiske patientforløb. Medicinsk afdeling RHH ved Hanne Gyldenløve anvender også magnettavler som et værktøj.

Grafisk Service 9936 | September 2025

www.rhh.orto.rm.dk

Ortopædkirurgisk Afdeling
Regionshospitalet Horsens

Herlev og Gentofte Hospital

Den gavnlige effekt af en tværfaglig indsats på ernæringsindtag hos ældre patienter indlagt med hoftebrud (NUTRI-HIP)

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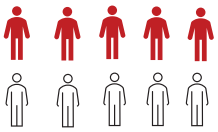
BAGGRUND

Studier fra ortopædkirurgisk afdeling på Herlev Hospital har vist, at ca. 50% af patienter indlagt med en hoftefraktur er i risiko for underernæring (1,2).



Studier har vist følgende effekter ved ernæringsbehandling (3).

NEDSAT FOREKOMST AF INFEKTIONER
NEDSAT INDLÆGGELSESTID
NEDSAT DØDELIGHED

KONKLUSION

En tværfaglig ernæringsindsats, understøttet af en allokeret diætist på afdelingen har medført, at flere patienter i ernæringsrisiko indlagt med hoftefraktur er blevet:

- **Ernæringsscreenet**
- **Kostregistreret**
- **Har fået dækket deres energi- og proteinbehov.**

METODE

Studiet var et kvalitetsudviklingsstudie med udgangspunkt i forbedringsmodellen (Figur 1).
Forud for studiet gik en før-analyse med identificering af barrierer. Efterfølgende fulgte en interventionsperiode bestående af to interventioner, hvis effektmål var, en forbedring af de målte variable;

- ernæringsscreening
- kostregistrering
- dækning af energi- og proteinbehov

Figur 1. Forbedringsmodellen

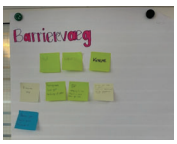
INTERVENTION 1

ERNÆRINGSUGE
med fokus på:

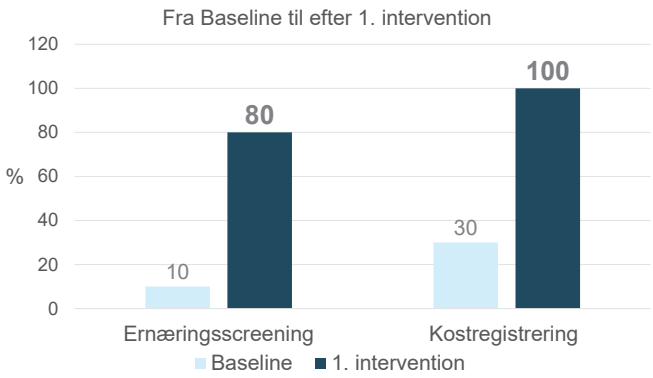
- Kostregistrering
- Ernæringsscreening

Etablering af ernæringsuge, hvor følgende tiltag blev iværksat:

- Undervisning af personale
- Sidemandsoplæring af personale
- Barrierevæg for personalet
- Skilte på patienttavler
- Understøttende diætist på afd.



RESULTATER EFTER INTERVENTION 1

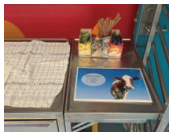


INTERVENTION 2

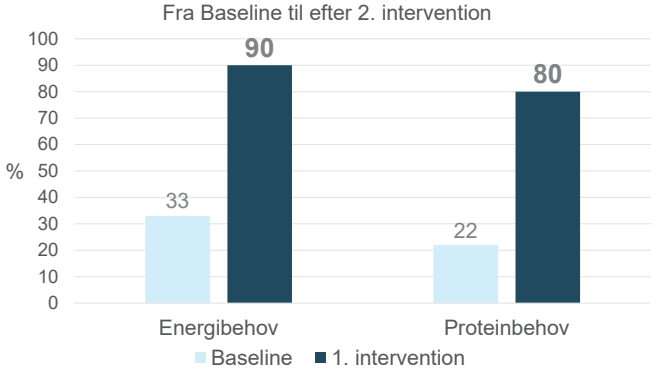
FOKUS PÅ DRIKKEVARER
indeholdende energi og protein såsom; mælk, kakao og ernæringsdrikke

En uge med fokus på drikkevarer, hvor følgende tiltag blev iværksat:

- Undervisning af driftsassistenter
- Nudging af personale
- Oplysning af plejen
- Oplysning af patienter
- Struktur af tilbuddene på afd.



RESULTATER EFTER INTERVENTION 2



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3) Volkert D, Beck AM, Cederholm T, Cruz-Jentoft A, Hooper L, Kiesswetter E, et al. ESPEN practical guideline: Clinical nutrition and hydration in geriatrics. Clin Nutr. 2022;41(4):958–89.

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Testing a structured End-of-Life care approach in Danish general practice settings with the modified Acute Basic Palliation Concept

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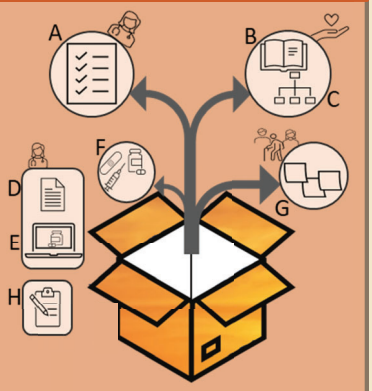
ACUTE BASIC PALLIATIONCONCEPT

For doctors
A) Checklist
D) Guideline
E) Electronic medication prescription tool
H) Standard medical text

For municipality nurses
B) Guideline
C) Medicine administration decision support (flowchart)



F) Box with medication and end-of-life care supplies
G) Information for patients and relatives

BACKGROUND

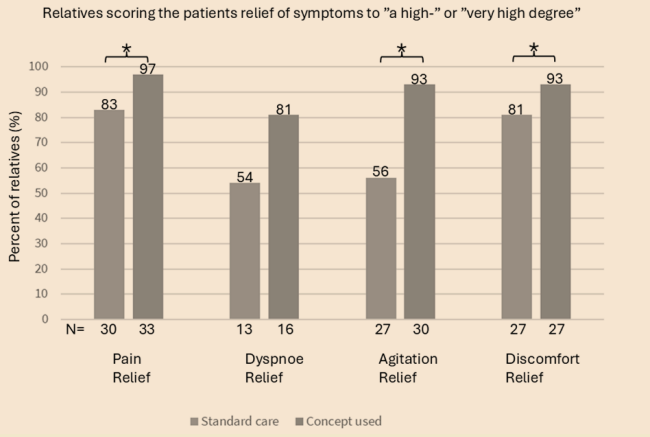
The Acute Basic Palliation Concept (ABPC) - a structured end-of-life (EoL) care model - increase quality of EoL care when used in hospital settings. This study aimed to measure if the use of the ABPC could increase symptom relief and user satisfaction when applied in general practice.

METHODS

This cohort study was conducted across nine general practices in Northern Denmark with xx GPs as well as in the regional Out of hours GP services. GPs received training in an adapted Acute Basic Palliation Concept (ABPC) and subsequently reported on patient cases managed both with and without the concept. Data on symptom control and satisfaction were collected via questionnaires from relatives, municipal caregivers, and GPs after the patient was buried.

RESULTS

A total of 74 EoL care trajectories were included in the analysis, with 51 % managed using the structured concept. The mean patient age was 84 ± 8.9 years; 46 % women. The median duration from EoL care initiation to death was 3.0 (interquartile range: 2.0;7.0) days. When using the concept, symptom control increased for pain (97% versus 83%), agitation (93% versus 56%), and discomfort (93% versus 81%), all p<0.05. Shortness of breath was less frequent, with a trend toward improved symptom relief using the concept (81% vs. 54%).Most staff were willing to use the concept again (90 % GPs, 100% municipal nurses).



CONCLUSION

The structured ABPC model facilitated improved symptom management and high user satisfaction in general practice settings, demonstrating promising potential for end-of-life care within primary care.

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The Acute Basic Palliation Concept from the Perspectives of Primary Care Nurses – A Qualitative Study

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3) Clinical Institute, Aalborg University, Aalborg 4) Palliative Care Team, North Denmark Regional Hospital, Hjørring, Denmark.

"You didn't have to spend all that energy trying to find the medication and contact doctors (…) It was just there

BACKGROUND

The Acute Basic Palliation Concept (ABPC) was developed in the North Denmark Region to improve basic palliative care for patients during hospitalisation and after discharge for terminal care at home. This study explored primary care nurses' perspectives and experiences with the ABPC, designed to enhance the quality of terminal care for frail patients transitioning from hospital to primary care.

METHODS

This study employed semi-structured interviews with 15 primary care nurses from November 2023 to September 2024 to explore their experiences with the ABPC. The interviews were analysed using thematic analysis with an inductive approach.

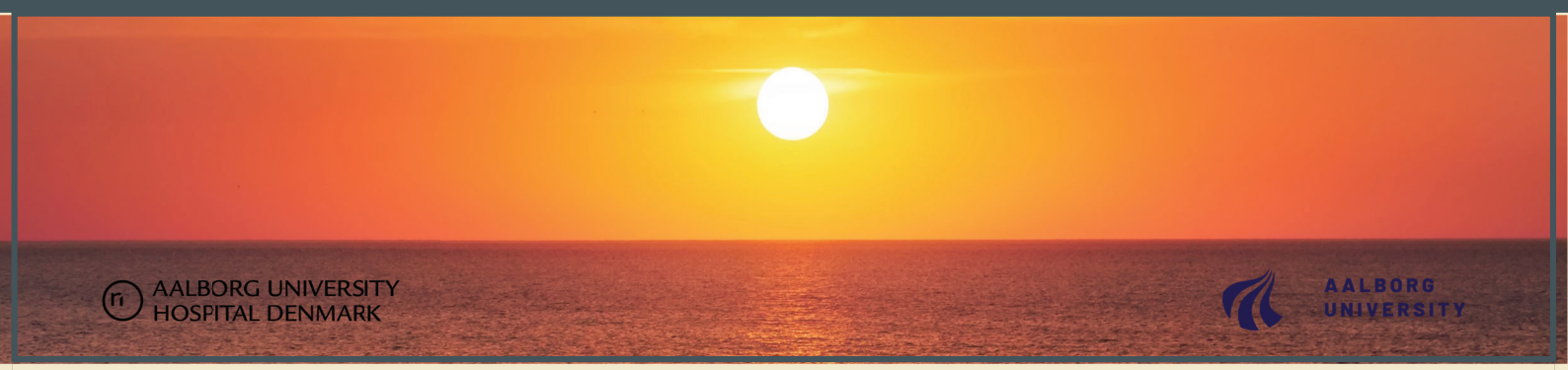
RESULTS

Three key themes were identified. *Streamlining Workflows* showed that the ABPC improved efficiency by ensuring medication availability, allowing nurses to focus on patient-centred care. *Effective and Timely Symptom Relief* emphasised that the ABPC supported prompt and adequate symptom management, enhancing patients' comfort in terminal care. Enhanced Communication and Information Flow demonstrated that the ABPC promoted better communication across care sectors, and improved transparency and consistency, thereby reducing stress for patients and relatives.

"It gave us peace to take care of the patient because relatives weren't as frustrated and scared as usual"

CONCLUSION

The ABPC was perceived to enhance terminal care by streamlining workflows, ensuring timely symptom relief, and improving communication during transitions from hospital to home, allowing for more person-centred care. However, further education for primary care nurses in palliative symptom management may increase the concept's impact and potential.



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The Implementation of the Acute Basic Palliation Concept in 14 Newly introduced Hospital Departments: An Explorative Observational Study of 100 Non-Specialized Palliative Patients Discharged to Die at Home in Denmark

Melgaard, D[1,2]; Eriksen MAA[1]; Jørgensen JF[1]; Yonis H[1]; Bramming R[1]; Dalsgaard L[1]; Ly C[1], Izgi B[1], Kamp A[1]; Uldall N[1], Lilleøre L[1]; Knudsen MFD[1]; Steinbakken MB[1]; Bille C[1]; Lindbjerg K[1]; Bjerke J[1]; Samadi A[1]; Krarup AL[1,2]

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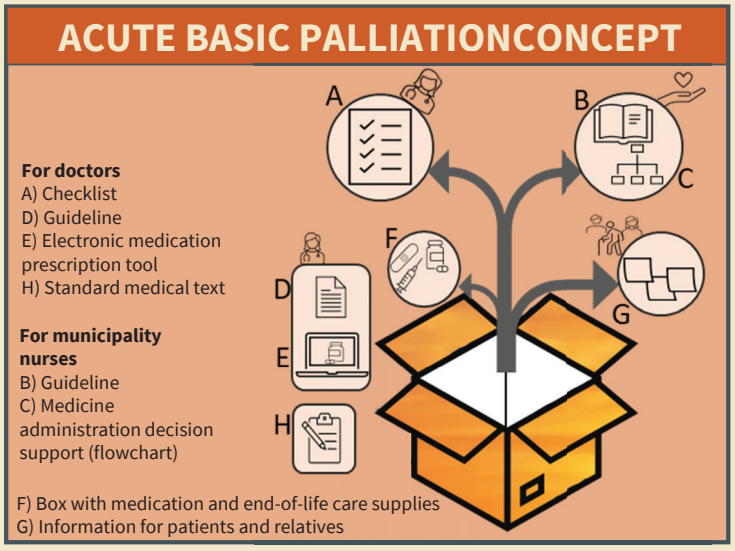
INTRODUCTION

The Acute Basic Palliation Concept (ABPC) is a multidimensional tool designed to ensure high-quality end-of-life care for patients discharged from hospital (1,2). This study aimed to assess the effectiveness of symptom alleviation achieved by departments experienced in using the ABPC compared to departments newly introduced to the concept.



METHODS

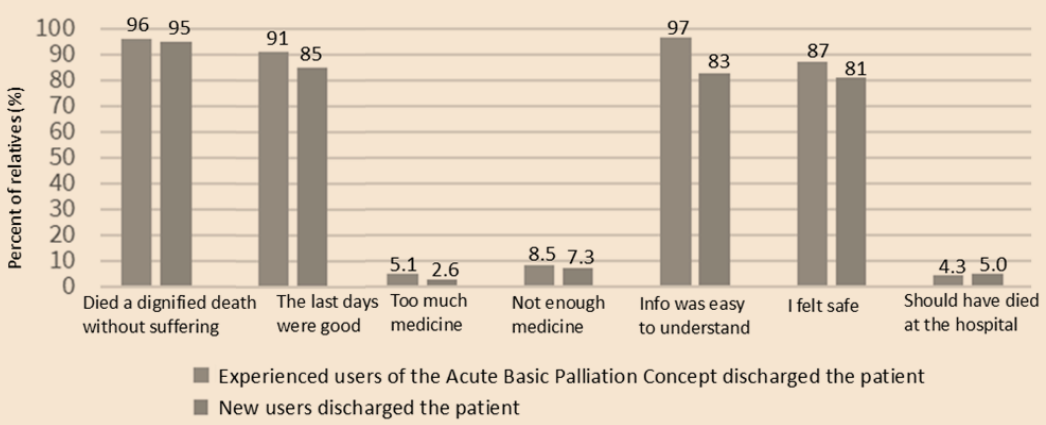
Doctors in newly introduced departments (n=14) used the ABPC following a 45-minute training session. Electronic questionnaires were sent to all healthcare staff involved in end-of-life care of patients discharged using the ABPC with patients included consecutively from January 2024 to December 2024. Relatives were contacted after the patient's funeral and invited to complete a questionnaire. Patient data were extracted from medical records.

RESULTS

Of 100 patients included, 51 were discharged by departments experienced with ABPC and 49 from departments newly introduced to the concept. In 95-96 % of cases, relatives reported that the patients had a dignified death without suffering. Good symptom control for pain, dyspnoea, agitation, and discomfort was frequently reported by relatives (experienced departments: 86–93 %; newly introduced department: 75–80 %; all p-values >0.05). Inadequate symptom relief was rarely reported by relatives, with no significant differences between groups (0-5 %; p-values >0.05). ABPC usefulness ratings were median 92-96 on a 0-100 scale.

CONCLUSION

In conclusion, the use of the Acute Basic Palliation Concept resulted in high quality end-of-life care in both departments experienced with the concept and those newly introduced to it. The concept received highly positive evaluations from healthcare professionals and shows strong potential for broader implementation. Future studies will assess its feasibility in large scale and in general practice.



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Basic End-of-Life care using the Acute Basic Palliation Concept - A comparison of treatment quality between cancer patients and non-cancer as evaluated by relatives and health staff

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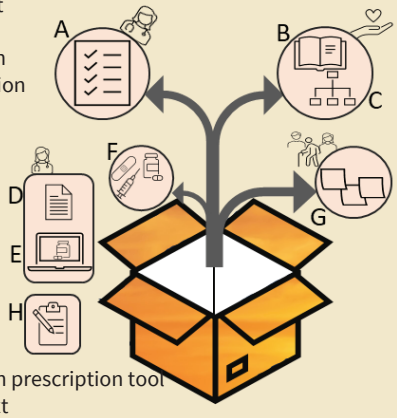
BACKGROUND

While End-of-Life care or terminal care has been extensively studied in cancer patients,1,2 patients with non-cancer terminal illnesses receive less attention and are less likely to be offered palliative end-of-life care. The aim of this study was to compare if the effectiveness of symptom relief in cancer patients compared to non-cancer patients were comparable when treated with the ABPC

ACUTE BASIC PALLIATION CONCEPT

The concept consists of eight components, developed to support staff and relatives. The concept has been created in collaboration between emergency doctors, palliative doctors, municipal nurses, and DanAge Aalborg.



For doctors
Checklist
Guideline
Electronic medication prescription tool
Standard medical text

For municipality nurses
Guideline
Medicine administration decision support (flowchart)

Box with medication and end-of-life care supplies
Information for patients and relatives

METHODS

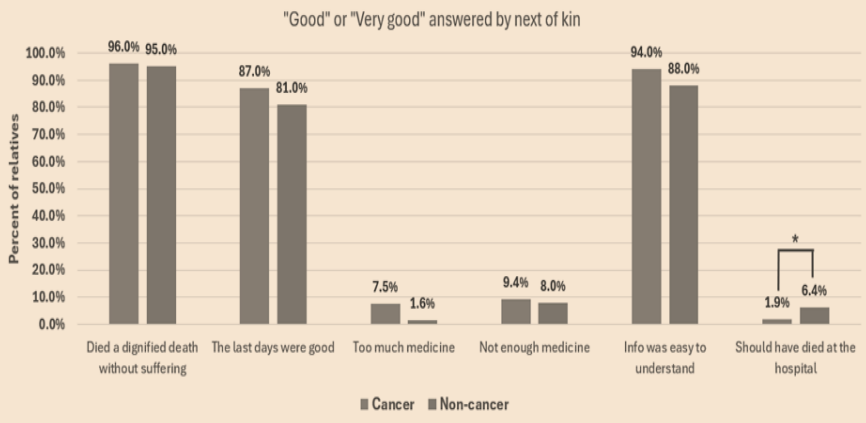
In 2024-2025, all patients discharged to End-of-Life care using the ABPC in the North Denmark Region were monitored. Electronic questionnaires were sent to all healthcare staff involved in the End-of-Life care of patients at the hospitals and in the municipalities. Relatives were contacted after the patient's funeral and invited to complete a questionnaire.

RESULTS

During the study period 182 patients (60 cancer patients) were included. Patients in the two groups were highly comparable on characteristics, but non-cancer patients had higher prevalence of dementia or other cognitive damage ($p < .0001$). Overall, we found no significant differences in the quality of the End-of-Life care when asking the relatives. However significantly more relatives to non-cancer patients answered, that the patient should have stayed at the hospital to die (1.9 % versus 6.4 %, $p = 0.007$).

CONCLUSION

End-of-Life care provided by non-specialists in palliative medicine using the Acute Basic Palliation Concept resulted in an equally high treatment quality for both cancer and non-cancer patients.



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Elderly Danes' Preferences for Their Final Days:
A Survey of 1488 Participants

Anne Lund Krarup[1,2]; Mike Bundgaard Astorp[1,2]; Helle Bjørn[2]; Ove Gaardboe[3]; Leif Fuglsang[4]; Dorte Buchwald[5]; Dorte Melgaard[1,2]

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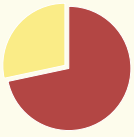
Background
Death is inevitable, yet discussions and documentation on the final days of life are scarce in the literature. This study aimed to explore expectations regarding end-of-life care and to identify preferences for the place of death.

Methods
An electronic survey was ultimo May 2024 distributed among approximately 6000 members of DanAge in Aalborg. The questionnaire was developed by medical doctors specializing in acute medicine, and palliative care and representatives from DanAge. The questionnaire was later validated by DanAge members. Respondents reported their gender, age, and postal code but remained otherwise anonymous. The survey comprised 11 questions with fixed quantitative options.

Results
There were 1488 respondents (72,2% female, mean age 72.5 years).
A total of 58% expressed fear of experiencing pain in their final days. Almost all respondents (95.4%) wanted to decide on further treatment and their preferred place of death, yet nearly half had not documented their wishes for their final days.

87% prefer to be drowsy rather than having pain

69% were concerned about dying alone



78% were concerned about being a practical burden

96% want to die at home or hospice, 4% want to die at the hospital

Conclusion
This study reveals significant concerns among elderly Danes regarding end-of-life experiences. The majority of respondents feared experiencing pain and preferred sedation over pain in their final days. Concerns about dying alone and becoming a practical burden to loved ones were also prevalent. A strong preference for dying at home or in a hospice rather than in a hospital was expressed. Although nearly all respondents wanted to have an influence on their final days, less than half had documented their wishes. These findings underscore the importance of addressing emotional, social, and practical needs in end-of-life care planning

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Underlying Domains of Frailty in Older Acute Medical Patients - findings from the Copenhagen PROTECT study

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AIMS

To investigate underlying clinical domains of frailty detectable in older patients within 24H of an acute admission and explore the associations of the domains and the degree of frailty.

METHODS

The Copenhagen PROTECT study: Prospective cohort of patients aged ≥65 years admitted to Bispebjerg Hospital between November 2019 and November 2021.
Frailty: Clinical Frailty Scale - non-frail (CFS: 1–3), frail (CFS: 4–5), and severely frail (CFS: 6–9)

THE CLINICAL DOMAINS

Multimorbidity: Charlson Comorbidity Index (CCI) ≥5
Cognition: Orientation, Memory, and Cognition (OMC) test score <17
Muscle strength: Handgrip strength <27kg (men) and <16kg (women)
Malnutrition: SNAQ score ≥2
Inflammation: C-reactive protein >10mg/L

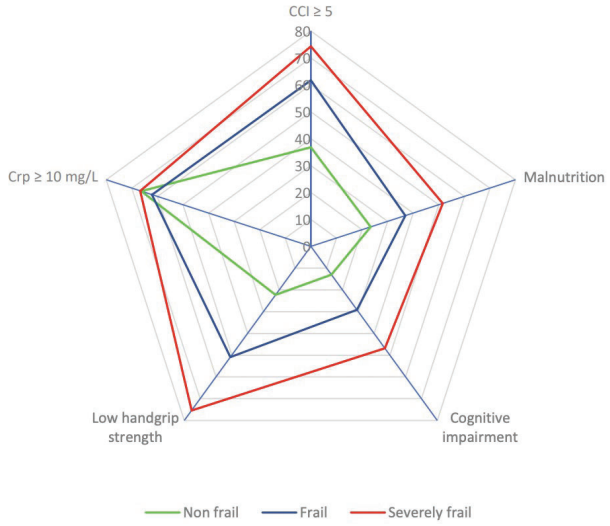


FIGURE 1 – Spider web illustration of the proportions of domains in the by the frailty subgroups

TABLE 1 – Characteristics for all patients stratified by the clinical frailty subgroups including tests of associations between domains and clinical frailty subgroups

	All patients (N=632)	CFS 1-3 (n=184)	CFS 4-5 (n=322)	CFS 6-9 (n=126)	p-value
Age (years)	78.8 (±7.5)	76.1 (±7.2)	79.4 (±7.2)	81.0 (±7.9)	p>0.2
Female sex	54.6%	51.1%	55.0%	58.7%	p>0.17
Numbers of medications	8 [5;11]	6 [4;10]	8 [5;11]	11 [8;13]	**p<0.01**
Discharge destination					**p<0.01**
Own home	79.8%	93.5%	81.1%	56.4%	
Nursing home	7.0%	00.0%	3.4%	26.2%	
Rehabilitation stay	13.3%	6.5%	15.5%	17.5%	
Single living status	68.8%	63.0%	71.7%	70.2%	**p<0.01**
The underlying domains					
Cogntive impairment	177 (28.0%)	24 (13.0%)	94 (29.2%)	59 (46.8%)	**p<0.05**
Malnutrition	227 (35.9%)	43 (23.4%)	119 (37.0%)	65 (51.6%)	**p<0.05**
Multimorbidity	342 (54.1%)	67 (36.4%)	188 (58.4%)	87 (69.1%)	**p<0.05**
Low handgrip strength	300 (47.5%)	41 (22.3%)	164 (50.9%)	95 (75.4%)	**p<0.05**
Inflammation	406 (64.2%)	122 (66.3%)	200 (62.1%)	84 (66.7%)	P>0.05

RESULTS

In total 632 patients were included. Of those, were 184 non-frail, 322 patients were frail, and 126 were severely frail.

Logistic regression analyses were performed to estimate the odds ratio (OR) with 95% CI in both crude and adjusted models (age, sex, and the other domains). Except for the domain of inflammation, analyses revealed independent positive association between all other domains and the clinical frailty subgroups with significance levels p<0.05.

KEY CONCLUSIONS

The domains of cognition, malnutrition, muscle strength, and multimorbidity were associated with frailty and severe frailty. These underlying domains of frailty could provide crucial information on how to intervene in the targeted complex care of older, frail patients.

Bispebjerg og Frederiksberg Hospital

UNIVERSITY OF COPENHAGEN

Fordele og faldgruber når sundhedsvæsenet kommer nær den ældre patient

Hvordan leverer vi god kvalitet i det nære sundhedsvæsen i 2035*?*

• Dmitri Zintchouk • Stig Andersen

Geriatrisk afdeling, Aalborg Universitetshospital

Baggrund

Multisygdom, funktionstab og polyfarmaci bliver hyppigere med alderen sammen med sygdom og indlæggelser

Indlæggelsesvarigheden på hospital er reduceret markant og rehabilitering af svækkede ældre mennesker flyttet til kommunalt regi, ofte på midlertidige pladser, mhp at løfte funktionsevnen

Målet er at genvinde den tabte funktion og reducere risiko for genindlæggelser

Suboptimalt behandlede sub-akutte medicinske tilstande og uhensigtsmæssig medicinering kan imidlertid resultere i en uhensigtsmæssig (gen)-indlæggelse og et accelereret funktionstab

Metode

2019: etableret en Dele-geriater funktion på Akuttilbud, midlertidige pladser på Anneshave og Gug Plejehjem i Aalborg Kommune

2021: etableret et ugentlig tilsyn af en speciallæge i geriatri gennem Subakut Udekørende Geriatrisk Amb. (SUGA)

2025: den udekørende geri- funktion udvidet til Geriatri på Kommunale pladser

Målgruppen:
typisk 80+ årige ældre med komplekst sygdomsbillede og kritisk fysisk funktionstab, kognitive problemer, faldtendens samt hyperpolyfarmaci (10+ lægemidler)

Desuden prioriteres 'svingdørspatienter' (med mange korte indlæggelser på kort tid)

Resultater

Den spirende kommunale geriatri i Aalborg per 2025 praktiseres i form af

- **Dele-geriatrisk tilsyn** hvor geriater kontakter egen læge tlf. eller via korrespondance med forslag om medicinændringer og andre gode råd
- **SUGA** med ugentlige geriatriske tilsyn i 2-3 uger hos patienter, som kræver en ekstra kontinuitet eller har behov for en akut udredning af kognitiv svigt
- **Geriatri på Kommunale pladser** med stuegang på alle hverdage hos patienter henvist af egen læge til Akuttilbud fra eget hjem som alternativ til hospitalsindlæggelse

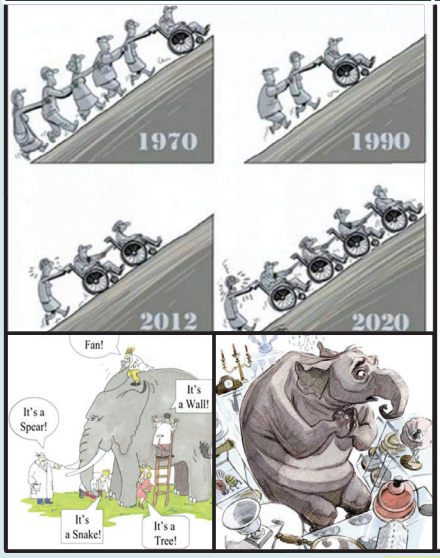
Konklusion

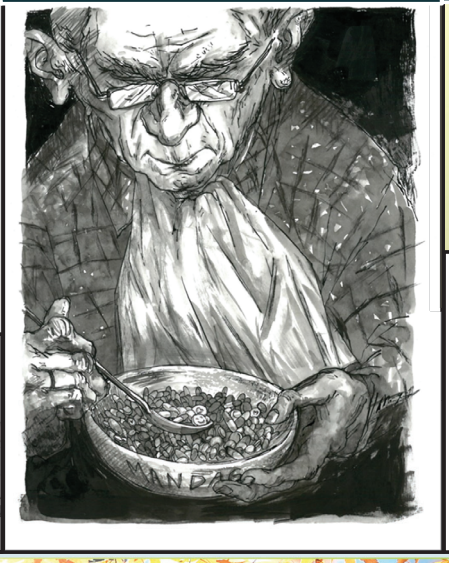
Mens akut geriatri på hospitalet kan forkorte patientens ophold i et hektisk potentielt toksisk hospitalsmiljø, kan

Kommunal Geriatri forebygge en situation hvor uhensigtsmæssig gen-indlæggelse bliver en nødløsning

'Frailty process is reversible'

Junius-Walker et al. The essence of frailty: a systematic review and qualitative synthesis on frailty concepts and definitions. *Eur J Intern Med* 2018





Chen et al. Frailty syndrome: an overview. *Clin Interv Aging*. 2014

Currently, **exercise** and

Comprehensive **G**eriatric **A**ssessment

are key interventions for **frailty**

Comprehensive **G**eriatric **A**ssessment (**CGA**)

'A multidimensional interdisciplinary diagnostic process focused on determining a frail elderly person's medical, psychological and functional capability in order to develop a coordinated and intergrated plan for treatment and long-term follow-up'

Rubinstein et al., J. Am. Geriatic Soc., **1991**

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