

Online rehabilitative services for cancer patients during the COVID-19 pandemic

Experiences from the Copenhagen Centre for Cancer and Health - a municipal setting

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Background

The COVID-19 pandemic resulted in an acute need for rapid implementation of online rehabilitative services in the Copenhagen Centre for Cancer and Health. Online services were delivered via Microsoft Teams. Experiences with online services were evaluated by interviews with health professionals and patients as well as a questionnaire for patients participating in online exercise and online patient education. Results are presented below.

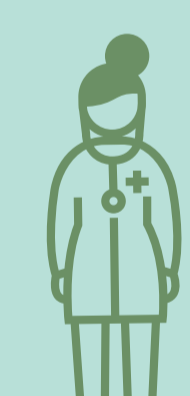
Online services during COVID-19 lock-downs and restrictions



Online individual consultations e.g., needs assessment, dietary advice



- Increased flexibility as you save time on transport
- Nice to see the face of the person you are talking to
- Works well as a substitute for physical attendance 'when there are no other options'



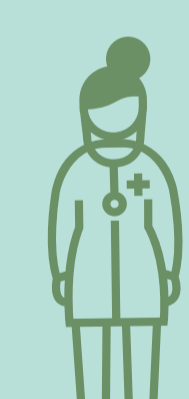
- Relationship building and the reading of body language is challenged
- Requires training to feel confident in using the online platform - insecurities can reflect badly on professionalism
- Challenging when patients participate from non-private settings (e.g., shopping mall)
- The online platform is not integrated with the electronic care record making it laborious to book patients



Online live-streamed exercise - unlimited number of participants



- No transport - so less time consuming and an opportunity to train on 'bad days'
- No social contact with peers or opportunity for experience exchange
- No possibility for individual sparring with physiotherapists



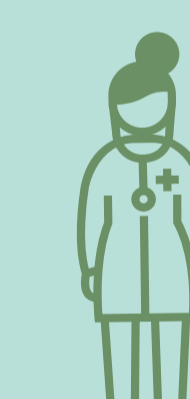
- Concerned about the quality and safety of the training
- No social contact with patients - it is less fulfilling to run an exercise class in front of a screen
- Cannot facilitate networking between patients



Online patient education - different types of content tested as well as rolling registration compared to fixed group



- Felt safe in sharing thoughts and experiences online
- Experienced a sense of community with other participants
- Expressed a wish for a combination of online and physical attendance

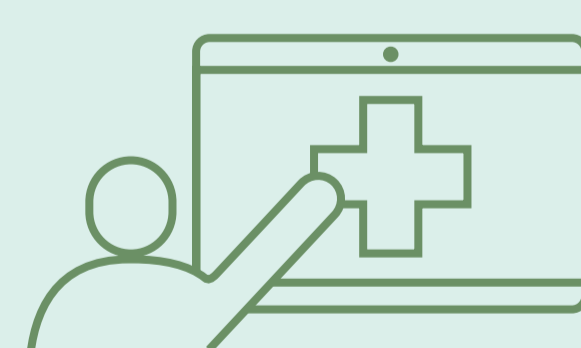


- Online is 'more intense' than physical attendance and requires training to feel confident in delivering the service
- Informal exchange of experience is harder to facilitate
- Harder to take care of emotionally affected participants

Online services after COVID-19 restrictions have been lifted



Teams-based consultations are still an option but are rarely used. According to health professionals, the patients prefer the telephone.



No online patient education. It has proved difficult to recruit patients for online patient education when there is an option to attend physically.



No live-streamed exercise due to quality and safety concerns and the inability to facilitate experience exchange and interaction between patients and health professionals. Exercise videos are available on the webpage but are rarely used.

Lessons learned

When planning online rehabilitative services it is important to consider:

- Education and training of health professionals
- Types of online services suitable for the online setting
- The physical space for carrying out individual online consultations (privacy)
- Communication should be adapted to the online setting. A clear framework is important
- The number of participants in online group-based activities, depending on whether you want to be able to facilitate experience exchange
- Safety and quality in connection with online exercise
- The online setting increases flexibility for patients, but staff resources and the need for consulting rooms are the same



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